ACT Government | **ACT Health**

Dear ▆▆▆▆▆▆

DECISION ON YOUR ACCESS APPLICATION

I refer to your rescoped application under section 30 of the *Freedom of Information Act 2016* (FOI Act) received by ACT Health Directorate (ACTHD) on Wednesday 17 February 2021.

This application requested access to:

> *'COVID Health Risk Assessment Reports prepared or provided by ACT Health, ANU or UC and any ministerial brief or minute prepared relating to the return of both domestic and international students to residential student accommodation at ANU and UC for 2020 and 2021.'*

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Monday 12 April 2021**.

I have identified two documents holding the information within scope of your access application. Document at reference one has been included in the document pack as an additional source of information relating to COVID-19 Guidance for Shared Accommodation. This Guidance provides general public health advice for shared accommodation and facilities. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decisions
I have decided to:

- grant full access to one document; and
- grant partial access to two documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:
- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Full Access
I have decided to grant full access to one document at references 1.

Partial Access
I have decided to grant partial access to two documents at reference 2 and 3. These documents contain information that are partially comprised of Cabinet information. This information is therefore taken to be contrary to the public interest to release under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet and I have decided not to disclose this information.

Charges
Processing charges are not applicable to this request.

Disclosure Log
Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log.

Ombudsman review
My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
http://www.acat.act.gov.au/

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely

Vanessa Dal Molin
Executive Branch Manager
ACT Health Directorate

9 April 2021

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: http://www.health.act.gov.au/public-information/consumers/freedom-information

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
███████████	COVID Health Risk Assessment Reports prepared or provided by ACT Health, ANU or UC and any ministerial brief or minute prepared relating to the return of both domestic and international students to residential student accommodation at ANU and UC for 2020 and 2021.	FOI21/02

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1-25	Additional document: COVID-19 Guidance for Shared Accommodation	July 2020	Full release		Yes
2.	26-35	Ministerial Brief- Hotel quarantine for accepting the arrival of international students back into the ACT - Signed by Chief Minister	07/12/2020	Partial release	Schedule 1, 1.6 Cabinet information	Yes
3.	36-45	Ministerial Brief- Hotel quarantine for accepting the arrival of international students back into the ACT - Signed by Minister for Health	07/12/2020	Partial release	Schedule 1, 1.6 Cabinet information	Yes
Total Number of Documents						
3.						

COVID-19 Guidance for Shared Accommodation

Preventing the spread of COVID-19 and other respiratory infections in shared accommodation

Version 2 – July 2020

For the purpose of this document 'shared accommodation' is defined as a facility or environment where people who are not family members reside in close proximity and share facilities such as bathrooms or eating areas. Shared accommodation facilities include, but are not limited to:

- university dormitories and boarding schools;
- refuges and shelters;
- hostels;
- supported independent living accommodation or residential respite for people with disability where facilities are shared between residents;
- Out of home care residential care services; and
- residential facilities providing community, mental health and some health services. For example, respite, rehabilitation, crises support, alcohol and other drug treatment, youth, family violence, or mental health support services

This guidance provides general public health advice for shared accommodation facilities. There are specific national guidelines which apply to hospitals, aged care facilities and correctional and detention facilities. This guidance does not apply to private residential share-houses, which should follow standard ACT Health advice. This guidance is not regulatory advice but has been developed to provide assistance with COVID-19 planning, noting that some accommodation facilities will need to follow advice from their regulatory authority.

The information in this guide is provided to assist shared accommodation facilities to prepare for COVID-19, including developing plans and implementing strategies to prevent the introduction and spread of COVID-19, identifying persons with respiratory illness, and managing residents with suspected or confirmed COVID-19.

Shared accommodation poses many challenges in the context of COVID-19, due to the unique environment of close proximity living by non-family members, with shared bathroom, kitchen and communal facilities. Further challenges are also posed by restrictions on client or resident movement, vulnerable populations, and the presence of volunteers in the workforce.

Shared accommodation facilities can seek further guidance from ACT Health (CDC). Please call Access Canberra on 6207 7244 if further advice from ACT Health is required.

Summary of updates since the previous (1st) version

People who are tested for COVID-19 but do not have risk factors for exposure to the virus can now remain in shared accommodation, even if they can't isolate in a single bedroom with their own bathroom, while awaiting their test result. However, they must practice good hand hygiene, cough etiquette and physical distancing. If the resident cannot practice hand hygiene, cough etiquette or physical distancing, then personal protective equipment (PPE) should be used. Guidance for PPE use can be found at Appendix 4. The resident should stay in the facility, preferably in the room where they sleep as much as possible, until their symptoms have resolved. They can leave the residence once their symptoms resolve.

If a resident who has risk factors for exposure to the virus is tested for COVID-19 (e.g. they have had close contact with a person with the disease), they **need to be isolated in a single bedroom with their own bathroom until they get a test result.** If a single bedroom with a dedicated bathroom is not available, shared accommodation providers should call ACT Health via Access Canberra on 6207 7244 to discuss alternative accommodation options.

Residents under 18 years of age will require supervision and support from a guardian if they need to isolate. Alternative accommodation should be considered with a family member or a member of staff.

[Please see the online information from ACT Health for people awaiting a test result,](#) as it describes who is at higher risk of exposure to COVID-19.

If the resident was already in quarantine under direction from ACT Health prior to getting tested (e.g. due to recent overseas travel or close contact with a confirmed COVID-19 case), they must still complete their full quarantine period, even if their test result is negative.

Outbreak management advice has been added.

General advice about what would occur in the event of an outbreak (defined as at least one case in a residential facility) has been included in this updated version. Individual residential facilities will also need to request an outbreak checklist from their contract manager, relevant Government Directorate (e.g. Office for Disability, CSD; Health Improvement Branch, ACT Health), or PSRContracts@act.gov.au to further assist with their planning. This should be requested in advance and activated in the event of an outbreak. In the event of an outbreak, specific, detailed and on-the-ground support would be provided to the residential facility by ACT Health to help manage the case(s), contacts and infection control. This information is provided in Appendix 3.

Making the Public Health Directions clearer

To ensure that this document is relevant and provides appropriate information, specific instructions from the Public Health Directions that were throughout the document have been removed. The reason for this is that the Public Health Directions are subject to change. Advice about current Public Health Directions and their implications for shared accommodation providers will now be found here in the update section of the Guidance to Shared Accommodation.

More inclusive

More information is included for people with disability or people at increased risk of severe illness from COVID-19.

NOTE: This guidance is based on currently available information and will be updated as the COVID-19 pandemic evolves. Please keep up to date with the latest information on the ACT Health website and Australian Department of Health website.

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Anticipatory planning for COVID-19

ACT Health recommends that shared accommodation facilities in the ACT develop plans to prevent, identify and manage COVID-19 cases by doing the following:

- **Be prepared.** Appoint a lead staff member (or team representing all internal stakeholders in a larger organisation) empowered and authorised explicitly by board/executive management to lead and update pandemic response planning and communication with internal and external stakeholders. The national guidelines on managing COVID-19 outbreaks in a residential care facilities and the AHPPC statement on risk management for re-opening boarding schools and school-based residential colleges may be useful for outbreak planning purposes. An outbreak is defined as at least one COVID-19 case in a residential facility. Information about outbreak management is also provided in Appendix 3.

- **Stay informed.** Keep up to date with reputable information, including the updates and resources on the ACT Health and Australian Department of Health websites.

- **Communicate.** Keep residents, their families and staff informed. Describe what actions the facility is taking to protect them. This includes answering questions and explaining what is being done to protect staff and residents. Provide educational resources in plain English and other languages (if relevant). Translated resources are available on the Australian Department of Health website.

Facilities should focus on rapidly identifying potential cases by encouraging all staff, visitors and residents to get tested as soon as possible, even if they have mild symptoms.

Steps to prevent and manage COVID-19

1. Ensure continuity of operations

Anticipate and plan for staffing shortages:

- Expect that employees may become ill (with illness other than COVID-19, and potentially with COVID-19) and will need to be absent from work until well or cleared by ACT Health (if they are a case of COVID-19). If staff become unwell, it is crucial that they remain home until they have been tested an their symptoms resolve.

- Staff who are at increased risk of severe illness from COVID-19 should seek medical advice and develop a plan with their doctor and employer about how they manage their risk in the workplace and in other public settings.

- Anticipate and plan for shortages due to demands on supply chains by pre-ordering essentials to maintain adequate reserves.

2. Prepare to respond to community transmission of COVID-19

- If widespread community transmission of COVID-19 occurs in the ACT, facilities should follow their emergency management plan if they have one. This may be incorporated into an organisation's updated business continuity plan or may be a separate document.

