



Special Commission of Inquiry into the Ruby Princess

EXHIBIT 113

The statement and annexures of David Horsfall dated 22 June 2020

Special Commission of Inquiry into the Ruby Princess

Statement of David Horsfall

I, David Horsfall, of [REDACTED], in the State of NSW declare the following:

1. I am employed by Qantas Airways Limited ("Qantas") in the position of Cabin Crew International.
2. I am an elected Health and Safety Representative (HSR) in the State of New South Wales. I have been involved in Work Health and Safety for approximately 10 years.
3. I currently hold the position of President of the Flight Attendants' Association of Australia ("FAAA"), International division. I have held this position for the last 4 years.
4. I provide the following statement to the Special Commission of Inquiry to the Ruby Princess in response to your summons received on 15 June 2020.
5. On Sunday evening, 22 March 2020, I received a call from Ms Teri O'Toole (FAAA Secretary and International Cabin Crew HSR), informing me she had received a call on the after hours FAAA emergency phone from crew starting their duty to work the Qantas Flight 3, 22 March 2020, Sydney to Honolulu.
6. The crew were concerned they may be carrying Ruby Princess passengers. They had been advised by Qantas Cabin Crew On-call Manager that they did not believe there would be any passengers. They had also been told the airline had placed signs at check in and they had staff queue combing to try to identify any cruise ship passengers. I am unaware if the contracted security company responsible for carrying out the 'enhanced security measures' for select USA destinations,¹ was made aware of the requirements for airlines not to carry cruise ship passengers. This additional check, as mandated by the US Transport Security Administration, is carried out prior to entering the boarding gate lounge in Australian International airports.

¹ See Attachment B

7. On Monday morning, 23 March 2020, I received a call from Ms Amy Todd, Head of International Cabin Crew, notifying me that nine Cabin Crew who had travelled as passengers on the Qantas Flight 3 the night before (22 March 2020) were required to work a charter flight home carrying passengers from the Norwegian Jewel cruise ship.
8. Qantas acknowledged they had not notified the Cabin Crew of the purpose of the charter prior to their departure. The company also called for an urgent risk assessment to take place at 1pm that day.
9. Following the risk assessment, it was agreed that a conference call be made with those affected Cabin Crew in Honolulu to notify them of the nature of the charter they were scheduled to work. I went to Qantas headquarters to participate in the call with management representatives, including Amy Todd and Whitney Hughes from Qantas Medical. During the call we briefed the crew on the nature of the charter and provided information to them that Norwegian Jewel passengers had been at sea for three weeks with no cases of COVID-19 and no passengers were symptomatic.
10. It was during this call that I recall, one of my colleagues in Honolulu becoming very upset and sobbing as she left the room.
11. It was at this point that senior management (Ms Amy Todd) decided the crew were not fit to work their return flight home from Honolulu and decided to delay the charter flight home whilst a resolution was sought. Some of the crew indicated that they had sat amongst Ruby Princess passengers during their positioning flight from Sydney to Honolulu the night before.
12. I suggested to Qantas that they approach the crew who had operated any of the previous Wuhan or Diamond Princess recovery charters to call on them to operate this flight. I suggested this because I believe that given their previous experience and additional training, that they would more suitable due to the nature of the charter. Qantas acted quickly and were able to call out some of these volunteers and sent them as passengers to Honolulu within a few hours.

13. After this call, I returned back to the FAAA office and further spoke to some of the crew to reassure them that they had my support and to clarify why they stated that they had been seated amongst Ruby Princess Passengers on the flight from Sydney to Honolulu.
14. The crew mentioned that they had seen bag tags and overheard passengers talking about being on the Ruby Princess. Therefore, the crew were deeply concerned that they may have been exposed to Ruby Princess passengers onboard the flight from Sydney to Honolulu.
15. I am aware of a Cabin Crew Supervisor from the passengering crew submitted an intellex incident report (electronically submitted form to report safety concerns) which stated that they had heard customers talking about being on the Ruby Princess and even being sneezed on by a customer. See attachment 'DH1' and 'DH2'.
16. I brought this concern to Qantas senior management's attention by email on 25 March 2020 attached email at 'DH3'.
17. Qantas had just set up the "Cabin Crew Support Team" (CCST) on the 16 March 2020, who were tasked with communicating with all crew once they had a confirmed COVID-19 case on an inbound flight into Australia. CCST would call the Cabin Crew on that flight to ask a series of questions from a script to determine if the crew member was deemed 'casual' or 'close contact' with a confirmed COVID-19 case. Notification came from the Governments National Incident Room and sometimes did not correspond with the State government health notification pages. This notification to Cabin Crew was via email or text message if they were not contactable by phone. See attachment 'DH4'.
18. This team were part of cabin crew management or other areas of Qantas. It is important to note that this team was only acting on information of confirmed cases into Australia and therefore it is unknown if any of the passengers on the QF3 on 22 March 2020 were confirmed to test positive for COVID-19 following this flight.
19. There were occurrences where there were lengthy delays of more than a week to notify cabin crew that they had a COVID-19 positive passenger on their flight resulting in a delay in

assessing if they were a 'close' or 'casual' contact, therefore requiring crew to self isolate for 14 days.

20. Throughout Work Health and Safety consultation meetings in relation to COVID-19, Qantas had constantly used language such as 'low risk' or 'extremely low risk' in relation to contracting the virus onboard. The USA at that stage was not rated as a "high risk" destination. Therefore, Qantas did not require Cabin Crew to use PPE.
21. The FAAA was copied into an email on 24 March 2020, from a crew member who had worked on the Qantas Flight 3 Sydney to Honolulu on the 22 March 2020, see attachment 'DH5'. In this email the worker stated 'while we are constantly told we are low risk to catch the virus, I'm not so sure when in a situation such as Sundays. The flight was very stressful with many passengers looking unwell and sickly'.
22. On 27 March 2020, myself and Teri O'Toole wrote to Mr Matt Franzi, Executive Manager Safety, Qantas Airways requesting under section 68 of the *Work Health & Safety Act 2011* (NSW) further information on the carriage of Ruby Princess passengers and flight numbers that they travelled on. The letter is attached at 'DH6'.
23. Qantas responded on 3 April 2020 to the HSR request. See email response and files provided by Qantas attached at 'DH7'.
24. On 27 March 2020 I received a message from the FAAA receptionist to return a call to one of our members based in Victoria regarding his positive test for COVID-19. During this conversation he notified me that he had lengthy interactions with Ruby Princess passengers on his flight from Melbourne to Los Angeles on 19 March 2020. He stated that on his return back to Australia, he became symptomatic and tested positive for COVID-19.
25. Unfortunately, its unknown if the passengers on his flight tested positive after returning home to the USA.
26. He had been required to isolate for 14 days prior to the flight duty to the USA on 19 March 2020, due to a 'close contact' with a COVID-19 passenger on a previous flight.

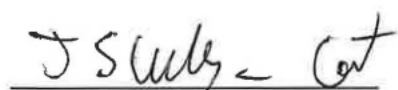
27. On 1 April 2020, Qantas Airways notified Cabin Crew who had operated a flight to Dallas on 22 March 2020 that they had carried Ruby Princess passengers, attached at 'DH8'. This prompted one of the crew to be tested for COVID-19, this came back positive.
28. On 6 April 2020, the FAAA received an email from a member informing us that they were part of multiple crew who had tested positive after carrying Ruby Princess passengers on this flight to the USA on the 22 March 2020. Attached as an email 'DH9'.
29. In further discussions with the Qantas, I recall a conversation in regard to how Qantas is tracing the volume of passengers from the Ruby Princess who may have travelled on Qantas flights. The question was asked, by Ms Teri O'Toole, with words to the affect, 'wouldn't it be obvious that you have a bulk booking suddenly drop into your reservations'. That to me would have been a signal that Qantas were carrying cruise ship passengers. The company representative (Amy Todd) indicated that the bookings they had found were of individual passengers booking through various outlets and not a bulk booking.



David Horsfall

22 JUNE, 2020

Date



Witness : James Scully - Leaf

22/6/20

Date

Attachment B

Travel security

Your security and safety when you fly with us are paramount.



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Enhanced security measures for passengers flying to the UK and USA

The UK Government has introduced a range of additional security measures at the boarding gate for flights into the UK.

Customers travelling on flights from Dubai to the UK who are randomly selected to undergo additional screening may be required to remove footwear and from hand luggage all electrical equipment including portable electronic devices such as laptops, iPads, smart phones, and cameras larger than a standard mobile phone and power up the device to demonstrate functionality.

Passengers are advised to ensure that their electronic devices are charged before travel. Devices that do not power on may not be permitted onboard the aircraft.

Further information is available at [UK DFT](#).

The Transport Security Administration in the United States of America has implemented enhanced security measures at select overseas airports with direct flights to the USA.

Passengers travelling on Qantas services to the USA should arrive at the airport at the **recommended time** – at least 120 mins before flight for Economy and Premium Economy, 90 minutes for Business and First. Please confirm what time you need to be at the departure gate with check in staff.

Further information is available at [TSA](#).

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Security measures

Global events continue to remind us that aviation security remains a top priority for us. Qantas Group Security and Facilitation is committed to maintaining the highest aviation security standards for both our customers and employees.

Due to increased security screening, check-in procedures and potential traffic delays, we recommend you allow extra time to get to the airport. For further information view our [check-in times](#).

During check-in and boarding you may have noticed some of Qantas' additional security measures include:

- Random explosive trace detection of passengers and their carry-on baggage.
- Laptop computers* and aerosols are subject to enhanced inspection at screening points.
- Increased vigilance at passenger screening points and increased guarding of our aircraft and terminals.
- On flights to the USA, some passengers will be randomly selected for additional screening at the departure gate.

X-ray equipment used at Australia airports does not damage:*

- Computer cpus or memory;
- computer storage media such as magnetic disks (hard drives, floppy disks etc)and other devices (CDs);
- cameras (including digital cameras with electronic storage media) or
- photographic film below asa 1000 (developed or undeveloped).

The Qantas Group has a strict policy of denying boarding to, or off-loading any passenger that makes inappropriate comments or behaves inappropriately inflight or on the ground. Qantas will not accept any inappropriate comments as 'jokes'. We will also seek to recover all costs incurred as a result of inflight incidents, including diversions, from those involved.

Visit [Conditions of Carriage](#) for more information.

Access within the terminals

- Domestic - No access restrictions apply to non-passengers. If intending to meet or farewell passengers you're permitted in the sterile area of Australian domestic terminals subject to security screening.
- International – Non-passengers are not permitted to enter the customs controlled areas of Australian international terminals.

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Security advice

- Always pack your own baggage.
- Do not carry on your person or in your checked baggage any item for another person.
- Always carry your valuables, medication and keys in your carry-on baggage.
- All knives, sharp objects or cutting and stabbing implements need to be packed in checked baggage and not placed in carry-on baggage or on your person.
- Security measures can include random frisk search after consent is obtained. Passengers can request privacy and must be searched by a screener of the same gender.

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Body scanners

The Australian Federal Government has introduced full-body scanners at Australia's eight international gateway airports - Adelaide, Brisbane, Cairns, Darwin, Gold Coast, Melbourne, Perth and Sydney.

Passengers departing Australia may be required to pass through a body scanner as part of standard screening processes. Unlike walk through metal detectors, the scanners are capable of detecting non-metal items under clothing.

Passengers refusing to pass through the scanner will be banned from entering the sterile area or boarding an aircraft for 24 hours. Exemptions apply for people suffering

from a serious medical condition, infants and small children and persons in wheelchairs.

The body scanners will be 'millimetre wave' as opposed to x-ray. One body scan is comparable to passive exposure to a mobile phone used several metres away.

The scanner cannot detect internal medical devices such as pacemakers and metal implants, and due to very low power levels there are no safety concerns in relation to devices such as pacemakers or for women who are pregnant.

The process takes approximately seven to ten seconds - two to three seconds for the scan and five to seven seconds for the image to be generated and viewed by security personnel.

To protect people's privacy the image that is generated appears as a 'stick figure' so all persons have the same outline with no defining features. Images will not be copied or stored.

Find out more about body scanners at [TravelSecure](#).

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Travel tips

When overseas

If you're in trouble contact the Australian Consulate. Consular staff are able to issue emergency passports, provide lists of local doctors and lawyers and assist during natural disaster, civil unrest or other emergencies.

Protect your personal information and make copies of your passport, credit card and prescription details. Carry a copy with you and leave a copy at home or work where someone can access them if necessary. Ensure your emergency contacts are filled out in the back of your passport.

Medication

Be aware that some medications sold over the counter in Australia may be illegal in other countries. Check this detail by contacting the consulate of your planned destination to determine which medications are legal in that country. If you are carrying prescription medicine, ensure you have a copy of the doctors issued prescription with you. If carrying syringes please ensure you have a copy of a letter signed by your doctor outlining the need for the syringes. Information on the carriage of prohibited items by persons suffering from bona fide medical conditions can be found at TravelSECURE.

Personal security measures

- Avoid wearing items of clothing that will draw attention.
- Only carry what you can afford to lose and carry small denominations of local cash so you can hand that over if mugged.
- Take care using ATMs, particularly at night. Preferably go into a bank to increase your personal safety.
- Be wary of strangers or new acquaintances 'offering help'.
- Avoid hailing taxis off the street. In many countries it is safe to do so (for example Japan, Singapore) however in some countries, illegal, unregistered taxis are used to rob or over-charge passengers.
- If you become the victim of a robbery, don't put up a fight. Comply with the demands of the offender.
- Report unusual and dangerous incidents to local authorities.
- Always advise a friend or relative of your schedule and whereabouts.
- Never carry items that do not belong to you. You alone are responsible for the contents of your baggage.
- Be aware of the risks of HIV or other transmittable diseases - avoid ear piercing, acupuncture, tattooing or dental work.

