



# **COVID-19 Case and outbreak management framework for Tasmanian settings.**

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## Abbreviations used in this document

CDNA	Communicable Diseases Network Australia
DoH	Department of Health
EOC	Emergency operations centre
PPE	Personal protective equipment
THS	Tasmanian Health Service (Tasmanian Department of Health)

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*We acknowledge and respect Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we work and live, and pay respect to Elders past and present. For around 40 000 years, Aboriginal people have lived on lutruwita/Tasmania, within strong and resilient communities. We acknowledge that as we work to strengthen resilience against COVID-19 across Tasmania.*

## I. About this Document

This document describes how cases and outbreaks of COVID-19 will be/are managed in settings across Tasmania, providing high-level information that is relevant across all settings.

Those involved in developing COVID-19 outbreak management plans for individual settings are encouraged to use this overarching framework and related templates to minimise duplication of effort and ensure alignment with the planned, coordinated approach to case and outbreak management.

A single case of COVID-19 can quickly spread if not managed carefully. Outbreak control is a difficult and resource intensive process that may cause severe resource shortages in some settings (eg workplaces, schools, hospitals), due to quarantining of [‘close contacts’](#) and isolation of cases.

An uncontrolled or sub-optimally controlled outbreak may lead to more people being infected, more close contacts in quarantine and more restrictive public health measures to control ongoing transmission. If not controlled, an outbreak is more resource-intensive in the long term and can have catastrophic consequences.

This document will be updated as the situation evolves.

### I.1. COVID-19 priority settings

Using this framework is especially important for COVID-19 priority settings where, due to the nature of the setting, COVID-19 may spread quickly or management of outbreaks may be particularly complex.

These include:

- places where people reside in groups, including residential aged care facilities, boarding schools, boarding houses, homeless shelters, correctional facilities, remote industrial sites with accommodation, migrant workers accommodation, remote communities
- workplace settings where previous outbreaks have shown large-scale amplification, eg abattoirs (and hospitals).

**An outbreak in a COVID-19 priority setting** may be a single confirmed case of COVID-19 in a resident, staff member or frequent attendee of that setting.

### I.2. Objectives and intended outcomes of this document

This document is written for everyone involved in COVID-19 case and outbreak management in Tasmanian settings.

The main purpose of this document is to support businesses and organisations responsible for settings in Tasmania, to develop outbreak management plans.

The objectives are to:

1. Describe the health governance and coordination mechanisms for case and outbreak management
2. Describe surveillance activities to support rapid identification of cases and outbreaks
3. Outline the core components of case and outbreak management
4. Identify the main responders involved in outbreak management, and their roles and responsibilities.

The intended outcomes of using this framework are rapid, effective, efficient and safe management and control of cases and outbreaks of COVID-19 in Tasmanian settings, with all responders understanding their roles and responsibilities and respecting others' roles and responsibilities within the coordinated response.

### 1.3. Related documents

This document is designed to complement the:

- *Tasmanian State Special Emergency Management Plan for COVID-19 V2*, which outlines Tasmania’s whole-of-government arrangements to minimise Tasmanian (municipal, regional and state-level) social, economic and health impacts of COVID-19
- [COVID-19 Safe Workplaces Framework](#) (WorkSafe Tasmania) and related documents
- [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for public health units](#) (Communicable Diseases Network of Australia)
- [Australian Health Sector Emergency Response Plan for Novel Coronavirus \(COVID-19\)](#) (Australian Government Department of Health) and related management plans.

This document is also designed to support plans developed with and for individual sectors, including:

- Public Health Services: Outbreak Management Procedure; COVID-19 Escalation Plan; COVID-19 Testing Strategy and related documents
- the Tasmanian Health Service (THS) Outbreak Management Plan and its subsidiary documents.

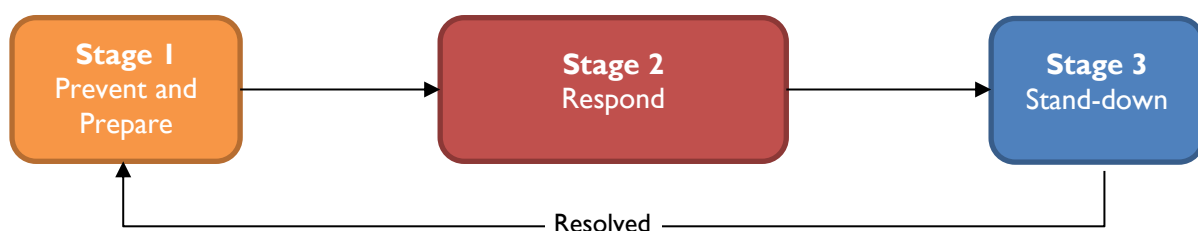
Other related documents are:

- the (national COVID-19) [Management Plan for Aboriginal and Torres Strait Islander Populations](#) (Australian Government Department of Health, 2020)
- the (national) [Management and Operational Plan for People with Disability](#) (Australian Government Department of Health 2020)
- the [Tasmanian Health Action Plan for Pandemic Influenza](#) (Department of Health 2016)
- the [COVID-19 Outbreaks in Residential Aged Care Facilities – Toolkit to support planning, preparedness and response](#) (Department of Health 2020)
- [Tasmanian Emergency Management Arrangements](#) (Department of Police, Fire and Emergency Management).