- If no such plan or system already exists, designate a lead staff member or team to develop and implement a site-specific plan to prevent introduction and transmission of COVID-19 in the facility and to avoid major disruptions in services.

- This person or team should include staff who are familiar with infection control measures to limit exposure to and spread of influenza and other respiratory viruses. If staff are unfamiliar with infection control, they can contact ACT Health (CDC) for advice. If the facility is not staffed, the contract manager and ACT Health (CDC) should be notified.

- As the COVID-19 outbreak evolves, regular announcements should be made to keep staff and residents in your facility informed, especially regarding measures taken to prevent ongoing transmission.

3. Review service delivery

Some shared accommodation facilities provide health care and/or mental health services or other essential services. These range from full service on-site health care or rehabilitation programs to assessment and referral to off-site providers.

- Identify what health care and mental health resources are available and review and update provider contracts (where appropriate), emergency medical protocols including transporting persons to healthcare facilities, notification of receiving facilities, and contact information for providers and pharmacies.

- For people with disability this should include:
  - o information about their communication needs
  - o names and contact details of those involved in their health care. This should include primary care providers, specialists and those involved in health care decisions (including details of next of kin)
  - o where possible a complete medical history, including information about their disability, pre-existing health issues (especially respiratory and heart conditions) and current medications
  - o a current advanced care directive or plan if appropriate
  - o the person's mental health and/or Positive Behaviour Support plan, if they have one.

- It is still appropriate for services to be delivered on-site, if service providers conduct a point-of-care risk assessment prior to delivering services. See the ACT Health website for information about how to conduct a risk assessment.

- ACT Health recommends that accommodation facilities and residents who regularly receive essential services have a plan in place to ensure they can continue accessing their services.

4. Prevent the introduction of respiratory pathogens into the facility

- Post signs at all entrances instructing visitors to stay away if they have symptoms of COVID-19. Visitors include family, friends and community support or healthcare providers. Signage is available for download at the ACT Health website.

- Assess all new admissions and external clients for any symptoms of COVID-19 upon admission to the facility.

- **Asymptomatic new admission and external clients do not need to be tested for COVID-19** prior to admission, and they do not need to be quarantined for 14 days from entry into the facility, unless they are under a Public Health Direction to do so.

- **Symptomatic new and returning symptomatic residents should not be admitted until they have been tested for COVID-19 and the result comes back as negative.** Alternative accommodation should be sought. ACT Health should be contacted if alternative accommodation is not available. Shared accommodation facilities can seek further guidance from ACT Health, please call Access Canberra on 6207 7244 to be put through to Communicable Disease Control (CDC).

- Inform potential visitors that symptomatic persons will not be allowed to enter the facility. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility.

- Ideally there should be one point of entry into the facility that can be monitored, so that visitors to the facility can be screened prior to entry. This is not possible in some facilities, and ACT Health will provide advice and assistance in the event of an outbreak.

- Consider implementing screening questions for persons entering the facility and exclude people if indicated. <u>The following questions are provided as a guide and need to be adapted to the circumstances</u>, for example, facilities may need to ask about travel to COVID-19 hotspots.

  Please note: at the current time, returned overseas travellers are completing government mandated hotel quarantine, unless they have a specific exemption from the Chief Health Officer. Due to the current arrangements, it would be very unlikely for shared accommodation providers to encounter individuals who should be in home quarantine due to travel overseas in the past 14 days.

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  1. Have you travelled overseas or to a coronavirus hotspot in the last 14 days?

  2. Have you had contact with a confirmed case of coronavirus (COVID-19) in the last 14 days?

  3. Do you, or anyone you have been caring for closely, have a new illness, notably a fever, sore throat, cough, shortness of breath or loss of smell/taste?

  If the person answers YES to any of these questions, they should not enter the facility. If a person reports that they have symptoms of a new respiratory infection, they should be advised that should seek medical assessment/COVID-19 testing, if they have not already done so.

  Note: Temperature screening of staff, residents or visitors of shared accommodation facilities is not currently required by ACT Health. However, if temperature testing is used, in addition to the standard screening questions, it is recommended to use a no-touch method such as an infra-red temperature detection device.

- Consider offering influenza vaccination for current residents and staff at the facility, if possible.

- Provide educational material for staff and residents on hand and respiratory hygiene. Information can be provided through signs, written materials, and video presentations.

- Ensure staff are familiar with the symptoms of COVID-19 and the COVID-19 testing criteria. Please check this website regularly, as testing criteria are changing regularly as the pandemic evolves.

- Any person living or working in shared accommodation who becomes unwell with symptoms of COVID-19 should seek medical review and follow the process outlined under *Ensure rapid detection of persons with acute respiratory illness* below. This includes all staff in the facility, including kitchen, cleaning and laundry staff.

  o Staff should be advised to stay home if they feel unwell and remain at home until their symptoms resolve. Ensure that sick leave policies allow staff to stay home if they have symptoms of a respiratory infection.

  o If a staff member is symptomatic and tests negative for COVID-19, they can return to work when they have fully recovered.

  o If a staff member is diagnosed with COVID-19, they must isolate until cleared for release by ACT Health.

5. **Prevent the spread of respiratory pathogens**

- Implement physical distancing and planning measures suggested in Appendix 1.

- Educate and encourage the following general, hand and respiratory hygiene practices by residents, visitors, and staff:

  o Liquid soap and water should be used if hands are visibly dirty. Wash hands for at least 20 to 30 seconds. Dry hands on paper towel. Do not share hand towels.

  o If hands are not visibly soiled, you can clean your hands with an alcohol-based hand sanitiser that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

  o Wash hands before and after handling food, eating, entering rooms and touching other peoples' possessions.

  o Wash hands after using the toilet.

  o Avoid touching eyes, nose and mouth with unclean hands.

  o Avoid close contact with others and follow physical distancing measures, where possible.

  o Cough and sneeze into your elbow or directly into a tissue, throw the tissue into a lined bin, and wash your hands.

  o Avoid sharing towels, blankets and pillows with other people.

- Prominently display posters for hand and respiratory hygiene at all entrances, bathrooms and common areas. Signs and posters are available for download from the ACT Health and Australian Government Department of Health websites. For people with disability these should be accessible easy read signs and posters (this will also assist people with low literacy and are available via the CSD website).

- Ensure appropriate hand cleansing materials, such as running water, soap, paper towels and waste baskets, or hand sanitiser are readily available throughout the facility, including:
    - intake areas;
    - visitor entries and exits;
    - visitation rooms and common areas;
    - staff-restricted areas;
    - bathrooms; and
    - food preparation and dining areas.
- Alternatively, except for bathrooms and food preparation areas, alcohol-based hand sanitisers may be used if appropriate. Alcohol-based hand sanitiser can be accessed through the ACT Emergency Services Agency if supplies cannot be sourced through regular suppliers.
- Maintain adequate supplies of hand soap and paper towels, alcohol-based hand sanitiser, tissues, general cleaners, disinfectant spray or wipes and personal protective equipment such as gloves and masks. If there is difficulty accessing personal protective equipment, requests can be submitted through completion of an online request form on the COVID-19 website.
- Educate staff and residents about current physical distancing measures. For people with disability this should be accessible and appropriate easy read info is available on CSD website.
- Regularly clean frequently touched surfaces in common areas (e.g. door handles and light switches), particularly communal kitchens.
- Cutlery, dishes, utensils, and drinking glasses must not be shared and should be cleaned thoroughly with detergent and hot water, or in the dishwasher, after use.
- If the weather allows, make sure shared spaces have good airflow, for example by opening a window.

6. Advice for residential facilities when physical distancing is not always possible

Advice for staff

- Services can be safely delivered even if physical distancing can't be maintained, provided other hygiene measures are adhered too, particularly hand hygiene, and staff conduct a point-of-care risk assessment prior to providing services. Refer to the ACT Health webpage for information about the point-of-care risk assessment.
- Staff may be required to wear PPE if physical distancing cannot be adhered to. Information about when PPE may be required is contained within the point-of-care risk assessment and can also be found in Appendix 4.
- If physical distancing cannot be maintained, make sure regular cleaning is conducted.
- Staff may need to assist some clients to perform good respiratory and/or hand hygiene.

Advice for clients

- Clients may also be unable to maintain physical distancing between themselves. In these instances, again, promote good respiratory and hand hygiene and conduct frequent cleaning.

- Provide information to clients and/or their carers or guardians about precautions that are currently in place. As above, information provided should be easy to read, and accessible.

- Please see section 9 for more information for keeping residents who are at increased risk of severe illness from COVID-19 safe.

7. Personal protective equipment (PPE)

- There should be a standard operating procedure for appropriate use of PPE.

