

Queensland Health

COVID-19 contact tracing online course

Module 2 – COVID-19 specifics

Purpose of this training – Who is this for?

This module has been developed by Queensland Health for Queensland Government and local government employees interested in becoming a Contact Tracing Officer (CTO) or Contact Tracing Support Officer (CTSO) to undertake COVID-19 contact tracing.

This module does not replace the mandatory Contact Tracing Officer training on iLearn which is one of the requirements for appointment as CTO.

Please also refer to the notes under each slide for additional content and explanations.

This module is current as of September 2021.

For any questions, email COVID-19.IMT@health.qld.gov.au

Context of this training

This module is one of four modules that make up the COVID-19 contact tracing online course:

- Module 1 – Contact tracing basics
- **Module 2 – COVID-19 specifics**
- Module 3 – Contact tracing in hospital settings
- Module 4 – Contact tracing in Aboriginal and Torres Strait Islander communities

Core modules

Electives

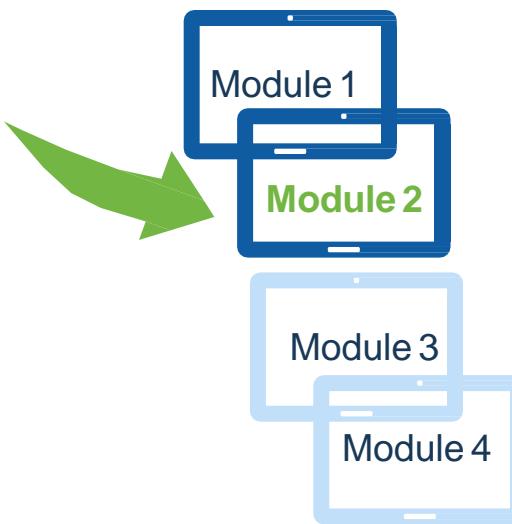
Training pathway:

1



Mandatory
Contact Tracing Officer
training on iLearn for
appointment as CTO

2



Recommended
COVID-19 contact tracing
online course

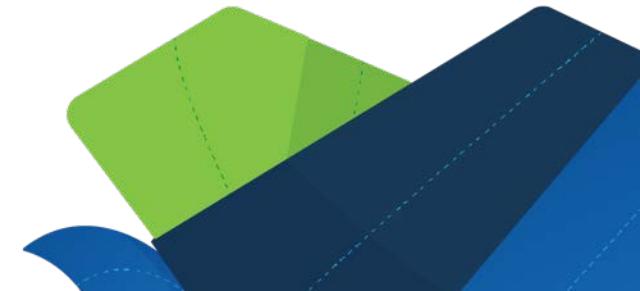
3



Mentoring onsite by
designated public health unit
or Health Contact Centre and
assessment of suitability for
appointment as CTO or
CTSO

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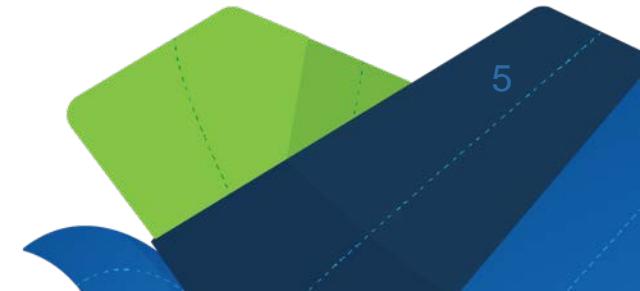
- [Key learning objectives](#)
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Acknowledgements

This training presentation has been compiled from information kindly provided by:

- Metro South Public Health Unit
- Gold Coast Public Health Unit
- West Moreton Public Health Unit
- Tropical Public Health Unit
- Sunshine Coast Public Health Unit



Key learning objectives



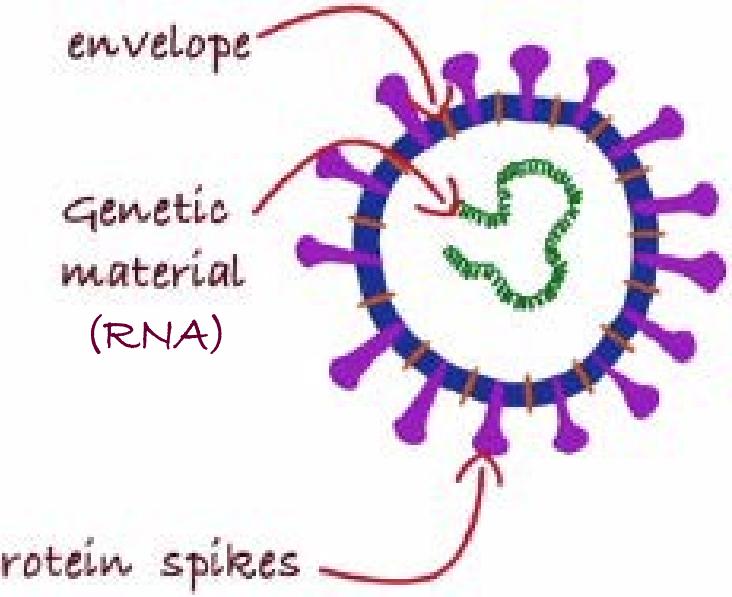
- Understand the COVID-19 pandemic and response
- Understand COVID-19 terminology and public health measures in disease control
- Understand how COVID-19 cases and contacts are managed
- Understand how to conduct contact tracing interviews for COVID-19

Unit 1 - Introduction to COVID-19 pandemic & public health measures

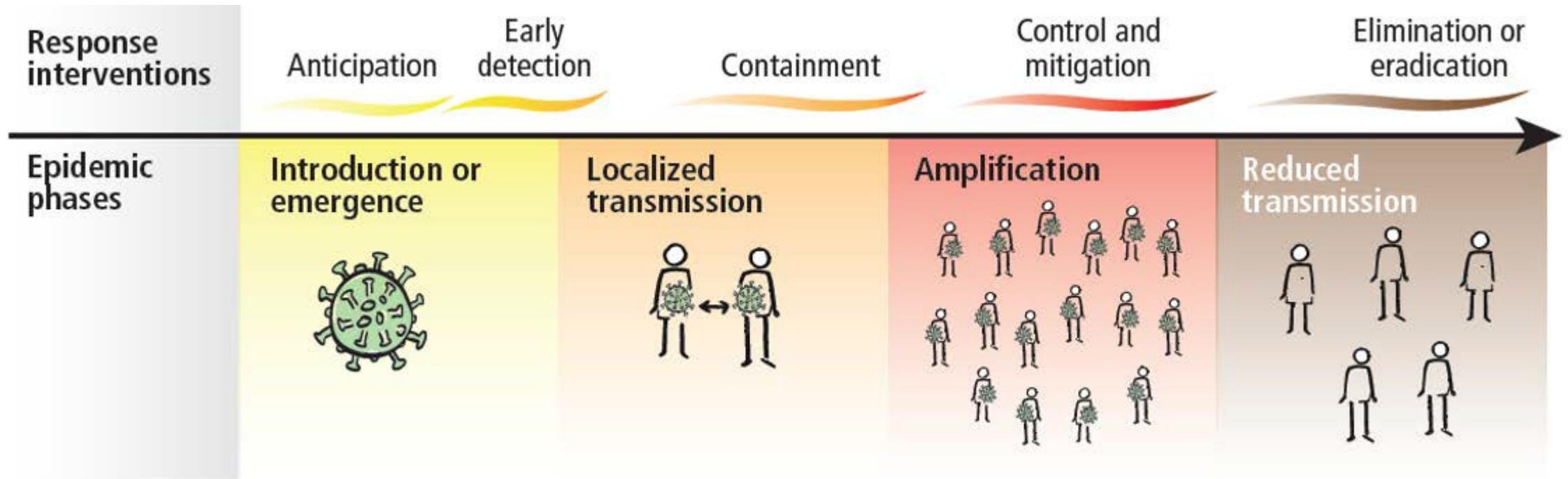


The COVID-19 pandemic

- Viral pathogen:
 - ✓ SARS-CoV-2
- Disease:
 - ✓ Coronavirus Disease 2019 = COVID-19
- 2019
 - ✓ 31 Dec – First cluster from Wuhan, China, reported to WHO
- 2020
 - ✓ 22 Jan – CHO declared a Public Health Event of State Significance in Qld
 - ✓ 25 Jan – First case in Australia
 - ✓ 29 Jan – First case in Queensland
 - ✓ 29 Jan – Declaration of Public health emergency under *Public Health Act 2005*
 - ✓ 01 Feb – Commencement of bordermeasures
 - ✓ 11 Mar – WHO declared pandemic



