Acknowledgements

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Clinical Excellence Commission
Kathy Dempsey, Dr Susan Jain, Joe-Anne Bendall, Dr Kate Clezy, Fiona Hegedus, Gabrielle Pilgrim, Ronald Govers, Megan Brown

Consultation
Hotel Operations Committee
Healthcare Australia
Health Infrastructure
State Health Emergency Operations
NSW Police Governance Team Operation Coronavirus
NSW Public Health Response Branch (PHRB)
Sydney Local Health District-Engineering
The Quarantine Hotels Safety and Quality Committee

Revision History (most recent updates are highlighted in yellow)

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<th>Changes</th>
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<tr>
<td>Version 1.3</td>
<td>December 2021</td>
<td>Changes made to 1.1 Introduction, 2.3 Strategies to prevent or minimise transmission of COVID-19, 3.1 Staff or other authorised people entering quarantine hotel, 3.9 Vaccination, 3.12 Adequate ventilation, 3.13 Accommodation of guest requiring Continuous Positive Airways Pressure (CPAP), 3.14 Refugees</td>
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<td>Version 1.1</td>
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<td>Changes made to 1.2 Scope and purpose, Figure 2 NSW Quarantine Hotel Governance Structure, 3.8 PPE Green zone, 3.12 Adequate ventilation, 3.14 Management of lifts, 3.17 Reporting of IPAC incidents and Table 3 PPE selection guide for Quarantine Hotel staff and visitors.</td>
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Chapter 1: Introduction to the manual

1.1 Introduction

Australia implemented international border restrictions early in the course of the pandemic in order to prevent the spread of the virus that causes COVID-19. From 28 March 2020, returning travelers have been required to undertake 14 days of quarantine in a designated hotel, unless an exemption was granted for an alternate location.

The New South Wales (NSW) Government enacted complementary legislation/declarations and set up a hotel quarantine program as an approach consistent with its administrative, policing and health arrangements. The objective of the quarantine program is to prevent the spread of the virus into the wider community from any arriving travelers. The design, management and delivery of the quarantine program is critical to the achievement of this objective (Figure 1: NSW quarantine journey).

From the 1st November 2021, people arriving into NSW from overseas who are fully vaccinated against COVID-19 with vaccines recognised by the Therapeutic Goods Administration (TGA) will not need to complete hotel quarantine unless they have been in a country of concern.

The duration of hotel quarantine for people arriving into NSW from overseas who are not fully vaccinated or arriving from a country of concern is for a minimum of 14 days and up to 24 days, with limited exemptions for transiting air or sea passengers. Exemptions are managed by the NSW Health Chief Health Officer.

Any not fully vaccinated or unvaccinated arrivals from overseas, aged 12 years and over, returning by air or sea into NSW are quarantined in designated hotel rooms. The hotel quarantine system relies on complex logistical arrangements designed to ensure effective infection prevention and control. The infection prevention and control processes must be end-to-end which includes all steps from the time travelers board the returning flight until they complete their quarantine period. The program includes:

- carefully organising passenger movement from the time of exiting a flight until entry to a quarantine hotel room
- management and care of guests during their quarantine period; and
- their release into the wider community.

The overarching governance requires:

- clear lines of authority
- meticulous processes and procedures
- education and training
- quality management systems
- incident monitoring and response
- communication and accountability within the multiple support agencies
- hotel management.
1.2 Scope and purpose

The purpose of this manual is to provide guidance on the infection prevention and control (IPAC) requirements for Police-operated quarantine hotels. This IPAC guide was developed in consultation with medical engineers, occupational physician, clinical and public health experts. This guidance document is based on a risk assessment approach which is in line with State and National guides and the broader principles of infection prevention. This guidance document underpins the local standard operating procedures, operational process and protocols, and formalises the best practice and evidence-based approach. This guidance outlines key themes for consistency in standardisation and should be implemented as a bundle as part of a suite of strategic and operational procedures, not just individual aspects of controls.

Infection prevention and control guidance for the special health accommodation (SHA) which accommodates COVID-positive travelers and others with medical conditions, has been developed by Sydney Local Health District and is separate to this guidance.

The target audience for this guidance is hotel staff, relevant support agencies and authorised visitors within NSW quarantine hotels.

1.3 Governance

The NSW Health Secretary is the designated Incident Controller leading the health response for the COVID-19 pandemic. The Public Health Response Branch (PHRB), led by the Chief Health Officer, oversees the public health response. The State Health Emergency Operations Centre (SHEOC) oversees NSW Health’s operational response to the pandemic. The SHEOC is being led by the Ministry of Health Deputy Secretary, Patient Experience and System Performance, who has carriage of operational system performance for NSW Health. The SHEOC and PHRB work together to provide an integrated response to the pandemic.
The NSW hotel quarantine program is led jointly by NSW Police and NSW Health. Other government departments, such as the Clinical Excellence Commission (CEC), Resilience NSW, the Department of Customer Service (Service NSW and Revenue NSW), the Department of Regional NSW (Public Works Advisory), Transport for NSW, NSW Treasury, and the Department of Premier and Cabinet provide support to the program.

The NSW Hotel Quarantine Operational Committee is chaired by the Deputy Controller of the SHEOC. This group provides a forum for consultation between quarantine hotel agencies, key stakeholders, including NSW Police and NSW Health, in relation to hotel quarantine. The operational delivery of the quarantine system is overseen by two committees, one responsible for airport operations and the other for hotel operations.

Key agency stakeholders involved in the onsite day to day management and coordination of the quarantine hotel program are:

- NSW Police
- Healthcare Australia
- Security Services
- Hotels
Chapter 2: Infection prevention and control strategies for quarantine hotels

2.1 Introduction

Effective infection prevention and control (IPAC) practices within the NSW Hotel Quarantine Program are required to mitigate the risk of COVID-19 being transmitted to staff, agencies, other guests, authorised visitors and/or contractors. This requires implementation of robust IPAC systems and compliance with relevant IPAC practices and procedures, including regular auditing and feedback.

**Overarching IPAC Principles for Quarantine Hotels**

1. Apply hierarchy of controls (see Figure 2)
2. Minimise face to face interaction with quarantined guests
3. Source Control: Guests/Passengers to wear surgical mask for any or potential interaction
4. Minimise door opening of rooms
5. Minimise unnecessary movement of guests/passengers
6. Minimise interaction on guest floors
7. Avoid any environments where guests potentially have access to other guests (e.g. shared balconies)
8. Ventilation management
9. Door seals
10. Hand hygiene and appropriate risk assessed PPE for staff.

2.2 How COVID-19 spreads

Coronavirus disease (COVID-19) is a viral infection caused by the virus SARS-CoV-2. The primary mechanism of transmission is via infected respiratory droplets from a person who has COVID-19. SARS-CoV-2 replicates in the respiratory tract and the highest viral load is just prior to symptom onset (2 days) or in the first 5 days of symptoms. Transmission also occurs with people who do not have symptoms, referred as asymptomatic.

Infection occurs by direct or indirect contact with the infected person’s respiratory droplets. Most transmission occurs through close contact:

- People who are physically near (within 1.5 metres) a person with COVID-19, or have direct contact with that person, are at greater risk of infection compared to individuals who remain >1.5 metres from cases. Transmission studies show household members are at the highest risk
- Infections occur mainly through exposure to respiratory droplets when in close contact with someone who has COVID-19. Respiratory droplets of various sizes are
produced by coughing, sneezing, talking, breathing and behaviours such as singing and shouting

- Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose, mouth and eyes.

Transmission of COVID-19 has been reported in the absence of close physical contact, where there has been inadequate air circulation within various confined spaces.

Circumstances where airborne transmission of SARS-CoV-2 appears to have occurred include:

- Enclosed spaces after an infectious person has left the space and a susceptible person immediately enters that space.
- Prolonged exposure to respiratory particles often generated when a person is shouting, singing or exercising as these actions increase the concentration of suspended respiratory droplets in the air space.
- Inadequate ventilation or air handling that allowed a build-up of suspended small respiratory droplets and particles.

New variants of the virus that cause COVID-19

Viruses constantly change through mutation and new variants of a virus are expected to occur over time. Sometimes new variants emerge and disappear. Other times, The current variants seem to spread more easily and quickly than other variants. This is being closely monitored and more investigations and studies are underway on transmissibility and vaccine breakthrough infections.