- Staff should receive training in how to use PPE and have a 'buddy' who is familiar with using PPE. Removing PPE correctly is extremely important, as taking it off incorrectly can result in contamination and an infection risk. Please see Appendix 4 for ACT Health PPE resources.

- ACT Health recommends that if use of a mask in the community setting is indicated, that a surgical mask be used. Surgical masks should be disposed of after use. If the mask becomes damp or soiled during wearing, it should be disposed of appropriately and replaced.

- More information for use and access to PPE can be found on the ACT Health webpage. And Commonwealth Health website (chief nurse video for support staff).

8. Implement infection control precautions in communal dining areas

- Self-service food stations, buffets and self-service utensil and plate arrangements should <u>not</u> be allowed. Food should be served from the buffet by the staff only.

- Dining areas should be arranged to enhance physical distancing. Consider allocating seating to individual residents.

- Kitchen staff should be advised to do the following:
  - Wash hands often with soap and water for at least 20 seconds. Cover mouth and nose when coughing and sneezing with a tissue, or cough into your elbow, dispose of the tissue into a bin and then wash your hands afterwards.
  - Ensure hand washing facilities are not obstructed and have enough paper towel and soap; these facilities should only be used for hand washing. Ensure gloves are changed regularly and wash hands between glove changes.
  - Brief staff on additional processes and procedures, especially hand washing techniques each shift.
  - Undertake more frequent cleaning of all benches and surfaces (fridge and cool room handles etc), dining areas and condiments such as sauce bottles, salt and pepper shakers, preferably after each dining service. Clean EFT machines regularly. One staff member should be dedicated to handle all transactions.
  - Stagger mealtimes where possible.
  - Ensure all surfaces in the dining area are cleaned after each session.

9. Additional planning with residents who are at increased risk of severe illness from COVID-19 and for residents with disability

- For residents who are identified as being at increased risk of serious illness from COVID-19, a risk assessment should be undertaken, taking into account the local epidemiology, the individual's risk factors, the shared accommodation environment and the nature of the interactions the vulnerable person has with other people in the accommodation. The resident, or their carer, guardian or appointed decision maker, is responsible for seeking medical advice from their doctor to assess their risk and seek advice on how best to manage their risk.

- Where reasonable adjustments can be made based on medical advice, accommodation providers should put those adjustments in place. Where reasonable adjustments cannot be made, accommodation providers may need to liaise further with the resident or their representative, medical professionals and/or the relevant government directorate.

- Some examples of measures that may be put in place to provide additional protection to residents who are at increased risk of severe illness from COVID-19 include:
  - Ensuring the resident has access to their own hand-washing facilities or alcohol-based hand sanitiser, if appropriate.
  - Supporting the resident to carry out regular hand hygiene, if appropriate.
  - Moving the resident into a private room, if available.
  - If an outbreak occurs, some residents or their carer or guardian may plan for the resident to isolate elsewhere (e.g. with family), if appropriate. Document these plans, if possible.
  - Rostering regular staff if the resident requires essential services to reduce the total number of staff that the resident interacts with.

To ensure that people with disability have a plan that is tailored to their unique needs a resource called "Person-centred emergency preparedness planning for COVID-19" is available via the Community Services Directorate website:

  - review the person's behaviour support plan (if they have one) for any recommendations for managing their behaviours of concern as well as the common triggers for their behaviour.
  - If the person does not have a behaviour support plan, draw on your existing understanding of their interaction and communication preferences. Or ask someone who knows them well, what those preferences are.
  - Consider known triggers for the person's behaviour of concern and put in place strategies to mitigate these.

Other tools and guidance can be found on the NDIS Quality and Safeguards Commission website and the Australian Department of Health website.

10. Ensure rapid detection of residents with symptoms of COVID-19

Early detection of respiratory illness and implementation of appropriate infection control measures are crucial to prevent the spread of infection in shared accommodation settings. The following recommendations are given to all shared accommodation settings:

- Instruct residents, visitors, volunteers and staff to monitor for and report symptoms of COVID-19 to the appropriate personnel at the first signs of illness.
- If appropriate for the setting, provide regular welfare checks to residents to help identify the first signs of illness.

11. Seek medical assessment and testing for residents with symptoms of COVID-19

If a sick resident is in quarantine (e.g. due to close contact with a confirmed COVID-19 case), call ACT Health (CDC) for advice. If a sick resident has serious symptoms and it is an emergency, call triple zero (000). Ensure that you tell the operator that the resident is in quarantine.

For residents who do not need to go to hospital:

- Assist the resident to arrange a telehealth appointment with their GP, if appropriate.
- There are several locations where COVID-19 testing can be done free of charge in the ACT. For more information, refer to ACT Health information about getting tested.
- If private transport is not available, assist the resident with transport for assessment and testing, if required. If the resident does not have access to private transport, use existing transport options available to the facility to transport the resident, ensuring that the resident wears a surgical mask (if possible), avoids contact with other people (including other passengers, drivers and transport staff), cough/sneezes into their elbow and washes their hands before and after travel.
- If public transport is the only option available, the resident should wear a surgical mask (if possible) and follow the above hand and respiratory hygiene and physical distancing advice. Please note that the Drive Through Respiratory Assessment Clinic at EPIC cannot be attended from public transport.
- If the resident is unable to get to a testing centre, call ACT Health for assistance by calling 6207 7244 to be put through to Communicable Disease Control (CDC).

12. Put appropriate precautions in place for residents awaiting a test result

If possible, people who are unwell with respiratory symptoms and who are waiting for their test result should stay in a single bedroom with their own bathroom. However, this is not always possible and is not necessary if the resident has no risk factors for exposure to COVID-19 (e.g. is not a close contact of someone with confirmed COVID-19). The risk factors for exposure can be found on the ACT COVID website, under information while you wait for your results.

If the individual does not have any risk factors for COVID-19 exposure, the following actions are recommended:

- The resident should try and stay in one area (e.g. the room where they sleep) as much as possible and avoid contact with other people until their symptoms resolve.

- The resident should practise physical distancing, respiratory hygiene, hand hygiene and wear a mask, if possible, when they are transiting through communal areas.
- The resident does not need to wear a mask when they are sleeping, but they should wear a mask while they are awake if they are sharing a room with another person.
- Other residents in the facility do not need to isolate, unless advised to do so by ACT Health.

If the individual has at least one risk factor for COVID-19 exposure, the following actions are recommended:

- The resident should isolate in a bedroom with his or her own bathroom. If this is not possible, call ACT Health (CDC) for advice regarding alternative accommodation.
- Other residents in the facility do not need to isolate, unless advised to do so by ACT Health.
- Some families or close small groups may remain together to isolate for social or psychological reasons, on a case-by-case basis in consultation with ACT Health. See more information about this in Table 1 below.

13. Manage unwell residents who test negative for COVID-19

- Residents who test negative for COVID-19 should continue to follow hand and respiratory hygiene, avoid contact with others and wear a surgical mask when transiting through communal areas, if possible, until their symptoms resolve. They do not need to continue to isolate in their room, unless they are already in quarantine (e.g. because they are a close contact of someone with COVID-19).

14. Isolate confirmed cases or people in quarantine

- **If there is a case of COVID-19 in a shared accommodation facility, ACT Health will declare an outbreak and provide assistance to manage the case(s), contacts and provide advice on infection control and environmental cleaning (see Appendix 3 for more information about outbreak management).**
- If a person tests positive to COVID-19, the ACT Health will be notified by the testing laboratory. ACT Health will then contact with the person who has tested positive (or their caregiver) to advise them to isolate and provide them with further information. People who have tested positive for COVID-19 are required to isolate until they are cleared by ACT Health. ACT Health will notify the facility of the outbreak and request a liaison.
- ACT Health will advise the person who has tested positive and the shared accommodation facility whether it is appropriate for the person to remain in the facility. ACT Health will collaborate with the affected person and/or their carer or guardian, the shared accommodation provider and other relevant persons to ensure the most appropriate isolation plan for that person is developed.