### 1.4. Scope

This document describes how cases and outbreaks of COVID-19 in settings will be prevented, prepared for, and managed in Tasmania, across three cyclical stages, as shown in Figure 1.

Figure 1: Cycle of COVID-19 stages



## 1.5. Definitions

The Communicable Diseases Network of Australia (CDNA) provides definitions of outbreaks, suspect, probable and confirmed cases and 'close contacts' in its [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for public health units](#) (SoNG). CDNA reviews these definitions as the situation evolves.

**Isolation** is the separation of a probable or confirmed case from other people.

**Quarantine** is the separation of a person from other people when that person is well but may have been exposed to the virus that causes COVID-19, during the potential incubation period. Quarantine is for 14 days from the last potential exposure to the virus that causes COVID-19.

A **close contact** is any person who, without recommended personal protective equipment (PPE) or with failure of PPE, has:

- face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case
- shared a closed space with a confirmed or probable case for a prolonged period (more than two hours) in the period from 48 hours before the case's onset of symptoms.

Close contacts are identified on a case-by-case basis but generally include any person:

- living in the same household or household-like setting (eg boarding school or hostel) as a case
- who has direct and unprotected contact with the body fluids or laboratory specimens of a case
- who spends two hours or more in the same room (such as a GP waiting room, classroom) as a case
- in the same hospital room when an aerosol-generating procedure is undertaken on a case
- aircraft passengers seated in the same row as a case and in the two rows in front and behind.

## 1.6. Supporting tools and templates

Resources are available to support organisations to develop Outbreak Management Plans that align with this Framework.

These resources include:

- the outbreak management plan template and checklists, to assist businesses and organisations preparing outbreak management plans
- fact sheets and infographics.

## **2. Model of Case and Outbreak Management in Tasmanian Settings**

### **2.1 Purpose and goals of case and outbreak management**

The goal of case and outbreak management is to contain the virus as quickly as possible, to reduce the likelihood of a larger outbreaks and prevent community transmission. A vigorous, rapid and effective response to a single or several cases is the most vital measure for preventing an outbreak or establishment of sustained community transmission of the virus.

Additional goals alongside outbreak management are to:

1. Safely provide the required healthcare to people who are infected.
2. Pre-empt and manage the consequences of potential further cases.
3. Ensure continuity of essential business – out of scope for this document; this is the responsibility of each service/business and supported through whole-of-government arrangements if necessary.

### **2.2 Key principles**

Key principles underpinning case and outbreak preparedness and management are the need for:

- rapid and effective responses to individual cases and small clusters of cases
- use of local knowledge about the risks and resources available
- use of existing systems and governance mechanisms, particularly those for other respiratory diseases (such as influenza), human biosecurity and emergency response arrangements
- a flexible approach that can be scaled and varied as required, according to the level of risk
- evidence-based and risk-based decision making
- collection of data to inform the appropriate public health measures, effectiveness of those measures and to add to the national and global information about COVID-19
- effective and coordinated communication as a vital tool in management of the response.

### **2.3 Overview of case and outbreak management in settings**

Stopping the spread of COVID-19 within settings requires:

- rapid, safe and effective isolation and management of cases
- rapid identification of close contacts
- quick investigation of the source of infection and how quickly it is spreading/could spread
- safe quarantine of close contacts for 14 days from their last potential exposure to the virus
- support for people in quarantine and monitoring of compliance with quarantine conditions
- heightened infection prevention and control, including hand hygiene and cleaning across the affected setting
- restriction of movement of people within the affected setting.

This is achieved through a well-coordinated, multi-agency Tasmanian Government team of experts working closely with:

- service providers/employers responsible for and in each setting
- sector liaison officers
- Primary Health Tasmania, GPs and other local health services and the Australian Government Department of Health as required.

## 2.4 Level of risk

The level of risk and response required for each outbreak will vary depending on the:

- numbers of cases and rate of increase in cases
- nature of the setting and the level of risk of severe illness in the people within that setting
- nature of the consequences, level of risk and potential broader impact of the outbreak.