Access to premium security lanes

- Domestic - Platinum or Gold Frequent Flyers, or anyone travelling in Business, may use dedicated premium security lanes during peak times at Sydney T3, Perth, Melbourne and Brisbane domestic terminals.
- International - Selected airports offer premium security lanes for Platinum Frequent Flyers and those travelling in Business or First. Eligible customers will be provided with an Express Path card at check-in.

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Useful links

[Smartraveller](#) - The Australian Government's travel advisory and consular assistance service for Australian residents.

[Australian Department of Foreign Affairs and Trade](#) - Information on the economic and political climate in other countries.

[New Zealand Ministry of Foreign Affairs and Trade](#) - Current travel advice for international travel for New Zealand residents.

[TravelSECURE](#) - Information to assist in clearing security checks quickly and easily at Australian airports.

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Travel advice

Travel documents

Customs and quarantine

First time flyers

Travel checklist

Travel security

Attachment DH1

From: [REDACTED]
Sent: Monday, 30 March 2020 10:49 AM
To: 'david [REDACTED]' <david [REDACTED]>
Subject: Intellex | 312795 Incident Report | Incident report submitted

[REDACTED]
Sydney International
Qantas Cabin Crew Australia Pty Ltd
10 Bourke Road Mascot NSW 2020 Australia
E: [REDACTED]
M: [REDACTED]



From: noreply@intelex.com <noreply@intelex.com>
Sent: Friday, March 27, 2020 1:57 pm
To: [REDACTED]
Subject: Intellex | 312795 Incident Report | Incident report submitted

Thank you for submitting your report.

Details of your report to be assessed and actioned as required are as follows:

Incident Report Details

Report reference number: 312795

Date of incident: Sunday, March 22, 2020

Title: Ruby Princess Customers

Detailed Description: Whilst paxing to HNL onboard QF3 SYD-HNL and seated in Y/C, a number of customers seated both adjacent and throughout the cabin were customers that had disembarked the Ruby Princess Cruise Ship, which has since had a high number of confirmed COVID-19 cases, and that had not been medically screened prior to disembarking. NSW Health stated that no customers from the Ruby Princess were travelling internationally, however, customers seated around us stated they had "been on the Ruby Princess" explicitly while others had made numerous references to "leaving the boat" but were admittedly not specific about which boat. CSS [REDACTED] and CSS [REDACTED] were seated in 55D & G, and overhead a conversation between an FA and the pax seated in 56JK directly opposite, in which they stated they had travelled onboard the Ruby Princess. Throughout the evening, there was consistent audible coughing, sneezing and spluttering in the cabin, however it was unable to be determined from which seat it was coming from specifically. At one point, a customer walked past and physically sneezed on CSS [REDACTED] while making their way to the lavatory. On a number of other occasions, the customer seated in 56J held onto the back of CSS [REDACTED]'s seat to steady herself while doing exercises and at one point lost their balance and fell onto CSS Page.

Flight Number: QF3

Aircraft registration: VH-EBR
Location: ENR - ENROUTE
Date reported: 27/3/2020 2:53
Reported by: [REDACTED]
Reporter's Business Unit: QA QCCA
Type of Report: Safety Report
Serious risk?: No
Actions Taken:

Environmental Details

Incident type:
Released agent:
Quantity released:
Unit of measure:
Main environment affected:

Aircraft Fumes/Air Quality Details

When did the fume event occur:
Was the APU running:
What was observed:
Detected In:

**Any concerns, please discuss with your supervisor or local safety representative.
Thank you for ensuring "Everyone has the right to return home safely".**

*This is an Intellex system generated email, please do not reply.
This email may contain private and confidential information and should not be forwarded.*

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ABN 16 009 661 901
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Attachment DH2

From: [REDACTED]
Sent: Monday, 30 March 2020 10:53 AM
To: 'david [REDACTED]' <david [REDACTED]>
Subject: Your recent flight QF3 22 MAR

[REDACTED]
Sydney International
Qantas Cabin Crew Australia Pty Ltd
10 Bourke Road Mascot NSW 2020 Australia
E: [REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Saturday, March 28, 2020 12:02:18 AM
To: SHR CrewQuestions <[REDACTED]@qantas.com.au>; Amy Todd <[REDACTED]@qantas.com.au>; Mel Zamudio <[REDACTED]@qantas.com.au>; Whitney Hughes <[REDACTED]@qantas.com.au>
Subject: Re: Your recent flight QF3 22 MAR

Good morning All,

Thank you for your email.

I thought it important to make you aware that whilst paxing on QF3 SYD-HNL 22/03/2020 a number of customers seated adjacent to me, along with others situated throughout the cabin, made reference to having recently travelled onboard The Ruby Princess Cruise Line.

Whilst seated in 55G, the customers seated adjacent to me at either 55JK or 56JK explicitly stated to the FA serving them that they had travelled aboard The Ruby Princess and were returning home to the USA. CSS [REDACTED] also seated in row 55, was also aware of several customers on his aisle actively speaking about having travelled onboard "the boat" recently, however, admittedly they did not make reference to The Ruby Princess by name.

An Intellex Safety Report was submitted upon my return to SYD - Report 312795.

[REDACTED]
Sydney International
Qantas Cabin Crew Australia Pty Ltd
10 Bourke Road Mascot NSW 2020 Australia
E: [REDACTED]
M: [REDACTED]

From: SHR CrewQuestions <[REDACTED]@qantas.com.au>
Sent: Friday, March 27, 2020 12:02:41 PM
To: Amy Todd <[REDACTED]@qantas.com.au>; Mel Zamudio <[REDACTED]@qantas.com.au>; Whitney Hughes <[REDACTED]@qantas.com.au>
Subject: Your recent flight QF3 22 MAR

Hi All,

Thank you for those who have reached out to us after you operated the QF3 on the 22nd of March.

As a follow up to some of your questions in addition to Rachel email today titled "Coronavirus update including important information about slip ports" where Rachel importantly notes the following;

"We're very disappointed by this situation on many fronts and want to apologise to our crew who operated on aircraft with these passengers. It's clear these passengers did not follow the government requirements.

While we're not happy with the situation, it's important to remember that just because a passenger has been on one of these cruises, it is still very unlikely that they were infectious for COVID-19.

Our concerns have been escalated to senior members of government and we've requested further assistance to help stop cruise ship passengers flying with us when they should be self-isolating. We're also asking all passengers to self-declare if they've been on a cruise ship prior to boarding."

On your flight QF3, **220320202** we have not been made aware of any customers from the Ruby princess on board and should this information at any stage change we will ensure to notify you through our established internal processes.

We have our safety protocols that we have put in place for your all to ensure your safety and we are confident they are the right ones in dealing with unwell/symptomatic passengers.

Thank you all for your hard work and resilience as we continue to navigate through COVID-19 as it fluidly changes and continues to impact the world and Qantas.

Please stay safe and always follow protocols.

Take care and be kind

Kind Regards,

CCST
Cabin Crew Support Team

P. 1800658529

E. [REDACTED]@qantas.com.au



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ABN 16 009 661 901

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Attachment 013

From: David Horsfall <[REDACTED]>
Sent: Thursday, 26 March 2020 6:54 AM
To: Amy Todd <[REDACTED]@qantas.com.au>; Mel Zamudio <[REDACTED]@qantas.com.au>
Subject: Re: QF03 SYD / HNL - 22/03/20

Hi Amy

On re-reading this email, I wanted to ensure we email the crew rather than calling all crew from QF3/7/19 to confirm. Given they are doing into stand down, some crew may prefer this in writing for their reassurance.

Kind regards

David Horsfall HSR

From: Amy Todd <[REDACTED]@qantas.com.au>
Sent: Wednesday, 25 March 2020 11:53 PM
To: David Horsfall <[REDACTED]>; Mel Zamudio <[REDACTED]@qantas.com.au>
Subject: RE: QF03 SYD / HNL - 22/03/20

Hi David,

Yes, agree. Hopefully we can get the crew manifest from Govt today so we can check this also prior to sending the email. I noticed last night on the news that crew are still on the Ruby Princess (but we will still check this).

Kind regards,
Amy

Amy Todd
Head of International Cabin Crew
Qantas Airways Limited

10 Bourke Road, Mascot NSW 2020
M. +61 [REDACTED]
E. [REDACTED]@qantas.com.au

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travelinsider.qantas.com.au | qantasnewsroom.com.au | awol.junkee.com



From: David Horsfall <[REDACTED]>
Sent: Thursday, 26 March 2020 10:50 AM
To: Amy Todd <[REDACTED]@qantas.com.au>; Mel Zamudio <[REDACTED]@qantas.com.au>
Subject: Re: QF03 SYD / HNL - 22/03/20

Thank you Amy

I still am concerned about the QF19 crew, perhaps an email to them would be appropriate that we are not aware of crew names etc?

David Horsfall HSR

From: Amy Todd <[REDACTED]@qantas.com.au>
Sent: Wednesday, 25 March 2020 11:29 PM
To: David Horsfall <[REDACTED]@hotmail.com>; Mel Zamudio <[REDACTED]@qantas.com.au>
Subject: RE: QF03 SYD / HNL - 22/03/20

Hi David,

Thank you I agree we should call this crew. I suggest we:

- Contact QF3/22Mar SYDHNL crew: To confirm no matches
- Contact QF7/21Mar SYDDFW: To confirm 11 customers identified – No known positive cases, having operated this flight is not considered close contact

We are also releasing comms to all cabin crew in addition.

Regards,
Amy

Amy Todd
Head of International Cabin Crew
Qantas Airways Limited

10 Bourke Road, Mascot NSW 2020
M. +61 [REDACTED]
E. [REDACTED]@qantas.com.au

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travelinsider.qantas.com.au | qantasnewsroom.com.au | awol.junkee.com



From: David Horsfall <[REDACTED]>
Sent: Wednesday, 25 March 2020 5:53 PM
To: Amy Todd <[REDACTED]@qantas.com.au>; Mel Zamudio <[REDACTED]@qantas.com.au>
Subject: QF03 SYD / HNL - 22/03/20

Good evening,

Thank you for confirming on our call in today that there are no known passengers on the QF03 22 March. Given the heightened concern of the operating and paxing crew, could i request the company please let the crew know to provide some peace of mind. There are already some crew self isolating from their own families out of concern that they carried Ruby Princess passengers.

Kind regards

David Horsfall HSR

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Hi <crew first name>

Attachment D114

It's <first name> from the Cabin Crew Management team. Have you got a minute to have a discussion about important medical information about one of your recent flights?

<If no> Advise that it is very important and relates potentially to their health and we ideally should have this conversation now>.
4A

<If yes, continue with below>

I'm calling to let you know that we've been advised by health authorities that a customer on a recent flight of yours has tested positive to Coronavirus and was potentially symptomatic on your flight.

The flight I'm referring to is:

- <Detail of flight including number, departure port and date as advised by health authorities/QF Medical>
- <The customer was situated in seat XX in the XXX cabin.>

For reference, Health authorities are contacting customers from the flight who were considered in close contact with the unwell passengers – these are the customers who were seated within two rows of the customer and the health authority will ask them to self-isolate.

To be able to assess each crew member's situation on a case-by-case basis, the medical team and government health authorities have requested we ask you a number of questions about this flight:

Tier

- Do you recall your work position?
- Did you spend 2hrs or more within a 2-metre radius in the cabin with the customer seated in <XXX>?
- Did you spend an extended amount of time in jump seats, e.g. due to turbulence?
- Do you recall if you spent more than 15 minutes in close contact (face-to-face, and/or within 1 metre) with a customer seated in <XXX> over the course of the flight?
- Did you follow good hygiene practices on the flight, e.g. regular hand washing/sanitising?
- Did you follow standard PPE procedures when/if required, e.g. cleaning a lavatory?
- Do you have any symptoms like cough, difficulty breathing, temperature?

For now:

Casual Contact;

- You can go about your normal daily routines at work and at home. To avoid any unwanted scrutiny on yourself and to not cause concern amongst your colleagues, please don't openly discuss this with your colleagues or friends. . We'll email you a document to your qantas.com email address with further information.
- Be on the lookout for any cold or flu like symptoms developing such as fever, cough or difficulty breathing. If these develop, the medical advice is to self-isolate and the document I'm about to email you has more detail. If this does happen, please let us know straight away and we'll also pass on this info to Qantas Medical and will come back to you on how we can best support you. Should you need a Medical Practitioner, you may be asked if you have had close contact with anyone who has contracted Corona Virus. You can say No, because your contact is deemed as casual.

Close Contact;

- Self-isolate and be on the lookout for any symptoms. You can remain in your home with your family and we'll be in touch with more information shortly.
- If upline; We're going to get advice from the health professionals and we'll be back in touch shortly.
- We're going to email your qantas.com.au email with advice from the Department of Health that covers what self-isolate means and how you can best protect yourself and others. You will be required to self-isolate for 14 days.

Do you have any questions?

Is there anything I can do to support you for now?

You can also call our Employee Assistance Program if you would like some independent support - **1300 687 327** (within Australia) or **+613 8620 5300**

We're in the process of starting to call all crew who operated this flight and please ask that you keep this information to yourself so that they have the ability to have this discussion with us. We will also need to individually assess each crew members exact situation as they will be unique.

We'll continue to remain in touch with more information and support for you over the coming days. If you have questions or require assistance, don't hesitate to call your manager. Do you have their contact number?