2.3 Strategies to prevent or minimise transmission of COVID-19

Strategies that will minimise the transmission of COVID-19 include the following:

1. Hierarchy of controls

The hierarchy of controls is a system to control risks in an environment such as the workplace like hotels. It ranks risk controls from the highest level of protection (most effective) to the least reliable (least effective). There are several versions of the hierarchy of control (developed by different agencies based on the risk level and area of application. Figure 3: An example of a hierarchy of control for COVID-19 shows one example of how the hierarchy of controls can be applied in quarantine hotels. The mode of spread of an infectious disease will direct the required hierarchy of controls. Whilst the risk of aerosol transmission requiring airborne precautions is acknowledged it is not the primary mode of spread for COVID-19 and requires a risk assessment approach. The higher controls in these environments and scenarios become paramount and personal protective equipment (PPE) is at the lower end of these controls. High risk situations where airborne precautions (P2/N95 respirator) are recommended are:

- Face to face interaction with a positive COVID-19 case
- Staff collecting nasopharyngeal swabs (swabber and assistant).
### Figure 2: An Example of a Hierarchy of Control for COVID-19

<table>
<thead>
<tr>
<th>Hierarchy of Control Ranking</th>
<th>Examples of control measures to prevent transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination</td>
<td>- Vaccination – staff and international travelers</td>
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<tr>
<td></td>
<td>- Quarantine overseas passengers</td>
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<tr>
<td>Substitution</td>
<td>- Physical distancing</td>
</tr>
<tr>
<td></td>
<td>- Symptomatic staff and agency group stay home and do not come to work</td>
</tr>
<tr>
<td></td>
<td>- Remote working</td>
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<tr>
<td></td>
<td>- Telehealth/virtual care</td>
</tr>
<tr>
<td>Engineering Controls</td>
<td>- Reduce quarantine guest door openings, mask wearing while opening doors</td>
</tr>
<tr>
<td></td>
<td>- Ventilation in quarantine hotel guest rooms</td>
</tr>
<tr>
<td></td>
<td>- Maintain air flow</td>
</tr>
<tr>
<td></td>
<td>- Risk assessment of larger family groups to determine room buffer zones</td>
</tr>
<tr>
<td>Administrative controls</td>
<td>- Audit and feedback</td>
</tr>
<tr>
<td></td>
<td>- Registration of all people entering the quarantine hotel (symptom check, QR code)</td>
</tr>
<tr>
<td></td>
<td>- Hand hygiene</td>
</tr>
<tr>
<td></td>
<td>- Cleaning and disinfection</td>
</tr>
<tr>
<td></td>
<td>- Signs, posters, information sheets</td>
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<tr>
<td></td>
<td>- IPAC Guidance documents</td>
</tr>
<tr>
<td></td>
<td>- Training and education of staff</td>
</tr>
<tr>
<td></td>
<td>- Reduced sharing of paperwork between quarantine hotel guests and quarantine hotel workers</td>
</tr>
<tr>
<td>PPE</td>
<td>- Quarantine hotel guests wear a mask when opening the door</td>
</tr>
<tr>
<td></td>
<td>- Staff wear disposable masks – mandatory</td>
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<tr>
<td></td>
<td>- Correct transmission-based precautions, PPE worn when in direct contact with a quarantine hotel guest</td>
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</tbody>
</table>

**Hierarchy of Control**

1. **Elimination**
   - Reduce the opportunities for the virus to be introduced
   - **Examples:** Vaccination – staff and international travelers, Quarantine overseas passengers

2. **Substitution**
   - Find alternative ways of providing care that reduce the potential for transmission.
   - **Examples:** Physical distancing, Symptomatic staff and agency group stay home and do not come to work, Remote working, Telehealth/virtual care

3. **Engineering Controls**
   - Use physical barriers and other forms of hazard reduction for example: ventilation controls, patient separation.
   - **Examples:** Reduce quarantine guest door openings, mask wearing while opening doors, Ventilation in quarantine hotel guest rooms, Maintain air flow, Risk assessment of larger family groups to determine room buffer zones

4. **Administrative controls**
   - Effective and consistent implementation of policies & protocols
   - **Examples:** Audit and feedback, Registration of all people entering the quarantine hotel (symptom check, QR code), Hand hygiene, Cleaning and disinfection, Signs, posters, information sheets, IPAC Guidance documents, Training and education of staff, Reduced sharing of paperwork between quarantine hotel guests and quarantine hotel workers

5. **PPE**
   - **Examples:** Quarantine hotel guests wear a mask when opening the door, Staff wear disposable masks – mandatory, Correct transmission-based precautions, PPE worn when in direct contact with a quarantine hotel guest

**Most effective**

**Least effective**

*Uncontrolled copy when printed*
2. Education and training

All staff involved in any aspect of the quarantine program should have training in IPAC practices and principles, including the use of PPE. Training should include the types of PPE required; when PPE should be worn; how to put PPE on and how to remove it correctly. Formal assessment is required for appropriate PPE donning and doffing, for health staff, housekeeping and contracted staff in direct contact with quarantine hotel guests during their quarantine period.

3. Audit and feedback

Audit of IPAC processes within quarantine hotels are conducted regularly to provide feedback and enable improvements in IPAC.

The Quarantine Hotel IPAC Audit Program involves two key agencies:

1. The Clinical Excellence Commission (CEC) Healthcare Associated Infection Program (lead agency)
2. NSW Health - State Health Emergency Operations Centre (SHEOC).

### FIGURE 3: REPORTING PROCESSES FOR WEEKLY AUDITS OF QUARANTINE HOTELS

<table>
<thead>
<tr>
<th>Audit Cycle</th>
<th>Actions</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>High-risk issues or recommendations escalated to CE of CEC/Police/HCA immediately and to SHEOC through governance arrangements.</td>
<td>Email communication of infection prevention and control breach reporting template (Appendix 1).</td>
</tr>
<tr>
<td>Monthly</td>
<td>Weekly audit reports and recommendations provided to hotels and support agencies.</td>
<td>CEC provides a verbal report of the audit program to the NSW Quarantine Hotel Operations Committee (weekly).</td>
</tr>
<tr>
<td></td>
<td>Hotel and agency action plans in response to recommendations provided within one week.</td>
<td>Individual hotel and support agency audit reports provided to the NSW Quarantine Hotel Operations Committee (weekly).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly report on the Quarantine Hotel IPAC Audit Program to the SHEOC Quarantine Hotel Safety and Quality Committee.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recommendations action plan for systemic issues submitted to NSW Quarantine Hotel Operations Committee (as required).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Records of each hotel and supporting agency audit reports are maintained in the CEC Content Manager (TRIM).</td>
</tr>
</tbody>
</table>
4. Standard precautions

This is a set of safe practices that need to be applied in all situations whether an infection is present or unknown. Standard precautions protect the person and the physical environment to ensure that transmission of an infection is minimised or prevented.

Standard precautions comprise of the following in hotel quarantine:

- Hand Hygiene
- Respiratory hygiene and cough etiquette
- Physical distancing
- Cleaning and disinfection
- Waste disposal
- Use of personal protective equipment (PPE) as required and risk assessed
- Staff staying home if unwell.


5. Hand hygiene

Staff and authorised visitors to the hotel are required to perform hand hygiene by using alcohol-based hand rub (ABHR) or washing their hands using soap and water. Hand hygiene should be performed:

- Before entering the hotel
• Before putting on PPE
• Between each step when removing PPE
• After touching high touch points (e.g. lift buttons, door handles)
• Before and after eating
• Before leaving the hotel.

NB: Health staff should comply with 5 moments of Hand hygiene when interacting with guests during clinical care.

Quarantine guests are required to perform hand hygiene by using ABHR:

• Before or upon entry to the hotel
• Before contact with pens and/or documentation
• Before putting on PPE (mask)
• Immediately after removing PPE (mask)

Authorised contractors who are performing maintenance, safety checks etc. are required to perform hand hygiene on arrival to the hotel and prior to exiting.