Table 1. Requirements for a person with confirmed COVID-19 to remain in shared accommodation for their isolation period:

Requirement	Action required by shared accommodation facility

There is an appropriate place for the resident to isolate	• The resident should be moved to a single bedroom with his or her own bathroom. • Ideally, they should have access to their own balcony or outside space, which is safe for them to use. If a balcony is within 2 metres of a neighbouring balcony, the resident should wear a mask when on the balcony. • If a single room is not available, consider moving unaffected residents who are in single rooms into shared accommodation to free up single rooms. • If this is not available, contact ACT Health (CDC).
The resident's basic needs can be met	• The resident can access food and other necessities, through contactless delivery. • The resident may require meals, groceries, medications, or other essential items to be delivered to their door.
The resident can access medical assessment, if required	• The person's symptoms can be monitored, and they can be assisted to seek medical assessment, if required. • People who are confirmed to have COVID-19 can access non-urgent medical assessment through their GP or through the Weston Creek Walk-in Centre Medical/Nursing Support Service for confirmed COVID-19 cases. For more information, refer to ACT Health's information for people who have confirmed COVID-19.
Infection control requirements can be met	• Staff and other residents should not have direct contact or enter the person's room, unless there is an emergency or when providing essential care, utilising appropriate PPE. • Disposable items can be used to minimise the risk of transmission where practicable. • Refer to infection control advice below for more information
The resident can maintain good hygiene	• The resident has access to hand washing facilities and/or alcohol-based hand sanitisers and surgical masks (in case they need to leave the room in the event of an emergency or to obtain medical care, or in case others need to enter their room to provide essential care)

The resident can obtain essential care that they may require and/or is safe to care for him or herself.	• Staff or other care providers should not be interacting with people who are positive for COVID-19 unless they are providing essential care. • Other care providers who need to provide essential care to the resident have access to the recommended personal protective equipment (PPE) such as gloves, goggles, facemask, gowns, and cleaning agents. • Refer to the online information about appropriate use of PPE or see Appendix 4. • ACT Health has developed information and guidance on continued opioid maintenance treatment (OMT) for ACT patients during COVID-19 on the ACT Health website.
Residents who are in isolation should not have any contact with other residents **unless** there are significant social or psychological concerns about separating the client from their family or close group **and** they all understand that ongoing contact will prolong the quarantine period.	• The ACT Health (CDC) should be notified if there are concerns about the client being able to follow isolation requirements. ACT Health has a dedicated COVID-19 wellbeing team to assist with care of complex clients. • Some families or close small groups may remain together for social or psychological reasons, on a case-by-case basis in consultation with ACT Health (CDC). This should only occur if no members of the group are at increased risk from COVID-19. The affected resident should still isolate themselves from the other members of the group where possible. If this is not possible, people who remain in contact with a confirmed case must remain in quarantine for the full time that the person is infectious, and then 14 days following the release of the confirmed case from isolation. This means that contacts may be in quarantine for at least 3-4 weeks.

Further information on isolation for people who are suspected or confirmed cases can be found on the ACT Health website. If facilities have any concerns implementing infection control recommendations, they should immediately contact ACT Health (CDC) via Access Canberra on 6207 7244. Appendix 2 provides guidance on how to reduce boredom and maintain mental health during isolation and quarantine.

15. Additional resources available for people with disability if they are diagnosed with COVID-19

- Residents with NDIS packages in supported independent living are eligible for additional financial support if they are diagnosed with COVID-19 - to assist with additional care and cleaning requirements. Please visit the National Disability Insurance Scheme website information for Coronavirus (COVID-19) cases in supported independent living. This website

details support items that are available in the case that a person in supported independent living tests positive for COVID-19.

16. Housekeeping and cleaning for residents in isolation

PPE requirements while cleaning

- Refer to Appendix 4 for PPE requirements when cleaning the room of an individual who is isolation for COVID-19. Information is also provided in Appendix 4 about PPE requirements when cleaning the room of someone who is in quarantine.

Cleaning

- If appropriate, consider providing the individual in isolation with basic cleaning products so they can clean the room themselves. Cleaners should avoid going in the room, unless it is necessary. Garbage should be double bagged and placed outside of the resident's room for collection. The person removing the garbage should wear gloves and practice hand hygiene.

- Outside of the individual's room, clean frequently touched surfaces in communal areas, such as doorknobs, door handles, light switches, handrails and telephones, recreational equipment, including surfaces in cafeterias and bathrooms. Clean using detergent and water, followed by a household disinfectant or diluted bleach solution, or use a combination detergent/disinfectant product. Always clean and dry surfaces before applying bleach or disinfectant.

- After a person who is a confirmed COVID-19 case has permanently vacated their room or no longer requires isolation, cleaners should:
  - Use gloves and wear a disposable plastic apron when cleaning.
  - Clean all high touch surfaces. This includes kitchen benches, tabletops, fridge door handle, doorknobs, bathroom fixtures, toilets, light switches, phones, remote controls, keyboards, tablets and bedside tables.
  - Clean using detergent and water, followed by a household disinfectant or diluted bleach solution, or use a combination detergent/disinfectant product. Always clean and dry surfaces before applying bleach or disinfectant.
  - Clean any surfaces that may have blood, body fluids and/or secretions or excretions on them using disposable kitchen towel, followed with a diluted bleach solution. A bleach-based disinfectant (1000 ppm) can be made by adding 25mls of bleach to 4 cups of cold water. Mix this disinfectant solution daily and dispose of what you do not use at the end of each day. If using bleach as disinfectant, apply to surface, leave for 10 minutes and then rinse with clean water.
  - Read the labels of cleaning products and follow recommendations on product labels. Labels contain instructions for safe and effective use of the cleaning products including precautions you should take when applying the product. Make sure the area is well ventilated. Wear disposable gloves and ideally a plastic apron when cleaning surfaces, clothing or bedding, dispose of the gloves and apron in the bin when finished and wash your hands.

- Place all used disposable gloves, gowns, face masks, and other contaminated items in a lined container with the plastic rubbish bag tied when full. Dispose of it with other general waste. Wash hands immediately after handling these items.

- Providers can contact ACT Health (CDC) for more detailed advice relating to cleaning, and advice was also included in the ACT webinar for NGOs.

Crockery

- All cutlery, dishes and drinking glasses should be left outside the client's room by the client, collected by a staff member wearing gloves and then be cleaned thoroughly with detergent and hot water, or in the dishwasher.

- After handling cutler, dishes or drinking glasses, staff should immediately remove their gloves and practice hand hygiene.

Laundry instructions

- If the resident has laundry that must be washed during isolation, the resident, their carer or a staff member should place the laundry in a plastic garbage bag before it is removed from their room.

- Staff members or carers handling laundry should avoid shaking laundry.

- Staff members or carers handling laundry should wear gloves when handling laundry. After handling the laundry, they should immediately remove their gloves and then wash their hands with soap and water or an alcohol-based hand sanitiser immediately.

- Wash laundry thoroughly. Wash and dry with the warmest temperatures recommended on clothing labels. If possible, clothes and linen should be washed at or above 65 degrees Celsius for a 10-minute wash cycle. Alternatively, laundry sanitisers can be added to the detergent in a cooler wash. Follow directions on labels of laundry products. If possible, tumble dry.

Appendix 1: Social distancing and planning measures to limit spread of COVID-19 in shared accommodation

Limiting the number of people who congregate and interact with one another within a facility and allowing more physical space between people can help to curb spread of COVID-19. Below are physical distancing measures that could be implemented to limit the spread of COVID-19 and other respiratory infections. Each facility will be different and have different issues, requiring an individual approach to risk management.

Sleeping arrangements	• If possible, reduce the number of residents sleeping in each room. Single rooms are preferred from an infection prevention and control perspective. • If residents share rooms, increase spacing so beds are at least 1.5 meters apart and arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds. • Move residents with symptoms into separate rooms with closed doors and with an ensuite facility, or provide a separate bathroom, if possible. • If a single room is not available, consider moving well residents who are in single rooms into shared rooms to free up single rooms. • Consider cohorting residents together who also spend time together during the day.
Mealtimes	• Stagger mealtimes to reduce crowding in shared eating facilities. • Arrange dining areas to enhance physical distancing. • Clean surfaces after each session.
Bathrooms & bathing	• If possible, residents should use their own bathroom facility. • If bathroom facilities are shared, create a staggered bathing schedule to reduce the amount of people using the facilities at the same time and/or assign residents to specific toilets/showers/sinks. • Provide cleaning products so that, where possible/appropriate, residents can clean shared facilities after each use.
Recreation/ common areas/group activities	• Avoid activities that require many residents to congregate at once and opt for smaller group activities, ensuring that physical distancing of 1.5 metres between residents is observed, if possible
Transport	• Transport less people per trip and ensure space between passengers.
Communication	• Reduce the amount of face-to-face interactions with residents for simple informational purposes. • Consider using bulletin boards, signs, posters, brochures, emails, phone, sliding information under resident's doors or mailbox.
Staff activities	• Where appropriate, opt for meetings via teleconference or videoconference instead of in-person meetings.

	• Where meetings are held in person, staff should maintain appropriate physical distancing and hygiene measures.

Appendix 2: Reducing boredom and maintaining mental health during isolation or quarantine for residents

Good mental health and wellbeing can mean different things to different people. Generally, it's about staying well emotionally, socially and cognitively. ACT Health has developed resources to support people through COVID-19 – Mental Health and Wellbeing During COVID-19. This site has resources to support mental health and wellbeing, as well as useful information and interesting reads. Some suggestions include:

- Try to establish a routine for our 'new normal' with a focus on healthy eating, a good sleep pattern, and regular exercise (being mindful of the new guidelines in place to keep all of our community safe).