Attachment DHS

----- Forwarded message -----

From: FAAA Sydney <[REDACTED]@faaa.net>

Date: Wed, Mar 25, 2020 at 9:01 AM

Subject: FW: Qf3 Sunday 22nd March

To: David Horsfall <[REDACTED]@faaa.net>

FYI



Receptionist/Admin Assistant

Flight Attendants' Association of Australia

20 Ewan Street, Mascot NSW 2020

e: info@faaa.net

p: +61 2 8337 1111

w: www.faaa.net

From: [REDACTED]

Sent: Tuesday, March 24, 2020 10:26 PM

To: [REDACTED]@qantas.com.au

Cc: faaa faaa

Subject: Qf3 Sunday 22nd March

Hi There,

I was on the crew to HNL on Sunday 22nd March. We were told by an on call manager by the name of Toni during briefing that Ruby Princess passengers may have booked tickets on our departing flight.

The crew were very anxious about this but we had to make our way to the aircraft as there was little time and nobody wanted to help us. There is no doubt in our minds that many of the passengers were off cruise ships trying to get back to the US.

In light of the unfolding infection rate from the Ruby Princess how can we find out if the passengers were on our flight. I find it unacceptable to be put in that situation and I cannot go near my husband or kids until I know.

While we are constantly told we are low risk to catch the virus I am not so sure when in a situation such as Sundays. The flight was very stressful with many passengers looking unwell and sickly.

Please let me know if you are able to reconcile information from the ship to our passenger list so I know what I need to do over the coming days.

Regards,

[REDACTED]

[REDACTED]



Attachment DH6

From: David Horsfall

Sent: Friday, 27 March 2020 5:46 AM

To: Matthew Franzi <[REDACTED]@qantas.com.au>

Cc: Rachel Yangoyan <[REDACTED]@qantas.com.au>; Teri Otoole <[REDACTED]@faaa.net>; Amy Todd <[REDACTED]@qantas.com.au>

Subject: Section 68.2F request for information

Hi Matt,

Please see a request from elected NSW based International Cabin Crew Health and Safety Representatives.

Kind regards

David Horsfall HSR

27th March, 2020

Matt Franzl
Executive Manager Safety
Qantas Airways Limited

██████████@qantas.com.au

Hi Matt,

68 Powers and functions of health and safety representatives

As elected Health and Safety Representatives for International Cabin Crew and under the provisions of Section 68 2f of the Work Health and Safety Act 2011 we request the following information concerning the safety of workers in the work group.

We request that you provide this information to the HSR by 12.00PM on 2 April 2020.

1. Full passenger manifest for the Ruby Princess Cruise Ship.
2. Full crew manifest for the Ruby Princess Cruise Ship.
3. Full list of passengers or crew from this ship that boarded a Qantas aircraft.
4. Passenger information list for all of the flights that these passengers travelled on.
5. Full passenger manifest for the Ovation of the Sea Cruise Ship.
6. Full crew manifest for the Ovation of the Sea Cruise Ship.
7. Full list of passengers or crew from this ship that boarded a Qantas aircraft.
8. Passenger information list for all of the flights that these passengers travelled on.
9. State and Federal Government documentation provided to the PCBU for the purposes of contact tracing.
10. Information from Foreign Governments for the purpose of contact tracing of passengers who travelled on a Qantas flight.
11. All documentation related to the process and script for notifying crew as part of the contract tracing.
12. Any documents provided to the crew who have been contacted.
13. The time between the potential expose to the CoVid 19 passenger to when the crew member was advised about the exposure in each case.
14. For casual, close and confirmed contact the follow up protocols and documentation to verify for each case.

Kind regards,



Teri O'Toole HSR

David Horsfall HSR

Attachment DH 7

From: Matthew Franzi <[REDACTED]@qantas.com.au>
Sent: Friday, 3 April 2020 2:25 AM
To: David Horsfall <[REDACTED]>; Teri Otoole <[REDACTED]@faaa.net>; David Horsfall <[REDACTED]@qantas.com.au>
Cc: Rachel Yangoyan <[REDACTED]@qantas.com.au>; Amy Todd <[REDACTED]@qantas.com.au>
Subject: RE: Section 68.2F request for information

Hi David and Teri,

I refer to your letter dated 27th March 2020 that as elected Health and Safety Representatives for Qantas Airways International Cabin Crew you seek to exercise your rights under Section 68 2.f of the Work Health and Safety Act 2011 (the Act).

I acknowledge that in accordance with Section 68 subsection 2.f, in exercising your powers as Health and Safety Representatives you are entitled to receive information concerning the work health and safety of workers in the work group, which in this case relates to Sydney-based International Cabin Crew.

However, I also acknowledge that under Section 68 subsection 3 that Health and Safety Representatives are not entitled to have access to any personal or medical information concerning a worker without a worker's consent unless it cannot identify the worker. This is further supported by Section 71 subsection 2. In accordance with the Act, a *worker* is defined as anyone who works for a PCBU regardless of whether that PCBU is Qantas Airways Limited or not. I am also conscious of our obligations under the Privacy Act 1998 in relation to the protection of personal and health information for individuals.

There is heightened sensitivity around personal and medical information in the current crisis and this has limited our ability to share some of the data. What we are keen to share with you is the material that demonstrates the steps we are taking, as Dr. Hosegood described in your meeting with SafeWork last week. We are more than willing to further discuss concerns you may have in relation to this and/or run another risk assessment.

Considerate of the above, and in acknowledgement of your 14 requests for information, please find responses below.

1. Full passenger manifest for the Ruby Princess Cruise Ship

As referenced earlier, in accordance Section 71 subsection 2 of the Act, we are unable to provide this information unless it does not identify a worker. As it is reasonable to expect that many of the passengers on this cruise ship are workers and we are unable to provide this information.

Separately, this manifest was provided to Qantas by NSW Health under in the interests of public safety. NSW Health has advised that the manifest cannot be further shared.

2. Full crew manifest for the Ruby Princess Cruise Ship

Qantas has not been provided with the crew manifest from NSW Health.

3. Full list of passengers or crew from this ship that boarded a Qantas aircraft

Qantas did not review every flight that the airline operated to determine whether the airline carried Ruby Princess passengers unless advised by relevant Health authorities of a confirmed positive case of COVID-19. Rather, Qantas validated whether Ruby Princess passengers travelled on flights that were identified by cabin crew safety reports. It is also important to note that there is no way to ascertain with 100% certainty that a passenger who was on a cruise ship travelled on a Qantas flight as name alone cannot provide total accuracy. The following flights were reviewed:

- a. QF1, 19 March 2020
- b. QF19 19 March 2020
- c. QF95, 19 March 2020
- d. QF7, 21 March 2020
- e. QF3, 22 March 2020
- f. QF7, 22 March 2020

4. *Passenger information list for all of the flights that these passengers travelled on*

In accordance with the answer provided to (1), Qantas is unable to provide this information.

5. *Full passenger manifest for the Ovation of the Sea Cruise Ship*

In accordance with the answer provided to (1), Qantas is unable to provide this information.

6. *Full crew manifest for the Ovation of the Sea Cruise Ship*

Qantas has not been provided with the crew manifest from NSW Health.

7. *Full list of passengers or crew from this ship that boarded a Qantas flight*

As no reports have been received by cabin crew in relation to the Ovation of the Sea cruise ship, Qantas has not reviewed any flights where passengers may have travelled after leaving said ship. Notwithstanding, as per current process, Qantas conducts active contact tracing if advised by a relevant Health authority of a confirmed positive case of COVID-19 on a Qantas aircraft.

8. *Passenger information lists for all of the flights that these passengers travelled on*

As per item (7), Qantas has not conducted any review of passenger lists for flights where the passenger may have previously disembarked the Ovation of the Sea cruise ship. Irrespective, Qantas would not be able to provide passenger information lists as per the answer provided to (1).

9. *State and Federal Government documentation provided to the PCBU for the purposes of contact tracing*

Refer to the file titled "COVID Enacted Protocol – All Flights" as a spreadsheet which contains records of all cases and crew contact tracing that has been performed. Note this has been deidentified for privacy purposes in accordance with privacy restrictions outlined in (1).

Refer to the file titled "NIR Notification" as the proforma notification Qantas receives from the Australian Government with respect to a flight that has had a confirmed COVID-19 case onboard.

Refer to the file titled *"CDNA National Guidelines for Public Health Units"* which was provided to Qantas for the purpose of determination of close contact for crew members on a flight with a confirmed case of COVID-19.

10. Information from Foreign Governments for the purpose of contact tracing of passengers who travelled on a Qantas flight

As previously discussed, there is only limited information that has been received from foreign governments with contact tracing for passengers respect to who have travelled on a Qantas flight. There have been a couple of instances where the Singaporean government has advised of passengers travelling to Singapore who have subsequently tested positive for COVID-19.

Regardless, as you know the crew have been provided with procedures and PPE to manage suspected cases on board the aircraft and thus limit the risk of contraction of the illness. Furthermore, based on all the epidemiology and tracing that has been done by the company, we are unable to conclusively link any confirmed cabin crew positives to confirmed passenger positive cases. The challenge of limited foreign government communications back to Qantas is acknowledged and reinforces the overarching communications and advice to all our crew regarding hand hygiene, personal health monitoring and where to seek advice if someone becomes concerned that they may have symptoms linked with COVID-19.

11. All documentation related to the processes and script for notifying crew as part of the contact tracing

Refer to the file titled *"Call_Notification_Script"* for the script used to notify crew as part of contact tracing.

12. Any documents provided to the crew who have been contacted

Refer to the file titled *"Email template for isolation guidance"* that is used in follow up to all crew contacted as part of contact tracing.

Refer to the file *"Govt Casual Contact Guidance Coronavirus Covid 19 Information"* that is provided to crew as part of contact tracing.

Refer to the file *"Govt coronavirus-covid-19 isolation-guidance _1"* that is provided to crew in the event self-isolation is required.'

13. The time between the potential exposure to the CoVid 19 passenger to when the crew member was advised about the exposure in each case

Qantas enacts the contact tracing of crew members when advised by the National Incident room of a positive Covid-19 customer on board.

Qantas will not enact this process until positive formal confirmation has been provided due to the risk around enacting this process for potentially false cases. Notwithstanding this, Qantas has issued numerous correspondence to all personnel regarding the risks associated with COVID-19, symptoms and what to do if an individual suspect they have contracted the illness or has been in close contact with a suspected case.

The time from when formal advice is given to when crew are contacted is between 1-24 hrs dependent on time of day.

Where information is provided from other sources, we will assess its veracity to determine whether contact tracing is warranted.

14. *For casual, close and confirmed contact the follow up protocols and documentation to verify each case*

Refer to the file titled "COVID Enacted Protocol – All Flights" as a spreadsheet which contains records of all cases and crew contact tracing that has been performed. Note this has been deidentified for privacy purposes in accordance with privacy restrictions outlined in (1).

Refer to the previously outlined documents in (11) with respect to the documentation utilised and shared with crew members as part of contact tracing.

Regards,
Matt

From: David Horsfall <[REDACTED]>
Sent: Friday, 27 March 2020 4:46 PM
To: Matthew Franzl <[REDACTED]@qantas.com.au>
Cc: Rachel Yangoyan <[REDACTED]@qantas.com.au>; Teri Otoole <[REDACTED]@faaa.net>; Amy Todd <[REDACTED]@qantas.com.au>
Subject: Section 68.2F request for information

Hi Matt,

Please see a request from elected NSW based International Cabin Crew Health and Safety Representatives.

Kind regards

David Horsfall HSR

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Qantas Airways Limited
ABN 16 009 661 901
Visit Qantas online at <http://qantas.com>

Attachment DH7.1

Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units

Revision history			
Version	Date	Revised by	Changes
2.4	26 March 2020	Communicable Diseases Network Australia	Inclusion of advice for probable cases throughout.
2.3	24 March 2020	Communicable Diseases Network Australia	Revised: Case definition.
2.2	21 March 2020	Communicable Diseases Network Australia	Revised: Case management – Release from isolation.
2.1	20 March 2020	Communicable Diseases Network Australia	Revised: Case definition, Contact management, Special situations.
2.0	13 March 2020	Communicable Diseases Network Australia	Revised: Case definition, Contact management, Laboratory testing, Appendix A.
1.18	10 March 2020	Communicable Diseases Network Australia	Revised: Case definition, Case management, Contact management. Inclusion of Air crew and Schools advice in Special situations section.
1.17	05 March 2020	Communicable Diseases Network Australia	Inclusion of self-quarantine advice for returned travellers from South Korea, revised Case management, inclusion of table of contents.
1.16	04 March 2020	Communicable Diseases Network Australia	Inclusion of Aboriginal and Torres Strait Islander community advice in Special situations section.
1.15	03 March 2020	Communicable Diseases Network Australia	Revised: Case definition, Contact management.
1.14	02 March 2020	Communicable Diseases Network Australia	Revised: Case definition, Risk stratification of countries, Contact management.
1.13	28 February 2020	Communicable Diseases Network Australia	Revised: Laboratory testing, isolation and restriction and Appendix A: laboratory testing information.
1.12	27 February 2020	Communicable Diseases Network Australia	Inclusion of Cambodia in the list of countries in the Person under investigation section.