ABHR should be strategically placed around the hotel and be readily and easily accessible to staff, guests, authorised visitors and/or contractors. Individual personal units can be used, such as personal kits kept by security staff (Appendix 4: Security staff information sheet) or included as bottles placed on trolleys where items or food is delivered to guests. Individual ABHR bottles should not be refilled if the bottles (inside and outside the bottle) are not cleaned and dried correctly when emptied. Where practical provide dedicated bottles of ABHR to security staff.

6. Respiratory hygiene and cough etiquette

All persons should:

• Cover their mouth and nose with tissues when coughing, sneezing, blowing and/or wiping their nose
• Dispose of tissues in the nearest waste bin after use. If no tissues are available, cough or sneeze into their inner elbow rather than their hand
• Wash their hands with soap and water or use ABHR after coughing, sneezing or blowing their nose.

The NSW Government respiratory hygiene poster can be accessed here.
7. Physical distancing

Any persons within a quarantine hotel should maintain a minimum 1.5 metres distance from others when able and practical and avoid physical greetings. The Australian Government physical distancing poster can be accessed here.
Chapter 3: Infection prevention and control processes for quarantine hotels

The Hotel Quarantine System relies on complex logistical arrangements designed to ensure infection prevention and control (IPAC) processes are established to safely manage and reduce the risk of COVID-19 transmission for anyone entering the quarantine hotels. The following processes are to be implemented and managed with clear communication and decision making across all relevant agencies, including clear lines of accountability and risk ownership.

For more information refer to Quarantine Hotel Infection Prevention and Control Frequently Asked Questions.

3.1 Staff or other authorised people entering quarantine hotel must at a minimum

- Perform hand hygiene with ABHR and put on a surgical mask at the entry door to the quarantine hotel
- Participate in answering screening questions
- Check-in using the QR code
- Provide evidence that they are fully vaccinated against COVID-19
- Always remain at least 1.5 metres away where practicable from others whilst onsite
- Only visit areas that they have permission to enter or seek guidance from the concierge or NSW Police.

3.2 Quarantined guests

- Perform hand hygiene with ABHR and enter the hotel wearing a surgical mask
- Guests over 12 years to wear a surgical mask when entering the hotel
- Guests with cloth masks to apply a surgical mask (provided from the airport) on top of the cloth mask during check in and on their way to their allocated room
- All guests must wear a surgical mask when opening their doors during quarantine
- Always remain at least 1.5 metres away from others whilst moving through the hotel on check in, movement off site and on departure.

Members of the public are not permitted to enter any quarantine hotel unless they have an authorised reason to be there, such as permitted person under the public health order (PHO), entering an approved commercial area or with authority from police. Where a member of the public seeks to enter a quarantine hotel, they should inquire with the security staff at the front door. Approved visitors should follow directions from staff to ensure they remain in quarantine-free zones of the hotel. Entry usually requires approval from police and/or health governance.

3.3 Luggage handling

Luggage handling occurs at various times within a guest’s quarantine period. The safety of people from the various agencies who handle guest luggage within the hotel quarantine
program is a priority and the safety practice of PPE and hand hygiene supports the safe handling of luggage.

Hand hygiene must be performed:

- Before putting on gloves
- After removing gloves.

Gloves are to be changed and hand hygiene performed after completion of guest bubble (same flight or group) or family group’s luggage.

When transporting luggage to SHA or a hospital, wipe the luggage with neutral detergent and disinfectant where possible or practical (no need to bag fabric luggage) and ensure minimal manual handling of luggage.

When retrieving luggage from guest rooms during or after transfer to hospital or SHA, staff to wear gown, surgical mask, eye protection and gloves.

3.4 Environmental cleaning

Hotel rooms must only be cleaned after the guest(s) leave or are transferred to another facility. Some cleaning tasks may be able to be undertaken by the guest during their quarantine period if provided with appropriate cleaning equipment. Hotels to provide basic cleaning equipment to the guests to undertake any cleaning activity during quarantine period. However, this should not replace cleaning tasks or procedures that need to be conducted upon guest departure. If reusable cleaning equipment e.g. vacuums or brooms are provided for guests to use during their stay, these must be cleaned and disinfected at the completion of the quarantine period before being used again. Vacuums must be thoroughly wiped over and the contents of the vacuum emptied including a filter change.

The hotel must have a documented cleaning and disinfection process for all the areas within the hotel.

Small furniture items removed or exchanged from a guest room to be cleaned and disinfected prior to storage.

Hotel management must confirm that staff have had IPAC training and are supplied with appropriate PPE, including masks, eye protection, aprons/gowns and gloves. In addition, the correct cleaning equipment and supplies will be needed.

For more information on cleaning and disinfection of guest rooms refer to the following documents:

- CEC Environmental Cleaning and Disinfection for Quarantine Hotels
- CEC COVID-19 Infection Prevention and Control NSW Police Operated Quarantine Hotels High Touch Point Cleaning and Disinfection (high touch surfaces)

Staff working within quarantine hotels should have training to enable them to work in these environments safely and ensure that all areas accessed by quarantine guests are cleaned and disinfected effectively. A validation process should be established to ensure quality of the service including documentation of cleaning frequency and method. Areas accessed by
hotel and other agency staff should be effectively cleaned and disinfected. They should also have access to the relevant information such as the:

- Advice for accommodation facilities with guests who are close or casual COVID-19 contacts

3.5 Safe waste management

Waste is managed as per general waste handling and removal. Guests are expected to empty their bins daily, tie-off the bin liner and place them outside the room for collection according to the scheduled collection times. Staff handling waste should wear minimum mask and gloves (eye protection and gown depending on the task undertaking) while handling waste and then dispose of PPE in the routine waste stream. Appropriate waste collection receptacle e.g. trolley to be used by staff when collecting waste. Unused food and other items from guest rooms should not be reused or stored for later use.

3.6 Use of appropriate PPE

Staff and other authorised visitors to quarantine hotels must wear appropriate PPE (refer Table 3 for specific PPE for agency/task). The type of PPE worn will depend on the task being performed, contact with quarantine guests and need to prevent contamination of eyes, nose or mouth, skin and/or clothing.

The type of PPE selected for each task will vary based on the level of precautions applied, such as Standard, Contact, Droplet or Airborne Precautions.

### Standard Precautions PPE

Protection to avoid contact with blood or body substances. On risk assessment may include:

- Hand Hygiene
- Disposable Gloves
- Fluid Resistant or Isolation Gown
- Surgical Mask
- Eye Protection

Any or all the above may be applied based on the anticipated exposure to blood or body substance.
Contact Precautions PPE

- Hand Hygiene
- Disposable Gloves
- Fluid Resistant or Isolation Gown

Droplet Precautions PPE

- Hand Hygiene
- Surgical Mask
- Eye Protection

Airborne Precautions PPE

- Hand Hygiene
- Eye Protection
- P2/N95 Respirator

Combined Precautions PPE – Contact and Droplet Precautions (COVID-19)

- Hand Hygiene
- Disposable Gloves
- Fluid Resistant or Isolation Gown
- Surgical Mask
- Eye Protection

Standard Precautions + Contact Precautions + Droplet Precautions
Table 3: PPE selection guide for quarantine hotel staff and visitors in the context of COVID-19 outlines the recommended PPE for different groups of staff/agency and activities within quarantine hotels.

Specific guidance has also been developed for security staff, refer to Appendix 4: Security Staff Information Sheet. Guidance for mask wearing by quarantine hotel staff is also available, refer to Appendix 5: Poster - Message to hotel quarantine staff about masks.

### 3.7 Wearing Gloves

- Wearing gloves is not a substitute for hand hygiene
- After washing the hands, they must be dried thoroughly before putting on gloves. Residual moisture is associated with bacterial contamination of skin. Alcohol hand rub must be rubbed into the hands until they are dry.
- Gloves are worn as a barrier to protect the wearer’s hands from contamination or to prevent the transfer of organisms already on the hands
- Prolonged glove use can lead to lack of hand hygiene, risk of contact dermatitis and increased risk of contamination of hands
- Glove use in quarantine setting:
  - During any procedure where direct contact is anticipated with a guest’s body substance, mucous membrane or non-intact skin;
  - While handling items or surfaces that have come into contact with body substances
  - Significant handling of guest belongings (luggage).