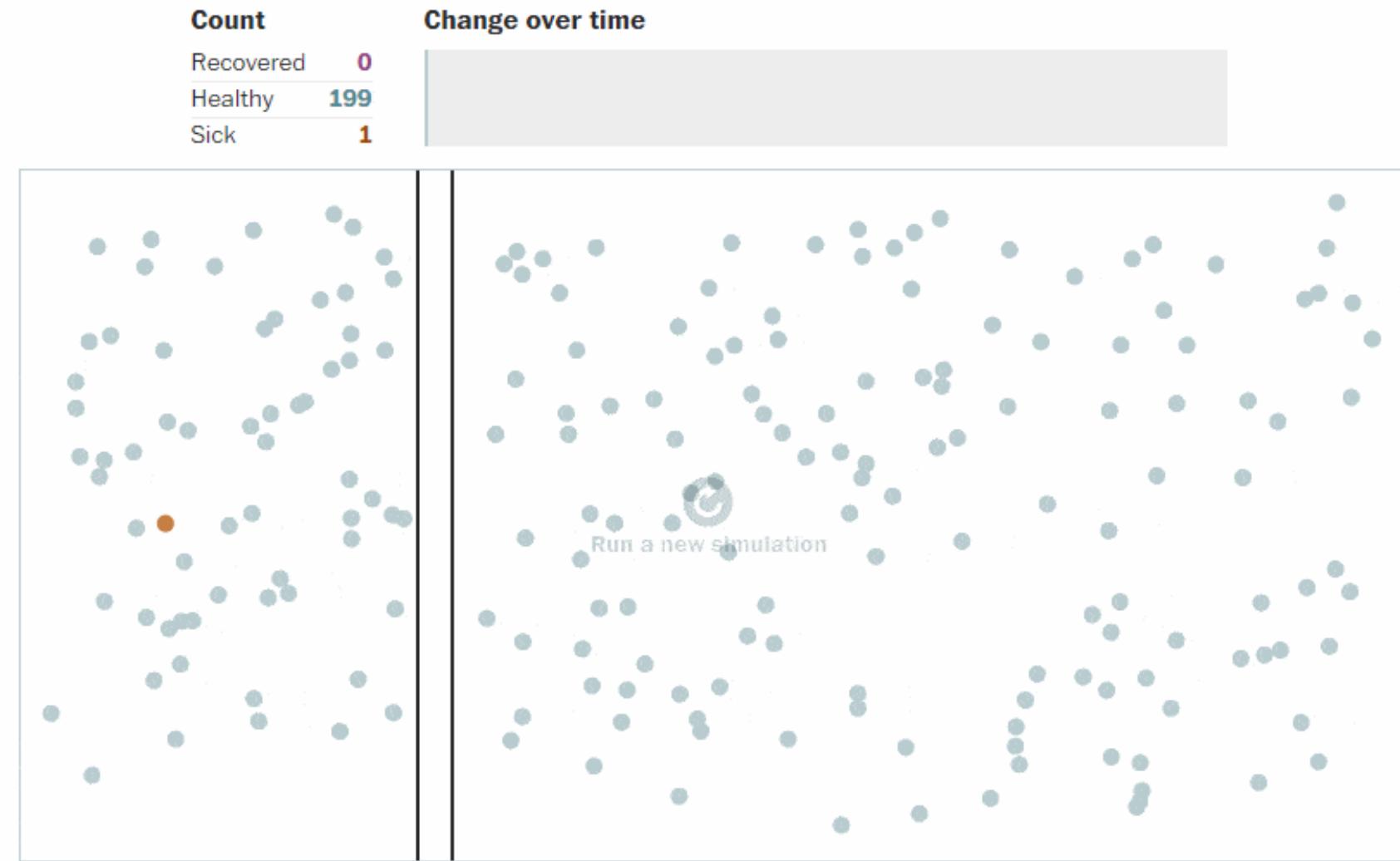
Epidemic phases and response interventions



Importance of contact tracing with easing of restrictions

Key:

- healthy person
- sick person
- recovered person



Disease control in Australia

- There are laws and regulations requiring doctors and laboratories to report certain diseases to their state or territory.
- This allows health departments to monitor the health of communities and help control the spread of disease:
 - ✓ counting the number of cases that are reported
 - ✓ investigating cases to determine risk factors for the disease and identifying others who may have been exposed
 - ✓ providing public health alerts and other health information to the community
 - ✓ ensuring health services can respond and provide adequate and appropriate treatment.

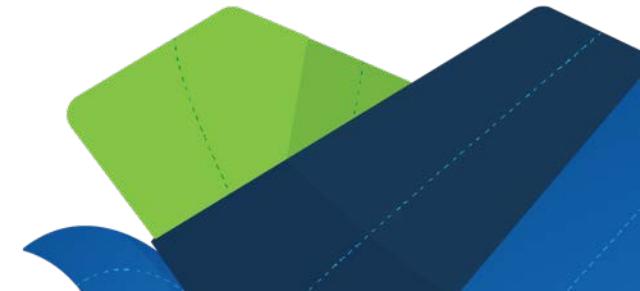
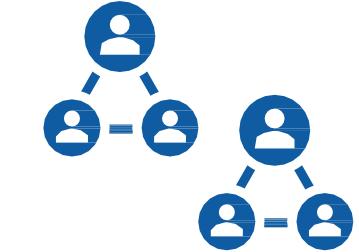
Public health measures in disease control

- The aim of public health measures in the context of a pandemic is to delay the arrival and impact of the disease.
- Transmission risks are reduced through:
 1. **Infection prevention measures**
 - ✓ Adhering to physical distancing, hygiene and infection control
 2. **Case follow-up**
 - ✓ Ensuring cases are **isolated** for their infectious period to prevent spread to others
 3. **Contact tracing**
 - ✓ Ensuring those exposed to the virus and at risk of developing disease are quarantined for the maximum incubation period so they do not have the opportunity to pass on the virus if they become infected during this period.
 4. **Vaccination**
 - ✓ Targeting priority groups



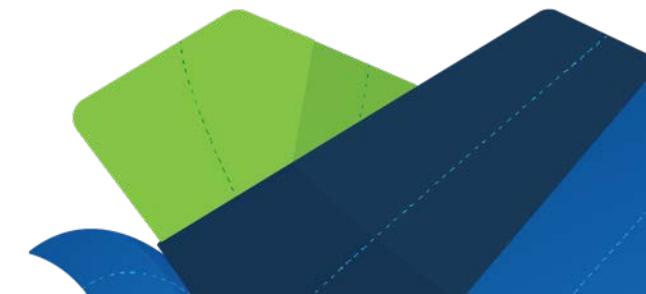
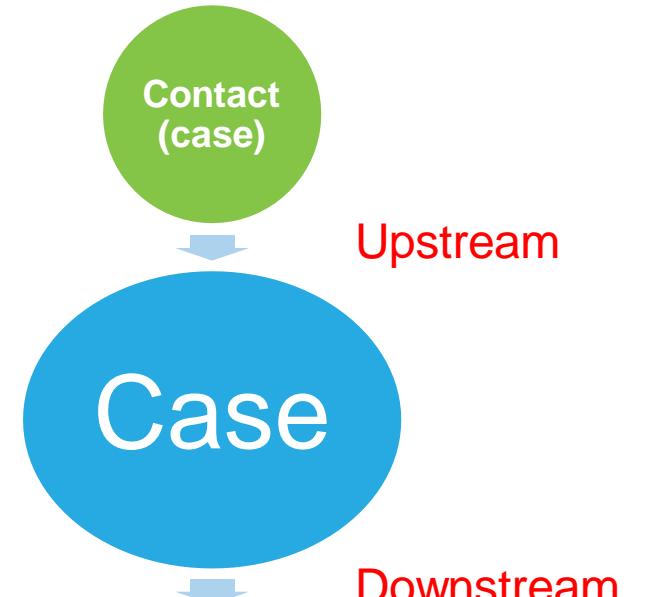
Contact tracing objectives

- The process of contact tracing:
 - ✓ identifying relevant contacts of a person who has or is likely to have a notifiable condition (the case)
 - ✓ ensuring the contact is aware of their exposure and
 - ✓ are managed appropriately to reduce the likelihood of them developing the infection and/or passing it on to others.
- Objectives
 - ✓ Treatment (where available)
 - ✓ Containment (slow the spread)
 - ✓ Reduce disease burden
 - ✓ Prevent case re-infection (where relevant)
 - ✓ Prepare health services during a pandemic
 - Reduce complications and deaths
 - Clinical and bed capacity
 - ICU, ventilators etc.