1.11	26 February 2020	Communicable Diseases Network Australia	Inclusion of Italy in the list of countries in the Person Under Investigation section.
1.10	23 February 2020	Communicable Diseases Network Australia	Inclusion of South Korea and Iran in the list of countries in the Person Under Investigation section.
1.9	21 February 2020	Communicable Diseases Network Australia	Revised: case definition, infectious period, contact management, special situation (cruise ship). Specific changes are highlighted.
1.8	17 February 2020	Communicable Diseases Network Australia	Inclusion of statement reflecting that passengers of the Diamond Princess cruise meet the criteria for close contact.
1.7	15 February 2020	Communicable Diseases Network Australia	Revised case definition.
1.6	14 February 2020	Communicable Diseases Network Australia	Addition of Appendix B: Interim recommendations for the use of personal protective equipment (PPE) during hospital care of people with Coronavirus Disease 2019 (COVID-19). Updated nomenclature.
1.5	7 February 2020	Communicable Diseases Network Australia	Inclusion of advice on release from isolation.
1.4	6 February 2020	Communicable Diseases Network Australia	Revised case definition and added rationale. Updated infection control advice throughout.
1.3	4 February 2020	Communicable Diseases Network Australia	Revised the case definition and use of the terms 'quarantine' and 'isolation'.
1.2	2 February 2020	Communicable Diseases Network Australia	Revised the case definition, close and casual contact definitions and added self-isolation guidance.
1.1	27 January 2020	Communicable Diseases Network Australia	Removed references to Wuhan and revised the case definition.
1.0	23 January 2020	Communicable Diseases Network Australia	Developed by the 2019-nCoV Working Group.

This document summarises interim recommendations for surveillance, infection control, laboratory testing and contact management for coronavirus disease 2019 (COVID-19). It is the first national guidance issued for COVID-19 and will be further developed into the Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units (COVID-19 SoNG).

It has been adapted from CDNA National Guidelines for Public Health Units MERS-CoV, utilising current CDC and WHO guidance, and is based on the current knowledge of the situation in mainland China and other countries, and experiences with SARS-CoV and MERS-CoV.

CDNA will review and update these recommendations as required as new information becomes available on the situation.

These interim Guidelines are to be used in the first instance whilst a Series of National Guidelines is being developed by the Communicable Diseases Network Australia (CDNA).

These interim guidelines capture the knowledge of experienced professionals, and provide guidance on best practise based upon the best available evidence at the time of completion.

Readers should not rely solely on the information contained within these Guidelines. Guideline information is not intended to be a substitute for advice from other relevant sources including, but not limited to, the advice from a health professional. Clinical judgement and discretion may be required in the interpretation and application of these guidelines.

The membership of the CDNA and the AHPPC, and the Commonwealth of Australia as represented by the Department of Health ('the Commonwealth'), do not warrant or represent that the information contained in these Guidelines is accurate, current or complete. The CDNA, the AHPPC and the Commonwealth do not accept any legal liability or responsibility for any loss, damages, costs or expenses incurred by the use of, or reliance on, or interpretation of, the information contained in these Guidelines.

Abbreviations and definitions

COVID-19:	coronavirus disease 2019. The name of the disease caused by the virus SARS-CoV-2, as agreed by the World Health Organization, the World Organization for Animal Health and the Food and Agriculture Organization of the United Nations. For more information, see the World Health Organization Director-General's remarks: https://www.who.int/dg/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020
SARS-CoV-2:	severe acute respiratory syndrome coronavirus 2. The formal name of the coronavirus that causes COVID-19, as determined by the International Committee on Taxonomy of Viruses. Previously, this coronavirus was commonly known as 'novel coronavirus 2019 (2019-nCoV)'. For more information see the International Committee on Taxonomy of Viruses manuscript: https://www.biorxiv.org/content/10.1101/2020.02.07.937862v1.full.pdf

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1. Case definition

Confirmed case

A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture.

Probable case

A person with fever ($\geq 38^{\circ}\text{C}$)¹ or history of fever (e.g. night sweats, chills) **OR** acute respiratory infection (e.g. cough, shortness of breath, sore throat) **AND** who is a household contact (see [Contact definition below](#)) of a confirmed or probable case of COVID-19, where testing has not been conducted.

Suspect case

A person who meets the following epidemiological and clinical criteria:

Epidemiological criteria	Clinical criteria	Action
Very high risk <ul style="list-style-type: none">• Close contact (see Contact definition below) in the 14 days prior to illness onset with a confirmed or probable case• International travel in the 14 days prior to illness onset• Cruise ship passengers and crew who have travelled in the 14 days prior to illness onset	Fever ($\geq 38^{\circ}\text{C}$) ¹ or history of fever OR acute respiratory infection (e.g. cough, shortness of breath, sore throat)	Test ²
High risk setting <ol style="list-style-type: none">1. Two or more cases of illness clinically consistent with COVID-19 (see clinical criteria) in the following settings:<ul style="list-style-type: none">• Aged care and other residential care facilities• Military operational settings• Boarding schools• Correctional facilities• Detention centres• Aboriginal rural and remote communities, in consultation with the local PHU• Settings where COVID-19 outbreaks have occurred, in consultation with the local PHU2. Individual patients with illness clinically consistent with COVID-19 (see clinical criteria) in a geographically localised area with elevated risk of community transmission, as defined by PHUs	Fever ($\geq 38^{\circ}\text{C}$) ¹ or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat)	Test (on site for aged care residents, where feasible)

Moderate risk <ul style="list-style-type: none"> Healthcare workers, aged or residential care workers 	Fever ($\geq 38^{\circ}\text{C}$) ¹ or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat)	Test
Background risk (No epidemiological risk factors)	Hospitalised patients with fever ($\geq 38^{\circ}\text{C}$) ¹ AND acute respiratory symptoms (e.g. cough, shortness of breath, sore throat) ³ of an unknown cause	Test

¹ It is recommended that temperature is measured using a tympanic, oral or other thermometer proven to consistently and accurately represent core body temperature.

² Testing household contacts of confirmed or probable cases of COVID-19 may not be indicated where resources are constrained. These cases would be considered 'probable cases' (see definition above).

³ Clinical judgement should be exercised in testing hospitalised patients. All patients should attend an emergency department if clinical deterioration occurs.

Rationale for current case definitions

The case definitions are based on what is currently known about the clinical and epidemiological profile of cases of COVID-19 presenting to date both in Australia and internationally. Health authorities are constantly monitoring the spectrum of clinical symptoms as cases arise, and, if there are any significant shifts, they will be reflected in the above definitions in future versions of this document.

The 14 day period is based upon what is currently known to be the upper time limit of the incubation period. As more precise information about the incubation period emerges, this will be reviewed.

2. Laboratory testing

Patients meeting the suspect case definition ([above](#)) should be tested for SARS-CoV-2. Where applicable, consult with your state/territory communicable diseases agency to seek advice on which laboratories can provide SARS-CoV-2 testing; appropriate specimen type, collection and transport; and also to facilitate contact management if indicated.

When collecting respiratory specimens, transmission-based precautions should be observed whether or not respiratory symptoms are present.

For most patients with mild illness in the community, collection of upper respiratory specimens (i.e. nasopharyngeal or oropharyngeal swabs) is a low risk procedure and can be performed using **contact and droplet precautions**:

- Perform hand hygiene before donning gown, gloves, eye protection (goggles or face shield), and surgical mask.

- To collect combined nasopharyngeal/nasal and oropharyngeal swabs, stand slightly to the side of the patient to avoid exposure to respiratory secretions, should the patient cough or sneeze.
- At completion of consultation, remove personal protective equipment (PPE) and perform hand hygiene, wipe any contacted/contaminated surfaces with detergent /disinfectant.
- Note that, for droplet precautions, the room does not need to be left empty after sample collection.

If the patient has severe symptoms suggestive of pneumonia, e.g. fever and breathing difficulty, or frequent, severe or productive coughing episodes then **contact and airborne precautions** should be observed.

Patients with these symptoms should be managed in hospital, and sample collection conducted in a negative pressure room, if available. If referral to hospital for specimen collection is not possible, specimens should be collected in a room from which air does not circulate to other areas. The door should be closed during specimens collection and the room left vacant for at least 30 minutes afterwards (cleaning can be performed during this time by a person wearing PPE).

The following precautions should be observed:

- Perform hand hygiene before donning gown, gloves, eye protection (goggles or face shield) and a **P2/N95 respirator – which should be fit checked**.
- At completion of consultation, remove gown and gloves, perform hand hygiene, remove eye protection and P2/N95 respirator. Do not touch the front of any item of PPE during removal; perform hand hygiene.
- The room surfaces should be wiped clean with disinfectant wipes by a person wearing gloves, gown and surgical mask.

For further information on circumstances requiring airborne precautions, see [aerosol generating procedures](#).

Routine tests for acute pneumonia/pneumonitis should be performed where indicated, including bacterial cultures, acute and convalescent serology, urinary antigen testing and nucleic acid tests for respiratory pathogens, according to local protocols.

Serology for SARS-CoV-2 is not yet available. Collection of serum for storage by the SARS-CoV-2 testing laboratory is recommended to facilitate retrospective testing, if this is relevant, once serology tests become available.

See [Appendix A](#) for additional SARS-CoV-2 laboratory testing information.

3. Case management

Response times

On the same day as notification of a confirmed, probable, or suspect case, begin follow up investigation and, where applicable, notify your central state or territory communicable diseases agency.

PHU staff should be available to contribute to the expert assessment of patients under investigation as possible cases on request from hospital clinicians or general practitioners.

Response procedure

Case investigation

The response to a notification will normally be carried out in collaboration with the clinicians managing the case, and be guided by the COVID-19 public health unit checklist and the COVID-19 investigation form (currently pending).

Regardless of who does the follow-up, PHU staff should ensure that action has been taken to:

- Confirm the onset date and symptoms of the illness.
- Confirm results of relevant pathology tests, or recommend that tests be done.
- Seek the treating doctor's permission to contact the case or relevant care-giver.
- Determine if the diagnosis has been discussed with the case or relevant care-giver before beginning the interview.
- Review case and contact management.
- Ensure appropriate infection control guidelines are followed in caring for the case.
- Identify the likely source of infection.

Note: If interviews with suspected cases are conducted face-to-face, the person conducting the interview must have a thorough understanding of infection control practices and be competent in using appropriate PPE.

Case treatment

In the absence of pathogen-specific interventions, patient management largely depends on supportive treatment, and vigilance for and treatment of complications.

Further advice on clinical management is available from WHO: (https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517_2)

Education

Provide a COVID-19 factsheet to cases and their close contacts.

Ensure that they are aware of the signs and symptoms of COVID-19, the requirements of quarantine and isolation, contact details of the PHU and the infection control practices that can prevent the transmission of COVID-19.

Isolation and restriction

Cases will generally be managed in hospital. If clinically indicated, cases may be managed at home only if it can be ensured that the case and household contacts are counselled about risk and that appropriate infection control measures are in place.

Healthcare workers and others who come into contact with confirmed, probable, and suspect cases must be protected according to recommended infection control guidelines. Visitors should be restricted to close family members.

A risk assessment should be undertaken for suspected cases who initially test negative for SARS-CoV-2. If there is no alternative diagnosis and a high index of suspicion remains that such cases may have COVID-19, consideration should be given to continued isolation and use of the recommended infection control precautions, pending further testing (see [Laboratory testing section](#) and [Appendix A](#)) and re-assessment.

While recommendations on isolation and PPE for management of confirmed, probable, and suspect cases initially took a deliberately cautious approach, emerging evidence and expert advice now supports requirements commensurate with the risk in particular clinical circumstances.

In addition to standard precautions, interim recommendations for the use of PPE during clinical care of people with possible COVID-19 are:

- **Contact and droplet precautions** are recommended for **routine care** of patients in quarantine or with confirmed, probable, or suspected COVID-19.
- **Contact and airborne precautions** are recommended when performing **aerosol-generating procedures**, including intubation and bronchoscopy, and for care of **critically ill patients** (see [Appendix B](#) for further information).

Other recommended infection control measures include:

- When a patient who meets the suspect case definition presents to a healthcare setting (GP, hospital ED, or pathology collection centre) and whether or not respiratory symptoms are present, the patient should immediately be:
 - given a surgical mask to put on, and
 - directed to a single room. If the patient has severe symptoms suggestive of pneumonia, they should be directed to a negative pressure room, if available, or a room from which the air does not circulate to other areas.
- If a patient with confirmed or probable COVID-19 needs to be transferred out of their isolation room, the patient should wear a "surgical" face mask and follow respiratory hygiene and cough etiquette.

Release from isolation

1. Confirmed or probable cases with mild illness who did not require hospitalisation.

The case can be released from isolation if they meet all of the following criteria:

- 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 hours¹

The case should be advised to continue to be diligent to hand hygiene and cough etiquette and practise social distancing, as is indicated for the rest of the community, as this will assist in reducing transmission.

2. Confirmed or probable cases with more severe illness who have been discharged from hospital.

If the case is ready clinically for hospital discharge, but has not had two consecutive swabs taken at least 24 hours apart which are negative for SARS-CoV-2 by PCR, then they should be discharged to home isolation.

The case can be released from isolation if they meet all of the following criteria:

- at least 10 days have passed since hospital discharge; and

- there has been resolution of all symptoms of the acute illness for the previous 72 hours¹

The case should be advised to continue to be diligent to hand hygiene and cough etiquette and practise social distancing, as is indicated for the rest of the community, as this will assist in reducing transmission.

3. All cases who have specimens taken at clinical recovery can be released from isolation if they meet the criteria below.

Healthcare workers and workers in aged care facilities must meet the following criteria for release from isolation.

A confirmed or probable case can be released from isolation if they meet all of the following criteria:

- the person has been afebrile for the previous 48 hours;
- resolution of the acute illness for the previous 24 hours¹;
- be at least 7 days after the onset of the acute illness;
- PCR negative on at least two consecutive respiratory specimens collected 24 hours apart after the acute illness has resolved^{2, 3} – this will be reviewed as the pandemic evolves in Australia.

¹Some people may have pre-existing illnesses with chronic respiratory signs or symptoms, such as chronic cough. For these people, the treating medical practitioner should make an assessment as to whether the signs and symptoms of COVID-19 have resolved.