## 2.5 Governance and coordination arrangements

### 2.5.1 Legal powers

- Tasmania's response to a COVID-19 pandemic is supported by the powers available under the *Emergency Management Act 2006*, the *Public Health Act 1997* and the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020*. The Tasmanian Government also works with the Australian Government to exercise relevant powers under the *Biosecurity Act 2015* as required.
- The *Public Health Act 1997* provides a wide range of standing powers and emergency powers that the Director of Public Health may use to support actions required to control an outbreak and minimise the impact of the COVID-19 pandemic.
- The *Emergency Management Act 2006* supports the management of emergencies in Tasmania from a whole-of-government perspective. It provides additional emergency powers that could be used to support actions required to prevent and minimise the impact of COVID-19 outbreaks.

### 2.5.2 Whole-of-government and regional coordination and response mechanisms

Under the Tasmanian Emergency Management Arrangements, the Department of Health (DoH) is the Response Management Authority for public health emergencies including pandemics.

The governance arrangements for managing COVID-19 outbreaks vary according to the level of emergency response. This is driven by the scale of the response, the complexity and risk environment, the need to mobilise or redirect resources, and the required command, control and coordination arrangements.

- Whole of-government emergency management policy, strategy, response, recovery and consequence management is coordinated through the State Control Centre if active, or the State Emergency Management Committee.
- Regional consequence management and activities are coordinated through Regional Emergency Coordination Centres.
- Municipal emergency consequence management and activities are coordinated through municipal emergency coordination centres.
- Each Tasmanian Government agency provides input to operational issues and activities through a coordination centre at the appropriate level.

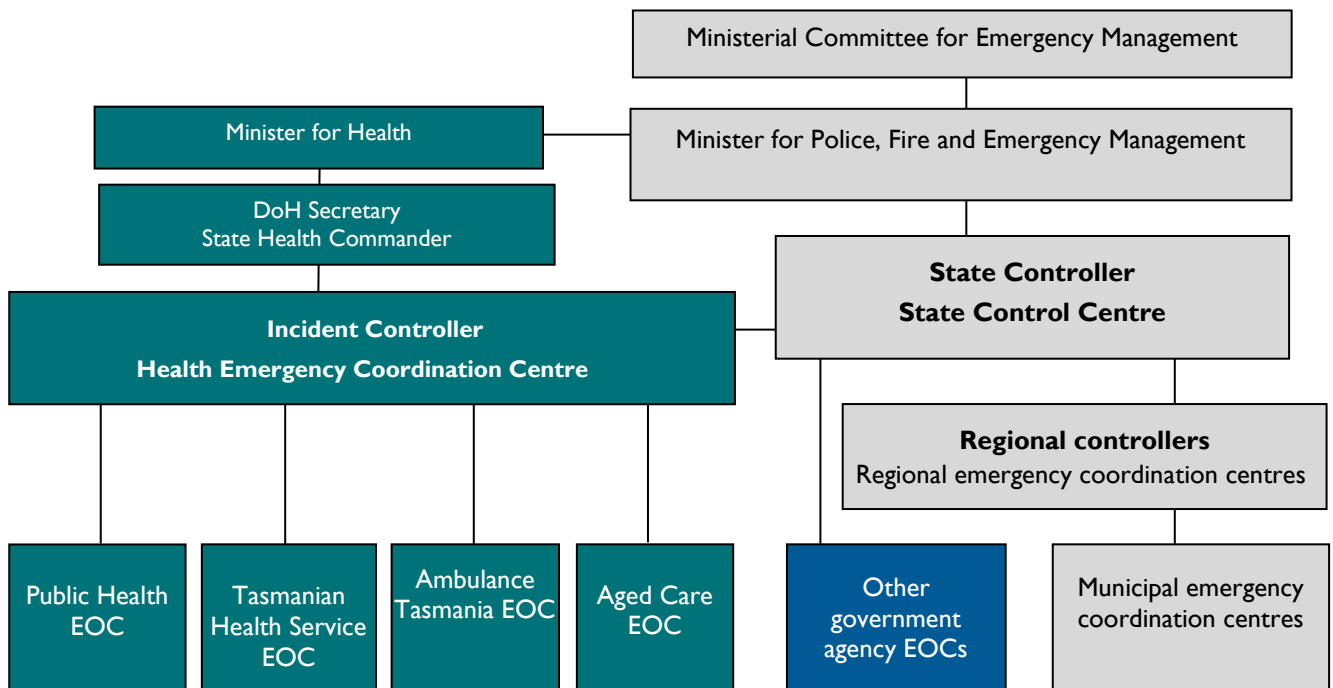
### 2.5.3 Health coordination and response mechanisms

- The COVID-19 Health Emergency Coordination Centre (ECC) is the central point within the DoH for strategic, system-wide COVID-19 response and consequence management, whole-of-health strategic information flow into and out of DoH, and response coordination across all DoH emergency operation centres.
- Public Health Services is responsible for coordinating and managing the COVID-19 public health operational response and public health consequence management. This is managed through the Public Health Emergency Operations Centre (EOC).



