1.2 Site processes

Having coherent site processes which are clearly articulated for staff ensures the quarantine and isolation facility can operate safely and efficiently. This section presents an overview of the core processes underpinning the quarantine service provision based on the operations of the Centre for National Resilience. Each subsequent section of the toolbox continues to present a comprehensive overview of site processes across: infection prevention and control, the health workforce, resident care, and health wellbeing and clinical care. Process start-up guides have additionally been presented in Section 1 to allow a quick overview of core quarantine and isolation facility operations.

A quarantine facility functions with a level of risk to staff (and consequently the community) unless it has evidence-based processes that are clearly communicated to all staff and residents. These processes need to ensure the daily running of the facility can be carried out in a safe manner for all involved. There needs to be as much forward planning as possible which includes flight arrivals, anticipated resident numbers, anticipated weather events, staff requirements and broader pandemic observations such as outbreaks in countries with stranded Australians.

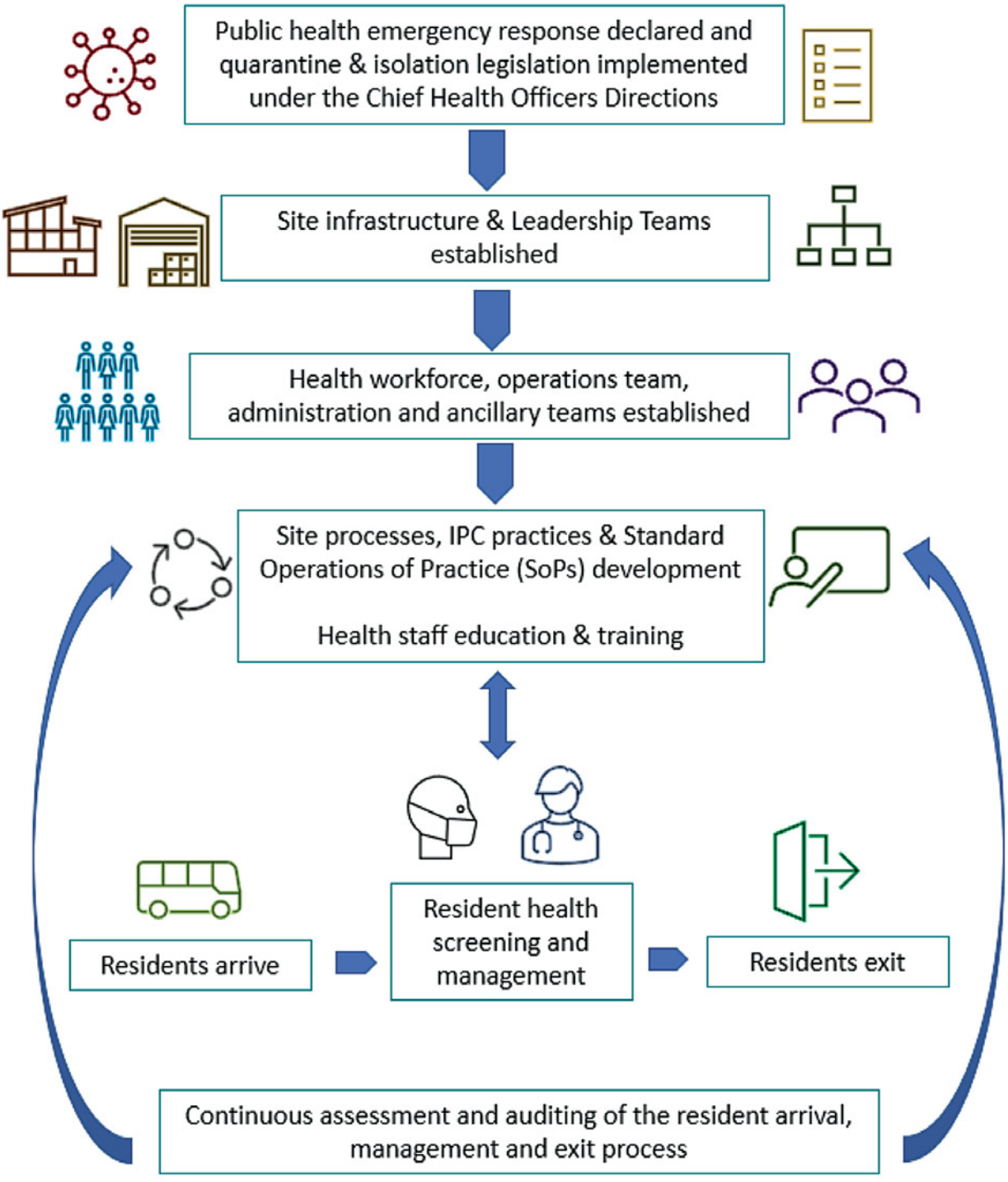
The infrastructure and processes need to have longevity and be sustainable given the COVID-19 pandemic saw quarantine services run for over 2 years. This includes supportive processes for staff with professional development opportunities and communication feedback cycles. The site needs to invest in continuous improvement in practices with a safety and quality control approach to demonstrate positive outcomes in resident management and staff support. In addition there are a number of areas and activities which will require the allocation of adequate funding and ongoing investment, these have been presented in Appendices A.

An efficient quarantine service operating with a primary health care foundation can have a positive impact on the wider health system by reducing community transmission and resulting acute care service use.