²If the patient has a productive cough due to a pre-existing respiratory illness or other ongoing lower respiratory tract disease, then the sputum or other lower respiratory tract specimens must be PCR negative for SARS-CoV-2. Otherwise upper respiratory tract specimens (nasopharyngeal or nose and throat swabs) must be PCR negative.

³A small proportion of people may have an illness that has completely resolved but their respiratory specimens remain persistently PCR positive. A decision on release from isolation for these people should be made on a case-by-case basis after consultation between the person's treating medical practitioner, the testing laboratory and public health. Results of viral culture, if available, may be included in this consideration.

Follow up should include the person being reviewed seven days after release from isolation for:

- clinical review to ensure full symptom resolution
- collection of a serum specimen for storage and possible later serologic testing (the person should be informed that this is for future test development and does not inform their clinical care).

Routine PCR testing at seven days after release is not recommended unless the person has clinical features consistent with COVID-19.

Faecal sampling is not recommended as a standard test, however, it may be done for patients with gastrointestinal symptoms. For cases who do have faecal samples tested, and remain persistently PCR positive in these samples after all the release from isolation criteria (above) are met, further or extended precautions and exclusions should be implemented on a case-by-case basis;

- All cases with diarrhoea should be advised not to prepare food for others until 48 hours after symptoms have resolved.
- Cases who have employment that may pose an increased risk of onward transmission (e.g. healthcare workers, restaurant workers and food handlers), should be excluded from work until 48 hours after any symptoms of diarrhoea have resolved.
- Cases with ongoing diarrhoea or faecal incontinence who may have limited capacity to maintain standards of personal hygiene should continue to be isolated until 48 hours after the resolution of these symptoms.

Patients do not require repeat testing until they are PCR negative in faecal samples. It is recommended that people who remained persistently PCR positive in faecal samples use soap and water for hand hygiene. If this is unavailable, alcohol hand gel should be used. Education emphasising the importance of proper hand hygiene should be provided to **all** cases upon release from isolation.

Aerosol-generating procedures

Appropriate care should be taken during aerosol-generating procedures. Aerosol-generating procedures include: tracheal intubation, non-invasive ventilation, tracheostomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, and high flow nasal oxygen. Collection of upper respiratory specimens is not generally regarded as aerosol generating, but airborne precautions should be used for collection of specimens from severely symptomatic patients (see [Laboratory testing section](#)).

P2/N95 respirators should be used only when required. Unless used correctly, i.e. with fit-checking, they are unlikely to protect against airborne pathogen spread.

Airborne precautions should be used routinely for aerosol-generating procedures, such as bronchoscopy, intubation, suctioning etc. in hospital settings. Nebuliser use should be discouraged and alternative administration devices (e.g. spacers) should be used.

The [Laboratory testing section](#) provides detailed information on sample collection for SARS-CoV-2.

Active case finding

Contacts (see [Contact management section](#)) should be identified and advised to immediately seek medical advice should they develop symptoms. Contacts or caregivers should be asked to also inform the public health agency if they develop symptoms.

4. Environmental evaluation

Where local transmission of COVID-19 is thought possible, a thorough review of contributing environmental factors should be done. This should include a review of infection control procedures, and opportunities for exposure to respiratory or faecal contamination.

If a case has had occupational exposure to animals it may be appropriate to consult with animal health authorities.

5. Infectious period

Infectious period of COVID-19 remains unknown, however there is some evidence to support the occurrence of pre-symptomatic or asymptomatic transmission (1). As a precautionary approach, cases are considered to be infectious 24-hours prior to onset of symptoms. Cases are considered to pose a risk of onward transmission and require isolation until criteria listed in the [release from isolation section](#) have been met.

6. Contact management

As there remain gaps in the understanding of infectivity of COVID-19 cases and transmission modes, the definition of contacts and their public health management is based on available information on COVID-19 together with observations from similar serious coronaviruses – SARS-CoV and MERS-CoV.

Identification of contacts

Persons categorised as close contacts (see definition of "close contacts" below) of a confirmed or probable case should be followed-up, provided with information, and self-quarantine at home for 14 days following the last contact with the case. Close contacts should be monitored for the development of symptoms for 14 days after the last exposure to the case (i.e. the maximum incubation period) where feasible to do so.

Contacts of suspect cases should also be considered for contact management if there is likely to be a delay in confirming or excluding COVID-19 in the suspect case, such as delayed testing.

Less frequent active follow-up together with passive surveillance may be necessary if there are large numbers of close contacts to monitor.

Close contact definition

A close contact is defined as requiring:

- greater than 15 minutes face-to-face contact in any setting with a confirmed or probable case in the period extending from 24 hours before onset of symptoms in the confirmed or probable case, or
- sharing of a closed space with a confirmed or probable case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed or probable case.

For the purposes of surveillance, a close contact includes a person meeting any of the following criteria:

- Living in the same household or household-like setting (e.g. in a boarding school or hostel) – referred to as 'household contacts'.
- Direct contact with the body fluids or laboratory specimens of a case without recommended PPE or failure of PPE.
- A person who spent 2 hours or longer in the same room (such as a GP or ED waiting room; a school classroom; communal room in an aged care facility). See [Special situations](#) for further information specific to aged care facilities and schools.

- A person in the same hospital room when an aerosol generating procedure is undertaken on the case, without recommended PPE.
- Aircraft passengers who were seated in the same row as the case, or in the two rows in front or two rows behind a confirmed or probable COVID-19 case. Contact tracing of people who may have had close contact on long bus or train trips should also be attempted where possible, using similar seating/proximity criteria.
- For aircraft crew exposed to a confirmed or probable case, a case-by-case risk assessment should be conducted by the airline to identify which crew member(s) should be managed as close contacts. See [Special situations](#) for further information.
- If an aircraft crew member is the COVID-19 case, contact tracing efforts should concentrate on passengers seated in the area where the crew member was working during the flight and all of the other members of the crew.
- Close contacts on cruise ships can be difficult to identify, and a case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts. See [Special situations](#) for further information.

Contact needs to have occurred within the period extending 24 hours before onset of symptoms in the case until the case is classified as no longer infectious by the treating team (usually 24 hours after the resolution of symptoms).

Note that:

- Healthcare workers and other contacts who have taken recommended infection control precautions, including the use of full PPE, while caring for a symptomatic confirmed or probable COVID-19 cases are not considered to be close contacts.
- Contact tracing is not required for close contacts arriving on international flights on or after 16 March 2020.

Returned Traveller definition

Returned travellers are defined as those who have undertaken international travel to any country outside Australia in the last 14 days.

Contact assessment

All persons identified as having had contact with a confirmed or probable case should be assessed to see if they should be classified as a close contact and have demographic and epidemiological data collected. Information on close contacts should be managed according to jurisdictional requirements.

Identification and assessment of the contacts of suspected cases may be deferred pending the results of initial laboratory testing.

Close contact testing

Routine laboratory screening for COVID-19 is not recommended for asymptomatic close contacts.

Prophylaxis

No specific chemoprophylaxis is available for contacts.

Education

Close contacts should be counselled about their risk and the symptoms of COVID-19 and provided with a COVID-19 factsheet. They should be advised to self-quarantine.

Quarantine and restriction

Close contacts

Asymptomatic close contacts should be advised to self-quarantine at home for 14 days following the last contact with the case, and to monitor their health for 14 days after the last possible contact with a confirmed **or probable** COVID-19 case.

Where feasible to do so, public health units should conduct active daily monitoring of close contacts for symptoms for 14 days after the last possible contact with a confirmed **or probable** COVID-19 case.

Self-quarantined close contacts should be advised on the processes for seeking medical care. See [Medical care for quarantined individuals](#).

For the purpose of contact management, swabs are **not** indicated during quarantine in well people. A medical clearance from a health care provider is not required for release from quarantine or for other purposes such as returning to work, school or university.

Returned travellers

All returned travellers who have undertaken international travel and returned on or after **16 March 2020** should self-quarantine at home for 14 days after arrival in Australia.

Returned travellers who have travelled in or transited through **mainland China or Iran** should self-quarantine at home for 14 days after leaving the higher risk country.

Returned travellers who have travelled in or transited through **Italy** on or after 11 March 2020 should self-quarantine at home for 14 days after leaving the higher risk country.

Returned travellers who have travelled in or transited through **South Korea** on or after 5 March 2020 should self-quarantine at home for 14 days after leaving the higher risk country.

Self-quarantined returned travellers should be advised on the processes for seeking medical care. See [Medical care for quarantined individuals](#).

All returned travellers who have undertaken international travel prior to 16 March 2020, and are not required to self-quarantine as per the advice above, should self-monitor for symptoms, practise social distancing when outside the workplace and [immediately isolate themselves if they become unwell](#). This advice should be followed for 14 days after returning to Australia.

Social distancing is an effective measure, but it is recognised that it cannot be practised in all situations and the aim is to generally reduce the potential for transmission. Whilst practising social distancing, people can travel to work (including by public transport) and carry out normal duties. Social distancing outside the workplace is aimed at nonessential activities and includes:

- Avoiding crowds and mass gatherings.
- Avoiding small gatherings in enclosed spaces, for example family celebrations.
- Attempting to keep a distance of 1.5 metres between themselves and other people where possible, for example when out and about in public spaces.

All returned travellers who have undertaken international travel in the last 14 days **who are unwell** with fever, or with respiratory symptoms (with or without fever) or other symptoms consistent with COVID-19 should be isolated and managed as per the current recommendations for suspected cases.

Special risk settings

Healthcare workers

All healthcare workers should observe usual infection prevention and control practices in the workplace. This includes healthcare workers and other staff in any setting who have direct patient contact.

Healthcare workers with influenza like illness should not work while they are symptomatic. They should undergo isolation and additionally be tested for SARS-CoV-2 if they meet the suspect case definition (fever **OR** acute respiratory illness).

Healthcare workers who are defined as close contacts should be treated as such (see section [6. Contact Management](#)).

In settings where the loss of the healthcare worker will have a significant impact on health services an individual risk assessment should be conducted in collaboration with the PHU.

Self-quarantined healthcare worker close contacts should be advised on the processes for seeking medical care. See [Medical care for quarantined individuals](#).

Public health units may assist infection control units of health facilities to identify and monitor healthcare worker close contacts.

It is recognised that clinical work restrictions on healthcare worker close contacts may place strain on individuals and on health services. This underlines the importance of ensuring healthcare workers implement appropriate infection control precautions when assessing and managing confirmed, **probable, and suspect** COVID-19 cases.

Staff (including Healthcare workers) who have direct patient contact in a hospital or residential/aged care facility.

Healthcare workers and other staff with close patient contact who work in hospitals or residential/aged care facilities should take additional precautions given they come into contact with a high case load of potentially vulnerable patients.

All healthcare workers and staff who have close patient contact in hospitals and/or residential/aged care facilities **who have returned from any higher risk country** should be advised not to undertake work in a health care or residential/aged care facility for 14 days since leaving the higher risk country. They should otherwise follow advice provided to other well returned travellers as above.

Aboriginal and Torres Strait Islander Communities

CDNA will continue to monitor the emerging evidence around COVID-19 transmission risks in healthcare settings and Aboriginal and Torres Strait Islander communities and revise these recommendations as needed. For further information, see section [7. Special situations – Aboriginal and Torres Strait Islander Communities](#).

Medical care for quarantined individuals

If individuals under self-quarantine need to see a doctor for any reason (e.g. fever and respiratory symptoms or other illness/injury), they should **telephone their GP or hospital Emergency Department before presenting. Patients with severe symptoms should call 000 and make it clear they are in self-quarantine or isolation because of COVID-19.** If the patient has symptoms consistent with the COVID-19 [case definition](#), the local public health unit should be consulted about the most suitable venue for clinical assessment and specimen collection.

Management of symptomatic contacts

If fever or respiratory symptoms, with or without fever, or other symptoms consistent with COVID-19 develop within the first 14 days following the last contact, PHU staff should arrange for the individual to be immediately isolated and managed as per the current recommendations for suspected COVID-19 cases, with urgent testing for COVID-19 undertaken in an environment which minimises the exposure of others.

Ill contacts who are being evaluated for COVID-19 can be appropriately isolated and managed at home, unless their condition is severe enough to require hospitalisation.

Symptomatic contacts who test negative for SARS-CoV-2 by PCR will still need to be monitored for 14 days after their last contact with a confirmed **or probable** COVID-19 case and may require re-testing.

7. Special situations

Cruise ships

Risk assessment and identification of contacts

Classification of contacts on cruise ships with one or more confirmed **or probable** cases of COVID-19 should be made on a case-by-case basis.

Hospital transfer of confirmed, probable or suspect cases

If confirmed, **probable or suspect** cases on board require transfer to a hospital, the Commonwealth Biosecurity Officer will notify the port authority to provide access for medical transport. The jurisdictional Human Biosecurity Officer will then coordinate transfer of the person to an appropriate medical facility for further management, via the most appropriate means that adheres to necessary precautions.

Quarantine for passengers and crew after arrival at a port

Close contacts arriving prior to 16 March 2020, and any returned travellers arriving on or after 16 March 2020, should self-quarantine. Where feasible, self-quarantine at home should be recommended, (e.g. persons with a residence nearby) ensuring appropriate PPE precautions are employed during travel. For those for whom this is not possible, matters of self-quarantine should be addressed jurisdictionally.

Disembarking and embarking

After all confirmed, probable and suspect cases have been managed appropriately and the Human Biosecurity Officer has determined that no other passengers or crew have symptoms consistent with COVID-19, remaining passengers and crew will be allowed to disembark. The vessel may be permitted to commence embarking once it is certain there is no risk of ongoing transmission.