**Note**: Alcohol based hand rub or alcohol sanitising wipes should not be used to sanitise the outside of gloves as the hand rub can create pinholes or cause the gloves to rupture after a short period of time. Gloves if contaminated should be replaced.

Both gloves should be removed and discarded:

- As soon as a tear or puncture appears or when the integrity has been otherwise compromised
- After guest contact has been completed when in direct contact with guest
- After completing a task not involving guests but requiring gloves
• Before touching environmental items, equipment and surfaces
• Before or on leaving a guest room/zone
• Before writing in medical notes, answering the telephone/pagers and using a computer

3.8 PPE in Clean (Green) zones and breakrooms

Break rooms that staff use for meals within the hotel quarantine are not PPE free zones. These rooms should be treated as a clean zone and any used PPE such as gloves and gowns must be doffed before entry and not be worn into the room. There is no requirement to change the mask before entering. Once inside, staff may remove their mask when eating and drinking provided they maintain physical distancing. If staff are not eating or drinking a mask must be worn in these areas. In addition to this advice the following areas have some exemptions to mask wearing.

Staff working within an office

Staff who do not deal directly with guests or staff involved in the quarantine hotel program and are in an area of the hotel which is not accessed by any personnel involved with the hotel quarantine program do not have to wear a mask in these areas.

Staff working above a steam station in the kitchen and laundry

Staff who work in the kitchen or laundry over a steam station or fry station where the steam may wet the mask and make it less effective do not need to wear a mask during these activities. Physical distancing must be maintained, and a mask must be reapplied when the activity is completed.

**Table 1: PPE in Clean (Green) zones and breakrooms**

<table>
<thead>
<tr>
<th>PPE in Clean (Green) zones and breakrooms</th>
<th>Mask</th>
<th>Gloves</th>
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<tbody>
<tr>
<td>While NOT eating or drinking</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>While eating or drinking (maintain &gt;1.5m)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Working in laundry over steam station (maintain &gt;1.5m)</td>
<td>X</td>
<td>✓*</td>
</tr>
<tr>
<td>Working in laundry (single person)</td>
<td>X</td>
<td>✓*</td>
</tr>
<tr>
<td>Working in laundry (with other people)</td>
<td>✓</td>
<td>✓*</td>
</tr>
<tr>
<td>Working in an office or agency room (single person)</td>
<td>X**</td>
<td>X</td>
</tr>
<tr>
<td>Working in an office (with other people)</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>Working in kitchen over steam or fry station (maintain &gt;1.5m)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Working in kitchen (with other people)</td>
<td>✓</td>
<td>X</td>
</tr>
</tbody>
</table>

* Only when handling dirty laundry ** mask must be applied when another person(s) enters
3.9 Vaccination

Quarantine staff have been designated a priority group for vaccination. Staff working in quarantine hotels is mandatory and their immediate family members are encouraged to take up offers to be vaccinated for COVID-19. For more information on COVID-19 vaccination refer to NSW Quarantine workers.

Vaccination in hotel quarantine for international arrivals is available on or after day 13 following a negative day 12 swab and no symptoms, subject to availability of the NSW Health vaccination team. For more information refer to Vaccination in hotel quarantine for international arrivals.

3.10 Appropriate linen management

All used linen and towels should be collected in a laundry bag and emptied directly into the washing machine without handling. They should be laundered on a normal hot cycle then air or tumble dried. If linen requires handling, staff need to wear PPE including gloves, gown/apron, mask and eye protection and comply with hand hygiene.

The following principles should be applied when handling linen:

- Handle used linen with minimum shaking/agitation to avoid contamination of the air, surfaces and persons (e.g. roll up gently)
- Linen bags should be held away from the body to avoid potential risks of contamination
- Provide water-soluble bag to guests to collect the dirty linen
- Used wet linen should be placed into appropriate laundry receptacle at the point of generation; water-soluble bags may be recommended by the hotel or laundry service outsourced to reduce handling
- Clear leak-proof plastic bags are to be used to contain linen that is heavily soiled with blood, other body substances or other fluids (including wet with water)
- Linen bags should be tied securely and not be filled completely as this will increase the risk of rupture in transit and risk of transmission for laundry staff
- Reusable linen bags must be laundered before re-use. Some hotels may use these for collection of guest laundry that has been placed in a water-soluble bag to transport to outsourced laundry services
- Hand hygiene must be performed following the removal of gloves after handling used linen
- All linen must be handled with standard precautions and hotels should have arrangements with the laundry to manage linen appropriately (no need to label the bag as from quarantine hotel).

The following principles should be applied when transporting linen:

- Laundry carts or hampers used to collect, or transport used linen do not need to be covered as used linen must be bagged
- Containers (including carts, bags, and plastic bins) for collecting, storing, or transporting used linen should be waterproof, leak-proof, nonporous, and in good condition. Containers are to be decontaminated (cleaned/disinfected) after use
• The vehicles which transport linen to and from outsourced laundry services should be decontaminated using a neutral detergent and approved disinfectant following moving linen from quarantine facility and between transporting clean and dirty items
• Used and clean linen should not be transported in the same vehicle unless they are separated by a suitable physical barrier e.g. containers with suitable closures, moisture impermeable bags that would prevent contamination between the used and clean linen. If a compartment has carried used laundry that compartment should be thoroughly cleaned before it is used to carry clean linen
• Linen bags should be held away from the body to avoid potential risks of contamination.

3.11 Guest Laundry

Contact points with guests and/or their belongings should be minimised as much as possible. Ideally guest laundry would not be provided (internal or external). Where guest laundry is provided all items are to be placed in an alginate bag and in a secondary bag for transport. Handling of personal laundry for guests are to use the same principles for bagging, handling, transporting and washing as those principles applied to general quarantine hotel linen.

For more information refer to Quarantine Hotel Infection Prevention and Control Frequently Asked Questions.

3.12 Adequate ventilation

Guest rooms should have enough air exchange so that the particles in the air are diluted or minimised. If windows are able to be opened in guest rooms, fresh air is encouraged. For other hotels, it is expected that the air conditioning system will be one of the following two types:

• Split systems
• Individual room-based fan coil unit with ducted outside air.

Split systems recirculate the air within a guest room so the risk of transmission outside the room or between rooms is low but is not ideal for stays longer than a few days.

The air conditioning unit in guest rooms should be cleaned thoroughly as per the manufactures instructions and the filters will ideally be replaced or cleaned as detailed by the manufacturer at the end of each guests’ stay. Efficiency of the filtration system is dependent on filter density and for optimal performance, filters require monitoring and replacement in accordance with the manufacturer’s recommendations and standard preventive maintenance practices.

When cleaning or checking these air conditioning units’ staff must wear appropriate PPE (gloves, gowns, masks and eye protection) to protect against cross contamination.

A regular cleaning regimen should be implemented and include routine cleaning after transfer or departure of guests as well as special circumstances, such as after a positive COVID-19 case.
Where rooms have windows that are capable of being opened and it is safe to do so, the preference is to open them to provide outside air and improve the dilution of particles within the room and provide outside air ventilation.

**Balconies**

Guest rooms with shared partitioned balconies should be individually risk assessed on the suitability of guest accommodation and remediation strategies should be in place to reduce the risk of COVID-19 cross transmission if guests can be in physical contact with each other. There should be no ability to move between balcony areas or share balcony areas such as unlocking adjoining doors. Balconies without a complete or substantial physical barrier should not be used for quarantine guests.

Hotels using a centralised ducted air conditioning system should not be used as a quarantine hotel as there is a risk of cross infection due to air recirculation.

**Room Exhaust**

There are two system types:

- Local exhaust dedicated to each ensuite (may consider cleaning this unit after guest departure)
- Centralised exhaust system.

**HVAC optimisation**

The optimisation of HVAC (heating, ventilation, and air conditioning system) and comprehensive testing of air pressure differentials from passenger rooms to hotel corridors is part of the risk mitigation strategy to address potential airborne transmission of COVID-19 in quarantine hotels. HVAC optimisation includes an individual inspection of the overall HVAC systems at each hotel and examination of each passenger room to assess filters, door seals and exhaust systems. Each hotel is provided specific engineering advice to optimise ventilation, air exchange and pressure differentials. Evidence of programmed maintenance for passenger rooms is required to demonstrate ongoing HVAC optimisation.