Site audits are required to confirm the safety and longevity of the quarantine service (by Australia's Commonwealth Government representatives) and ensure the facility practices aligned with Australia's communicable disease of concern objectives:

a. To prevent and control the spread of the communicable disease of concern in Australia and;
b. Ensure good health outcomes (including mental health) for quarantine residents, workforce and community.

Site audits by the National body should occur at minimum on set up and every three months with ongoing adjustments as required. This will focus on the whole of site with specific attention to infection prevention and control measures and forms a key component of site reporting requirements.



Section 1: Figure 2: Presentation of the initiation and ongoing service provision for the quarantine and isolation facility.

The quarantine service operates with a primary health care approach which encompasses public health best practices that intend to:

- Ensure guidelines, management plans, operations and delivery of services complies with the Australian Health Protection Principal Committee (AHPPC) and its sub-committees. This, for example, includes all staff working at quarantine should undertake daily saliva testing and weekly PCR testing.[2]
- Implement infection prevention and control armaments, for example, physical distancing, use of PPE, hand hygiene and resident cohorting that comply with the national infection control guidelines and guidance published by the infection control experts (the Australian Government, Department of Health and Aged Care, Communicable Diseases Network Australia Series of National Guidelines (SoNG)).[3]
- Ensure appropriate types and levels of PPE are available for use by staff and residents in all aspects of quarantine service delivery.
- Provide regular health checks of the residents by appropriately qualified health staff in order to support early detection of disease.
- Provide appropriate viral screening of staff and residents.
- All resident arrivals identified with symptoms consistent with the disease of concern (as outlined by the CDNA SoNG) will be isolated and managed as a suspected case.

This section will provide a brief overview of the core considerations when commencing the development of a quarantine facility, noting comprehensive guides have been presented throughout this toolbox.

Processes introduced in this section include:

- Initial quarantine stand-up preparations
- Quarantine service reporting considerations
- Staffing factors
- Quarantine zones
- Standard processes
- Health and wellbeing of residents
- Tele Wellbeing and on-site Operations Team processes
- Site safety and logistics
- Onsite police and security operations
- Department of Infrastructure, Planning and Logistics (DIPL) operations
- Site waste management
- Site cleaning processes
- Contraband in quarantine
- Quarantine fees
- Site catering

1.2.1 Initial stand up of quarantine

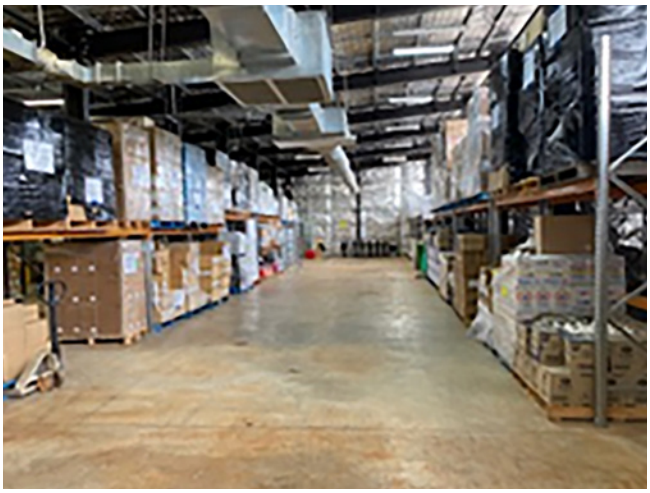
The stand-up stock provides all of the immediate items the quarantine facility would require in the event the facility was opened. These should be packed and kept in a readily accessible area.

The stock includes but is not limited to;

- PPE
- IT system for medical team (online resident health records)
- Resident management information technology system (recording all resident arrivals, departures and management)
- Trestle Tables
- Cleaning Supplies
- Baby Equipment
- Disability Support Equipment
- Nursing Scrubs
- Administration Polo Shirts
- Stationary
- Basic Toiletry Supplies – Soap, Tooth Paste, Tooth Brush
- Trollies
- Rubbish Bins
- Laundry Baskets
- Office and Site Furniture
- Mattresses
- Tea/Coffee/Sugar
- White Goods – Fridges, Freezers,
- Washers and Dryers
- Cyclone stores
- RAT or equivalent viral screening Kits
- WHS Equipment

Stand-up equipment, policies and procedures should be established early and located in a central space (such as with the main administration team). Additional work health safety equipment which is required includes:

- Site Emergency Management Plan
- Site/Gym Keys
- Flagging
- Fire Warden Hats, Site Emergency Fire Plan
- Lighting wands
- Staff electrolyte
- Batteries
- Zip ties



Stand-up stock ready to access

1.2.2 Site risks

Each quarantine site will have its own risks characteristic to their location (logistical and weather elements), anticipated level of service delivery, and staff requirements. Site risks need to be identified early and mitigation strategies established. The following presents a number of risk area for consideration of the site, mitigations to these risks will need to be established by each service. Risk is further explored in Section 1 in the information pertaining to work health and safety.

Section 1: Table 1: Areas of risk for quarantine services

Risk Source	Risk Focus Area	Risk Description (event)
Quarantine site partners	Contract Management, Communication and engagement	Inadequate engagement with contractors, interest groups and media may result in negative attention, loss of reputation and decreased service delivery.
	Contract Management, Communication and engagement	Contractors' failure to adhere to CHO direction around quarantine worker testing leading to challenges with contact tracing and controls in case of an outbreak.
	Contract Management, Communication and engagement	Contractors not adhering to agreed Infection Prevention and Management protocols.
	Contract Management, Communication and engagement	Inadequate vaccine uptake by contractors.
	Contract Management, Communication and engagement	Contractors refusing to come onsite due to perceived increased risk and cumbersome site protocols jeopardising operations.
	Partnership with local acute care services	Inability of downstream acute care medical services to support the site leading to adverse medical events for residents.