Air crew

Risk assessment and identification of contacts

Decisions regarding the contact classification of cabin crews can be difficult to determine. On an aircraft with one or more confirmed or probable cases of COVID-19, a case-by-case risk assessment should be conducted by the airline to identify which crew should be managed as close contacts.

Considerations for conducting a risk assessment should include:

- Proximity of crew to confirmed or probable case
- Duration of exposure to confirmed or probable case
- Size of the compartment in which the crew member and confirmed or probable case interacted
- Precautions taken, including PPE worn, when in close proximity to the confirmed or probable case

Where it has been determined that a crew member is a close contact, the airline is responsible for notifying the relevant state/territory public health authority to facilitate management of the close contact.

Aboriginal and Torres Strait Islander communities

Key drivers of increased risk of transmission and severity

- **Mobility:** Aboriginal and Torres Strait Islander peoples are highly mobile, with frequent travel often linked to family and cultural connections and community events involving long distances between cities, towns, and communities. In addition, remote communities have a high flow of visitors (e.g. tourists, fly-in fly-out clinicians and other workers). This increases the risk of transmission even in generally isolated communities.
- **Remoteness:** A fifth of the Aboriginal and Torres Strait Islander population lives in remote and very remote areas. There is often reduced access health services, these are usually at capacity in normal circumstances and are often reliant on temporary staff. Limited transport options may further inhibit presentations and delay laboratory testing.
- **Barriers to access:** Unwell people may present late in disease progression for many reasons including lack of availability of services, institutional racism, and mistrust of mainstream health services.
- **Overcrowding:** Many Aboriginal and Torres Strait Islander communities have insufficient housing infrastructure, which results in people living in overcrowded conditions. This facilitates disease transmission and makes it difficult for cases and contacts to maintain social distance measures and self-quarantine.
- **Burden of disease:** Aboriginal and Torres Strait Islander people experience a burden of disease 2.3 times the rate of other Australians. This may increase the risk of severe disease from SARS-CoV-2.

Key response strategies

- **Shared decision-making and governance:** Throughout all phases, COVID-19 response work should be collaborative to ensure local community leaders are central to the response. Further risk reduction strategies and public health responses should be co-developed, and co-designed, enabling Aboriginal and Torres Strait Islander people to contribute and fully participate in shared decision-making.
- **Social and cultural determinants of health:** Public health strategies should be considered within the context of a holistic approach that prioritises the safety and well-being of individuals, families and communities while acknowledging the centrality of culture, and the addressing racism, intergenerational trauma and other social determinants of health.
- **Community control:** The Aboriginal Community Controlled Health Services (ACCHS) sector provides a comprehensive model of culturally safe care with structured support and governance systems. The network of ACCHS and peak bodies should be included in the response as a fundamental mechanism of engagement and communication.
- **Appropriate communication:** Messages should be strengths-based and encompass Aboriginal ways of living, including family-centred approaches during both prevention and control phases. They should address factors that may contribute to risk such as social determinants of health, including living arrangements and accessibility to services.
- **Flexible and responsive models of care:** Consider flexible health service delivery and healthcare models (e.g. pandemic assessment centres, flexible ACCHSs clinic hours/location with additional staffing, and home visits). Consider employing the use of point of care influenza tests, where available, to help determine whether influenza is implicated in presentations in the community.
- **Isolation and quarantine:** Families should feel empowered and be part of decision-making around quarantine. This can be achieved through exploring with families what quarantine looks like, working through how it might impact on the family and their way of living, and identifying ways around it. Family members will want to visit unwell people in hospital. It should be made clear that there are other ways to be with sick family members in hospital, maintain communication with families and communities in lieu of gatherings (e.g. staying socially connected through the internet and video calling).

Aged care facilities

Aged care facilities are high-risk settings for infectious disease outbreaks. This is due to the fact that there is often high density living with extensive close physical contact between staff and residents during the provision of care. Residents are at increased risk of severe illness and death due to their age and presence of co-morbid conditions. There are often many visitors, volunteers and staff moving between the community and facilities, which can promote the spread of infectious diseases.

Preventative measures

In addition to usual preventative protocols, aged care facilities should ensure that high rates of influenza vaccination are maintained amongst all occupants and staff. Messaging to discourage unwell visitors from visiting facilities and occupants should be reinforced, and care should be taken to ensure unwell staff and volunteers know not to present to work while symptomatic with any infectious condition. Visitors, residents and staff should be encouraged to increase their frequency of hand hygiene (with soap and water or using alcohol hand rub), surface cleaning, and to use correct cough/sneeze etiquette.

Outbreaks

The vast majority of aged care facilities should be primed and already have frameworks and protocols for testing and isolation in the event of respiratory disease outbreaks.

Outbreaks of COVID-19 in residential care facilities should be managed with close reference to the Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities (available at: <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities>). The guidelines provide specific advice on the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia.

Schools

The best way to prevent transmission of COVID-19 in schools is through the promotion of correct hand hygiene habits and cough/sneeze etiquette. Children or staff with upper respiratory tract illness should not attend school while symptomatic. If a child or staff member becomes ill with upper respiratory tract symptoms, they should be isolated from other students and sent home as soon as possible.

Contact tracing or management of school outbreaks may require temporary full or partial school closures; however, closures are not generally recommended as a reactive measure on public health grounds.

8. References

1. Chang D, Xu H, Rebaza A, Sharma L, Dela Cruz CS. Protecting health-care workers from subclinical coronavirus infection. *Lancet Respir Med*. 2020.

9. Appendices

Appendix A: SARS-CoV-2 Laboratory testing information

Appendix B: Interim recommendations for the use of personal protective equipment (PPE) during hospital care of people with Coronavirus Disease 2019 (COVID-19).

Appendix A: SARS-CoV-2 Laboratory testing information

Laboratory testing for SARS-CoV-2 continues to evolve rapidly with the accumulation of clinical data, and as reagents and protocols are refined.

The aim of testing is to, if clinically appropriate, exclude common respiratory viruses using local hospital and community nucleic acid testing capacity, and to simultaneously refer onward to a laboratory with capacity to test for SARS-CoV-2. As co-infection is possible, initial testing protocols should include testing for SARS-CoV-2 in patients with epidemiological risk, even where another infection is shown to be present.

Samples for testing

- (i) upper respiratory tract samples
- (ii) lower respiratory tract sample if the lower tract is involved
- (iii) serum (to be stored pending serology availability)

Upper respiratory tract samples

1. Nasopharyngeal and oropharyngeal swab: may be dacron or rayon, although flocked preferred

- oropharyngeal (throat): swab the tonsillar beds and the back of the throat, avoiding the tongue
- nasopharyngeal: swab the right or left nasopharynx by gently inserting the swab along the floor of the nasal cavity parallel to the palate until resistance is encountered, and rotate gently for 10-15 seconds; then withdraw and repeat the process in the other nostril. **To conserve swabs** the same swab that has been used to sample the oropharynx should be utilised for nasopharynx sampling
- place the swab(s) back into the accompanying transport medium

Sampling both sites, oropharynx and also the nasopharynx, is recommended to optimise the chances of virus detection. The swab(s) should be placed in transport medium, which may be viral transport medium (VTM) or Liquid Amies. Dry swabs are not recommended.

If SARS-CoV-2 testing is to be undertaken in a different laboratory to testing for other respiratory viruses, then the original swab and remaining eluate should be forwarded for SARS-CoV-2 testing.

2. Nasal wash/aspirates

- collect 2-3 mL into a sterile, leak-proof, screw-top dry sterile container

A nasal wash or aspirate if available, may be substituted for the nasopharyngeal swab sample described above.

Lower respiratory tract samples

1. Sputum

- patient should rinse his/her mouth with water before collection
- expectorate deep cough sputum directly into a sterile, leak-proof, screw-top dry sterile container

2. Bronchoalveolar lavage, tracheal aspirate, pleural fluid

- collect 2-3 mL into a sterile, leak-proof, screw-top sputum collection cup or dry sterile container

As lower respiratory tract specimens contain the highest viral loads in SARS-CoV and MERS-CoV, it is advised that lower respiratory tract specimens should be collected for SARS-CoV-2 testing where possible. Initial experience in testing for SARS-CoV-2 seems to be consistent with this prior experience. Repeat testing (especially of lower respiratory tract specimens) in clinically compatible cases should be performed if initial results are negative and there remains a high index of suspicion of infection.

Serology

Serum should be collected during the acute phase of the illness (preferably within the first 7 days of symptom onset), stored, and when serology testing becomes available tested in parallel with convalescent sera collected 3 or more weeks after acute infection. If no acute sample was collected, sera collected 14 or more days after symptom onset may be tested.

Specimen handling in the laboratory

Microbiology Laboratory

Laboratory staff should handle specimens under PC2 conditions in accordance with AS/NZS 2243.3:2010 Safety in Laboratories Part 3: Microbiological Safety and Containment. Specimens should be transported in accordance with current regulatory requirements as diagnostic samples for testing.

Clinical Pathology

Non-respiratory specimens (blood, urine, stool) are known to contain virus. Standard precautions should be used for non-microbial pathology testing (such as routine biochemistry and haematology). Where possible auto-analysers should be used according to standard practices and/or local protocols. There is evidence that capping and uncapping of samples is not a high risk aerosol generating procedure.

Respiratory Virus Diagnostic Testing

Nucleic acid testing of the upper or lower respiratory tract samples is performed for influenza and other common respiratory viruses using standard protocols and methods of the hospital or community laboratory.

Standard protocols of the testing laboratory for respiratory sample processing should be used. This is expected to consist of PC2 laboratory practices, and use of a Class II Biosafety cabinet for aerosol generating procedures (such as centrifuging without sealed carriers, vortexing). Viral culture can only be undertaken in an accredited laboratory that has a PC3 facility.

The residue (original swab and remaining eluate) of the upper tract sample is forwarded together with the lower tract sample and the serum to the reference laboratory with SARS-CoV-2 testing capacity requesting SARS-CoV-2 testing.

Clinical liaison with jurisdictional public health officers is essential to coordinate referral and testing.

Standard protocols should be used for sample packaging and transport as diagnostic samples for testing (i.e. Category B).

SARS-CoV-2 specific testing

Nucleic acid testing (NAT) using real time polymerase chain reaction (RT-PCR) is the method of choice for detection of SARS-CoV-2. Specific diagnostic test approaches for SARS-CoV-2 will be described here only in broad terms. There is significant variation in PCR assays employed by different PHLN member laboratories, and test algorithms are likely to be further refined over time. Commercial assays are becoming available from March 2020 and evaluation of these, or reference to another laboratory evaluation, needs to be performed prior to introduction.

Specific Real Time PCR primer sets to detect SARS-CoV-2 are available. Some PHLN member laboratories have designed their own, and some have implemented primer sets recommended to the World Health Organization (WHO) by leading international coronavirus reference laboratories (available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance>). The majority of PHLN testing capacity now employs relatively swift RT-PCR assays for screening, with a laboratory turnaround time of several hours. Confirmation of positives is being done either with RT-PCR assays detecting a different target gene, or broadly reactive PCR tests with sequencing of amplicons (see below).

Well pedigreed PCR primer sets, probes and protocols are available from the WHO/ European Viral Archive (EVA) (available at: https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf?sfvrsn=a9ef618c_2).

Many PCR assays, including those available through WHO will also detect other zoonotic coronaviruses such as SARS-CoV, sometimes with a recognisable shift in the cycle threshold value (Ct) compared to the SARS-CoV-2 target, but not commonly circulating coronaviruses usually detected by commercial assays (e.g. NL63, 229E strains).

Several Australian PHLN reference laboratories began diagnostic testing for the current outbreak using PCR assays capable of detecting a wide range of coronaviruses, including zoonotic and novel pathogens. A number of these were mapped against the promulgated nucleic acid sequence of SARS-CoV-2 from Wuhan, China (GenBank accession MN908947, December 2019) early in the course of the outbreak. Nucleic acid sequencing of amplicons from positive tests is used to identify the coronavirus in this approach. These assays have relatively long turnaround times and have largely been replaced by RT-PCR other than as a confirmatory test in some laboratories.

Complementary DNA (cDNA) synthesized from the VIDRL SARS-CoV-2 has now been made available to all PHLN member laboratories as a test positive control. Synthetic positive control material in the form of nucleic acid templates is also available through WHO/ European Viral Archive (EVAg).

There is variable use of one or two viral targets for SARS-CoV-2 testing. Confirmatory testing using an alternative target, at least in the early stages, for positive samples, is recommended if using a single target.

Testing algorithms are likely to be revised pending further information about the virus, and the number of specimens received in the laboratory for testing.

Viral culture should not be performed for routine diagnosis, and should only be attempted in reference laboratories with appropriate experience and containment facilities. Currently where attempted this is being done at Physical Containment Level 3 (PC3), consistent with current recommendations for SARS-CoV, pending specific SARS-CoV-2 international recommendations.

The Royal College of Pathologists of Australasia Quality Assurance Program (RCPAQAP) with Australian Government support, performed the first SARS-CoV-2 specific QAP, which closed on 11th March 2020, and involved 16 public and private laboratories in all Australian states and in New Zealand. This proficiency testing program (PTP) supplemented previous SARS-CoV, MERS-CoV and other coronaviruses PTP. A second, more detailed PTP is planned to be performed by the RCPA QAP in mid 2020. The second PTP is planned for distribution to a wider range of laboratories, once testing has been extended to more laboratories.

Randox Laboratories and Quality Control for Molecular Diagnostics (QCMD) have announced a pilot EQA scheme for coronaviruses which will include inactivated SARS-CoV-2.