Contact tracing – up/downstream

- Upstream contacts who infected the case:
 - ✓ may be sick or recovered
 - ✓ helps find more cases and contacts
- Downstream contacts who may get sick in future:
 - ✓ quarantine and test if needed to prevent further spread
- Find other cases asap:
 - ✓ isolate to prevent spread while infectious
 - ✓ provide support and treatment



Unit 2 – COVID-19 terminology & know how





Infectious diseases – key terms

Exposure – having come into contact with an infectious agent such as a virus or bacteria that causes a particular health problem

Infection – the result when an infectious agent such as a virus or bacteria enters a person's body where it is not usually found and multiplies

Disease – the result when an infection does damage to the body causing illness

Transmission – how a virus or bacteria is spread from one person to another

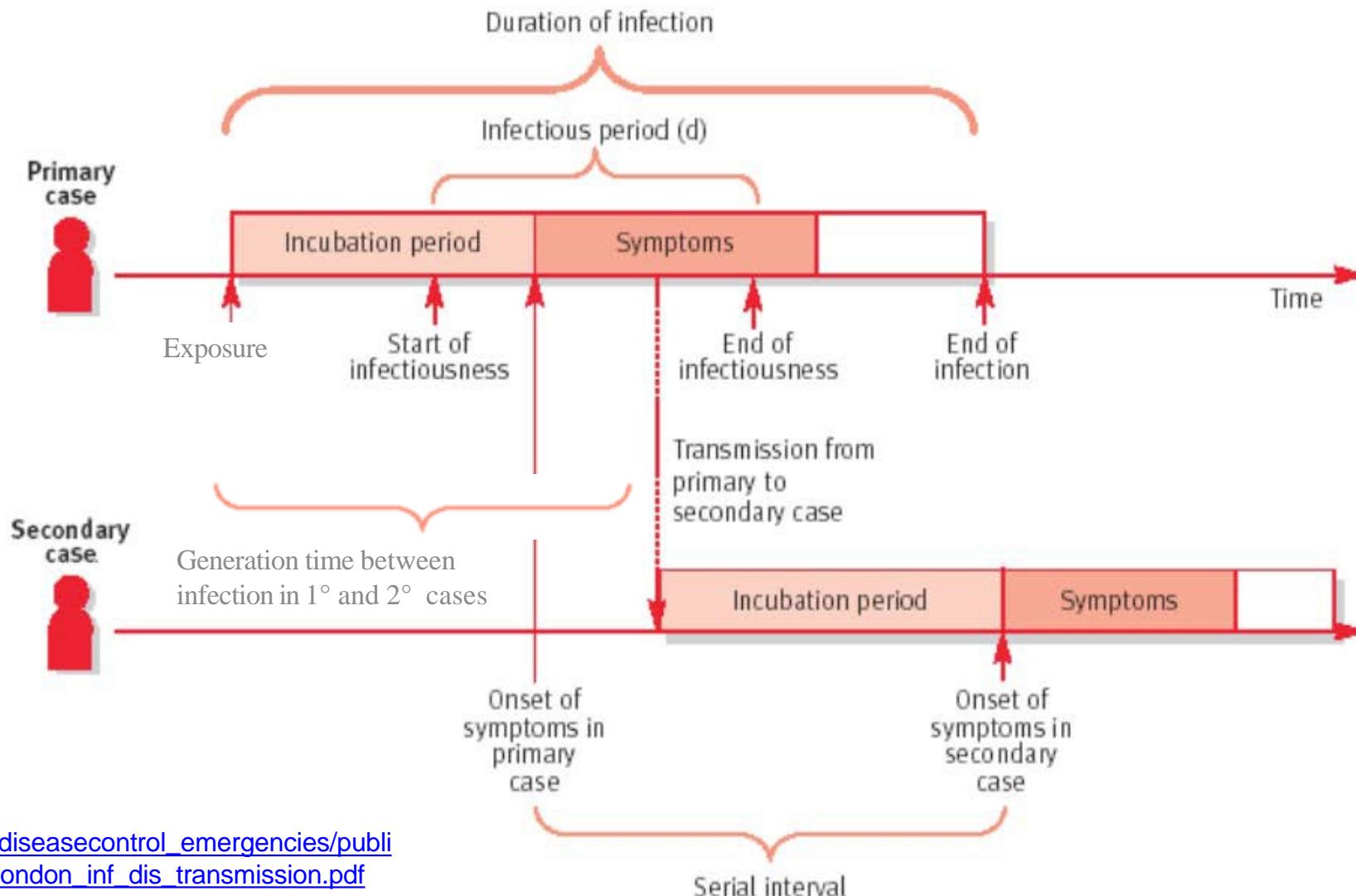
Isolation – is when sick people need to remain in one location away from other people until they are no longer infectious

Quarantine – when people who are well but may have been exposed to COVID-19 have to remain in one location away from other people until the period of time for infection to present has passed

Incubation period and infectious period for COVID-19

- The **incubation** period can be as short as one day or up to 14 days.
- The incubation period can be influenced by the level of exposure to the virus, immune status of the person and characteristic of the specific strain.
- Cases are considered **infectious** from 48 hours prior to onset of symptoms and until:
 - ✓ at least 10 days have passed since the onset of symptoms; *and*
 - ✓ there has been resolution of all symptoms of the acute illness for the previous 72 hours.

Incubation and infectious periods



Modified from:

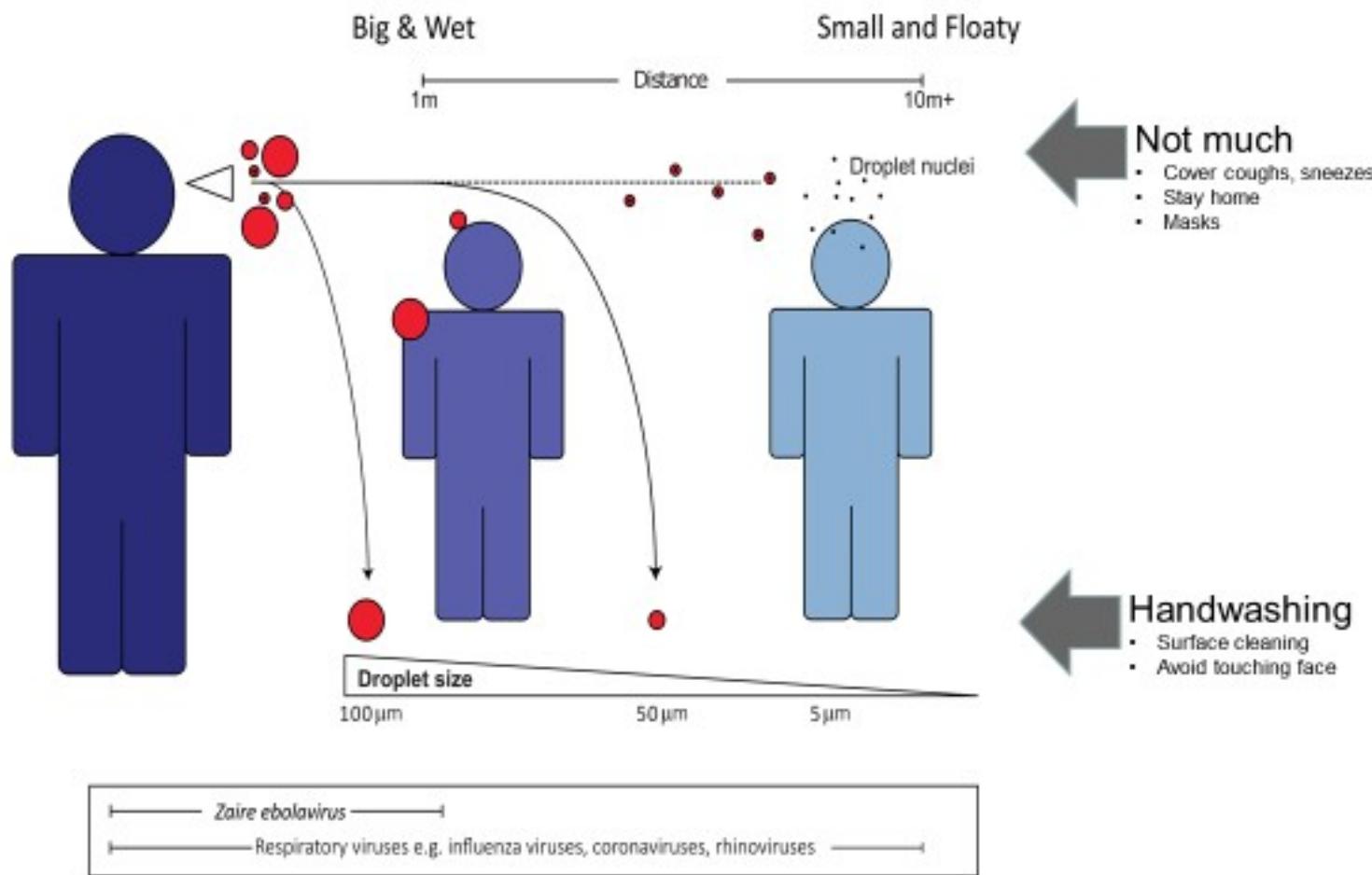
https://www.who.int/diseasescontrol_emergencies/publications/idhe_2009_london_inf_dis_transmission.pdf