Quarantine site people	Capacity and Capability	Inability to recruit and retain staff resources with the required skills to deliver on objectives.
	Capacity and Capability	Lack of sufficient specialised skills like high cleaning staff, experienced and senior nurses, PPE refresher trainer.
	Work health and safety	Failure to adhere to WHS and infection control protocols leading to infection control breach.
	Work health and safety	Outbreak of other transmittable diseases like gastro or food poisoning incapacitating staff and impacting service delivery.
	Fatigue and leave management	Facility operations continuing for extended period of time leading to the requirement for staff to take recreational leave to mitigate fatigue and also manage financial impact of excess leave liability.
	Continuing Professional Development	Facility operations continuing for extended period of time limiting the ability for educators and other specialists staff to engage in professional development to keep their knowledge and skills up to date.
	Culture	An inadequate collective workforce culture due to having staff based in different locations and under different agencies impacting performance.

Quarantine site Performance	Facility Objective	Failure to reach the agreed target of quarantine people.
	Facility Objective	Breach of infection prevention and management protocols leading to disease transmission within the zones among residents; transmission to workforce; transmission from workforce to wider community.
	Integrated service	Failure to effectively manage and integrate the services operating across multiple campuses.
	Integrated service	Physical location of Tele Wellbeing offsite.
	Audit	Audit system failure due to staffing and resourcing shortfalls.
	Well Being	Psychosocial well being of people on site. Mental and emotional breakdown of people even without COVID-19 transmission.
	Governance	The pod system of operations may lead to communication failure across pods and services.
	Service delivery	Long turnaround time for room/high cleans with a flow on effect of delaying intakes and disrupting general flow of operations.
	Model of service	Failure to achieve an efficient model of service under the pod system.
	Financial performance	Inadequate processes, controls and transparency in financial expenditure.

Quarantine site Systems	Efficacy of key business system	Lack of a robust information management system.
	Communications	Failure to capture key communications and audit trails due to the use of personal emails instead of generic emails.
	ICT Hardware	Failure to procure and install necessary ICT hardware due global supply and logistics challenges.
	Stores and supply	Failure to access necessary consumables due to global supply chain interruptions and inadequate sock.
	Records Management	Failure to manage records and to clearly define documents controls, access and approvals.
	Legal and compliance	Inability to meet legislative requirements and accountabilities under outsourced business partner model.
Quarantine site Environment	Infrastructure	Inability to continue with operations due to physical damage key infrastructure due to cyclone, fire or other severe weather events.
	Essential services	Inability to continue operations due to failure of power and/or water services, phones and internet.
	Wildlife and insects	Failure to protect residents and staff from biting and stinging animals like snakes, mosquitos and midges leading to injury and increased discomfort and stress.

1.2.3 Site reporting process

At the Centre for National Resilience (CNR), regular reports were provided on the health and wellbeing of quarantine residents and any health services provided to quarantined residents (including viral screening). Daily reports were required for positive disease cases and for any resident hospitalisations. These reports recorded:

- Resident numbers (and ages).
- Residents in the orange zone and red zones.
- Residents admitted to hospital.
- Summary of Disease (COVID-19) positive residents (current and cumulative).
- Schedule of resident viral screening.
- Staff viral screening compliance.
- Emerging issues and updates on resolved issues.
- Management of repatriated, humanitarian residents.
- Any spread of disease into the site workforce or community.
- Short update of the overall quarantine site operation.

These formed part of a daily Situation Report (sit rep) held by the site and a national sit rep provided weekly. Additional information for the weekly report included:

- Emerging issues.
- Interactions with other agencies (such as the Hazard Management Authority).
- Expenditure and contract managing.
- Planning undertaken with the Emergency Operations Centre (EOC).

1.2.4 Staffing considerations for the facility

The initial development of the Centre for National Resilience was led by teams from the National Critical Care and Trauma Response Centre (NCCTRC) who have lived experience of working with communicable diseases of concern. This team laid the foundations for a primary health approach to quarantine and established the practices and processes which continued to develop through a quality assurance, auditing and feedback cycle. A comprehensive overview of the quarantine service workforce has been provided in *Section 3: Health Workforce*.

The following should be implemented and observed for all staff employed or contracted by the quarantine service:

- Maintain up-to-date records of employee contact details, work location and outside employment arrangements to facilitate contact tracing.
- Monitoring of staff onsite to ensure they all have a working with children check and a current police clearance.
- Ensure access to personal protective equipment (PPE) and infection prevention and control (IPC) training for healthcare workers, including students, and where necessary for other health service employees, in accordance with health guidelines, to enable employees to safely perform duties and protect residents.
- Ensure only employees essential to the delivery of care or site maintenance (in cases where maintenance cannot be delayed) are entering areas where residents with suspected or confirmed coronavirus (COVID-19) are being cared for.
- Staff team allocations and rostering practices work to cohort healthcare workers (e.g. Team A and Team B within a workgroup). Noting roster changes must comply with the relevant enterprise agreement.
- Where possible, minimise the movement of employees between multiple work sites /departments/areas of the quarantine site.