- The THS is responsible for coordinating and managing the THS COVID-19 operational response and consequence management. This is managed through the THS EOC, which is supported by three regional health emergency management teams, each responsible for managing regional THS COVID-19 emergency response operations.
- The Aged Care EOC is responsible for coordinating and supporting COVID-19 planning, preparedness and response across aged care services in Tasmania.
- Ambulance Tasmania is responsible for coordinating the Ambulance Tasmania operational response and consequence management.
- Figure 2 outlines the potential components of the COVID-19 case and outbreak management arrangements, depending on the level of emergency response activation.

Figure 2: Potential components of the COVID-19 outbreak management arrangements



## 2.6 Liaison officers

### 2.6.1 Sector liaison officers

The following COVID-19 priority sectors or settings have an identified person/s or position/s as the 'sector liaison officer', to assist with planning, preparedness and management of outbreaks within that sector or setting:

- hospitals
- residential aged care, disability and education services (eg boarding schools)
- retirement villages
- correctional services (including youth detention)
- remote islands
- some major industrial sites eg mines
- community settings (including homelessness services and emergency shelters)
- Aboriginal communities.

## **2.6.2 Emergency management liaison officers**

Liaison officers within the broader emergency management network are integral to cross-sectoral planning, preparedness and outbreak management, and will be engaged through Tasmania's standing emergency management arrangements, including the State Control Centre and Regional Emergency Coordination Centres (if activated) or committees as appropriate.

## **2.7 Outbreak Management Teams**

### **2.7.1 Organisation/facility internal outbreak response team**

Businesses and organisations responsible for settings that experience cases/outbreaks will be encouraged to activate internal outbreak response teams to manage responses 'on the ground' within each setting. Public Health Services will lead each outbreak response team through the steps to take to stop the spread of illness, including infection prevention and control, information management and communications. (The internal outbreak response team may operate similarly to a local emergency operations centre.)

### **2.7.2 The Public Health Outbreak Response Team**

The Public Health EOC will activate an internal public health outbreak response team (PHORT) for each outbreak. The role of that team will be to implement the public health response, including case interviews and case management, identification and management of close contacts, outbreak investigation, epidemiological analysis and reporting and provision of infection prevention and control advice. The PHORT will be led by a senior public health physician, and representatives from the PHORT will sit on the multi-agency outbreak management coordination team.

### **2.7.3 The outbreak management coordination team**

A multi-agency outbreak management coordination team will be activated to coordinate the operational response to each outbreak within COVID-19 priority settings.

The role of the outbreak management coordination team is to ensure effective management and coordination of cases and outbreaks within settings and prevent spread into the community. This includes providing expert guidance and coordinating communications activities.

When resources are available, one outbreak management coordination team will be activated for each outbreak in a COVID-19 priority setting. The composition of the team will vary according to the size and breadth of the outbreak.

Each outbreak management coordination team:

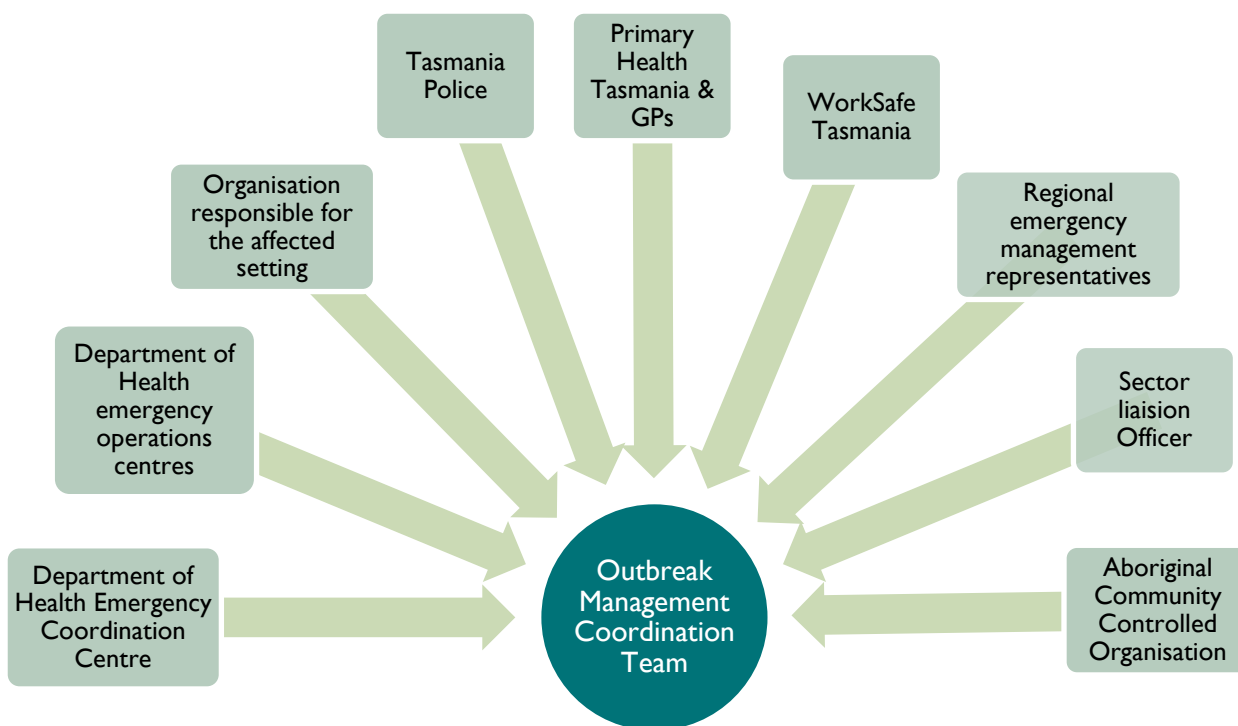
- reports to the Director of Public Health
- is led by a senior public health physician
- is supported by a communications coordinator and a logistics officer/administration assistant.

Public Health Services' representatives on each outbreak management coordination team may include a senior public health physician, clinical nurse consultant, infection prevention and control advisor, epidemiologist and response communications coordinator (working closely with the DoH Emergency Coordination Centre and Public Information Unit).

Regional representatives may include a regional emergency management liaison officer and THS emergency management coordinator.

Figure 3 shows the potential members of each outbreak management coordination team, depending on the nature of the outbreak and setting.

Figure 3: Potential organisations represented on each outbreak management team for settings



### 3. Surveillance

The objectives of surveillance are to:

1. Rapidly identify suspect cases, in order to prevent, contain and control outbreaks
2. Inform and evaluate public health measures and the broader health and whole-of-government response.

Surveillance activity is designed and coordinated by Public Health Services in line with national guidelines, according to the changing needs across geographic areas and population groups.

#### 3.1 Testing

The main surveillance activity is testing for SARS-CoV-2, the virus that causes COVID-19. Samples for testing are collected in various settings:

- GP practices and federally funded GP-led respiratory clinics, providing assessment and management of people with influenza-like illness
- THS COVID-19 testing clinics in Hobart, Launceston, Burnie and Devonport and THS mobile clinics (specially fitted-out buses) to boost capacity, especially in rural areas and in response to outbreaks.

Important roles for all service providers and employers are to encourage testing for people with symptoms of COVID-19 and support symptomatic people in self-isolation waiting for test results.

#### 3.2 Additional surveillance activities

Additional surveillance activities include:

- syndromic surveillance including Flu-tracking, an online self-reporting influenza-like illness surveillance tool that tracks the level of influenza-like illness across all states and territories over time
- general staff absenteeism across major employment sectors
- tertiary hospital capacity.