Signs and symptoms of COVID-19 Compared with flu common cold and allergies

Symptoms of COVID-19 compared with flu, common cold and allergies

Symptoms	COVID-19	Cold	Flu	Allergies*	
	Symptoms range from mild to severe	Gradual onset of symptoms	Abrupt onset of symptoms	May be abrupt or gradual onset of symptoms	
Fever		Common	Rare	Common	No
Cough		Common	Common	Common	Common (asthma)
Sore throat		Sometimes	Common	Common	Sometimes (itchy throat and palate)
Shortness of breath		Sometimes	No	No	Common (asthma)
Fatigue		Sometimes	Sometimes	Common	Sometimes
Loss of smell and/or taste		Common	Common	Common	Common (hay fever)
Aches and pains		Sometimes	Sometimes	Common	No
Headaches		Sometimes	Sometimes	Common	Sometimes
Runny or stuffy nose		Sometimes	Common	Sometimes	Common
Diarrhoea		Rare	No	Sometimes (Especially for children)	No
Sneezing		No	Common	Sometimes	Common
Vomiting or nausea		Sometimes	Rare	Common in children Rare in adults	No

Transmission



Thanks: Ian Mackay

Testing for SARS-CoV-2

- Upper respiratory tract (URT) samples
 - ✓ Combined deep nasal and oropharyngeal swab
 - ✓ Saliva swabs
- Lower respiratory tract samples
 - ✓ Sputum
- Serology
 - ✓ As an indicator of past infection
 - ✓ Blood test



How COVID-19 cases are classified

- Overseas acquired: the person was infected in another country.
- Interstate acquired: the person was infected in another Australian state or territory.
- Locally acquired – close contact with a confirmed case: the person was infected in Queensland and the source of the infection has been identified, e.g. a household or workplace contact.
- Locally acquired – no known contact (may also be called community transmission): the person was infected in Queensland and the source of the infection hasn't been found through contact tracing and further testing.

When to get tested

If you have **any** of the following COVID-19 symptoms, no matter how mild:

- get tested
- stay home and isolate until you get the results and your symptoms resolve.



Fever



Cough



Sore throat



Shortness of breath



Runny nose



Diarrhoea



Vomiting or nausea



Loss of smell and/or taste



Fatigue

If you are having serious symptoms or other serious health concerns, call 000 straight away.



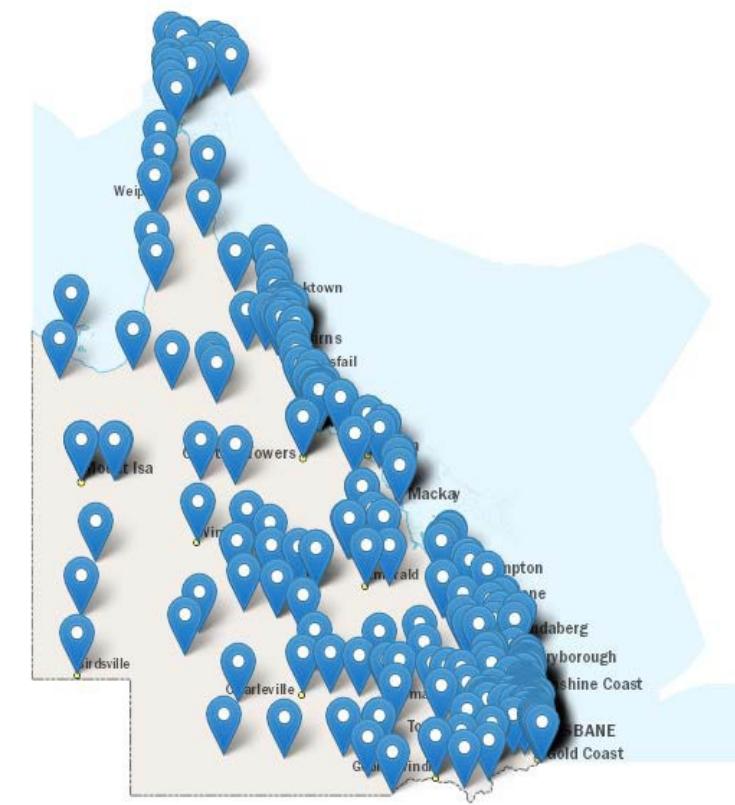
Where to seek medical care

If you have any COVID-19 symptoms, you can visit:

- your local doctor
 - fever clinics.

To find your nearest COVID-19 testing centre:

- visit the [Queensland Health website](#)
 - call your local hospital
 - call 13 HEALTH (13 43 25 84).



How does contact tracing for COVID-19 work?

- Queensland Health is notified of a case that may have exposed other people in Queensland.
- Rapid identification of close contacts
- Cases are considered infectious for 48 hours prior to development of symptoms
- Public health alert may be issued
- Close contacts given specific instructions about testing and quarantine and symptom monitoring



Case



- A person who has the disease/condition meets the ‘case definition’
- Case definitions are contained in the Communicable Disease Network of Australia (CDNA) Series of National Guidelines (SoNG)
- 3 types of cases:
 - ✓ Confirmed
 - ✓ Historical
 - ✓ Suspect
- Both confirmed cases and historical cases should be notified and reported.