- Ensure physical distancing, hand hygiene, and frequent cleaning and disinfection are supported in areas where employees may congregate (e.g lunch areas).
- Implement regular COVID-19 safety checks, audits and training to ensure the requirements for COVID-19 safety are being adhered to at the quarantine site.
- Consider if it is appropriate for the site to include vulnerable employees who are in most at-risk population groups and if so implement personal action plans with their manager and, where necessary ensure they are supported in non-resident facing roles, or roles away from where there are suspected or confirmed coronavirus (COVID-19) residents.
- Where possible, allow employees to use appropriate flexible work arrangements, including working from home and consider alternative communication methods (to face-to-face) such as teleconferencing or videoconferencing.
- Provide opportunity to develop and enhance the skills of the health workforce, including opportunities for graduates and students across the health professions to learn IPC and quarantine management.

As an over-arching principle all employees and contractors have a responsibility in minimising the risk of transmission of infectious disease onsite, particularly if their role includes movement across multiple work sites. This responsibility extends to:

- Maintaining social distancing at all times
- Minimising face-to-face meetings
- Complying with meeting room protocols - numbers and cleaning
- Maintaining hand hygiene
- Use of personal protective equipment where necessary

1.2.4.1 Quarantine site disease (coronavirus (COVID-19)) monitoring and notification for staff

- Ensure employees adherence to viral screening (temperature check and/or symptom check).
- Viral screening of all staff with timely turnaround of results (within 48 hours).
- Report employees confirmed to have coronavirus (COVID-19) in accordance with Government Health Department notifiable disease requirements.
- Maintain a log of employees who care for residents with suspected or confirmed coronavirus (COVID-19) and retain the log when the case is confirmed.
- The quarantine service must maintain a record of all employees who are working across more than one work site.

1.2.4.2 Training and orientation of staff

- Orientate employees to quarantine work areas, including the physical environment and area-specific policies and procedures.
- Ensure training includes work health and safety requirements (site induction) and any other legislative requirements.
- Establish a training process for all relevant employees on standard precautions (including hand hygiene), PPE use and coronavirus (COVID-19) and site IPC practices.
- Maintain a program of oversight to ensure compliance with precautions and appropriate use of PPE and other infection prevention and control practices (such as hand hygiene).
- Provide training for surge-response healthcare workers who may attend the site to ensure competency and safety in work areas they are not familiar with.

1.2.4.3 Staff personal safety

- Comply with health service policy and procedures for infection control and quarantine practices, including donning and doffing of PPE.
- Adhere to (COVID-19) self-isolation and return to work protocol, where appropriate, and immediately notify the manager.
- Comply with screening procedures at the quarantine site.
- Minimise movement into resident zones and between work sites.
- Provide all other surveillance, management and notification practices associated with any health workforce.

1.2.5 Quarantine zones

Within the quarantine facility zones are designated 'green', 'orange' or 'red' based on communicable disease risk as presented in the below table. Each repatriation flight was allocated its exclusive orange zone for cohorting purposes. It was also allocated a corresponding 'Pod' which housed the health workforce team looking after the flight for its entire quarantine period. For example, zone 6 was looked after by pod 6. A complex overview of zones in quarantine is provided in *Section 2: Infection prevention and control*.

Section 1: Table 2: Description of zones in quarantine

RED ZONES	Designated for isolation, the management of cases of COVID-19. All staff were required to wear full PPE while in the red zone. For repatriation residents, a red area was sometimes created within their zone, and residents in the zone who tested positive during their stay were transferred to this area for the rest of their stay at CNR. For repatriation residents, a red area was sometimes created within their zone, and residents in the zone who tested positive during their stay were transferred to this area for the rest of their stay at CNR.
ORANGE ZONES	Designated for quarantine, management of repatriation residents as well as close contacts of COVID-19. Staff were required to wear PPE while in the zone, the extent to which depends on their contact with residents
GREEN ZONES	All other areas not designated red or orange are considered green zones. These were areas where staff spend most of their time at CNR. Red and orange zones can be deemed green if > 72 hours have passed since they housed COVID-19-positive resident. PPE is not typically required in the green zones, except for masks when mandated by the CHO or in situations where staff were unable to maintain the required 1.5 distance.

1.2.6 Standard processes in quarantine care

The quarantine facility needs to establish standard practices to facilitate the safe delivery of quarantine and isolation care for residents ensuring their health (physical and mental), welfare, meals, security and quarantine needs are met. This includes the provision of safe accommodation, access to health care and amenities for residents, with the provision of well -ventilated separate non-communal amenities. Consideration needs to include the capacity and infrastructure to allow residents to receive health assistance, particularly in emergency situations.

Most importantly the facility has the ability to access personal protective equipment (PPE), facilitated through the National Medical Stockpile and ensuring there is access to an additional surge workforce if required.

The facility needs to be able to cohort residents according to risk, including identified vulnerable groups and have a complete physical separation of international travellers returning with other quarantine residents. This needs to include space to allow sufficient physical separation between individuals and others, noting adjustments may require changes in line with disease trends and health advice. Additional space is required to operate suitable medical facilities and related activities including testing, resuscitation and ambulance transfers.

The following points capture the key process areas in the delivery of care to residents. These processes are provided in more detail in relevant toolbox sections.