Further Information

The [Department of Health](#) has produced a series of [resources on COVID-19 for health professionals, including pathology providers and healthcare managers, these may be accessed here](#).

Appendix B: Interim recommendations for the use of personal protective equipment (PPE) during hospital care of people with Coronavirus Disease 2019 (COVID-19).

These recommendations are intended for hospital personnel who enter a clinical space with COVID-19 patients, including wardspersons, food deliverers, cleaners, and clinical personnel.

Background:

Although Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) which causes COVID-19 has spread rapidly and widely in mainland China, there has been limited transmission elsewhere, i.e. containment precautions have been mostly successful to date. At the time of writing, the crude mortality (~2%) in China is based on laboratory confirmed cases; many milder cases are almost certainly not being tested and the mortality is likely to be lower. Most cases in Australia have been relatively mild but a small number of deaths has been reported outside of mainland China. While a number of healthcare-associated infections have been reported with COVID-19 (in healthcare workers and patients)—as occurred with SARS and MERS—the risk for COVID-19 is likely to be very low, when infection control precautions are adhered to correctly.

General principles:

- **Standard precautions, including hand hygiene (5 Moments)** for all patients with respiratory infections. Patients and staff should observe cough etiquette and respiratory hygiene.
- **Transmission-based precautions** for patients with confirmed, probable, or suspected COVID-19:
 - **Contact and droplet precautions** for routine care of patients.
 - **Contact and airborne precautions** for aerosol generating procedures (AGPs).

Contact and droplet precautions:

Contact and droplet precautions can be safely used for routine patient care of inpatients with confirmed, probable or suspected COVID-19 (see Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units for case definition)

- On presentation or admission to hospital the patient should be:
 - given a surgical mask to put on, and
 - placed in a single room (ensuring air does not circulate to other areas)
 - placed in a negative pressure room (in the event of AGPs being performed).
- If transfer outside the room is essential, the patient should wear a surgical mask during transfer and follow respiratory hygiene and cough etiquette.
- For most inpatient contacts between healthcare staff and patients the following PPE is safe and appropriate and should be put on before entering the patient's room:
 - long-sleeved gown
 - surgical mask
 - face shield or goggles
 - disposable nonsterile gloves when in contact with patient (hand hygiene before donning and after removing gloves)
- For hospitalised patients requiring frequent attendance by medical and nursing staff, a P2/N95 respirator should be considered for prolonged or very close contact.

Contact and airborne precautions for aerosol-generating procedures (AGPs) and care of clinically ill patients requiring high level/high volume hands-on contact outside of ICU:

- **Contact and airborne precautions should be used routinely for AGPs**, which include:
 - tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy (and bronchoalveolar lavage), high flow nasal oxygen
 - The use of nebulisers should be avoided and alternative medication administration devices (e.g. spacers) used.
- PPE for contact and airborne procedures should be put on before entering patients room:
 - long-sleeved gown
 - P2/N95 respirator (mask) – should be fit-checked with each use
 - face shield or goggles
 - disposable nonsterile gloves when in contact with patient (hand hygiene before donning and after removing gloves)
- P2/N95 respirators (mask) should be used only when required.
- Unless used correctly, i.e. with fit-checking, a P2/N95 respirator (mask) is unlikely to protect against airborne pathogen spread.
 - An air-tight seal may be difficult to achieve for people with facial hair. Fit checking with a range of P2/N95 respirators must occur to assess the most suitable one to achieve a protective seal. If a tight seal cannot be achieved, facial hair should be removed.

Care of critically ill patients in ICU

- Patients who require admission to ICU with severe COVID-19 are likely to have a high viral load, particularly in the lower respiratory tract
- **Contact and airborne precautions** (as above) are required for patient care and are adequate for most AGPs.
 - The risk of aerosol transmission is reduced once the patient is intubated with a closed ventilator circuit but there is a potential, but unknown, risk of transmission from other body fluids such as diarrhoeal stool or vomitus or inadvertent circuit disconnection
- If a health care professional is required to remain in the patient's room continuously for a long period (e.g. more than one hour), because of the need to perform multiple procedures, the use of a powered air purifying respirator (PAPR) may be considered for additional comfort and visibility. A number of different types of relatively lightweight, comfortable PAPRs are now available and should be used according to manufacturer's instructions. Only **PPE marked as reusable** should be reused, following **reprocessing** according to manufacturer's instructions. All other PPE must be disposed of after use.

ICU staff caring for patients with COVID-19 (or any other potentially serious infectious disease) should be trained in the correct use of PPE, including by an infection control professional. This also applies particularly to the use of PAPRs, if required. Particular care should be taken on removal of PAPR, which is associated with a risk of contamination.

Additional precautions:

Staff

- A staff log for each room entry should be maintained, to allow monitoring of potential breaches of infection control and follow-up contacts, if necessary.

Disposal of PPE and other waste

- Waste should be disposed in the normal way for clinical waste
- All non-clinical waste is disposed of into general waste

Handling of linen

- Routine procedures for handling of infectious linen should be followed
- Visibly soiled linen should be placed in a (soluble) plastic bag inside a linen skip

Environmental cleaning of patient care areas

- Cleaners should observe contact and droplet precautions (as above).
- Frequently touched surfaces (such as doorknobs, bedrails, tabletops, light switches, patient handsets) in the patient's room should be cleaned daily.
- Terminal cleaning of all surfaces in the room (as above plus floor, ceiling, walls, blinds) should be performed after the patient is discharged.
- A combined cleaning and disinfection procedure should be used, either 2-step— detergent clean, followed by disinfectant; or 2-in-1 step— using a product that has both cleaning and disinfectant properties. Any hospital-grade, TGA-listed disinfectant that is commonly against norovirus is suitable, if used according to manufacturer's instructions.

Attachment DH 7.2

Good afternoon,

Following your conversation with a Cabin Crew Support Team member about your recent flight with a possible case of COVID-19, please find attached some information about home and self-isolation guidelines. As a reminder, it is crucial that you follow strictly these guidelines as they are governmental requirement.

Please don't hesitate to contact us or Qantas medical if you have any questions. Some useful contacts:

- Cabin Crew Support Team [REDACTED]
- Qantas Medical (02) [REDACTED]
- QCARE [REDACTED]
- EAP 1300 687327

Kind Regards,

CCST

Cabin Crew Support Team

P. [REDACTED]

E. [REDACTED]@qantas.com.au





Australian Government

**Department of Health
National Incident Room**

Our reference: NIR #XXXXXXX

Recipients: QANTAS Security, Ian Hosegood, QANTAS Medical Services, Whitney Hughes

Dear Qantas

The National Incident Room (NIR) of the Department of Health has been notified of a communicable disease risk to passengers aboard one of your flights.

Request

We are requesting the Passenger Seat Allocation List for **all passengers two rows fore-and-aft (full width) of the index case**. To ensure travellers can be contacted as quickly as possible by relevant public health unit(s) in Australia, we appreciate if you are able to copy your response to the following:

Flight Details

Flight:

Departure Port:

Departure Date:

Arrival Port:

Arrival Date:

Index Passenger:

Index Passenger Passport/Date of Birth (for verification):

Index Row/Seat:

Risk to Cabin Crew

This event may pose a risk to cabin crew. We recommend this request is assessed by occupational health officials within your organisation. Information for the airline industry, including flight crew, [is available on our website](#). If you require further information to assess the risk to crew, please contact the NIR on XXXXXXX or XXXXXX

Legislation

This information is requested under Annex 4.1A(d) of the International Health Regulations 2005 and Section 19 of the *National Health Security Act 2007* (the NHS Act). The NIR will use this information to identify which passengers were potentially exposed to the communicable disease during the flight, based on their proximity to the index case.

Human coronavirus with pandemic potential, including COVID-19, is designated as a Listed Human Disease under the *Biosecurity Act 2015* (Biosecurity Act) and a public health event of national significance under the NHS Act. The information contained in this document may include personal information and is supplied in accordance with the Biosecurity Act and NHS Act. This information may only be copied, disclosed and used for the purposes of assessing and managing a public health risk in accordance with, and subject to, the Biosecurity Act and NHS Act.

Kind regards

XXXXXX

for

National Incident Room
Office of Health Protection
Australian Government Department of Health



Isolation guidance

If you have travelled from mainland China or Iran, or been in close contact with a confirmed case of coronavirus, special restrictions apply.

This information sheet should be read in conjunction with the 'What you need to know' and 'Isolation guidance' information sheets at www.health.gov.au

Who needs to isolate?

To help limit the spread of coronavirus, you must isolate yourself in the following circumstances:

- If you have left, or transited through mainland China in the last 14 days, you must isolate yourself for 14 days from the date of leaving mainland China.
- If you have left, or transited through Iran on or after 1 March, you must isolate yourself until 14 days after leaving Iran.
- If you have been in close contact with a proven case of coronavirus, you must isolate yourself for 14 days from the date of last contact with the confirmed case.

Stay at home or in your hotel

When travelling home or to your hotel to start isolation use personal transport, such as a car, to minimise exposure to others. If you need to use public transport (e.g. taxis, ride-hail services, trains, buses and trams), follow the precautions outlined in the public transport guide at <https://www.health.gov.au/resources/publications/novel-coronavirus-2019-ncov-information-for-drivers-and-passengers-using-public-transport>

During the 14 days of isolation, you stay at home or in your hotel and don't go to public places including work, school, childcare, university or public gatherings. Only people who usually live with you should be in the home. Do not see visitors. If you are in a hotel, avoid contact with other guests or staff.

If you are well, there is no need to wear surgical masks at home. Ask others who are not in isolation to get food and necessities for you. If you must leave home, such as to seek medical care, wear a surgical mask. If you don't have a mask, take care to not cough or sneeze on others. For more information about when to wear a mask, visit: <https://www.health.gov.au/resources/publications/novel-coronavirus-2019-ncov-information-on-the-use-of-surgical-masks>

Monitor symptoms

When in isolation, monitor yourself for symptoms including fever, cough or shortness of breath. Other early symptoms include chills, body aches, sore throat, runny nose and muscle pain.

What do I do if I get sick?

If you develop mild symptoms:

- Isolate yourself from others at home and use a separate bathroom if available
- Put on a surgical mask and if you don't have one, practise good sneeze/cough hygiene
- Practise good hand hygiene
- Call a doctor or hospital and tell them your recent travel or close contact history.

Attachment DH 7.4

If you have serious symptoms such as difficulty breathing:

- Call 000, ask for an ambulance and notify the officers of your recent travel or close contact history.

How can I prevent the spread of coronavirus?

Practising good hand hygiene and sneeze/cough hygiene is the best defence against most viruses. You should:

- wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- cover your cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser
- and if unwell, avoid contact with others (touching, kissing, hugging, and other intimate contact)

Going outside

If you live in a private house, it is safe for you to go into your garden or courtyard. If you live in an apartment or are staying in a hotel, it is also safe for you to visit the garden but you should wear a surgical mask to minimise risk to others and move quickly through any common areas.

Advice for others living with you

Others that live with you are not required to be isolated unless they meet one of the isolation criteria outlined above. If you develop symptoms and are suspected to have novel coronavirus, they will be classified as close contacts and will need to be isolated.

Cleaning

To minimise the spread of any germs you should regularly wash surfaces that are frequently touched such as door handles, light switches, kitchen and bathroom areas. Clean with household detergent or disinfectant.

Managing the 14 day isolation

Being in isolation can be stressful and boring. Suggestions include:

- Keep in touch with family members and friends via telephone, email or social media.
- Learn about coronavirus and talk with others.
- Reassure young children using age-appropriate language.
- Where possible, keep up normal daily routines, such as eating and exercise.
- Arrange to work from home.
- Ask your child's school to supply assignments or homework by post or email.
- Do things that help you relax and use isolation as an opportunity to do activities you don't usually have time for.

More information

For the latest advice, information and resources, go to www.health.gov.au

Call the National Coronavirus Health Information Line on 1800 020 080. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The phone number of your state or territory public health agency is available at www.health.gov.au/state-territory-contacts

If you have concerns about your health, speak to your doctor.



Information for casual contacts of a confirmed case

This information sheet provides advice to people who have had casual contact with someone who is infected with Coronavirus disease (COVID-19).

A casual contact is someone who has been in the same general area as someone who has tested positive for the coronavirus while infectious.

You are a casual contact if:

- You have had less than 15 minutes face-to-face contact in any setting with a confirmed case in the 24 hours period before the onset of their symptoms; or
- You have shared a closed space with a confirmed case for less than two hours in the 24 hours period before the onset of their symptoms.

Casual contacts do not need to be excluded from work or school while well. You must closely monitor your health and if you experience any symptoms you are advised to isolate yourself and contact your usual doctor, who will liaise with public health authorities to care for you.

Public health authorities may need to contact you for contact tracing purposes.

What are the symptoms of coronavirus?

Symptoms include (but are not limited to) fever, cough, sore throat, fatigue and shortness of breath.

How is the infection spread?

The infection is most likely to spread from person to person through:

- direct contact with a person while they are infected;
- contact with droplets when a person with a confirmed infection coughs or sneezes; or
- touching objects or surfaces (such as door handles or tables) that were contaminated with virus laden mucus from a cough or sneeze from a person with a confirmed infection, and then touching your mouth or face.

How can I help prevent the spread of infection?

Practising good hand and sneeze/cough hygiene is the best defence against most viruses. You should:

- wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- cover your mouth and nose when you cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser
- and if unwell, avoid contact with others (stay more than 1.5 meters from people).

What do I do if I develop symptoms?