The airflow in guest rooms is controlled by adjusting the pressure differentials between supply and exhaust. A room with Positive (+) air pressure (>5 Pa) will force air to escape the room under the door if the seal is inadequate and when the door is opened. A room with Negative (-) air pressure will force air from the corridor into the room via an inadequate door seal and when the door is opened. There is a risk that a room with pressure >5 Pa will allow particles to escape the room if there is an inadequate door seal and when the door is opened. The following system has been implemented to minimise the risk to persons working in a quarantine hotel.
TABLE 2: ROOM AIR PRESSURE RISK MANAGEMENT GUIDE

<table>
<thead>
<tr>
<th>GREEN</th>
<th>RED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every passenger room in use for quarantine purposes is tested for the air pressure differential to the corridor. A 'green' room has air pressure level of negative (-) to +5Pa (Pascal) air pressure relative to the corridor. This room has a 'very low to low risk' of particles leaving the room either via an inadequate door seal or when the door is opened.</td>
<td>A 'Red' room has an air pressure of greater than +5Pa (Pascal). These rooms require remediation before use in hotel quarantine.</td>
</tr>
</tbody>
</table>

**Note:** It is acknowledged that within a quarantine hotel setting it will not be possible to achieve the same environment as you would in a hospital setting. The CEC have confirmed that where a negative pressure room is not available, air circulation consistent with a Class S room (standard pressure) is acceptable for the purposes of accommodating a quarantine guest. In a hotel setting a pressure differential of (-) to +5Pa (Pascal) air pressure relative to the corridor can be considered neutral and is acceptable. Guests who have confirmed COVID-19 are immediately moved to special health accommodation or a healthcare facility to achieve isolation recommendations.

**Management of differing room pressures**

Room pressurisation is a common strategy to direct airflow and reduce the risk of transmission. Opening and closing guest room doors may increase the risk of transmission between rooms despite pressure difference. Opening and closing doors changes the pressure on either side of the door that may lead to mixing of the air on both sides of the door.

Concentrated particles (or bioburden) in a room can bypass into the higher-pressure area through this action. This can potentially cause the spread of virus particles from room to room across a corridor, even if the doors were not opened simultaneously.

In order to reduce the risk, doors should not be opened simultaneously and when opened should be opened very slowly. This reduces the mixing and travel of air and allows the pressure between the spaces to equilibrate gently, significantly avoiding the eddy patterns.

Staff must keep minimum 1.5 metre distance from opening doors and surgical mask to be worn by guests when opening their door.

**Floor access and door openings**

All access to floors and rooms should be minimised as much as possible to reduce door opening episodes.

Limit activities including deliveries as practical, and these should not occur at the same time on the floors where COVID-19 swabbing is taking place.

All deliveries should be delayed at a minimum 30 minutes after the swabbing has been completed on that floor. The health staff and hotel management to discuss and coordinate.
the swabbing process, plan the day to reduce meal delivery time lag and number of staff on the same floor at a given time.

Workflow should ensure no simultaneous door openings occur.

Exercise equipment that is secured within the door seal must not be used on a door that opens onto a corridor. This is to minimise the opening of the door during attachment and also to reduce the interruption of the door seal. When this type of exercise equipment is used, only internal hotel room doors are to be used e.g. bathroom or internal bedroom door.

3.13 Accommodation of guest requiring Continuous Positive Airways Pressure (CPAP)

CPAP uses an air pump and mask to deliver mild air pressure to the upper airway of a person while they sleep. CPAP is an effective and essential form of treatment for obstructive sleep apnea. CPAP can only be used in Police quarantine Hotels after careful risk assessment and if certain IPAC strategies are adopted within the Police quarantine hotels to minimise the risk of transmission of COVID-19. (See flow chart for CPAP/BiPAP assessment below )

FLOW CHART FOR CPAP/BiPAP ASSESSMENT

Quarantine guests who receive long-term treatment with positive airway pressure (PAP) devices

IPAC criteria for accommodation of guests requiring CPAP within Police operated Quarantine Hotels:

- Hotel room with separate bedroom with door closed
- Balcony or window to deliver fresh air, desirable but not essential if adequate air changes per hour
- Well ventilated room with at least 6 air changes per hour (or equivalent)
- Evidence of routine air conditioning/ ventilation maintenance and evidence of air

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pressure testing with air pressure level of negative (-) to +5Pa (Pascal) air pressure relative from the room to the corridor

- No recirculation of air between rooms. If there is recirculation, air is HEPA-filtered
- Air conditioning delivery in corridor with fresh air flow
- Enhanced cleaning and disinfection for all rooms (treated as positive cases) on departure
- CCTV capability (to remove Security staff stationed on floor)
- No other agency rooms on floor and floor not used for any centralised service e.g. meal preparation, COVID-19 surveillance
- Door strip which prevents air escape from room into corridor
- COVID-19 surveillance swabs (PCR) every 72 hours throughout quarantine commencing day 2
- Terminal cleaning of room should not occur until the guest has vacated the room for over 2 hours.

Essential IPAC requirements for the guests requiring CPAP:

- Guests that are not showing any symptoms – (asymptomatic). Guest to report symptoms immediately to health team and CPAP to be ceased
- Bathroom ventilation to remain in 24/7 in operation with the bathroom door to remain open
- After use (daily) the machine must be cleaned with a detergent/disinfectant wipe and the mask washed/wiped as per manufacturers recommendations
- The room air-conditioning must be left on at a maximum for comfort over night while CPAP is being used. It is ideal if this could be set to the right air flow as directed by ventilation expert and not adjusted by the room occupant
- The wearer must cease CPAP use at least 30 minutes before opening the room door for breakfast, COVID-19 testing or exiting quarantine
- The guest must apply a surgical mask before opening the door
- Air conditioning must be left on when exiting the room.

3.14 Refugees

Refugees may be required to enter Hotel Quarantine after their arrival via air, land, or sea. The 1951 Refugee Convention is a key legal document and defines a refugee as “someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.”

Refugees may have been in another country, refugee camp or detention center prior to arrival in NSW in which health conditions may have been poor, including an increased prevalence of infectious diseases. Vaccination status for vaccine preventable disease is often unknown, unrecorded, inaccurately recorded or does not meet the requirements set out in the NSW Public Health Order or the vaccination they may have received is not compliant with ATAGI requirements.

The immediate concern in quarantine is the protection of guests and staff against COVID-19, however there are some communicable diseases that have a higher incidence in certain countries. For most other infectious diseases, the risk is already mitigated by the controls in place for COVID-19. However, Measles and TB require additional controls based on transmission route and additional risk of transmission in this environment. This is an
increased risk of these diseases only, and not a response to actual positive cases. If this were to occur, the guest would require transfer to a hospital or suitable healthcare accommodation.

On arrival and during their hotel quarantine period, stakeholders and hotel staff should maintain Infection Prevention and Control processes in addition to the points set our below:

Staff safety

- Strict maintenance of guest source control - guest to wear a mask when outside their room (delivery collection, arrival, and departures)
- Limit the number of staff on the guest floors by utilising the CCTV if available
- If CCTV is not available, consider roving security on levels accommodating the refugees, security to wear a surgical mask
- Health assessment to include risk of all communicable diseases not only COVID-19
- It is preferable to know the vaccination status of the staff for vaccine transmissible diseases for ease of contact tracing if required, they should not be restricted from usual duties unless risk assessed by their employer.

Guest Safety

- Keep as much separation as possible between the Refugee guests and the other international guests, this can be achieved in a variety of ways:
  - A separate buildings/towers, or
  - A separate floor to be used for the refugees to the other quarantine guests
- If the above cannot be achieved and a room on a shared floor is the only option, the rooms should be separated by space, such as vacant buffer rooms in between or in separate wings of the floor
- Allocation of rooms that have evidence of a negative air pressure relative from the room to the corridor (-) to +5Pa (Pascal)
- Schedule arrivals and departures for different times to avoid cross-over with other international guest groups.