1. Establishment of site health and safety processes including all infection control processes required to prevent transmission of the virus from resident cohorts between themselves and to the workforce on site.
2. Development and review of policy and operating procedures to ensure an evidence based, efficient and flexible approach to the operational aspects of the management of the facility from a health perspective.
3. The resident intake process staffed 24/7 with onsite health personnel including cohorting decisions for resident accommodation to maximise efficiency and reduce risk.
4. Ability to house families together and accommodate very young children.
5. Daily health checks of all residents to ensure early notification of symptoms by appropriately qualified health staff in order to detect early signs of infection.
6. Viral screening of all residents by appropriately qualified health staff in order to detect early signs of infection, with timely turnaround of results (within 48 hours).
7. All residents with symptoms will be isolated and managed as a suspected case.
8. Accommodation needs to accommodate both COVID-19 positive cases with mild symptoms and individuals who have other mild health conditions, noting that the best location will be determined by the clinical managing the case in alignment with the CHO Directions.
9. Support for non-COVID-19 health requirements.
10. Forecast of potential requirements for quarantine facility based on current epidemiology of the outbreaks interstate and internationally.
11. Maintaining an active resident database for statistical reporting purposes. This requires enough resident information to facilitate contact tracing requirements.
12. Approving all departures and signing of the ‘completion of quarantine’ certificate.
13. Regular Leadership Team meetings (each morning) with staff allocation to areas, PPE review and key messaging including updates to guidelines.

14. Providing residents access to health services including:
    - Access to hospital services for any issue which requires immediate action including but not limited to the diagnosis and treatment of COVID-19.
    - Access to mental health support (for residents and staff).
    - Provision of personal medicines and other medical supplies to resident where self-administration is allowed under normal directions (such as with paracetamol).
    - Ensure onsite medical supplies have appropriate security and access arrangements.
    - Health teams have personnel on site 24/7 to manage health issues on site.
15. Medical Emergency processes established and aligned with local medical retrieval teams (ambulance/ paramedics).
16. All the above areas form the basis of the reporting requirements for the facility.

1.2.7 Health and wellbeing of residents

With a primary health care foundation, the quarantine and isolation facility operates with a public health and health promotion approach to its practices. Despite quarantine and isolation often being a mandated process for the residents entering the site, there needs to be consideration of the social determinants of health, social justice and the provision of a culturally safe place.

Residents in quarantine can be empowered to have control over their health and wellbeing through the provision of:

- A supportive health workforce who will regularly check residents' health and wellbeing through face-to-face and online interaction and assist/refer as resident needs indicate.
- Provide access to a varied and healthy diet with the opportunity for additional dietary choices via a click-and-collect service.
- Ensure accommodation allows access to the outdoors (fresh air), is suitable for the climate, reduces the risk of disease transmission from others (ventilation, IPC standard practices and physical distancing), permits privacy and is spacious enough to allow exercise to be undertaken.

The recommendations for health staff-to-resident ratio is:

- 50 residents to 2 staff for general quarantine
- 30 residents to 2 staff for positive cases

Noting one staff member will be a registered health professional (nurse).

Staff will work with one resident cohort only and are not permitted to move between resident groups.

This toolbox presents the resident journey through quarantine based on a 14 day quarantine period, noting quarantine time requirements will vary during a pandemic. The resident journey is presented in *Section 4: Resident care* which provides information pertaining to:

- **The resident-centred model of care** which incorporates the following aspect of quarantine for residents: physical health, mental health, communication, infection prevention, information, diet meals, supportive staff, safe and healthy environment, culturally safe, and entertainment.
- **The role of the Tele Wellbeing teams** which included non-health professionals led by a health professional/ clinical team leader (such as a registered nurse). This team were provided with training to navigate difficult conversations, a script for resident wellbeing checks and referral pathways, and to understand the legalities and responsibilities of resident privacy and confidentiality.
- **The resident arrival process** which incorporates the acceptance of residents into quarantine, how resident room allocation is managed across the quarantine facility with the use of cohorts and how to manage minors, dependents or residents who are unwell. Resources presented include scripts for new arrivals to quarantine, the resident arrival booklet and welcome pack.
- **The resident management process** which presents IPC and PPE practices specific to resident management, the process of carrying out daily health and wellbeing checks, managing resident emergencies and residents who are a close contact or a positive case. The processes of meal deliveries, click and collect and room moves is presented along with recommendations for managing aggressive or abusive residents with the implementation of a Quarantine Compliance and Enforcement Working Group. A complex overview of the viral screening process of residents is provided and this outlines the methods used when screening a large resident cohort (150 plus).
- **The resident departure process** which involves the communication processes, their certificate of completion of their quarantine and assisting resident with hardship priori to their actual departure.

1.2.8 Tele Wellbeing and on-site Operations Team processes

This team have a number of complex tasks which are presented throughout the Pandemic Quarantine Facility Guide sections. A comprehensive overview of their teams is provided in *Section 3: Health Workforce*. A brief presentation of their processes includes:

1. Maintain and update Welcome packs for the residents with frequently asked questions and guidance on procedures during their stay.
2. Establish multimedia approach to communication and messaging to residents to keep them informed throughout their stay.
3. Manage socially vulnerable individuals and families and people with complex non-health related needs as they arise. Referral of resident to Specialised and Medical teams as required.
4. Facilitate the process of allowing quarantined individuals with permission from the CHO to attend personal events such as funerals or visiting family in palliative care.
5. Establish process for residents to access personal needs within the health infection control framework for the site including order requests and payments from residents for pharmacy orders through local pharmacies - medication will be handed to residents to manage themselves.
6. Assist residents with exit planning and forward travel arrangements.
7. Facilitate interpreter services for residents from non-English speaking backgrounds.
8. Recreation and well-being of residents within the prescribed infection control measures.
9. Maintain contemporary record keeping of actions on the C19C database against resident profiles.