Contact

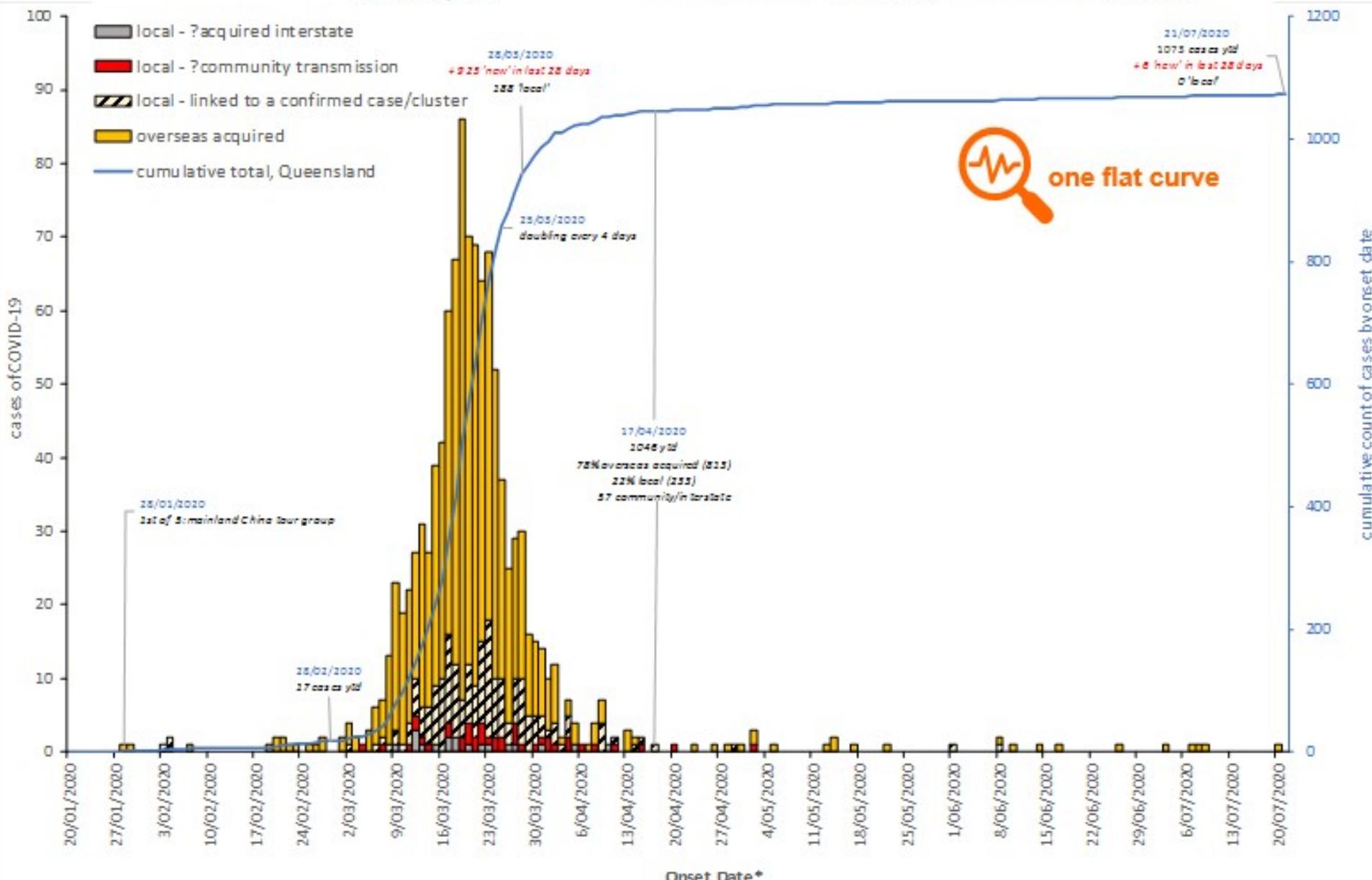


- A person who has been in contact with a case and is at risk of developing and/or transmitting the disease. They may or may not have the condition.
- [Contact definitions are contained in the Communicable Disease Network of Australia \(CDNA\) Series of National Guidelines \(SoNG\)](#)
- 3 types of contacts:
 - ✓ Primary close contact
 - ✓ Casual contact
 - ✓ Secondary close contact (close contact of a close contact)

COVID-19

7am, 22 July 2020

When? Infectious How? infected



429,065
people tested

1,073
diagnosed with COVID-19

6
deaths
attributed to COVID-19

3
'new' cases
in the last 14 days

No evidence of
community
transmission

Unit 3 – Public health measures & advice



Public health measures in COVID-19

- Isolation of confirmed cases
- Quarantining of close contacts
- Quarantining of overseas travellers
- Physical distancing
- Hand hygiene
- Respiratory/cough etiquette
- Face masks
- Surface and object cleaning
- Increasing ventilation
- Community support of the sick person in the community
- School measures and closures (stricter exclusion policies, reducing mixing)
- Workplace measures and closures (teleworking, staggering shifts, exclusion from work if unwell)
- Avoidance of large gatherings
- Border control measures
- Hotspot declarations and cross border entry passes
- Support/partner with other government agencies and industries with expertise



Public health emergency

- The requirements for public health emergencies are set out in Chapter 8 of the *Public Health Act 2005*.
- Public health emergency means an event or a series of events that has contributed to, or may contribute to, serious adverse effects on the health of persons in Queensland.
- On 29 January 2020, the Minister for Health and Minister for Ambulance Services made an order declaring a public health emergency due to COVID-19.
- While COVID-19 continues to present a public health risk, the public health emergency will continue to be extended by periods of 90 days.

Chief Health Officer public health directions

- A public health emergency declaration gives the Queensland Chief Health Officer (CHO) broad powers to assist in containing or responding to the spread of COVID-19 in the community.
- The CHO has issued a number of public health directions to assist in containing the spread of COVID-19 within the community.
- Public health directions cover:
 - ✓ border restrictions
 - ✓ going out, travel, recreation and gatherings in Qld
 - ✓ protection for vulnerable communities, including aged care facilities, people in hospital, corrective service facilities and remote communities
 - ✓ business activities and undertakings
 - ✓ public safety, including protecting public officials and workers, school and childcare service exclusions and self-isolation for cases
 - ✓ medical directions including serology tests etc.
- Directions are updated regularly and published on the [Qld Health website](#).

Emergency officers

- A public health emergency declaration gives emergency officers appointed under the *Public Health Act 2005* powers to effectively respond to public health emergencies.
- Emergency officers have the power to:
 - ✓ direct a person to stay at a stated place for 14 days (and comply with conditions)
 - ✓ direct the owner or operator of a facility to open, close or limit access to that facility
 - ✓ enter places (without a warrant)
 - ✓ make a person leave a place
 - ✓ require a person to answer questions
 - ✓ require a person to give the emergency officer reasonable help to exercise their powers.
- Emergency officers who are medical doctors have additional powers, including to:
 - ✓ detain people who pose a public health risk
 - ✓ establish an isolation area, in which people who pose a public health risk can be detained.

Ways to prevent the spread of COVID-19

- Wash your hands thoroughly and frequently.
Watch the video [What You Need To Know About Handwashing](#)
at <https://www.youtube.com/watch?v=d914EnpU4Fo>
- Maintain good cough and respiratory etiquette - cover coughs and sneezes.
- Stay at home if you are sick.
- If you have any symptoms, no matter how mild, get tested then isolate at home until you get the results and your symptoms have resolved.
- Physically distance 1.5 metres away from others wherever possible.
- Where physical distancing is not possible, wear a face mask, e.g. public transport or crowded spaces.
- Follow public health directions including directions to quarantine.
- Get vaccinated.

Unit 4 – Case & contact management





How to: Case follow-up

- Introduce yourself by stating your name, position and department
- Ask the person if they are aware of the diagnosis and if not, inform them if you are authorised to do so – noting the news may create anxiety.
- Provide information/education
- Complete Case Report Form:
 - ✓ Case details
 - ✓ Clinical details – be specific regarding onset
 - ✓ Risk factors
 - ✓ Medical management
 - ✓ Isolation details
 - ✓ Lab criteria
 - ✓ Exposure details including travel
 - ✓ Contacts/movements (systematically trace all movements/contacts from 48 hours before onset)

The form is titled 'COVID-19 Case Report Form' and includes sections for Case name, Notification, Public Health Unit, Outbreak ID, and Date sent to NOCS. It contains fields for contact information, notification details, case details (including name, date of birth, sex, and UR No.), permanent address, and telephone numbers. The 'CLINICAL DETAILS' section covers symptoms like fever, cough, and shortness of breath, with checkboxes for yes/no and unknown. Other sections include accommodation type, occupation, and a general practitioner field.

How to: Case follow-up – *cont'd*

- Determine where to isolate
 - ✓ If the case resides in Queensland refer to local Hospital and Health Services procedure
 - ✓ COVID-19 cases may be managed in hospital, government arranged accommodation or at home
 - ✓ For home isolation consider:
 - Who else is in the house and are they in a high-risk group?
 - Is there an alternative place to stay, e.g. granny flat, move household members away, move to another house
 - If a parent is the case, sending the exposed child/ren (who would now be quarantined) to an alternative place needs to consider risk to high-risk carers should child/ren become a case.
- Advise they will be issued with an isolation direction

How to: Case follow-up – *cont'd 2*

- Identify where they work
- Explain
 - ✓ transmission and how to reduce risk of spread to others
 - ✓ cases are considered infectious from 48 hours prior to onset of symptoms
 - ✓ that clinical assessment will be organised (e.g. virtual ward, hospital admission or GP)
 - ✓ what to do if health deteriorates, e.g. call ahead to QAS or hospital and advise they are a confirmed case of COVID-19 or are awaiting their COVID-19 test results.

Key messages for cases

- Isolation is an essential step to help stop the spread of COVID-19 and protect the community from the virus.
- Stay at home (or place of isolation) except to seek or receive medical care.
- Quarantine is legally enforceable.
- Monitor your symptoms.
- Reduce the chance of spread to others in the household:
 - ✓ Stay in your own room and use separate bathroom where available
 - ✓ Wear a mask if you need to open your door and move through the home
 - ✓ Food should be left at your door
 - ✓ Stay away from others
 - ✓ Apply good hand hygiene, cough/sneeze etiquette
 - ✓ Regularly clean and disinfect household surfaces and high touch points
 - ✓ Do not share household items.

How to: Contact trace – close contacts

- Explain the reason for your call (again noting potential for anxiety)
- Only disclose the name of the case if the case has given explicit consent otherwise discuss with your PHU mentor before doing so.
- Confirm and document exposure history, including place and time
- Explain:
 - ✓ transmission and how to reduce risk of spread
 - ✓ that they need to get tested as soon as possible
 - ✓ that health follow-up calls by Queensland Health will be organised
 - ✓ that a quarantine direction will be issued and quarantine monitored – 14 days from last exposure to a confirmed case (Qld only)
 - ✓ if the close contact resides in another state/territory how quarantine will be managed by the local health department
 - ✓ if they become unwell and need medical attention, they need to call ahead to QAS or the hospital and advise medical staff that they are a close contact of a COVID-19 case.