3.15 Maintenance

Repairs should wait until a guest room is vacated, rested, and cleaned wherever possible. Where this is not possible, staff should assess the extent of work to be completed by phone and determine if room entry is required. The first option should be to guide the guest to rectify repairs safely by phone. If entry to the guest room is required, the guest should be asked to wait in the ensuite or external balcony, where available, with the door closed and the exhaust fan on while the maintenance team undertakes repairs.

Maintenance staff should consider the following when attending repairs in guest rooms whilst they remain occupied:

- Receive training on PPE donning and doffing prior to room entry
• Have ABHR readily available
• Wear appropriate PPE when entering the room
• Aim to exit the room under 15 minutes (where practical)
• Wipe down (clean and disinfect) all equipment used in the guest room
• Communicate intended entry to health staff and police.

3.16 Use of fans

Fans can be used indoors to improve room air mixing to help distribute supplied clean air and dilute viral particle concentrations throughout the room, which reduces the likelihood of stagnant air pockets where viral concentrations can accumulate. To minimise the potential to create air patterns that flow directly across one person onto another, direct the fan discharge towards an unoccupied corner and wall spaces or up above the occupied zone.

Domestic or industrial fans are not recommended for use in any common area that quarantine guests may be present in regardless of how little time they spend there.

Fan provision for guest rooms should be based on risk assessment of the individual room ventilation and pressure differentials. Fans are not faced directly onto the room door and fans should be turned off for 30 minutes prior to door opening.

Due to constrained ventilation in some hotel corridors a risk assessment should determine the need for corridor fans on a case by case. If approved the fans are to be placed strategically in the corridors away from guest room doors, not oscillating and face upwards towards the ceiling.

**Portable air conditioners**

Where additional airflow is required for comfort, units that provide cooling and/or heat in addition to purification are recommended. Follow manufacturers recommendations on cleaning and filter change.

3.17 Management of lifts

Whilst the preference is for hotels to designate a single lift for quarantine guests, it has been acknowledged that for some hotels this may not be possible. In those instances, clear and robust processes need to be in place to ensure the safe use of those lifts by others. This includes conducting a terminal clean of lifts after checking in of guests and clear signage used during the completion of each task, for example, when transporting guests and terminally cleaning the lift. Additional challenges may also present when they need to move a positive guest from the hotel and there is no dedicated lift for doing so. Likely exposure to the virus causing COVID-19, which can be quantified by the frequency, duration and intensity of exposure to the virus.

• The duration of a typical elevator ride is short – usually less than a minute - a short elevator ride represents a relatively low risk of exposure
• Intensity of exposure is impacted by the level of air exchange or ventilation. Elevators have significant air exchange by design, compared to many other indoor spaces, and are required by code to have openings for ventilation. Many elevators also have fans to increase ventilation. Higher ventilation in an elevator, relative to the compared activities, results in lower exposure opportunity
- Exposure risk reduced an additional 50% when all passengers properly wear masks.

**Lift cleaning**

*After guest check in:*

High touch points such as lift buttons should be cleaned using neutral detergent and disinfectant immediately after the check-in has been completed and they have been taken to their rooms (for each bus load of passengers) or a family group.

*After guest departure:*

Depends on the number of guests and their check out time – either after each guest group, if lift has been locked for departures or second hourly.

*After transfer of a positive guest:*

- Isolate the lift
- Start cleaning from top to bottom, special attention should be given to high touch points such as lift buttons and handrails.

Cleaning staff to wear mask, gloves and if using spray bottles eye protection while cleaning.

There are no requirements for resting lifts before or after cleaning.

### 3.18 Guest transfer process

Hotels to develop local processes depending on the available infrastructure to facilitate guest transfer with limited interruptions and risk mitigation.

- Identify the guest(s) being transferred and ensure each guest has a surgical mask on and access to alcohol-based hand rub
- Liaise with police, transport, hotel and health staff to ensure the process is streamlined
- Follow hotel specific process on traffic management, lift access and any other staff or guest movements
- Escort the guest(s) directly to the transport vehicle with appropriate PPE
- After guest departure comply with IPAC strategies such as hand hygiene, appropriate PPE doffing, waste disposal, cleaning and disinfection requirements.

### 3.19 Reporting of infection prevention and control incidents

Infection control breaches occur when there is a failure to follow established infection prevention and control procedures that prevent the transmission of infectious microorganisms. Depending on the procedure(s) or practice(s) involved, an infection control breach may result in exposure to body fluids or infectious microorganisms. An infection prevention and control breach can be identified by anyone working in the hotel, and depending on the breach, report the breach to the police, healthcare staff or the hotel duty manager. Incidents should be classified according to risk and the IPAC auditing risk and incident management categories (Refer to Appendix 2) and report to SHEOC via MOH-SHEOC-COVID19Operations@health.nsw.gov.au using SHEOC Infection prevention and control breach reporting template (Refer to Appendix 3).

In the event of an IPAC incident or breach occurring:
• Remove or mitigate the risk of the incident/breach re-occurring as well as the risk of transmission to others
• Follow internal work health and safety notification and reporting processes
• Report the incident/breach to the State Health Emergency Operations Centre (SHEOC)
• For more information see Appendix 1: IPAC Risk and Incident Management Classification – COVID19 and Appendix 2: IPAC Auditing Risk and Incident Management Categories (with associated examples) and Appendix 3: SHEOC Infection prevention and control breach reporting template.

Guests must wear a surgical mask when they open the door at any time. However, Public Health advice does not need to be sought for incidents where guests open their door without wearing a mask:

• leave their room for <2 minutes;
• they do not come within 1.5 metres of any staff; and
• staff wearing appropriate PPE within 1.5 metres (surgical mask worn correctly).

If the above incident occurs high-touch point cleaning should be conducted, and education provided to the guest. Security and NSW Police should maintain a log of these instances and escalate any trends to SHEOC for management.

A matter should be escalated to SHEOC for Public Health input if:

• A guest has reportedly been outside of their room for >2 minutes, or the length of time a guest has been outside of their room cannot be established
• A guest has potentially come within 1.5 metres of another person (including staff or other guest) who was not wearing appropriate PPE
• There are concerns about the veracity of a guest’s story
• Guests have exchanged items (particularly food).

3.20 Commercial businesses co-located with quarantine hotels

Quarantine hotel operations should not have any cross over with non-quarantine operations (e.g. no access and movement of people between the quarantine hotel and commercial business).

Staff working within a quarantine hotel should not be working across non-quarantine hotels/spaces (e.g. housekeeping staff allocated to quarantine hotels should not be allocated to the cleaning of commercial businesses). Permanent guests or apartment residents (paying or otherwise) are considered a commercial business. No permanent guests or apartment residents are to live or have short term residence within a nominated quarantine hotel.

As per the public health order, operation of commercial business simultaneous to quarantine must hold a valid exemption (Appendix 6: COVID-19 Infection Prevention and Control – Quarantine Hotel Commercial Business Checklist). The only path to such exemption being through application submitted to police, assessment by Commercial exemption committee and ultimate approval, or otherwise, by CMO and listed on the register.

Note the following class of persons are not permitted in quarantine hotels and commercial exemptions will not be supported – permanent and part time residents, staff living on site or
any other persons making use of the hotel accommodation for any reason, and not being a quarantine guest.

Arrangements with Australian Defence Force (ADF) personnel who are responsible for the safety and security of ADF guests are not included in above statements.

3.21 Room Capacity or Break Out Areas (shared spaces)

The number of people who are in these rooms should follow the four square metre rule when seated and physical distancing when moving around. Simple safety measure includes:

- Ensure signage is displayed to advise on the number of people allowed in a shared space at any given time
- Workers are to perform hand hygiene when entering and exiting shared spaces
- Avoid crowding and attempt to schedule breaks in advance with flexibility
- If the room capacity is limited, consider choosing an alternative space, or if time permits wait for others to leave the area
- Where possible consider having a responsible person to perform random checks of activity in these areas
- Use a surgical mask when sharing space with other people if physical distancing cannot be maintained (such as in a confined breakout or office space)
- Ensure safe mask use, dispose correctly and perform hand hygiene after disposal
- Ensure availability of cleaning wipes or solution for cleaning surfaces such as high touch points and equipment (e.g. taps, kettles, fridge handles and microwaves)
- Ensure shared areas are kept clean and tidy after use
- Remove items that cannot be cleaned or wiped down (including magazines and clutter)
- Laminate signs or notices posted in shared workspaces and wipe down with neutral detergent regularly
- Do not share stationary such as pens, post-it notes and writing pads
- Wipe down shared items such as computer keyboards, mouse, phone handsets, desk, keypad with neutral detergent before and after use
- Take all personal stationery and belongings when leaving a workspace and remove all personal belongings from tearooms
- Personal belongings should be stored in dedicated areas and not in shared workspaces
- Food or beverages should not be consumed in shared workspaces (outside designated tearooms or eating areas)
- Ensure ongoing enhanced cleaning of shared work environments as per the local cleaning schedule
- Designated person to ensure the cleaning has been undertaken and should maintain documentation.