1.2.9 Site safety and logistics

A detailed overview of site safety processes is provided in Section 1, under the information for work health and safety. All quarantine facilities must have a detailed fire evacuation and emergency management plan that includes the complexity of managing situations with people in quarantine inclusive of positive cases. Depending on site location this may need to include a site Cyclone Management Plan (CMP) or Site Flooding Management Plan.

Core processes for consideration in this area include:

1. Site induction processes.
2. The resident intake process in terms of room keys & room allocations and the maintenance of occupancy records.
3. Hotel services such as reception, room turn over, linen supplies, TV and Wi-Fi.
4. Catering, including staff as staff are not able to leave the site during work hours.
5. Zoning (fencing, access and egress, signage) and Site signage including health requirements.
6. Site emergency management planning & implementation.
7. Site Traffic Management.
8. Reactionary maintenance (OHS risk mitigation for our workforce and room and site maintenance that is urgent for the health and wellbeing of quarantined individuals and families).
9. Courier services for urgent supplies and deliveries.

1.2.10 Police and security operations onsite

Police and security onsite facilitated a safe and secure quarantine site for both staff and residents. This is achieved through:

- Ensuring the integrity of the quarantine zoning.
- Oversight of the QF site entry / exit security, policies and procedures.
- Provide expert advice to the security contract manager on the requirements on site.
- Assisting Health Teams with the intake and exit processes as required, particularly when reception/exit of large cohorts occur.
- Liaison between the Emergency Operations Centre (EOC); the border control point teams; and the quarantine site to ensure timely and accurate information to the site of impending quarantine admissions from the airports and the borders for the purposes of site planning.
- Providing escalation and enforcement options for persons committing breaches of Chief Health Officer (CHO) directions.
- Responding to concerns from Health Teams that may require Police assistance.

Security are based at a site entry checkpoint and will deal issues onsite such as contractor staff wanting to enter the site who are not vaccinated. Additionally, all staff need to swipe their access card when entering the site or record their entry with the security team to ensure there is record of everyone onsite at all times (including recording when staff leave the site). This is checked by security staff to identify staff who may be spending extended time onsite with no reason to remain there.

Security staff are also situated at the entrance to every resident zone and in strategic positions across the site to monitor for residents absconding.

1.2.11 Department of Infrastructure, Planning and Logistics (DIPL) operations

The transport functional group are responsible for:

- Communications outlining daily arrivals by commercial transport such as buses trains and airlines into the NT to the leadership group at the NTQF to provide for forward planning of potential arrivals.
- Arranging transport between the NTQF and the airport.
- At the HSQF, DIPL provide hard facility management on behalf of the NTG.

The roles for DIPL for HSQF include but are not limited to:

Technical expertise on the infrastructure including scoping and works to get accommodation blocks up and running to handover to facilities manager for cleaning and preparation to receive residents

New works, site repairs and maintenance, including trade-based work except work tasked to facilities manager

Contractor sourcing and management for infrastructure elements not tasked to the facilities manager.

1.2.12 Site Waste Management.

In a quarantine facility, the management of rubbish and waste is crucial to maintain cleanliness, hygiene, and prevent the spread of infectious diseases (considering other infectious diseases which can be spread though the mishandling of waste). Waste management needs to be coordinated to ensure there is clear definition onsite of medical waste which requires incineration and general quarantine waste which will need to incorporate other waste characteristics such as food waste from onsite catering.

In delivering services such as waste management there must be compliance with the relevant standards under the National Environmental Protection Council Act 1994.[4]

The management of COVID-19 contaminated waste may vary depending on the specific guidelines and regulations set by local authorities or waste management agencies. It is important to follow the latest guidance from local health and waste management authorities to ensure proper and safe disposal of (COVID-19) contaminated waste.

> In the early stages of the pandemic PPE waste at doffing stations was collected as clinical waste, however it became apparent this was not necessary.
>
> It was determined that there is a low risk of transmission of COVID-19 from quarantine waste however safe processed need to be established. This means that COVID-19 contaminated waste can be managed as general or household waste.

The specific procedures may vary depending on the location and regulations of the quarantine facility, but generally, the following practices are recommended:

Segregation and Separation: Different types of waste, such as general waste, hazardous waste, and biohazard waste, should be properly segregated and separated to prevent cross-contamination. This is typically done through color-coded bins or bags that are clearly labelled.

Personal Protective Equipment (PPE): All staff members and individuals within the quarantine facility should wear appropriate PPE, such as gloves, goggles and masks, when handling waste to protect themselves and prevent the spread of infections.

Collection and Storage: Waste should be collected regularly and stored in designated areas or containers that are leak-proof, puncture-proof, and secured to prevent unauthorized access. Hazardous waste or biohazard waste may require additional safety measures, such as specialised containers or refrigeration.

Disinfection: Surfaces and containers used for waste collection should be regularly cleaned and disinfected to maintain proper hygiene and prevent the spread of infections.

Transportation and Disposal: Waste should be transported in accordance with local regulations and guidelines, and disposed of properly in designated waste management facilities. Hazardous waste or biohazard waste may require specialised disposal methods, such as incineration or chemical treatment, to ensure safe and proper disposal.

Record Keeping: Accurate records of waste management activities, including collection, transportation, and disposal, should be maintained for tracking and monitoring purposes, as required by local regulations.

Education and Training: Staff members and individuals within the quarantine facility should receive appropriate education and training on proper waste management practices to ensure compliance and prevent any lapses in waste handling procedures.