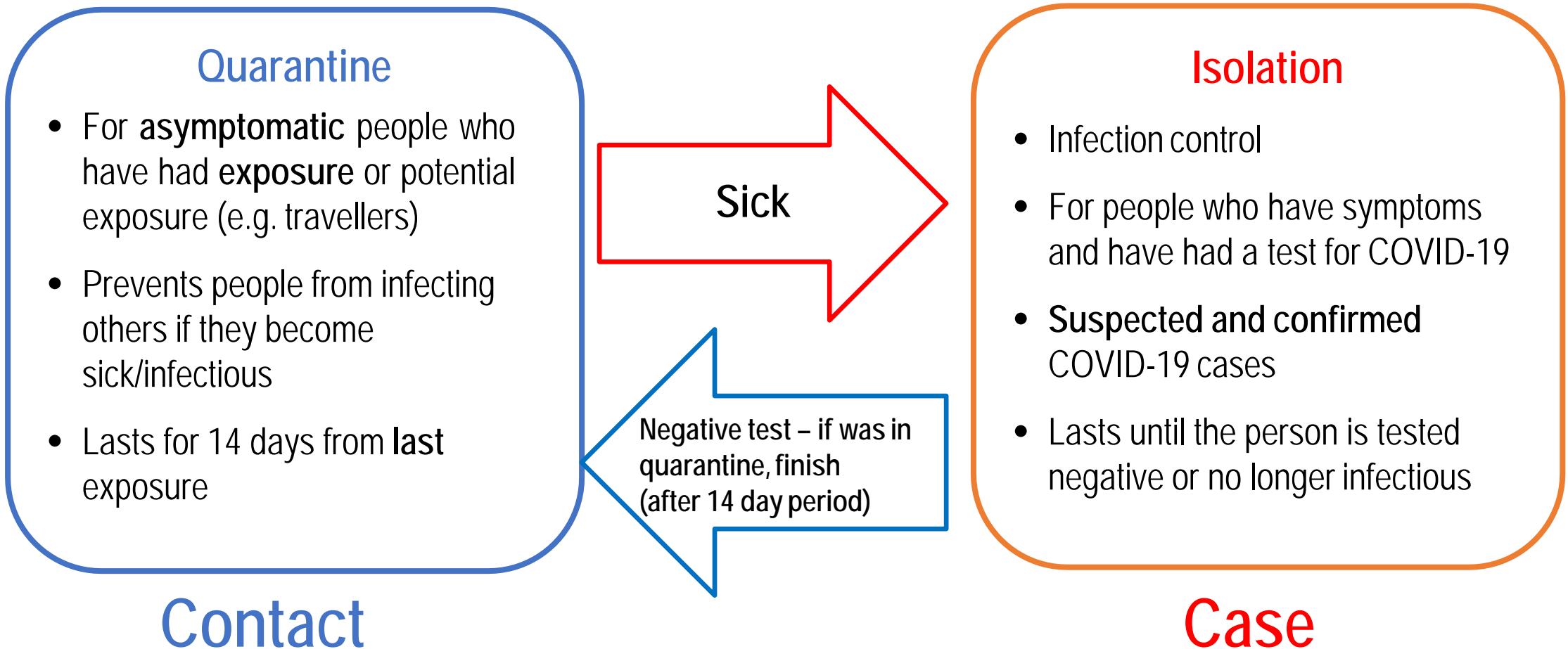
Accommodation assessment

- Does the person live with other people?
- Are the other household members considered to be high-risk people?
 - ✓ Healthcare worker
 - ✓ Residential aged care worker
 - ✓ Elderly person
 - ✓ Person who has a compromised immune system
- Can the person separate from other household members?
 - ✓ Access to own bedroom
 - ✓ Separate bathroom available
 - ✓ Can someone cook/deliver food to room
 - ✓ Is someone the carer of children
- Does the person have a disability or illness and require home care?
If a person cannot separate well from other household members, lives with a high-risk person or requires home care, discuss with supervisor.

Key messages for close contacts

- Quarantine is an essential step to help stop the spread of COVID-19 and protect the community from the virus.
- Stay at home (or place of quarantine) except to seek or receive medical care.
- Quarantine is legally enforceable.
- Monitor your symptoms and if you get sick arrange testing.
- Reduce the chance of spread to others in the household:
 - ✓ Stay in your own room and use separate bathroom where available
 - ✓ Wear a mask if you need to open your door and move through the home
 - ✓ Food should be left at your door
 - ✓ Stay away from others
 - ✓ Apply good hand hygiene, cough/sneeze etiquette
 - ✓ Regularly clean and disinfect household surfaces and high touch points
 - ✓ Do not share household items.
- The rest of the household may also need to quarantine!

Quarantine vs isolation



Powers to stay at particular places

- Emergency officers have the power to direct a person to stay at a stated place for 14 days (and comply with conditions).
- Anyone who is a close contact of a confirmed case of COVID-19 may be directed by an emergency officer to quarantine in their home, an alternative quarantine address or in government arranged accommodation.
- Anyone directed to quarantine will be issued with a **quarantine direction** under the *Public Health Act 2005*. This is a legal notice.
- Anyone who is a confirmed COVID-19 case may be directed to isolate at a hospital, in their home or in government arranged accommodation.
- Anyone directed to isolate will be issued with an **isolation direction** under the *Public Health Act 2005*. This is a legal notice.

Quarantine and isolation directions

The emergency officer must meet the following requirements when issuing a direction to stay at a particular place:

- have reasonable belief that the direction is necessary to assist in containing or to respond to the spread of COVID-19 within the community
- the direction must be in writing and state:
 - ✓ the quarantine period
 - ✓ the place of quarantine
 - ✓ conditions during the quarantine period, which may include:
 - whether other people may enter the place
 - how the person's contact with other persons is restricted
 - the purposes for which the person may leave the place.
- the direction must state that the person to whom the direction is given commits an offence if the person fails, without reasonable excuse, to comply with the direction.

Process of issuing a quarantine direction

- The *Public Health Act 2005* does not require the emergency officer to speak directly with the person receiving the quarantine direction.
- When there are large numbers of close contacts to follow up, the Contact Tracing Officer may provide information about quarantine and fulfil some obligations associated with the legal service of the direction.
- Most quarantine directions are issued by email.
- Before the quarantine direction is issued the emergency officer or Contact Tracing Officer must undertake the following steps:
 - ✓ Complete an accommodation assessment to determine whether the premises is suitable to quarantine.
 - ✓ Explain the contents of the quarantine direction to the person.
 - ✓ Confirm with the person that they understand their obligations under the direction and how to obtain assistance in the event of ill health.
- **Note, only a person appointed as an emergency officer under the *Public Health Act 2005* can sign the quarantine direction.**



Electronic Transactions Act 2001

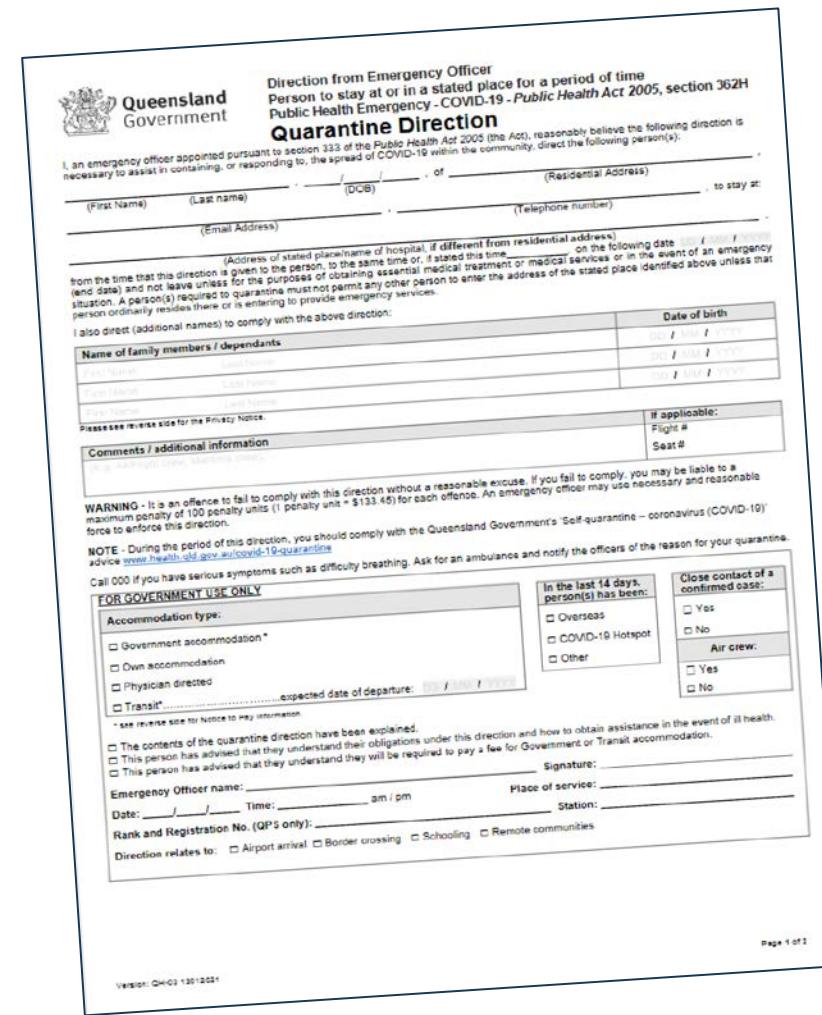
- The *Electronic Transactions Act 2001* sets out the requirements for using electronic communication (i.e. email) to give information in writing. This includes the issuing of legal documents.
- The Act requires the person, who is to receive the information, to give consent for the information to be given by email.
- To comply with the requirements of the Act, the contact tracing officer or emergency officer must obtain consent from the close contact, to issue the quarantine direction by email.
- If the close contact does not consent to receive the quarantine direction by email, the notice must be issued in person or by registered mail.