- Keeping positive really helps. Remind yourself about how you have coped with other challenges, as this can reassure you that you have the resilience to cope with this situation.

- If you live with others, it's important to try and be considerate of everyone's needs, including having some time alone through the day.

- In confined households, you might not get on as well as you'd like all the time! If there are conflicts and arguments, try to resolve things as calmly and as soon as possible.

- If you have children in your household, speak calmly to them about what is happening and help create some structure in their daily routine (even if this is different from their usual). Limiting how much they access distressing news or images will also help them to cope better.

- You might not be able to physically spend as much time with people, but you can remain connected with family and friends by phone, email and social media.

- We all benefit from exercise. It can be more challenging to do this at home, but there are different things you can try such as floor exercises, dancing, yoga, exercise DVDs or online videos. Take advantage of any outdoor space you have. A backyard or balcony can be a great space for exercise.

- For further information, visit the Head to Health website.

Reducing boredom and maintaining mental health during isolation or quarantine for residents with Disability.

- Take into account the person's preferences when preparing activities or indoor recreational activities that may be used for time in isolation at home. Ask what they wish to do or offer alternatives that are not inconsistent with ACT Health advice. For example, cooking or baking together at home, fun recreational activities that adhere to social distancing requirements at the home.

- Implementing social distancing between the people you support and your workers may be challenging in certain environments. It is useful to explain to everyone the need for and importance of social distancing and ask them what activities they wish to do. These activities may include a social story-telling activity, individual art or craft, spending time playing computer

games, reading a book or writing in a journal, individual dance (e.g. "silent disco") or sing-along sessions.

- Maintaining the person's social and family network through telephone, social media or videoconferencing facilities are helpful in ensuring connectedness to friends and families during this period of COVID-19 isolation. Some activity ideas include sharing news or stories using video-phone links or sending photos of themselves doing an activity or sharing news via the telephone.

Appendix 3: Outbreak information for shared accommodation facilities

Shared Accommodation Providers Roles and Responsibilities

Plan: Use the information in the *Guidance for Shared Accommodation* to plan for a COVID-19 outbreak. Develop a checklist specific to your facility.

Identify. Ensure that there is a clear process to identify or notify the facility if someone becomes unwell. Refer to section 10 above Ensure rapid detection of residents with symptoms of COVID-19 on page 12.

Assess and test. Follow the advice in section 11 Seek medical assessment and testing for residents with symptoms of COVID-1911 on page 12.

Implement precautions while awaiting a test result. Follow the advice in section 12 Put appropriate precautions in place for residents awaiting a test result on page 12.

ACT Health will be in contact if the test result is positive. If the test is positive, ACT Health will be notified first by the testing laboratory. If possible, ACT Health will contact the person directly and then the shared accommodation facility. If the person can't be contacted directly, ACT Health will contact the treating clinician and the shared accommodation facility. The treating clinician will need to contact the person or their next of kin directly to inform them of their positive test result.

ACT Health declares an outbreak if there is one positive case in a staff member, resident or frequent attendee of a residential facility.

1. **Implement outbreak management plan and follow the checklist** (contact your contract manager, Government Directorate (e.g. Office for Disability) or ACT Health to obtain the checklist for your setting that your facility can use for outbreak planning if you do not already have one)

2. **Implement ACT Health guidance and monitor situation.**

3. **Notify stakeholders that the outbreak is over and return to business as usual.**

ACT Health Roles and Responsibilities

1. ACT Health will coordinate the public health response, including declaring the outbreak, case investigation, contact tracing, and liaising with the accommodation facility to ensure infection control measures are sufficient.

2. ACT Health will identify critical gaps in the response and mobilise financial, logistic and human resources as required.

3. ACT Health will lead an after-action review of the response.

Appendix 4: ACT Health PPE resources

PPE use
For non-government community and health service providers

Steps for putting on PPE for clients in quarantine or isolation for COVID-19*

Steps for putting on PPE for clients who are not in quarantine or isolation for COVID-19

Call ahead to determine whether the person or anyone in their residence is in quarantine or isolation for COVID-19. Ask them or their care giver **if** they have any respiratory symptoms.

Steps for clients in quarantine or isolation

- Wash your hands or use an alcohol-based hand sanitiser.

- Put on a long-sleeved impermeable gown **if** you might come into direct contact with the person, body fluids, their surroundings or equipment. *Make sure you do up the ties at the back of the gown.*

- Put on a surgical mask. *Make sure it covers your nose and mouth.*

- Put on goggles* **if** you might come into direct contact with the person, body fluids, or their surroundings or equipment. **Goggles are not mandatory if the person is in quarantine and is well, but they should be considered if you are going to be in close contact.*

- Perform hand hygiene.

- Put on disposable gloves. *Make sure the cuffs go over your sleeves.*

Now you're ready!

Steps for clients not in quarantine or isolation

- Wash your hands or use an alcohol-based hand sanitiser.

- Put on an apron **if** you are going to be providing care where you might come in contact with body fluids.

- Put on a surgical mask if the person has respiratory symptoms or you cannot maintain physical distancing and are worried about exposure from spitting, coughing or sneezing.

- Perform hand hygiene.

- Put on disposable gloves **if** you are providing care where you might come in contact with body fluids.

Now you're ready!

Remember the five moments of hand hygiene:

1. Before patient or client contact
2. Before a procedure
3. After body fluid exposure risk
4. After patient or client contact
5. After contact with the patient or their surroundings.

If you are seeing multiple people in the same premises, change your PPE between each person, repeating the steps above each time.

Ask clients who have respiratory symptoms, or are in quarantine or isolation for COVID-19 to wear a surgical mask, if possible.

**See the ACT Health website (health.act.gov.au) for information for NGOs about how to perform a risk assessment prior to visiting clients*

Terms to know:

Quarantine: person has been in contact with someone who is confirmed to have COVID-19.

Isolation: person is suspected of having or confirmed to have COVID-19.

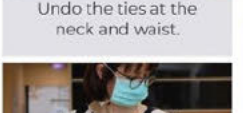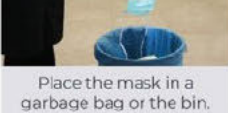**Physical distancing:** maintaining 1.5 metres between people.

https://www.covid19.act.gov.au/__data/assets/pdf_file/0006/1551237/ACT-Health-PPE-Use.pdf

Information

Examples for the use of Personal Protective Equipment (PPE)

ACT Government | ACT Health

	Hand hygiene	Surgical mask	Apron	Gown	Gloves	Eye protection
Changing a continence pad or assisting with toileting						
COVID-19 case or unwell person in quarantine	☑	☑	☒	☑	☑	☑
Well person who is in quarantine for COVID-19	☑	☑	☒	☑	☑	**
Well person	☑	*	☑	☒	☑	☒
Delivering essential items like a meal tray (stay 1.5 metres away from the person and don't have any contact with their surroundings)						
COVID-19 case or unwell person in quarantine	☑	☑	☒	☒	☑	☒
Well person who is in quarantine for COVID-19	☑	☑	☒	☒	☑	☒
Well person	☑	☒	☒	☒	☒	☒
Driving someone who is sitting in the backseat						
COVID-19 case or unwell person in quarantine	☑	☑	☒	☒	☒	**
Well person who is in quarantine for COVID-19	☑	☑	☒	☒	☒	☒
Well person	☑	☒	☒	☒	☒	☒
Providing social support and you cannot maintain physical distancing						
COVID-19 case or unwell person in quarantine	☑	☑	☒	☑	☑	☑
Well person who is in quarantine for COVID-19	☑	☑	☒	☑	☑	**
Well person	☑	*	☒	☒	☒	☒
Cleaning a room (while person is in there)						
COVID-19 case or unwell person in quarantine	☑	☑	☒	☑	☑	☑
Well person who is in quarantine for COVID-19	☑	☑	☒	☑	☑	**
Well person	☑	☒	☒	☒	☒	☒

* Consider wearing a surgical mask if you cannot maintain physical distancing and/or are worried about exposure from spitting, coughing or sneezing.

** You should consider wearing goggles if you are going to be in close contact but they are not mandatory if the person is well.

Ask clients who have respiratory symptoms, or are in quarantine or isolation for COVID-19 to wear a surgical mask, if possible.