Environmental Considerations: Environmental considerations, such as recycling and minimizing waste generation, should also be taken into account, where feasible, to promote sustainable waste management practices.

It is important to note that waste management practices in a quarantine facility may be subject to local regulations and guidelines, and may vary depending on the specific circumstances of the facility. Proper waste management is critical to maintain a safe and healthy environment within the quarantine facility and prevent the spread of infections.

Basic onsite recommendations:

- Biohazard waste goes into yellow biohazard bags and is managed in accordance with approved processes and procedures.
- All other waste is treated as general waste and managed by the facilities manager.
- Residents are responsible to remove their waste from their rooms, including disposing off the waste generated by the food supply. Waste bins are provided in each resident area.
- Waste bins are collected from the resident zones by a contractor, with staff wearing appropriate PPE.
- Waste collected during the process of swabbing is collected in clinical waste bags and later treated as general waste as per guidelines. All waste management approaches need to consider the environmental impact (sustainable practice), and costs, and aim to improve health and safety (reduces the risk of spreading infection).

1.2.13 Site cleaning processes.

It is recommended that residents are supplied with cleaning materials for maintaining their own rooms during their stay. Rooms are then vacated prior to cleaning and this is carried out in alignment with the national guidelines for hotel staff. A comprehensive overview of preventing and controlling Infection through cleaning and disinfectant is provided in *Section 2: Infection prevention and control*. This includes:

- Cleaning the quarantine site
- Cleaning techniques
- Managing the cleaning of resident rooms
- Cleaning of resident rooms in the green zone
- High cleaning of contaminated rooms.
- Sanitising of reusable items
- Cleaning site buggies

This full resource presents considerations and methods to clean across the quarantine site (including resident zones). In delivering services such as quarantine service cleaning there must be compliance with the relevant standards under the National Environmental Protection Council Act 1994.[4]

It is recommended that for the purpose of environmental cleaning, the resource prepared by the Australian Commission on Safety and Quality in Health Care Principles of environmental cleaning: product selection is also consulted.[5]

1.2.14 Contraband in quarantine

In order to keep both residents and staff safe it is recommended the service practice as a restricted premises and ban alcohol and be managed as an alcohol-free site. In addition to this a number of items are recommended to be restricted noting that all meals are provided in this quarantine model and therefore cooking utensils are one of the primary banned items. On resident's arrival they should be questioned to verify if they are carrying any of the following items (noting, it is not recommended to search bags and cases).

Items which will not be accepted are detailed below. Persons delivering to the facility any item which is prohibited must be asked to remove the item and take it with them upon departure from site. Prohibited items include:

- Alcohol.
- Illicit drugs.
- Cooking utensils such as toasters, microwaves, rice cookers, stove tops or sandwich makers.
- Weapons of any kind (including knives).
- Prescription medications unless medication has the resident's name and dosage etc on the label from a pharmacy.
- Home cooked / takeaway meals.
- Groceries.
- Delivery of packed bags with items such as clothing, shoes and toiletries, toys, books and entertainment materials from home.

No external supply of alcohol to residents within the site needs to be communicated to all incoming residents and enforced with communication and education. Processes need to be established for international travellers who are more likely to travel home with duty-free alcohol. In such cases the alcohol is removed by the Operations Team and held is a secure place to be provided back to the resident on their departure.

1.2.15 Quarantine fees

The specific details of quarantine fees can vary depending on the country, region, or facility where the quarantine is being implemented, but the general principles are often similar.

Quarantine fees need to incorporate consideration for accommodation (including cleaning) and meals.

Standard practice is to only charge the accommodation component of the fee for one person where two or more people share quarantine accommodation. Each state and territory set their own quarantine fees and provided an opportunity for a waiver to be sought from the payment of all or some of the fees for financial hardship or being a vulnerable person.

Example of hardship provision for Australian residents

> If they are a low income earner they may be eligible for a reduced rate quarantine fee of $1250 per person or $2500 per family of two or more people sharing accommodation. The low income thresholds are:

- Single $52,706
- Families $68,894

It's important to note that the policies regarding quarantine fees can change over time and may be subject to local regulations and guidelines. Quarantine fees may vary in relation to the quarantine purpose and set up as presented in the following examples.

> **Government-Imposed Quarantine Fees**: In some cases, governments may mandate quarantine for individuals entering their country or region from another location with a higher risk of infectious diseases. These quarantine measures may be implemented at airports, seaports, or other points of entry. Governments may charge fees to cover the costs of facilities, staffing, food, and other expenses associated with the quarantine period. The fees may be paid upfront or collected later through fines or penalties for non-compliance.
>
> **Quarantine Facility Fees:** Quarantine facilities, such as hotels or designated facilities, may be designated for individuals who need to undergo quarantine. These facilities may charge fees for accommodation, meals, and other services provided during the quarantine period. The fees may vary depending on the type of facility, the duration of the quarantine, and the level of services provided.
>
> **Testing and Medical Fees:** As part of the quarantine process, individuals may be required to undergo COVID-19 testing or other medical examinations. These tests and medical services may incur additional fees, which can vary depending on the location and type of test or examination conducted.

1.2.16 Site catering

Catering for the quarantine services should supply residents and onsite staff (as staff were requested to not leave the site and to reduce the risk of food-related infections they were requested to not bring their own meals or share food onsite). Consideration needs to be given for potential restrictions in accessing food services due to state/territory lockdowns and isolation requirements.