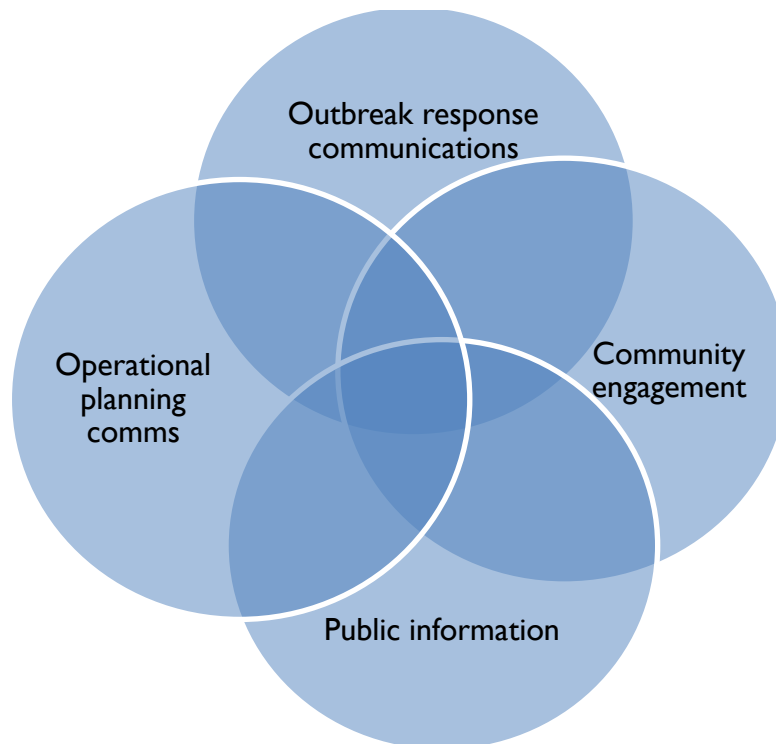
## 4. Communications

Managing communications is a vital part of every emergency response. Effective communications enables people to take the necessary steps to protect themselves and others; facilitates rapid, efficient and effective management of the response; and helps maximise public confidence in the information provided and the organisations involved in the response.

Pandemic communication is complex because of:

- the evolving nature of the information available and frequent changes to some components of the public health measures
- its global, national, state and local nature
- the need to coordinate the overlapping components shown in Figure 4.

Figure 4: The communications components of COVID-19



### 4.1 Underpinning Communication Principles

1. Communication activities must be coordinated to avoid conflicting or confusing messages, or priority messages being swamped by lower priority messages.
2. Those involved in managing the response should ensure the information they provide is correct according to the best information available at the time, and consistent. That means all messages for public release should be checked by subject experts; and spokespersons must have easy access to media releases and other communications support tools including 'Q&A' sheets.
3. Those involved in managing the response should ensure the information provided has maximum potential to reach and be understood by the target audience. That means using multiple channels as appropriate, including direct channels to those affected by the outbreak (letters, phone calls, doorknocking if necessary), the media, social media, websites and potentially large email networks and stakeholder groups (for example GPs, local councils and multicultural support groups).

It also means:

- information must be in plain English and tailored to the needs of the target audience
  - people with additional communication needs (eg those whose main language is not English, those with limited literacy skills and those with hearing/sight impairments) must be considered
  - communication must be timely
  - where possible, misinformation posted through social media should be moderated and readers directed to accurate information.
4. Messages should routinely include a 'call to action', informing people how they can support the response.

## 4.2 Communications roles and responsibilities for outbreaks in settings

The responders with vital communications roles as part of the coordinated response, and their roles and responsibilities are outlined in Table 1 below.

Table 1: Outbreak communications roles and responsibilities

<b>Communications officer for the organisation responsible for the setting</b>	<b>Outbreak management coordination team</b>	<b>Public Health EOC (Communications Team Leader)</b>	<b>DoH Emergency Coordination Centre (communications staff)</b>	<b>Public Information Unit</b>
Liaise closely with the outbreak management coordination team and the PHEOC Communications Team Leader about communications activities, including timing and content.	Advise on key messages and communications activities required.	Write public health content for those involved in or affected by the response, including cases and contacts, primary care providers (including GPs) and people staffing the Public Health Hotline.	Coordinate and facilitate approval of public information to be issued by or on behalf of the Department of Health, including Public Health Services, the Tasmanian Health Service (including major and district hospitals) and Ambulance Tasmania.	Seek approval of public information from the State Controller.
Manage internal communications, including providing information to people within the setting or linked to the setting (eg staff, residents, visitors, clients) about the risk and control measures.	Check clinical and outbreak details of content.	Write public health content for the public, including for the <a href="http://www.coronavirus.tas.gov.au">www.coronavirus.tas.gov.au</a> website.	Distribute information through the DoH Facebook page and <a href="http://www.health.tas.gov.au">www.health.tas.gov.au</a> website.	Develop and implement an overarching public information strategy to distribute information, including through advertising, the media, the Tasmanian Government COVID-19 website and Stay Healthy Stay Connected Facebook page.
		Be the key contact person for those managing communications in the organisation and support development of communication materials as appropriate, to ensure consistency and timeliness of information.	Manage internal communications across DoH about the outbreak response	Coordinate development and distribution of information to staff across the Tasmanian Government State Service.
		Support development/refinement of outbreak management plans and procedures.		

## 5. Stage 1: Outbreak prevention and preparedness in COVID-19 priority settings

Outbreak prevention and preparedness is an ongoing process in all COVID-19 priority settings.

Table 2 outlines the outbreak prevention and preparedness activities that all organisations should undertake consistently, irrespective of outbreaks. Most of these activities will be included in relevant WorkSafe COVID-19 Safety Plans.