Testing in quarantine

- Close contacts are required to get an exit COVID-19 test towards the end of the 14-day quarantine period.
- If the person refuses to get tested, their quarantine period will be extended by an additional 10 days.
- If the person refusing to be tested has a change of mind and gets tested after day 14, they can be released upon receiving a negative test result.
- Without a negative test result there is no way to establish whether the person is infectious after the 14-day incubation period for COVID-19.
- The additional quarantine period is necessary to assist in containing the spread of COVID-19 in the community.
- A new quarantine direction must be issued for the additional 10 days.

Evidentiary requirements

- The quarantine direction must be issued using the form available on the Public Health Operational and Regulatory Toolbox.
- When drafting the quarantine direction to be issued by the emergency officer, ensure the following steps:
 - ✓ Confirm the spelling for names and address
 - ✓ Confirm the person's date of birth
 - ✓ Perform a web search for the address to confirm:
 - the spelling
 - whether the address exists
 - establish whether the address is for a house or apartments etc.
 - ✓ Ensure that unit/apartment number and street number are recorded
 - ✓ Check quarantine dates and times
 - ✓ Complete all relevant parts of the form.
- The consequence of issuing a quarantine direction with errors include:
 - ✓ having to recontact the close contact to confirm details
 - ✓ enforcement implications if the close contact is non-compliant.



The image shows a 'Quarantine Direction' form from the Queensland Government. The form is titled 'Quarantine Direction' and includes the Queensland Government crest. It is dated 1 January 2021. The form is addressed to a person named John Doe, born 1 January 1990, at 123 Main Street, Brisbane, QLD 4000. The direction is issued by an emergency officer named Jane Smith, born 1 January 1985, at 456 Elm Street, Brisbane, QLD 4000. The direction states that John Doe must stay at home from 1 January 2021 to 15 January 2021. It also includes sections for comments, emergency officer details, and signatures.

Direction from Emergency Officer
Person to stay at or in a stated place for a period of time
Public Health Emergency - COVID-19 - Public Health Act 2005, section 362H
Quarantine Direction

I, an emergency officer appointed pursuant to section 333 of the Public Health Act 2005 (the Act), reasonably believe the following direction is necessary to assist in containing, or responding to, the spread of COVID-19 within the community, direct the following person(s):

(First Name) (Last name) (D.O.B.) (Residential Address)

(Email Address) (Telephone number)

(Address of stated place/name of hospital, if different from residential address)
from the time that this direction is given to the person, to the same time or, if stated this time _____ on the following date _____ (end date) and leave unless for the purposes of obtaining essential medical treatment or medical services or in the event of an emergency situation. A person(s) required to quarantine must not permit any other person to enter the address of the stated place identified above unless that person ordinarily resides there or is entering to provide emergency services.

I also direct (additional names) to comply with the above direction:

Name of family members / dependants

Date of birth

Please see reverse side for the Privacy Notice.

If applicable:

Comments / additional information

Flight #
Seat #

WARNING - It is an offence to fail to comply with this direction without a reasonable excuse. If you fail to comply, you may be liable to a maximum penalty of 100 penalty units (1 penalty unit = \$133.45) for each offence. An emergency officer may use necessary and reasonable force to enforce this direction.

NOTE - During the period of this direction, you should comply with the Queensland Government's 'Self-quarantine - coronavirus (COVID-19)' advice www.health.qld.gov.au/covid-19-quarantine

Call 000 if you have serious symptoms such as difficulty breathing. Ask for an ambulance and notify the officers of the reason for your quarantine.

FOR GOVERNMENT USE ONLY

Accommodation type:

Government accommodation *
 Own accommodation
 Physician directed
 Transit expected date of departure: 01/01/2021

In the last 14 days, person(s) has been:

Overseas
 COVID-19 Hotspot
 Other

Close contact of a confirmed case:

Yes
 No
Air crew:
 Yes
 No

* see reverse side for more information

The contents of the quarantine direction have been explained.

This person has advised that they understand their obligations under this direction and how to obtain assistance in the event of ill health.

This person has advised that they understand they will be required to pay a fee for Government or Transit accommodation.

Emergency Officer name: _____ Signature: _____

Date: _____ Time: _____ am / pm Place of service: _____

Rank and Registration No. (QPS only): _____ Station: _____

Direction relates to: Airport arrival Border crossing Schooling Remote communities

Version: QH-Q2-12012021

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DCoVA

- The Digital COVID-19 Web Portal (DCoVA) contains records of all quarantine directions that have been issued in Queensland for the management of COVID-19.
- When a person receives a quarantine direction, the person's details and an image of the written direction are entered into DCoVA by the issuing department.
- DCoVA can be accessed by Queensland Government staff who are responsible for the management of people in quarantine.
- Departments that use DCoVA include Queensland Health, Queensland Police Service, Smart Service Queensland and the Health Contact Centre.

The screenshot shows the 'Add contact form' interface of the DCoVA system. At the top, there are navigation links for Home, Search, Add Direction, and a user profile for Joel Philippe-Jonan. Below the header, a progress bar indicates four steps: PERSON DETAILS (active), ADDRESS DETAILS, ADDITIONAL CONTACT INFORMATION, and DIRECTION INFORMATION. The 'PERSON DETAILS' step contains fields for Surname*, First Name*, Middle Name, DOB*, Drivers Licence, and Passport Number. A 'Validate Record' button is located at the bottom of this section. The footer includes the DCoVA logo and the text 'Copyright © DCoVA'.

Monitoring compliance with quarantine directions

- Public health units:
 - ✓ perform clinical screening calls and compliance checks
 - ✓ respond to complaints of alleged breaches of quarantine.
- Health Contact Centre (13 HEALTH):
 - ✓ performs clinical screening calls (symptom checking)
 - ✓ if there is any evidence of a person not complying with the quarantine direction, details will be referred to the relevant public health unit.
- Smart Services Queensland
 - ✓ checks compliance with the quarantine direction
 - ✓ performs a welfare check
 - ✓ asks the person if they are experiencing any symptoms – if yes, the person is referred to 13 HEALTH to be clinically screened.
- Queensland Police Service
 - ✓ performs random house visits to establish compliance
 - ✓ responds to complaints of alleged breaches of quarantine.

Non-compliance with quarantine directions

- Emergency officers (general) have a number of enforcement interventions available in relation to breaches of quarantine directions.
- Enforcement options include:
 - ✓ education and verbal warning
 - ✓ prescribed infringement notice (fine)
 - ✓ detention order issued by Queensland Health emergency officer (medical)
 - ✓ prosecution.

(Note: a fine for non-compliance is 10 penalty units.)

The image shows a Queensland Infringement Notice (First and Final Notice) for the Public Health Act 2005. The notice is dated 8 March 2021 and is numbered 27104. It is addressed to an alleged offender and details the offence of non-compliance with quarantine directions under the Public Health Regulation 2003. The form includes sections for offender details, offence details, vehicle details, and payment options.

Infringement Notice
State Penalties Enforcement Act 1999
First and Final Notice
Queensland Government No. 27104

Alleged offender details
Surname/Family/Business/Corporation name Given name/s
Male Female Company
Current address _____
Postcode: _____

Date of birth _____ Identification used _____
Type of ID used _____ ID Number _____

Alleged offence details
Time of offence _____ Date of offence (show between dates if applicable) _____
Location of offence _____
Postcode: _____

Pest Management Act 2003 Pest Management Regulation 2003 Food Act 2006
Tobacco and Other Smoking Products Act 1998 Public Health Act 2005 Public Health Regulation 2018
Identifying particulars of the offence _____ Section _____ Offence Code _____

Penalty \$ _____ Send this whole notice with payment _____

Alleged offending vehicle details (Complete only for vehicle offences)
Registration number _____ Make _____ Body type _____
Registration expiry _____ Colour _____ Number of passengers (if relevant) _____

Details of service
Date of issue _____ Method of service _____
In person By proxy By mail
Authorised person's name _____ Authorised person's signature _____

Payment options or election for court hearing
See over:
Pink copy (to be returned with payment) No. 27104
Yellow DUPLICATE
White TRIPPLICATE
Original copy (to be returned with payment)
Departmental copy _____ Email copy _____

362J Failure to comply with direction

A person to whom a direction is given under this division must comply with the direction unless the person has a reasonable excuse.