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https://www.covid19.act.gov.au/__data/assets/pdf_file/0007/1551238/ACT-Health-PPE-Examples.pdf

OFFICIAL   MINISTERIAL BRIEF

ACT Health Directorate

To:	Chief Minister	Tracking No.: MIN20/xxxx
	Minister for Health	
CC:	Kathy Leigh, Head of Service	
	Kylie Jonasson, Director-General	
	Rebecca Cross, Coordinator-General, Whole of Government (Non-Health) Response to COVID-19	
	Meg Brighton, Deputy Director-General, ACT Health Directorate (ACTHD)	
	Leesa Croke, Deputy Director General, Chief Minister, Treasury and Economic Development Directorate (CMTEDD)	
	Kareena Arthy, Deputy Director-General, Economic Development (CMTEDD)	
From:	Dr Vanessa Johnston, A/g Chief Health Officer	
Subject:	Hotel quarantine criteria for accepting the arrival of international students back into the ACT	
Critical Date:	07/12/2020	
Critical Reason:	Planning required to accept flights in time for the 2021 academic year	

- DG   …/…/…

Recommendations

That the Chief Minister:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Note the mandatory hotel quarantine standards and risk mitigation measures outlined in this brief and at <u>Attachment A</u> which establish the proposed requirements to accept and manage the quarantine of returning of international students in 2021;

Noted / Please Discuss

3. Note that the university accommodation options reviewed by the ACT Government to date do not meet ACT's current quarantine standards and that suitable accommodation would need to be identified by the university which meets these standards and approved by the ACT Government; and

Noted / Please Discuss

4. Note that acceptance of international student arrivals to quarantine at a separate site such as university campus would require a duplication of the current ACT Government staffing and resources model which would come at significant additional cost.

Noted / Please Discuss

Andrew Barr MLA ....*Andrew Barr*................................... .7./.12./.20

Chief Minister's Office Feedback

That the Minister for Health:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Note the mandatory hotel quarantine standards and risk mitigation measures outlined in this brief and at <u>Attachment A</u> which establish the proposed requirements to accept and manage the quarantine of returning of international students in 2021;

Noted / Please Discuss

3. Note that the university accommodation options reviewed by the ACT Government to date do not meet ACT's current quarantine standards and that suitable accommodation would need to be identified by the university which meets these standards and approved by the ACT Government; and

Noted / Please Discuss

4. Note that acceptance of international student arrivals to quarantine at a separate site such as university campus would require a duplication of the current ACT Government staffing and resources model which would come at significant additional cost.

Noted / Please Discuss

Rachel Stephen-Smith MLA ..../...../.....

Minister's Office Feedback

Background

1. The ACT accepted its third Government facilitated flight (GFF) of returning Australians on 26 November 2020, operated by Singapore Airlines. These passengers are currently undertaking mandatory quarantine at a government approved accommodation provider, Pacific Suites.

2. The ACT's quarantine arrangements have recently been reviewed by Adjunct Professor Jane Halton AO PSM through the National Review of Hotel Quarantine (National Review) and, more recently, by Dr Catherine Kelaher, Principal Medical Officer, Department of Health. ACT Health Directorate (ACTHD) has actioned all of the recommendations arising from these reviews.

3. The reviews noted that the ACT's hotel quarantine arrangements are suitable against best practice national standards and are sufficient to receive international flights.

4. The COVID-19 Hotel Quarantine Inquiry Interim Report into hotel quarantine in Victoria was released on 6 November 2020 and recommendations of this report have also been reviewed and considered in the development of the ACT's hotel quarantine program mitigation measures and operational procedures.

5. On 4 December 2020, the Australian Health Protection Principal Committee (AHPPC) endorsed the National Hotel Quarantine Principles which set nationally agreed guiding principles and benchmarks for hotel quarantine programs across Australia, which performance can be measured against.

6. ACTHD, CMTEDD and ACT Policing have been engaged in negotiations with ACT universities with regard to the return of international students since June 2020, in recognition of the significant economic benefit this presents to our tertiary education sector.

7. The second COVID-19 pandemic wave in Victoria and resulting workload associated with exemptions and quarantine stalled these negotiations and has been further complicated and postponed by subsequent outbreaks in South Australia, both of which were linked to failures in hotel quarantine arrangements.

8. National Cabinet has agreed that the return of vulnerable Australians takes priority over returning international students at this time.

Issues

9. There is significant pressure from international students and local universities for the ACT Government to support the return of international students for 2021.

10. Critical to facilitating the safe arrival of international students is gaining the assurance that suitable quarantine accommodation arrangements can be put in place by universities, given the ACT's hotel quarantine capacity limit.

11. An overview of the ACT's best practice quarantine requirements is detailed at Attachment A. This document sets the benchmark standard required for any newly proposed quarantine accommodation to support international students.

12. Given COVID-19 cases continue to emerge in hotel quarantine with the arrival of international flight; this underscores the need for strong hotel quarantine arrangements, which can give assurance around security and compliance. The risk of new COVID-19 cases from returning students is no different to the risk from returning Australians from similar regions and as such quarantine arrangements must be no less rigorous than our current hotel quarantine requirements.

13. The quarantine proposals identified by ACT universities to date, including certain halls of residence such as Australian National University (ANU) Davey Lodge and University of Canberra (UC) Weeden Lodge, do not meet the ACT's quarantine accommodation standards and the standards identified by the National Review, such as access to individual balconies, and cooking and laundry facilities.

14. To date, the only tertiary international student cohort to return to Australia has been a flight of 63 students from a range of countries in Asia which arrived into Darwin on 30 November 2020. These students are quarantining at the same government-managed quarantine facility as returned Australians at Howard Springs, paid for by Charles Darwin University. There is not yet a precedent in Australia for alternative quarantine arrangements for students.

15. In this context, the Acting Chief Health Officer recommends that to mitigate risk of transmission into the community, international students need to be quarantined under the same high standards applied to the existing ACT hotel quarantine program utilising highly trained staff, even if this is undertaken at an appropriate location on campus.

16. The current Government contracted hotel facility, Pacific Suites, has defined and limited capacity to receive high volumes of international passengers, whether from GFFs for Australian citizens or international student cohorts given its capacity of 90 rooms. As such, it would not be possible to accommodate a cohort of international students at Pacific Suites in addition to a government facilitated flight of returned Australians.

17. It is recommended that suitable accommodation will need to be identified and funded in addition to the anticipated and costed GFF arrangements to be able to accept international student flights into the ACT in 2021.

18. Further discussions are continuing with ACT universities in relation to minimum quarantine requirements and the ACT's required standards as outlined at Attachment A to progress forward.

Financial Implications

19. You have previously been briefed about the anticipated costs associated with an estimated six government facilitated flights arriving in the ACT for the remainder of the 2020-2021 financial year, in Cabinet Submission ██████████████

20. ACTHD has calculated that the estimated hotel quarantine cost to receive a government facilitate flight of 180 passengers is ███████ which assumes some shared accommodation for couples and family groups.

Unis and students to meet this cost.

21. The current expectation is that GFF returnees are user-pay; this approach may not be applied to international students who bring economic benefits to the ACT economy.

22. There will be additional costs incurred if student flights are received and if cost recovery is not applied to international students. ████████████████████████

ACT Govt. will meet this cost

ACTHD and Canberra Health Services (CHS) costs captured in the business case would not cover the required duplication of the current staffing model to cover additional quarantine sites.

23. It may be that the government negotiates with the Universities to outsource mental health and wellbeing supports, but ACTHD recommends that in-reach primary care and testing staff be resourced from our highly trained staff at CHS, at least for a first pilot flight.

24. Quarantining different cohorts across multiple hotel quarantine sites increases the cost and complexities for health and compliance management and oversight, noting that the ACT's agreed quarantine capacity is no more than 300 prior to accepting an international flight, which provides assurance for compliance monitoring.

Consultation

Internal and Cross Directorate

25. ACTHD and Office of the CHO has consulted with CMTEDD, ACT Policing and the Whole of Government Coordinator-General. ACT Policing will brief separately on this proposal.

External

26. ACTHD, Office of the CHO and CMTEDD consult regularly with Australian Border Force and Department of Foreign Affairs and Trade regarding flight scheduling.

27. ACTHD, Office of the CHO, CMTEDD and ACT Policing have consulted with UC and ANU in relation to potential international student returns and associated quarantine accommodation.

Work Health and Safety

28. The arrival and management of international travellers in quarantine will be managed according to well established safety protocols including best practice infection prevention and control as outlined in this brief and Attachment A.

Benefits/Sensitivities

29. The CHO has noted the experiences of Victoria and South Australia hotel quarantine programs, the National Halton and the Interim Report into hotel quarantine in Victoria and identified and addressed potential issues and associated recommendations.

30. The resumption of international flights into the ACT and return of international students presents a number of benefits going forward including building our workforce capacity across areas including contact tracing, case liaison and outbreak management, as well as providing commercial opportunities for the airport, hotel providers and other local industries, including the tertiary sector.