In delivering services such as food safety and delivery there must be compliance with the relevant standards under the National Environmental Protection Council Act 1994.[4] In addition, in the delivery of food preparation and catering services the catering company must ensure compliance with the Food Standards Australia New Zealand Act 1991 (FSANZ Act).[6]

It is important that meals are regularly provided to residents and incorporate a healthy and varied meal choice aligned with any special dietary requirements. As residents arrive (or in the pre-arrival process) dietary requirements need to be recorded for each resident. These details include room numbers, and dietary requirements/ preferences such as Standard, Vegetarian, Vegan, Pescatarian, Kosher, Gluten Free, Lactose-Free. Medical requirements such as diabetic meals, pregnancy safe or specific dietary requirements which allow for allergies and medical conditions. There may also be need to provide baby food – Age dependant and Children's meals which are normally a smaller portion size and with occasional specific simple kids meals, ensuring they are nationally balanced.

Once meal requirements are identified on arrival, this is set for the entirety of the resident's stay (it is unrealistic for large facility to allow residents to change their meal requirements during their

stay, this needs to be communicated with residents so they understand their meal choice will be applied to all their meals).

Meal delivery of customised meal packages requires strategic planning to reduce the amount of time catering staff have to spend in the zone with infected and potentially infected residents. It is recommended a maximum of 2 meal drops occur daily with aim for one meal drop if possible.

This can incorporate:

- Two meal drops per day- a breakfast and lunch meal combination and hot dinner.
- One meal drop per day- a hot dinner with breakfast and lunch provided for the next day

Residents can additionally access a click-and-collect service onsite to add to their food onsite. The click-and-collect process for residents is detailed in *Section 4: Resident Care*.

A service agreement is recommended with the retail outlets who will deliver click-and-collect items for residents. This is important so those items which are considered contraband and not permitted on site cannot be ordered. In addition, the retail outlet needs to have the capacity to cater to the residents' requests and deliver in a timely manner (given residents will likely need their items quickly).

As catering forms such a vital part of the resident stay and quarantine services the catering manager needs to be included on all Leadership meetings and their team should have access to education and training to ensure they are safe on site.

MENU **MONDAY**

	BREAKFAST	LUNCH	DINNER
STANDARD	Toasted Breakfast Muesli Bowl ● Stewed Stonefruit ●●● Baked Croissant with Spreads ● Small Juice ●●●	Aussie Summer Tuna Salad ●● *Tuna in Springwater, Cos Lettuce, Cucumber, Cherry Tomatoes, Creamy Potato Salad, Hard Boiled Egg, Charred Corn Cob, Parsley, Lemon Wedge, Capers, French Dressing* Fresh Whole Fruit ●●● Fresh Bread Roll, Assorted Cheese and Butter ●	Italian Chicken Parmagiana *Chicken Schnitzel, Homemade Tomato Sauce, Grilled Cheese, Garlic Baked Potato, Carrot, and Peas* Chef's Choice Dessert Selection *With garnish and topping*
VEGETARIAN	Toasted Breakfast Muesli Bowl ● Stewed Stonefruit ●●● Baked Croissant with Spreads ● Small Juice ●●●	Baked Cauliflower and Chickpea Salad ●●● *With Mixed Greens, Cherry Tomatoes, Cucumber, Cauliflower, Chickpea, Charred Corn Cob, Parsley, and French dressing* Fresh Whole Fruit ●●● Fresh Bread Roll, Assorted Cheese and Butter ●	Italian Vegetarian Parmagiana ● *Vegetarian Schnitzel, homemade Tomato Sauce, Grilled Cheese and Garlic Baked Potato, Carrot and Peas* Chef's Choice Dessert Selection ● *With garnish and topping*
GLUTEN FREE	Toasted Breakfast Muesli Bowl (Vegan & Gluten Free) ●●● Stewed Stonefruit ●●● Fruit Yoghurt ●● Small Juice ●●●	Aussie Summer Tuna Salad ●● *Tuna in Springwater, Cos Lettuce, Cucumber, Cherry Tomatoes, Creamy Potato Salad, Hard Boiled Egg, Charred Corn Cob, Parsley, Lemon Wedge, Capers, French Dressing* Fresh Whole Fruit ●●● Fresh Bread Roll (Gluten Free), Assorted Cheese and Butter ●●	Italian Grilled Chicken *Grilled Chicken, Homemade Tomato Sauce, Grilled Cheese, Garlic Baked Potato, Carrot, and Peas* Chef's Choice Dessert Selection ● *With garnish and topping*
VEGAN / VEGAN & GF	Toasted Breakfast Muesli Bowl (Vegan & Gluten Free) ●●● Stewed Stonefruit ●●● Diary Free yoghurt ●●● Small Juice ●●●	Baked Cauliflower and Chickpea Salad ●●● *With Mixed Greens, Cherry Tomatoes, Cucumber, Cauliflower, Chickpea, Charred Corn Cob, Parsley, and French dressing* Fresh Whole Fruit ●●● Fresh Bread Roll, Cheese and Spread (Vegan & Gluten Free) ●●●	Italian Vegan Parmagiana ●●● *Vegan Schnitzel, homemade Tomato Sauce, Vegan Cheese and Garlic Baked Potato, Carrot and Peas* Chef's Choice Dessert Selection ●●● *With garnish and topping*

Please note: This menu contains No Beef, No Pork and all meats are Halal.

● Vegetarian ● Vegan ● Gluten Free