3.22 Keeping staff safe during breaks

All hotel staff must be provided with an area to safely consume food and drink away from guest floors and arrival and departure zones. If staff must have a drink whilst on guest floors the following principles must be used:
- Utilise designated breaks as much as possible limit drink breaks to a minimum if drinking on the guest floor
- No drinking whilst performing clinical duties i.e. swabbing, repatriation or welfare checking rounds
- When consuming drinks staff must be on their own with no other people on the floor present – including staff making deliveries
- Staff must perform hand hygiene before and after removing their mask to take a drink
- Staff must be in a protected position at least 1.5 m away from any guest doors whilst drinking
- NSW Health signage for keeping safe in the tearoom (Appendix 6).
### TABLE 3: PPE SELECTION GUIDE FOR QUARANTINE HOTEL STAFF AND VISITORS

<table>
<thead>
<tr>
<th>Staff category</th>
<th>Context</th>
<th>Hand Hygiene</th>
<th>Disposable Gloves</th>
<th>Fluid Resistant or Isolation Gown</th>
<th>Surgical Mask</th>
<th>P2/N95 Respirator</th>
<th>Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical staff</td>
<td>Screening swab rounds (swabber and assistant)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>doff after every guest</td>
<td></td>
<td></td>
<td>doff in each floor before entering lift</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Passenger room entry</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>e.g., welfare checks, room change, escorting guest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Face-to-face with unwell guest (within1.5m)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Escorting a positive guest</td>
<td>✓</td>
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<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
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<td></td>
<td>Pre-discharge screening</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Medication delivery to door (no F2F)</td>
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<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

**Guests must wear a surgical mask for any interaction at all times**
<table>
<thead>
<tr>
<th>Staff category</th>
<th>Context</th>
<th>Hand Hygiene</th>
<th>Disposable Gloves</th>
<th>Fluid Resistant or Isolation Gown</th>
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<th>Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical staff</strong></td>
<td></td>
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</tr>
<tr>
<td>Telehealth</td>
<td></td>
<td>✓</td>
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<td></td>
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<td>x</td>
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<td>Vaccination</td>
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<td><strong>St. Johns Ambulance</strong></td>
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<tr>
<td>Hotel entry screening</td>
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<td>✓</td>
<td>x</td>
<td></td>
<td>✓</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td><strong>Security</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotel front entrance</td>
<td></td>
<td>✓</td>
<td>x</td>
<td></td>
<td>✓</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Hotel foyer</td>
<td></td>
<td>✓</td>
<td>x</td>
<td></td>
<td>✓</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Guest floor</td>
<td></td>
<td>✓</td>
<td>x</td>
<td></td>
<td>✓</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Exit doors</td>
<td></td>
<td>✓</td>
<td>x</td>
<td></td>
<td>✓</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Guests must wear a surgical mask for any interaction at all times.
<table>
<thead>
<tr>
<th>Staff category</th>
<th>Context</th>
<th>Hand Hygiene</th>
<th>Disposable Gloves</th>
<th>Fluid Resistant or Isolation Gown</th>
<th>Surgical Mask</th>
<th>P2/N95 Respirator</th>
<th>Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security (cont.)</td>
<td>When in contact with luggage</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Parcel/food delivery from external providers</td>
<td>✔</td>
<td>If required</td>
<td>✗</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Break rooms</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>Front entry</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Guest check in</td>
<td>✔</td>
<td>✗</td>
<td>must remove following each check in group &amp; HH</td>
<td>✗</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

Guests must wear a surgical mask for any interaction at all times
<table>
<thead>
<tr>
<th>Staff category</th>
<th>Context</th>
<th>Hand Hygiene</th>
<th>Disposable Gloves</th>
<th>Fluid Resistant or Isolation Gown</th>
<th>Surgical Mask</th>
<th>P2/N95 Respirator</th>
<th>Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>Welfare check (physical distance &gt;1.5m) – remain in the corridor</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Welfare check (maintain physical distance &gt;1.5m) – when entering the room with clinical staff</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Escorting guests on exemption with a negative result (maintain &gt;1.5m)</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Break room</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Handling luggage</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

Guests must wear a surgical mask for any interaction at all times.
<table>
<thead>
<tr>
<th>Staff category</th>
<th>Context</th>
<th>Hand Hygiene</th>
<th>Disposable Gloves</th>
<th>Fluid Resistant or Isolation Gown</th>
<th>Surgical Mask</th>
<th>P2/N95 Respirator</th>
<th>Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guests must wear a surgical mask for any interaction at all times</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>Entering guest room for essential or urgent repair/maintenance (guest relocated)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Hotel service</td>
<td>Hotel registration/ Check in</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### Guests must wear a surgical mask for any interaction at all times

<table>
<thead>
<tr>
<th>Hotel service (cont.)</th>
<th>Hand Hygiene</th>
<th>Disposable Gloves</th>
<th>Fluid Resistant or Isolation Gown</th>
<th>Surgical Mask</th>
<th>P2/N95 Respirator</th>
<th>Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room cleaning after guest departure</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓ when using spray bottles</td>
</tr>
<tr>
<td>External area cleaning</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Elevators/lifts and common area cleaning</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓ when using spray bottles</td>
</tr>
<tr>
<td>Linen collection</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Meal delivery</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Meal tray collection</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Staff category: Context

<table>
<thead>
<tr>
<th>Context</th>
<th>Hand Hygiene</th>
<th>Disposable Gloves</th>
<th>Fluid Resistant or Isolation Gown</th>
<th>Surgical Mask</th>
<th>P2/N95 Respirator</th>
<th>Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guests must wear a surgical mask for any interaction at all times</td>
<td>✓</td>
<td>✓</td>
<td>If required</td>
<td>✓</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Linen service and rubbish collection</td>
<td>✓</td>
<td>✓</td>
<td>If required</td>
<td>✓</td>
<td>✗</td>
<td>If required</td>
</tr>
<tr>
<td>Parcel/Food delivery from external providers</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Repatriation team</td>
<td>Within 1.5m of guest</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>If in direct contact</td>
</tr>
<tr>
<td></td>
<td>Not within 1.5m of guest</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Contractors</td>
<td>Front entry</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guest floor</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Staff category</td>
<td>Context</td>
<td>Hand Hygiene</td>
<td>Disposable Gloves</td>
<td>Fluid Resistant or Isolation Gown</td>
<td>Surgical Mask</td>
<td>P2/N95 Respirator</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>----------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Guests</td>
<td>must wear a surgical mask for any interaction at all times</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non occupied or guest relocated*</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
</tr>
</tbody>
</table>

*relocation requires the guest to be placed in a different room or a different location i.e. bathroom with exhaust fan on.
Sequence for putting on PPE (donning)

1. Perform hand hygiene
2. Put on a gown/apron (if required)
3. Put on a mask
4. Put on eye protection (if required)
5. Perform hand hygiene
6. Put on gloves

Sequence for removing PPE (doffing)

The sequence for removing PPE aims to limit opportunities for self-contamination and further environmental contamination.

1. Remove gloves
2. Hand hygiene
3. Remove gown/apron (if used)
4. Hand hygiene
5. Remove eye protection (if used)
6. Hand hygiene
7. Remove mask
Appendix 1: IPAC Risk and incident management classification – COVID19

Risk is defined as a break in infection prevention and control (IPAC) processes that may contribute to the risk of cross contamination or exposure and potential spread of COVID-19. An incident is defined as a known breach in IPAC processes where cross contamination or exposure has occurred. Both risks and incidents are to be reported and assessed to prevent the potential transmission of COVID-19.