31. There is potential for negative community perception relating to the return of international students being prioritised ahead of vulnerable Australians which would need to be managed.

Communications, media and engagement implications

32. All communications and media engagement arrangements relating to COVID-19 are being handled through the Public Information Coordination Centre.

| Signatory Name: | Dr Vanessa Johnston, A/g Chief Health Officer | Phone: | 49786 |
| Action Officer: | Dr Vanessa Johnston, A/g Chief Health Officer | Phone: | 49455 |

Attachments tbc

Attachment	Title
Attachment A	ACT Hotel Quarantine Requirements for returning Australians

ACT Hotel Quarantine Requirements and Standards

Not negotiable hotel quarantine accommodation requirements

- 1- and 2-bedroom apartments with full cooking facilities, fan extraction units, in room washer drier, cooking utensils, dishwasher, oven and cooktop to quarantine an individual or a family.
- Suitable sized balconies all rooms for guests, so that guests can individually access outdoor air and ventilation
- CCTV Monitor of Site 24 Hours covering all exit points, as well as hotel quarantine workers in common areas by remote means such as CCTV
- Evacuation procedures that include separating quarantining guests from others staying the facility
- Ability to direct media enquiries back to ACT Health
- 24-hour Reception/logistics points of contact
- Wi-Fi
- Suitable bus entry/drop off point
- Ability for ACT Health staff to contact guests in rooms every day (direct dial preferable)
- Sufficient hotel staff to handle excess phone calls first 48-72 hours
- Suitable accessibility to floors for ACT Health Staff

Preferred hotel quarantine accommodation features

- Single entry point to hotel preferable
- Ability to deliver food or packages to guest's door
- Ability to stock rooms for full stay prior to lodging guests
- Able to obtain urgent items for guests on request e.g. medications, personal needs
- Availability of First Aid Kits
- Various phone chargers / international adapters
- Setup for AFP - police car parking - Room etc
- Function room availability for logistics/testing staff
- On site food for meals

Quarantine site

Any alternative quarantine accommodation site under consideration would be subject to the assessment of the following:

- Evaluation and review of end-to-end infection control in line with a nationally agreed standard and comprehensive infection prevention and control training, and use of standard precautions (includes cleaning, waste management, and laundry arrangements).

- All staff working during the quarantine period to receive initial and refresher training in infection control and use of personal protective equipment (PPE).

- Ensure a no interaction rule between other residents and people in quarantine.

- Quarantine guests must be able to self-cater or if then have deliveries there is to be no interaction between the deliverer and the quarantine person e.g. items left a door and room called to notify item is outside door.

- Single room accommodation containing a minimum of: a suitably sized balcony/courtyard for all rooms; full cooking facilities: and in room washer/drier.

Security and Compliance

ACT Policing (ACTP) to maintain a 24-hour presence at the accommodation, supplemented by Australian Defence Force (ADF) personnel for regular compliance monitoring.

CCTV on all external exits and within the common areas of the accommodation where staff may transit (e.g. hallways).

Infection Prevention & Control

Key infection control risk mitigation measures in place.

Quarantine arrangements will have been reviewed internally and externally with a view to maximise infection prevention and control. Key infection control risk mitigation measures are outlined below.

Physical separation

People in quarantine are accommodated in 1 or 2 bedroom apartments. They are not permitted to leave their apartment for any reason, except for emergencies or if exempted by ACT Health. They are not provided with room keys, and anyone who leaves their room will be escorted back by ACT Health or ACTP staff.

All people in quarantine to receive information packages, which have been translated into several common languages other than English, explaining the requirements and how to get assistance if required.

In the event of an emergency evacuation, ACT Emergency Services will notify ACT Health and ACTP. Those quarantining are provided with an evacuation pack in their rooms to facilitate safe evacuation.

Staff Surveillance and Testing

All staff working within Hotel Quarantine must be registered Safeguarding Canberrans (SCan) program. Staff registered:

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- Identify whether or not they have a second job (paid or unpaid) and ensure that their managers at all places of employment are aware of their hotel quarantine work.

Depending on rostering, staff could receive between 1 and 3 tests. The test will be a throat swab and a nasal swab in each nostril.

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Guests in quarantine in the ACT self-cater. All apartments have full kitchens and guests are provided with a welcome box containing staple foods on arrival. They are also provided with codes for online ordering from takeaway stores and groceries. A similar approach could be adopted with international students.

All food deliveries are left at reception and delivered to the room by ACT Health staff wearing PPE.

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All people in quarantine undergo daily syndromic surveillance in the form of a daily phone call from the quarantine support officer. Any person with symptoms of COVID-19 will receive a COVID-19 test administered on site by CHS staff. Other medical concerns are managed by a combination of telehealth and in-reach health services delivered by CHS.

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Management of COVID-19 positive cases

People in quarantine who test positive for COVID-19 will receive additional risk mitigation measures. If necessary, COVID-19 positive cases will be transferred to Canberra Hospital for care. Rooms with COVID-19 positive people are clearly marked as such.

Accommodation staff will have no contact with rooms with COVID-19 positive people. All waste is removed by a contracted clinical waste contractor and linen is managed using a procedure for infectious linen. When the COVID-19 positive person leaves the room, it is deep cleaned by a hospital cleaning contractor.

Mental health and psychosocial wellbeing

The health, mental health and wellbeing of international arrivals and workers is paramount in all hotel quarantine programs and proactive supports need to be available, in-line with 'Advice on mental health screening, Assessment and support during COVID-19 quarantine'.

OFFICIAL   MINISTERIAL BRIEF

ACT Health Directorate

To:	Chief Minister	Tracking No.: MIN20/1865
	Minister for Health	

CC:	Kathy Leigh, Head of Service
	Kylie Jonasson, Director-General
	Rebecca Cross, Coordinator-General, Whole of Government (Non-Health) Response to COVID-19
	Meg Brighton, Deputy Director-General, ACT Health Directorate (ACTHD)
	Leesa Croke, Deputy Director General, Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
	Kareena Arthy, Deputy Director-General, Economic Development (CMTEDD)

From:	Dr Vanessa Johnston, A/g Chief Health Officer
Subject:	Hotel quarantine criteria for accepting the arrival of international students back into the ACT
Critical Date:	07/12/2020
Critical Reason:	Planning required to accept flights in time for the 2021 academic year

- DG   .../.../...

Recommendations

That the Chief Minister:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Note the mandatory hotel quarantine standards and risk mitigation measures outlined in this brief and at Attachment A which establish the proposed requirements to accept and manage the quarantine of returning of international students in 2021;

Noted / Please Discuss

3. Note that the university accommodation options reviewed by the ACT Government to date do not meet ACT's current quarantine standards and that suitable accommodation would need to be identified by the university which meets these standards and approved by the ACT Government; and

Noted / Please Discuss

4. Note that acceptance of international student arrivals to quarantine at a separate site such as university campus would require a duplication of the current ACT Government staffing and resources model which would come at significant additional cost.

Noted / Please Discuss

Andrew Barr MLA ..../...../.....

Chief Minister's Office Feedback

That the Minister for Health:

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Noted / Please Discuss

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4. Note that acceptance of international student arrivals to quarantine at a separate site such as university campus would require a duplication of the current ACT Government staffing and resources model which would come at significant additional cost.

Noted / Please Discuss

Rachel Stephen-Smith MLA 7./12/20

Minister's Office Feedback

Background

1. The ACT accepted its third Government facilitated flight (GFF) of returning Australians on 26 November 2020, operated by Singapore Airlines. These passengers are currently undertaking mandatory quarantine at a government approved accommodation provider, Pacific Suites.

2. The ACT's quarantine arrangements have recently been reviewed by Adjunct Professor Jane Halton AO PSM through the National Review of Hotel Quarantine (National Review) and, more recently, by Dr Catherine Kelaher, Principal Medical Officer, Department of Health. ACT Health Directorate (ACTHD) has actioned all of the recommendations arising from these reviews.

3. The reviews noted that the ACT's hotel quarantine arrangements are suitable against best practice national standards and are sufficient to receive international flights.

4. The COVID-19 Hotel Quarantine Inquiry Interim Report into hotel quarantine in Victoria was released on 6 November 2020 and recommendations of this report have also been reviewed and considered in the development of the ACT's hotel quarantine program mitigation measures and operational procedures.

5. On 4 December 2020, the Australian Health Protection Principal Committee (AHPPC) endorsed the National Hotel Quarantine Principles which set nationally agreed guiding principles and benchmarks for hotel quarantine programs across Australia, which performance can be measured against.

6. ACTHD, CMTEDD and ACT Policing have been engaged in negotiations with ACT universities with regard to the return of international students since June 2020, in recognition of the significant economic benefit this presents to our tertiary education sector.