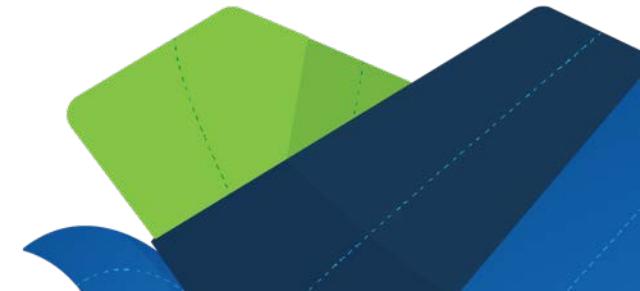
Maximum penalty—100 penalty units.



People at higher risk of severe illness

Those at greatest risk are:

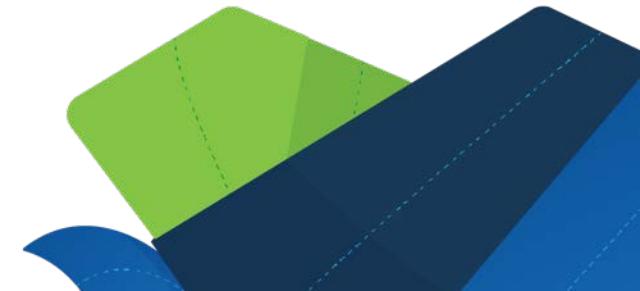
- Aboriginal and Torres Strait Islander peoples and people in remote communities
- Older people (70yrs+)
- People with chronic conditions
- People in aged care facilities
- People with disability





COVIDSafe app

- The Australian Government has developed a COVIDSafe app to help state/territory public health officials identify and contact people who have been in close contact with a positive COVID-19 case.
- Users benefit by knowing that they can easily be contacted if they are a close contact of a confirmed case.
- It provides **additional data** to state/territory public health officials who are seeking to identify 'close contacts' of a positive case.
- The app will provide basic contact details of people who have been in close proximity to a case, and the date, time and approximate duration and distance of their contact.

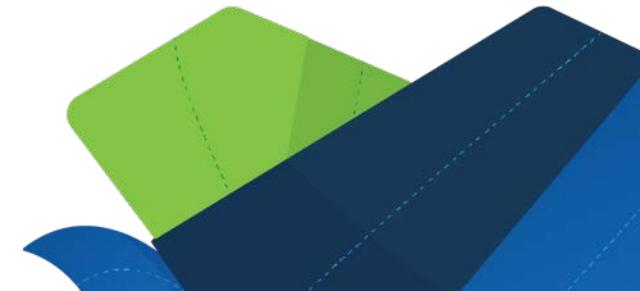




COVIDSafe app



- Ask the case if they have downloaded the COVIDSafe app.
- If yes, advise them that an authorised user of the app will contact them to access the data.
- Refer the case details to the relevant Queensland Health public health unit (Qld only) so an authorised user of the app can follow up with the case.



Unit 5 – Tips & tricks



Challenges of interviews

- Know what you are talking about
- Be innovative in assisting cases/contacts to recall movements, e.g. ask the case to review their bank records, Google Timeline, social media etc.
- Get cooperation, the interview may not be a priority for them
- Use direct questions, be specific
- Repeat or paraphrase as needed
- Tie dates in with something memorable, e.g. holidays
- Give opportunity to ask questions, voice concerns
- Admit if you don't know the answer, find out and get back to them

Challenging calls

- Remember, people react differently to situations!
- Be open and honest
- Listen to and acknowledge concerns
- Take time
- Develop an understanding and trust
- Minimise risk to self
- Ask your public health mentor or supervisor for assistance





Other issues

- What if they...
 - ✓ Don't speak English or are hearing impaired?
 - ✓ Are involved with suspect activities,
e.g. illegal drug use?
 - ✓ Refuse to speak to you?
- Re-interview if needed
- Ending a call...
 - ✓ Always finish with: 'Would it be all right to contact you again if I have any further questions?'
 - ✓ Leave them with a name and contact number if they have questions or want to discuss any issues raised.

Teamwork

- Outbreaks are complex
- Working with Contact Tracing Officers, nurses, doctors
- Care of cases and contacts is a high priority
- Care for yourself and colleagues is important too
- Share the load – try different interviewer if that may help
- Increase workforce capacity/skill mix to manage the demand



Summary

- Key learning objectives
- Unit 1 – Introduction to COVID-19 pandemic & public health measures
- Unit 2 – COVID-19 terminology
- Unit 3 – Public health measures & advice
- Unit 4 – Case & contact management
- Unit 5 – Tips & tricks
- Summary
- Key resources
- Quiz

Key resources – information toolbox

- Queensland Health website
<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/>
- Public Health Act 2005
<https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2005-048>
- Public Health Regulation 2018
<https://www.legislation.qld.gov.au/view/pdf/asmade/sl-2018-0117>
- Contact Tracing Officer training on iLearn
<https://ilearncatalogue.health.qld.gov.au/course/442/contact-tracing-officer>
- Australian Government Dept of Health website
<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>
- Coronavirus Disease 2019 (COVID-19), CDNA National guidelines for public health units (SoNG)
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>
- Johns Hopkins University global map
<https://coronavirus.jhu.edu/map.html>

Quiz

Note, the correct answers are contained in the notes section,
i.e. click on the speech bubble symbol in the top left corner of
the slides.



Q1: What are upstream and downstream contacts? Assign the correct definition to the terms.

Someone who infected the case = ?

Downstream contact

Someone who may get sick in future = ?

Upstream contact

Q2: Which of the following are symptoms of COVID-19? (Select all that apply.)

- Fever
- Cough
- Sore throat
- Shortness of breath
- Fatigue
- Loss of hearing
- Diarrhoea
- Sneezing
- Vomiting/nausea
- Rash

Q3: How is COVID-19 transmitted? (Select all that apply)

- Direct person-to-person transmission
- Airborne transmission
- Indirect contact, e.g. with contaminated surfaces
- All of the above

Q4: What are quarantine and isolation? Assign the correct definition to the terms.

Isolation

Quarantine

For **asymptomatic** people who have had **exposure** or potential exposure (e.g. travellers, contacts of cases) = ?

For people who are **suspected and confirmed COVID-19 cases** (also including those who are awaiting COVID-19 test result) = ?

Q5: What groups of people are at higher risk of severe illness should they contract COVID-19? (Select all that apply.)

- Aboriginal and Torres Strait Islander peoples and people in remote communities
- Older people (70yrs+)
- People with chronic conditions
- People in aged care facilities
- People with disability
- Young children
- All of the above

Q6: What advice should you give to cases and contacts?

- Stay at home (or place of isolation) except to seek or receive medical care.
- Monitor your symptoms.
- Always share your household items.
- Always apply good hand hygiene, cough/sneeze etiquette.
- Don't wear a mask at home.

Q7: What are strategies for challenging interviews?

- Explain the importance of contact tracing to the interviewee if they don't want to provide answers.
- Organise a professional interpreter if the interviewee speaks a language other than English.
- Ask public health mentor or supervisor for assistance.
- Always leave them with a name and contact number if they have questions or want to discuss any issues raised.
- All of the above

Q8: What advice would you give to a close contact in quarantine to reduce the chance of spread to others in their household? (Select all that apply.)

- A mask only needs to be worn when the close contact leaves the home.
- Stay away from others (physical distancing).
- Apply good hand hygiene, cough and sneeze etiquette.
- Undertake regular cleaning and disinfection of environmental surfaces and high touch points.
- All children in the house must stay away from school even if they are not deemed a close contact.
- All of the above

Q9: The infectious period is...

- The period of time when the case is able to transmit the virus to their close contacts.
- The period from when a person is exposed to the virus until they develop symptoms.
- The time the person must stay isolated from others.

Q10: What should you do if you are unable to answer a question?

- Tell the person you are unable to answer that question and they should google it.
- Tell the person to talk to their regular GP.
- Tell the person you don't know the answer but will find out and get back to them.
- Pretend you didn't hear their question.