Identification of an IPAC breach will depend on the procedure(s), device(s) or practice(s) involved. An IPAC breach may result in exposure to body fluids, tissues or other biologic substances.

Chain of Infection Transmission

![Diagram of the chain of infection transmission](image)
Appendix 2: IPAC Auditing risk and incident management categories (with associated examples)

- **OPPORTUNITY FOR IMPROVEMENT**
  - Increase access to Alcohol Based Hand Rub (ABHR) to improve hand hygiene (HH)
  - Wearing and removing PPE correctly

- **NEAR MISS**
  - Staff member about to enter a contaminated lift but stopped
  - Staff member not wearing mask near passengers and stopped

- **GUEST/PASSENGER BREACH**
  - Exits Hotel room*
  - Removes mask
  - Does not perform HH
  - Does not adhere to cough etiquette/ respiratory hygiene

- **IPAC BREACH**
  - Nil PPE/Incorrect PPE
  - Self-contamination following event (e.g. touched face after removing mask, touched a surface exposed to a passenger and did not perform HH)

- **POTENTIAL EXPOSURE POINT**
  - Body fluid exposure to mucous membranes (e.g. eyes, nose, mouth)
  - *may or may not include a PPE breach

*Refer to section 3.17 Reporting of infection prevention and control incidents

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## Appendix 3: SHEOC Infection prevention and control breach reporting template

<table>
<thead>
<tr>
<th><strong>Person reporting breach:</strong></th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agency:</td>
</tr>
<tr>
<td></td>
<td>Contact details:</td>
</tr>
<tr>
<td><strong>Date and time of notification:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date and time of breach:</strong></td>
<td>Floor plan, where the incident occurred (corridor, doorway etc.)</td>
</tr>
<tr>
<td><strong>Location of breach:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Details of breach:</strong></td>
<td>(including nature of exposure, duration, distance and PPE worn)</td>
</tr>
<tr>
<td><strong>Involved Parties and details:</strong></td>
<td>Passenger</td>
</tr>
<tr>
<td></td>
<td>DOB:</td>
</tr>
<tr>
<td></td>
<td>Hotel Name:</td>
</tr>
<tr>
<td></td>
<td>Room number:</td>
</tr>
<tr>
<td></td>
<td>Flight Number: (if applicable/known)</td>
</tr>
<tr>
<td></td>
<td>Contact Number:</td>
</tr>
<tr>
<td></td>
<td>Day of quarantine:</td>
</tr>
<tr>
<td></td>
<td>Covid19 status: (last swab result if known)</td>
</tr>
<tr>
<td></td>
<td>Contact Name:</td>
</tr>
<tr>
<td></td>
<td>DOB:</td>
</tr>
<tr>
<td></td>
<td>Agency:</td>
</tr>
<tr>
<td></td>
<td>Position:</td>
</tr>
<tr>
<td></td>
<td>Contact Number:</td>
</tr>
<tr>
<td></td>
<td>Covid19 status: (last swab result if known)</td>
</tr>
<tr>
<td><strong>Immediate Actions taken:</strong></td>
<td>Agencies consulted and their relevant actions.</td>
</tr>
<tr>
<td><strong>Any other relevant details:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Send completed report to:</strong></td>
<td><a href="mailto:MOH-SHEOC-COVID19Operations@health.nsw.gov.au">MOH-SHEOC-COVID19Operations@health.nsw.gov.au</a></td>
</tr>
</tbody>
</table>
## Appendix 4: Security staff information sheet

<table>
<thead>
<tr>
<th>Infection Control</th>
<th>what to do</th>
<th>when and why</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Be Prepared</strong></td>
<td><strong>PPE is single use only. Dispose after use.</strong></td>
<td>Hand sanitiser, masks and gloves must be available on you at all times in case needed. Store in a zip lock bag in your pocket, keep clean &amp; easy to reach.</td>
</tr>
</tbody>
</table>
| **Hand hygiene**  | **Before putting on and after removing gloves.** | Hand sanitiser must always be available. Sanitise for 20 secs/rub hands till dry. Wash hands with soap & water when:  
  - Starting and finishing work  
  - Break/mealtimes  
  - After going to the toilet |
| **Gloves**        | **Before and after removing mask.** | Gloves must always be available. Gloves only worn in direct contact with passengers and their belongings. Always avoid touching your face. |
| **Mask**          | **Must always cover nose and mouth. Do not touch mask when on.** | Masks to be worn at all times, change mask every 4 hours or when it becomes moist/soiled/contaminated. |
| **Cleaning**      | | Shared equipment must be cleaned at the start and end of shift.  
  - Wipe all surfaces  
  - Examples: hand-held radio, earpieces, chair on your floor. |

**Maintain physical distance >1.5m whenever possible + also wear surgical mask (NO CLOTH MASKS)**  
*Please Adhere to lift capacity at all times.*
MESSAGE TO HOTEL QUARANTINE STAFF ABOUT MASKS

Disposable masks must be worn if you are:

- in contact with arriving passengers, whether inside or outside the hotel, or
- in contact with anyone who is entering, staying in or exiting the quarantine hotel, or
- potentially in contact with a quarantine guest staying in the hotel e.g. corridor

All staff are required to wear a mask except when:

- eating or drinking in a break room
- having a COVID-19 saliva test
- are outside of hotel (outdoors) AND not performing quarantine hotel duties e.g. having a fresh air break
- are not dealing directly with guests or staff involved in the quarantine hotel program AND are in an area of the quarantine hotel which is not accessed by any personnel involved within the hotel quarantine program
- you are a hotel staff member who works in a kitchen or laundry where steam may wet the mask and make it less effective. These staff are to maintain physical distancing and perform frequent hand hygiene if not wearing a mask for this reason.

Disposable mask safety

- hand hygiene is performed before putting on a disposable mask
- the coloured side faces outward
- place the metal piece or stiff edge over the nose and mould it to fit the bridge of the nose
- cover the nose, mouth and chin
- do not twist the loops
- do not touch the front of the mask at any time
- when a mask is removed for any reason, put it in the bin and clean your hands
- fabric masks must not be worn in quarantine hotels


Follow the NSW Health instructions for putting on and removing a mask
Appendix 6: Keeping safe in the tearoom poster

Keeping safe in the tearoom

Think before you drink
› Think can I remove my mask safely?
› Think can I drink and not expose a colleague?

Keep before you eat
› Keep your mask on unless eating
› Keep your distance from colleagues
› Keep numbers in this area to a minimum
› Keep your mask on if in a break out area

It’s important to take regular breaks, stay hydrated and change PPE as required
## Principles of Infection Prevention and Control

- COVID Safety Plans are registered and in place
- Infection Prevention and Control education/instruction in place for hotel staff
- Access to hand hygiene including alcohol-based hand rub (ABHR)
- Environmental cleaning in place
- Separation between business operations and quarantine operations including staff
- Staff of the business premises are not working or provide services to or in any other area of the quarantine facility.
- Separation of goods and services between commercial business and quarantine activities
- There is clear separation between commercial and quarantine activities and Customers of commercial business do not have access to quarantine areas

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Non quarantine activities/businesses operating</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2</td>
<td>Access and egress to non-quarantine activities is clearly signposted and secured</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3</td>
<td>Number and type of commercial businesses in operation (established or proposed) is clearly identified</td>
<td>all that apply</td>
</tr>
<tr>
<td></td>
<td>Commercial businesses identified include the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Carpark   ☐ Spa   ☐ Cafe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Beauty   ☐ Pool   ☐ Restaurant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Hair Salon   ☐ Gym   ☐ Bar / Lounge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Boutique   ☐ Function/event space</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>There are no adjacent businesses (leased hotel premises not hotel operated/owned) that pose a risk of cross contamination</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5</td>
<td>Business entity entrance is separated from quarantine activities</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>6</td>
<td>There is no risk of contact with quarantine operations or guests during undertaking of business</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>7</td>
<td>Staff are not shared between quarantine activities and business activities- Mandatory requirement as above</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>8</td>
<td>Amenities are not shared between business and quarantine activities (staff)</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
References

Figure 1: NSW quarantine journey

Figure 2: Hierarchy of controls

Appendix 5