7. The second COVID-19 pandemic wave in Victoria and resulting workload associated with exemptions and quarantine stalled these negotiations and has been further complicated and postponed by subsequent outbreaks in South Australia, both of which were linked to failures in hotel quarantine arrangements.

8. National Cabinet has agreed that the return of vulnerable Australians takes priority over returning international students at this time. ▮▮▮▮▮▮▮▮▮▮

Issues

9. There is significant pressure from international students and local universities for the ACT Government to support the return of international students for 2021.

10. Critical to facilitating the safe arrival of international students is gaining the assurance that suitable quarantine accommodation arrangements can be put in place by universities, given the ACT's hotel quarantine capacity limit.

11. An overview of the ACT's best practice quarantine requirements is detailed at Attachment A. This document sets the benchmark standard required for any newly proposed quarantine accommodation to support international students.

12. Given COVID-19 cases continue to emerge in hotel quarantine with the arrival of international flight; this underscores the need for strong hotel quarantine arrangements, which can give assurance around security and compliance. The risk of new COVID-19 cases from returning students is no different to the risk from returning Australians from similar regions and as such quarantine arrangements must be no less rigorous than our current hotel quarantine requirements.

13. The quarantine proposals identified by ACT universities to date, including certain halls of residence such as Australian National University (ANU) Davey Lodge and University of Canberra (UC) Weeden Lodge, do not meet the ACT's quarantine accommodation standards and the standards identified by the National Review, such as access to individual balconies, and cooking and laundry facilities.

14. To date, the only tertiary international student cohort to return to Australia has been a flight of 63 students from a range of countries in Asia which arrived into Darwin on 30 November 2020. These students are quarantining at the same government-managed quarantine facility as returned Australians at Howard Springs, paid for by Charles Darwin University. There is not yet a precedent in Australia for alternative quarantine arrangements for students.

15. In this context, the Acting Chief Health Officer recommends that to mitigate risk of transmission into the community, international students need to be quarantined under the same high standards applied to the existing ACT hotel quarantine program utilising highly trained staff, even if this is undertaken at an appropriate location on campus.

16. The current Government contracted hotel facility, Pacific Suites, has defined and limited capacity to receive high volumes of international passengers, whether from GFFs for Australian citizens or international student cohorts given its capacity of 90 rooms. As such, it would not be possible to accommodate a cohort of international students at Pacific Suites in addition to a government facilitated flight of returned Australians.

17. It is recommended that suitable accommodation will need to be identified and funded in addition to the anticipated and costed GFF arrangements to be able to accept international student flights into the ACT in 2021.

18. Further discussions are continuing with ACT universities in relation to minimum quarantine requirements and the ACT's required standards as outlined at Attachment A to progress forward.

Financial Implications

19. You have previously been briefed about the anticipated costs associated with an estimated six government facilitated flights arriving in the ACT for the remainder of the 2020-2021 financial year, in Cabinet Submission ███████████████

20. ACTHD has calculated that the estimated hotel quarantine cost to receive a government facilitate flight of 180 passengers is ████████ which assumes some shared accommodation for couples and family groups.

21. The current expectation is that GFF returnees are user-pay; this approach may not be applied to international students who bring economic benefits to the ACT economy.

22. There will be additional costs incurred if student flights are received and if cost recovery is not applied to international students. ████████████████████████
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ACTHD and Canberra Health Services (CHS) costs captured in the business case would not cover the required duplication of the current staffing model to cover additional quarantine sites.

23. It may be that the government negotiates with the Universities to outsource mental health and wellbeing supports, but ACTHD recommends that in-reach primary care and testing staff be resourced from our highly trained staff at CHS, at least for a first pilot flight.

24. Quarantining different cohorts across multiple hotel quarantine sites increases the cost and complexities for health and compliance management and oversight, noting that the ACT's agreed quarantine capacity is no more than 300 prior to accepting an international flight, which provides assurance for compliance monitoring.

Consultation

Internal and Cross Directorate

25. ACTHD and Office of the CHO has consulted with CMTEDD, ACT Policing and the Whole of Government Coordinator-General. ACT Policing will brief separately on this proposal.

External

26. ACTHD, Office of the CHO and CMTEDD consult regularly with Australian Border Force and Department of Foreign Affairs and Trade regarding flight scheduling.

27. ACTHD, Office of the CHO, CMTEDD and ACT Policing have consulted with UC and ANU in relation to potential international student returns and associated quarantine accommodation.

Work Health and Safety

28. The arrival and management of international travellers in quarantine will be managed according to well established safety protocols including best practice infection prevention and control as outlined in this brief and Attachment A.

Benefits/Sensitivities

29. The CHO has noted the experiences of Victoria and South Australia hotel quarantine programs, the National Halton and the Interim Report into hotel quarantine in Victoria and identified and addressed potential issues and associated recommendations.

30. The resumption of international flights into the ACT and return of international students presents a number of benefits going forward including building our workforce capacity across areas including contact tracing, case liaison and outbreak management, as well as providing commercial opportunities for the airport, hotel providers and other local industries, including the tertiary sector.

31. There is potential for negative community perception relating to the return of international students being prioritised ahead of vulnerable Australians which would need to be managed.

Communications, media and engagement implications

32. All communications and media engagement arrangements relating to COVID-19 are being handled through the Public Information Coordination Centre.

| Signatory Name: | Dr Vanessa Johnston, A/g Chief Health Officer | Phone: | 49786 |
| Action Officer: | Dr Vanessa Johnston, A/g Chief Health Officer | Phone: | 49455 |

Attachments tbc

Attachment	Title
Attachment A	ACT Hotel Quarantine Requirements for returning Australians

ACT Hotel Quarantine Requirements and Standards

Not negotiable hotel quarantine accommodation requirements

- 1- and 2-bedroom apartments with full cooking facilities, fan extraction units, in room washer drier, cooking utensils, dishwasher, oven and cooktop to quarantine an individual or a family.
- Suitable sized balconies all rooms for guests, so that guests can individually access outdoor air and ventilation
- CCTV Monitor of Site 24 Hours covering all exit points, as well as hotel quarantine workers in common areas by remote means such as CCTV
- Evacuation procedures that include separating quarantining guests from others staying the facility
- Ability to direct media enquiries back to ACT Health
- 24-hour Reception/logistics points of contact
- Wi-Fi
- Suitable bus entry/drop off point
- Ability for ACT Health staff to contact guests in rooms every day (direct dial preferable)
- Sufficient hotel staff to handle excess phone calls first 48-72 hours
- Suitable accessibility to floors for ACT Health Staff

Preferred hotel quarantine accommodation features

- Single entry point to hotel preferable
- Ability to deliver food or packages to guest's door
- Ability to stock rooms for full stay prior to lodging guests
- Able to obtain urgent items for guests on request e.g. medications, personal needs
- Availability of First Aid Kits
- Various phone chargers / international adapters
- Setup for AFP - police car parking - Room etc
- Function room availability for logistics/testing staff
- On site food for meals

Quarantine site

Any alternative quarantine accommodation site under consideration would be subject to the assessment of the following:

- Evaluation and review of end-to-end infection control in line with a nationally agreed standard and comprehensive infection prevention and control training, and use of standard precautions (includes cleaning, waste management, and laundry arrangements).

- All staff working during the quarantine period to receive initial and refresher training in infection control and use of personal protective equipment (PPE).

- Ensure a no interaction rule between other residents and people in quarantine.

- Quarantine guests must be able to self-cater or if then have deliveries there is to be no interaction between the deliverer and the quarantine person e.g. items left a door and room called to notify item is outside door.

- Single room accommodation containing a minimum of: a suitably sized balcony/courtyard for all rooms; full cooking facilities: and in room washer/drier.

Security and Compliance

ACT Policing (ACTP) to maintain a 24-hour presence at the accommodation, supplemented by Australian Defence Force (ADF) personnel for regular compliance monitoring.

CCTV on all external exits and within the common areas of the accommodation where staff may transit (e.g. hallways).

Infection Prevention & Control

Key infection control risk mitigation measures in place.

Quarantine arrangements will have been reviewed internally and externally with a view to maximise infection prevention and control. Key infection control risk mitigation measures are outlined below.

Physical separation

People in quarantine are accommodated in 1 or 2 bedroom apartments. They are not permitted to leave their apartment for any reason, except for emergencies or if exempted by ACT Health. They are not provided with room keys, and anyone who leaves their room will be escorted back by ACT Health or ACTP staff.

All people in quarantine to receive information packages, which have been translated into several common languages other than English, explaining the requirements and how to get assistance if required.

In the event of an emergency evacuation, ACT Emergency Services will notify ACT Health and ACTP. Those quarantining are provided with an evacuation pack in their rooms to facilitate safe evacuation.

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