Table 2: Outbreak prevention and preparedness activities for COVID-19 priority settings

	<b>Role of organisation (service provider/employer)</b>
Prevention	Maintain a WorkSafe COVID-19 Safety Plan for the organisation/setting and undertake/continue the associated prevention activities.
Preparedness	<p>Develop and maintain outbreak management plans according to local developments and availability of resources; include in the plan:</p> <ul style="list-style-type: none"> <li>the composition of the internal outbreak response team</li> <li>key contacts</li> <li>sector-specific information and resources.</li> </ul> <p>Also consider the needs and perspectives of diverse groups within your setting. Are there people in the setting who are at higher risk of severe illness from COVID-19 or who have additional communication needs, eg whose main language is not English?</p> <p>Use the COVID-19 Case and Outbreak Management Plan template as the starting point.</p>
	Exercise and test outbreak management plans.
	Maintain situational awareness, including by monitoring updates from the Chief Medical Officer (Australia) and Director of Public Health (Tasmania) and updates and information through the Australian and Tasmanian government COVID-19 websites.
	<p>Educate and train staff on:</p> <ul style="list-style-type: none"> <li>infection prevention and control – complete online Australian Government COVID-19 Infection Control Training available at <a href="http://www.covid-19training.gov.au/">www.covid-19training.gov.au/</a></li> <li>outbreak management and the organisation’s outbreak management plan.</li> </ul>
	<p>Maintain adequate supplies of:</p> <ul style="list-style-type: none"> <li>PPE, hand hygiene and cleaning products</li> <li>outbreak control signage.</li> </ul>
	Undertake comprehensive business continuity planning, as outlined in the <i>State Special Emergency Management Plan: COVID-19</i> .
	Maintain information on staff, patient, client, resident and visitor movements and contact details, to support contact tracing if an outbreak occurs.
	Encourage those associated with the setting to download and use the COVID-19 Safe app.
	Have a site plan available, to provide to the outbreak management coordination team if requested.

## 6. Stage 2: Response

Case and outbreak management roles of main responders vary according to the setting/sector, level of risk and size/extent of the outbreak. The general roles are outlined below.

### 6.1 Public Health Services

Through the Public Health EOC is responsible for leading COVID-19 case and outbreak management. This involves formulating, advising and evaluating public health measures to prevent, identify and respond to cases and outbreaks; and operating within the governance model detailed in the *State Special Emergency Management Plan: COVID-19*.

Roles for each outbreak response, in partnership with the outbreak management coordination team include:

- surveillance, epidemiological analysis and reporting, including to the Australian Government Department of Health
- recording actions taken and monitoring their effectiveness, to support evaluation of the response
- advising health practitioners on public health management of confirmed cases and close contacts, including infection prevention and control
- with the treating doctor/THS, assess the appropriate model of care and place of isolation eg home, facility, hotel or hospital, for each case
- leading/coordinating contact tracing
- providing public health advice to the affected service/employer and other stakeholders, for strategic consequence management
- activating and leading outbreak management coordination teams and advising the service/employer of the main contact person in those teams
- formulating and advising on strategic control measures and risk management, and evaluating public health control measures implemented
- coordinating communication about outbreak management, including activities to inform the public, people associated with the setting and organisations/people involved in the response, in liaison with the Health Emergency Coordination Centre
- coordinating on-site investigations where needed
- managing identified close contacts, including liaising with Tasmania Police about quarantine compliance checks
- liaising with the Health Emergency Coordination Centre and THS about enhanced testing capability and accessibility
- liaising with local doctors and the organisation responsible for the setting to identify people within the setting who are at risk of severe illness and strategies to protect them
- if feasible, commencing a program of repeat testing for people in quarantine, to identify people who are pre-symptomatic as early as possible and enable rapid isolation
- ensuring the organisation responsible for the setting has notified all staff, residents and visitors (as applicable) that case/s of COVID-19 have been confirmed in the setting.

## 6.2 The organisation responsible for the setting

Depending on the nature of the setting, and in close liaison with Public Health Services and the outbreak management coordination team, case and outbreak management roles of the business or organisation may include:

- timely reporting of cases within the setting and potential outbreaks to Public Health Services (noting Public Health Services will receive positive test results but initially may not be aware of the link to a setting)
- participating in or liaising closely with the outbreak management coordination team, including identifying a representative/liaison person for the outbreak management coordination team and identifying arrangements for after-hours contact and activities to manage the outbreak
- activating an internal outbreak response team to coordinate the response within that setting
- considering staff surge capability and activate as necessary
- monitoring people within the setting for signs or symptoms of illness
- restricting entry to the setting to essential persons only
- complying with outbreak control directives from the Director of Public Health or State Controller, communicated through the outbreak management coordination team
- putting outbreak signage in place
- supporting staff health and well-being, including implementing processes to manage staff fatigue
- with Public Health Services or the outbreak management coordination team (if activated):
  - (for residential care settings) identifying suitable sites where individuals can be grouped together: those who are sick, those who are in quarantine due to exposure and those with lower risk of exposure
  - facilitating isolation of suspect/confirmed cases and supporting access to testing, medical care and essential supplies
  - limiting movement of staff between areas
  - undertaking or supporting rapid contact tracing; including providing an up-to-date list of names and contact details for people who may have had contact with a suspect/confirmed case or spent time within the affected setting
  - facilitating quarantining of close contacts, even if they test negative for SARS-CoV-2, and monitoring for illness; consider these people as potentially incubating the virus
  - supporting those in quarantine to access testing, appropriate healthcare and essential supplies
  - enhancing supplies of PPE and hand hygiene and cleaning products
  - providing PPE to suspect/confirmed cases and carers, in line with national guidelines or local policies
  - arranging cleaning of areas likely to be contaminated
  - communicating with staff, residents, visitors and other stakeholders as appropriate, while being mindful of privacy requirements
  - considering the need to close the facility.



### 6.3 The Health Emergency Coordination Centre

The roles of the Health Emergency Coordination Centre in outbreak management may include:

- participating in outbreak management coordination teams
- with the outbreak management coordination teams:
  - identifying the need for and seeking PPE through the National Medical Stockpile as required, depending on the setting
  - sourcing health workforce support if required, including through Tasmanian Government interoperability arrangements and liaison with the Australian Government Department of Health
  - coordinating the response to outbreaks in DoH (including THS) facilities
  - coordinating DoH outbreak communication activities, including public information
  - facilitating the provision of enhanced testing capacity in response to outbreaks
  - providing logistics support as required.

### 6.4 The Tasmanian Health Service

The roles of the THS in outbreak management in other sectors/settings (not within THS facilities) include:

- facilitating access to testing for people in and linked to the setting, as appropriate.
- sample collection, including through mobile testing units and testing
- laboratory testing
- preparing for cases
- supporting clinical management of cases, in consultation with the primary care provider
- providing representation on the outbreak management coordination team, including senior clinician/s in the affected region
- with outbreak management coordination teams:
  - supporting alternative models of primary care provision to manage cases in community-based and home isolation, and if local health services are affected by outbreaks
  - monitoring the need for an escalated response within major hospitals for management of cases with severe illness.

### 6.5 Tasmania Police and the Department of Police, Fire and Emergency Management

The role of Tasmania Police in outbreak management includes:

- participating in outbreak management coordination teams
- with outbreak management coordination teams:
  - monitoring compliance with quarantine and isolation requirements
  - consequence management as required.

## 6.6 The Sector Liaison Officer

Roles of the sector liaison officer during an outbreak affecting that sector include:

- participating in the outbreak management coordination team
- providing setting/sector-specific advice about risks, risk mitigation, surge resources, key stakeholders, business continuity and consequence management
- being information conduits between the sector/setting and outbreak management coordination team as appropriate
- supporting the operational response as appropriate.

## 6.7 Regional COVID-19 emergency management liaison officers

The role of regional COVID-19 emergency management liaison officers is to support local organisations/sectors planning, preparing for and affected by outbreaks. This includes:

- participating on outbreak management coordination teams
- identifying and facilitating access to resources in the local area to support outbreak management
- identifying regional and local risks associated with the consequences of outbreaks (including potential quarantine of staff) and helping to manage those risks, including recommissioning of workplaces/sites/facilities and return-to-work processes.

## 6.8 General Practice

The roles of General Practice in outbreak management in other sectors include:

- collecting samples for testing
- providing clinical care for cases within the community (not in hospitals)
- in rural and remote settings, participating in outbreak management coordination teams as appropriate for local outbreaks
- with outbreak management coordination teams and Primary Health Tasmania, supporting alternative models of primary care provision in order to:
  - support continuity of local primary care provision if local health services are affected by outbreaks or surges in illness
  - manage cases in community-based and home isolation.

## 7. Stage 3 – Stand-down

As per the [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for public health units](#) (Communicable Diseases Network of Australia), repeat testing allows for close observation of the outbreak and clarity about when it can be considered over. In most circumstances, an outbreak can be declared over 14 days after isolation of the last case.

Once an outbreak is over, Public Health Services is responsible for:

- ensuring reports are provided to relevant stakeholders
- ensuring that data is summarised appropriately
- evaluating the response
- deactivating the outbreak management coordination team.

Key roles for the organisation responsible for the setting, in liaison with the outbreak management coordination team, include:

- supporting evaluation of the response
- updating the outbreak management plan if necessary
- removing outbreak signage
- considering the required level of entry screening
- providing opportunities for those involved in the response to debrief
- keeping stakeholders informed
- standing-down the internal outbreak response team.