If you develop symptoms (fever, a cough, sore throat, tiredness or shortness of breath) within 14 days of last contact with a confirmed case, you should arrange to see your doctor for urgent assessment. You should telephone the health clinic or hospital before you arrive and tell them your travel history or that you may have been in contact with a potential case of coronavirus. You must remain isolated either in your home or a healthcare setting until public health authorities inform you it is safe for you to return to your usual activities.

Attachment

DH7.5

Should I wear a surgical mask?

You do not need to wear a mask if you are healthy. While the use of masks can help to prevent transmission of disease from infected patients to others, masks are not currently recommended for use by healthy members of the public for the prevention of infections like coronavirus.

Where can I get more information?

For the latest advice, information and resources, go to www.health.gov.au

Call the National Coronavirus Health Information Line on 1800 020 080. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The phone number of each state or territory public health agency is available at www.health.gov.au/state-territory-contacts

If you have concerns about your health, speak to a doctor.

QF 2/27TH FEBRUARY				Phone No.	Staff Number	Current Location	What cabin did the Crew work in?	Next Operating	04 MAR location	Contact Made Date / by Who?	What cabin did the BFA/FA work in?	Outcome/details of Conversation 1	Tier Level based on Conversation 1	Outcome of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3 (Please indicate here that the privacy compnent was covered)	Resulting Tier Level based on Conversation 3	Feedback from CPMs	
CSM							CSM did short meet and greet due to the length of flight	18-Mar	Annual Leave	Nick Bull 8:00pm 4th March	CSM did short meet and greet due to the length of flight	XXXX confirmed that he did not spend 15mins or more speaking with the customer, did not shake their hand, nor spent 2hrs or more in the direct vicinity. Jayson therfore does not need to self isolate and is comfortable with that. He also confirmed that the passenger was not symptomatic in flight.	Tier 2	XXXX called into part of the conference call on 5 March. Then text exchange with Nick Bull. He didn't express any concerns or question his Tier status. Nick B.	Tier 2	Spoke to █████ vis SMS and he is fine with all information that has been provided	Tier2	Jamie	
CSS							U1RP - Economy C and D Zone + W/C meet and greet.	4-Mar	departing SIN 19:15	upline SIN	U1RP - Economy C and D Zone + W/C meet and greet.	XXXX is comfortable with the situation and she mentioned that she did not visit the First Class cabin and further had minimal contact with the crew involved.	Tier 2	Conversation with XXXX. She is feeling great. She was concerned with two crew that at the time of the flight back had not been contacted, and on the flight home they were very stressed. I explained the need for discretion.	Tier 2	Spoken to husband as █████ inflight to Europe. Asked him to request █████ to make contact when she lands. █████ called me from A/C, I tolde her to call when she landed (cost and not as urgent).	Tier 2	Fernando	Traced back communication and interaction. She had close contact with customer for limited time (up to 10 mins) in different occasion (meet and greet, during the night cabin patrol and farewell). She is to self monitor health and keep me updated if any changes.
BFA							First Class (M1RP)	9-Mar	LSL	Dannielle	First Class (M1RP)	Spoken with XXXX. Cannot recall the customer. Asked about self isolation. Happy leave is going back in her bank. Asked about her husband and what this means for him. Generally ok.	Tier 1	Checkd on welfare and advsied of pattern	tier 1	welfare fine, understands and is well across the privacy component	Tier 2	Dannielle	
BFA							First Class (M1LP)	27-Mar	Annual Leave	DPS AL- Arrived Wed 4/3. FM spoken to her today 5/3.	First Class (M1LP)	Spoken to XXXX who just arrived from Bali. She is on AL. She was surprised with the information as she does not recall customers in First being unwell or showing any signs/symptoms of cold, fever, etc. She mentioned husband and wife (SK/5F) were lovely and did not have any concerns. She is feeling well and relaxed after her time in Bali. She has not plans for the next few days so she will self monitor health, self isolate and will consult with her GP today. Emailled home isolation information. She advised her partner is Tech Crew aslo on AL. Advised I will WF check on her on daily basis.	Tier 1	Two messages left today Friday 6/3/20.	Tier 2		Tier 2	Fernando	
BFA							U1RP - Worked in J class - not required to self-isolate.	4-Mar	Departed Lax arriving THU 05 MAR	04 MAR Dannielle hartog thru CSM	U1RP - Worked in J class - not required to self-isolate.	feeling fine to operate the Qf12 ex lax 3 march	Tier 2	Sent a follow up welfare text to XXX after calling and was not able to leave a voice message. Awaiting a call back. CPM Rob S-J	Tier 2		Tier 2	Rob - Want Cpm to follow up with him on return.	
BFA						Mar 6th Sydney	U2RP - Upper Deck Business Class	17-Mar	Arrived from SIN 06:10	Helen Gray	U2RP - Upper Deck Business Class	Thankful for call. SPent time in first HCCR, fine to continue to operate normal roster.	Tier 2		Tier 2		Tier 2	Bernard	7/3 0800 Telephone call with █████ on her way to Italy (in AbuDhabi) I explained the new information and her interactions with customer in 31J would rate her tier 2 (safety Demo only) and standing at door during refuelling. She was very comfortable with fact that jumpseat was facing forward and behind bulhead, limited exposure. She will self monitor and advise if any changes.
BFA							First Class Galley (M2RA)		Cleared from sick leave	04 MAR Rohan	First Class Galley (M2RA)	Comfortable with situation. Advised that all pax in row 5 were males and none went to Upper Deck Business Lounge, they only left their seats to use the restrooms. None of the pax in row five were visibly symptomatic. Suggested pax in 5K could have had the virus however did not provide an specific view as to why	Tier 1	Checked on welfare and advised of pattern change. All is fine with XXX		Called █████ and sent text message as she didnt answer. Will update her on privacy component- dont foresee any issues.	Tier 2	█████ is completely fine with the situation and understands the need to take extra precaution. She wanted to know when her line would be updated. Was working in the galley so had minimal contact with the customers in question.	
BFA							U11A - Business Class Assist Galley	7-Mar	Arrived from HKG 06:40	Helen Gray	U11A - Business Class Assist Galley	VM left by Helen G. Text message from AW. Manager to call tomorrow. CPM Jodi called XXX 5/3. █████ was working in the upstairs galley and had no contact with the customer. Advised █████ if he had any concerns to make contact with me. And if became unwell to seek medical assistance and advsie me accordingly.	Tier 2	Spoke with XXX. He is comfortable with the situation. He didnt have contact with the customer and undersands what to do if he develops symptoms moving forward.	Tier 2		Tier 2	Jodi	
BFA							U1RA - Business Class Lead Galley	10-Mar	Annual Leave	04 Mar Jayson Eng	U1RA - Business Class Lead Galley	Briefed upline by XXX	Tier 2				Tier 2	Jedda	
BFA							M1RA - Upper Deck Business Class	5-Mar	SIN 15:35	8.25pm 4th March, Helen Gray	M1RA - Upper Deck Business Class	XXX was very thankful for the call and relieved. XXX knows she does not have to self isolate and will be operating tomorrow.	Tier 2					Jamie	
BFA							M4LP - Upper Deck Business Class	11-Mar	Annual Leave	Amy Todd	M4LP - Upper Deck Business Class	7/3 XXX made contact from the cook island where she has been on holiday. Is travellign to AKL tonight and staying 2 days then back to AU. She boarded first class and served in PY but did not spend 15 mins face to face or 2 hrs in a closed space (2x2) with either pax. She is very comfortable and understands the NSE health advice and what she does not need to self isolate. I have offered for her to call me if she thinks of any questions, if her family want to talk, etc. voicemail and text - advised to call CPM and we would try again tomorrow (AT)	Tier 2	Adam called no answer / Adam called again at 7:47 and left VM for XXX			Jamie		
BFA							U2LP - Upper Deck Business Class	11-Mar	departing SIN 19:15	Amy Todd	U2LP - Upper Deck Business Class	spoke to her on arrival into SYD 5/3... she was not withtin close contact and is comfortable. Offered additional support but she did not feel it necessary. 4/3 voicemail and text - advised my mobile or to call CPM and we would try again tomorrow (AT)	Tier 2					Adam	
FA							M2LP Economy B and C Zone (FWD Y Galley Operator	10-Mar	A day	Adam Wood / Mel Z	M2LP Economy B and C Zone (FWD Y Galley Operator	Text Welfare message sent by AW and VM from Mel Z. Follow up tomorrow	Tier 2	Adam called no answer 730pm 5/3 ----- Hi Adam how are you , sorry for the late reply . Thank you for your messages . I am currently out of Australia , I will call you when I return this weekend . Cheers , XXX.				Jedda	
FA						Mar 6th San Francisco (Appendicitis)	UAP - Premium Economy & Galley		in SFO	Adam Wood	UAP - Premium Economy & Galley	Text message sent toXXX (AW)	Tier 2	Adam called and no issue with Corona matters. She is in hospital for an unrelated appendix issue				Adam	
FA							M5RP Economy C and D Zone	12-Mar	Arrived in from SIN 06:10	Adam Wood / Mel Z	M5RP Economy C and D Zone	Text message sent toXXX (AW) and VM from Mel Z	Tier 2	Adam called no answer / Adam called again 7:45pm XX no concerns and did not enter first class at all. Confirmed she has no symptoms and fine with future patterns.				Adam	
FA						In Syd	M3RA Premium Economy		departing SIN 19:15	Adam Wood	M3RA Premium Economy	Text message sent to XX (AW) ----- Hi Adam Thankyou for this clarification. I was slightly concerned as I had walked through first a few times throughout the flight...but i'm currently fine at the moment. Will let you know if anything changes Cheers XXX -----Thanks XXX, Happy to answer any questions if anything concerns you from now on and moving forward. Just an FYI - there is a dial in with Rachel and QF medical to discuss the latest regarding Coronavirus at 11am AEDST. The dial in number is 1800656230 and the pin code is █████ should wish to be updated. Adam	Tier 2		Worked as M3RA and worked on the right-hand side of the cabin serving the customer is 31J. █████ believes that time spent in face to face interactions would have been approximately 5 minutes in laying the customer up to eat and interactions with 31K too •Time spent in a 2m radius █████ believes that this would have been between 10 to 20 minutes given the cart would be parked next to this customer █████ believes the time spent standing next to 31J was 10 to 20 minutes in serving the customers in 31F&G and J&K █████ added that she knows that she served this customer and the customer was not sleeping as she remembers commentary of "wow all customers ate!" on this flight.	Tier 1	Jedda	Phone call conducted by Adam Wood (AW) on Friday Night 6/3 after 8pm. As advised by QF Medical and NSW Health, based on the cumulative time spent with the infected pax seated in 31J. It has been determined that Fay must self quarantine for 14 days. AW advised █████ that the NSW Health department will be making contact with her tomorrow or in the coming days to determine next steps. Fay has a health background and works as a paediatric nurse. She displayed a measured and levelled approach to the news delivered but expressed concerns if she was a carrier and passed to children. █████ was advised of privacy and not to share with media or social media and to ask any questions she may have and we will find the answers for her. EAP details was sent in a text message as well as the On-Call Manger's standard number should she have any further questions.On Call Manager is Fernando Martinez who was informed of the same information I had in a dial in with Nick Bull and myself.On closing, I made sur █████ elt supported in the situation and advised her to speak up and come to us should any concerns arise as we will assist her and support her through this phase.	

FA						In SYD - Landed from LAX this morning (6/3)	M3LP Premium Economy		in LAX	Adam Wood	M3LP Premium Economy	Text message sent to XXX (AW) -----Hi Adam! Thank you for your message, I had heard 'crewmours' about the situation so I wasn't sure if it was accurate or not so thank you for the official update. I'm currently in LA so I can't call on my phone but I don't have any questions either way so thank you for letting me know about what's been going on. warm regards, XXXX :) ----- Thanks XXX, Happy to answer any questions when you're home if anything concerns you from now on and moving forward.Enjoy your time in LAX and have a safe flight home.Adam	Tier 2					Tier 2	Adam	Phone call conducted by Adam Wood (AW) on Friday Night 6/3 after 8pm. As advised by QF Medical and NSW Health, based on the cumulative time spent with the infected pax seated in 31J. It has been determined that ██████ not required to self-quarantine for 14 days. ██████ was appreciative of the fact that we took the lead on this issue and advised her prior to hearing anything from the media or colleagues. ██████ was advised of privacy and not to share with media or social media and to ask any questions she may have and we will find the answers for her.	
FA							M3LA Economy B and C Zone	5-Mar		Mel Z	M3LA Economy B and C Zone	Completely fine. Didn't operate or stay in the first Cabin. Fine to continue to operate normal roster	Tier 2						Jamie		
FA							M2RP Economy B and C Zone	5-Mar	A day	Mel Z	M2RP Economy B and C Zone	Completely fine. Didn't operate or go into the first Cabin. Fine to continue to operate their normal roster	Tier 2						Jamie		
FA							M5LP Economy C and D Zone	7-Mar	in DFW	Adam W	M5LP Economy C and D Zone	Text message sent to XXX (AW) - Hi XXX, Thank you for getting in touch with me. From my reading of the news regarding the COVID-19 case on my last flight QF2 - 27/03/20, SIN/SYD a few questions comes to mind that I would appreciate clarification / confirmation from you.My worked position on that fly was M5LP. However, during the flight I assisted crew in the forward galley with IFE logging /seating issues, as well as attending to a young girl who was ill and vomited (I.e. cleaned up her sick bag, vomit on pillow, blankets and seats). She was traveling with her parents and sister in 58D,E,F,G (quarantine board the aircraft on arrival). Two seats - 58D & E required logging for cleaning as the seats had vomit on them. As this is the case, I was allowed access through First galley/cabin multiple times as I go through to Business to discuss/passing on the required login issues with OBM that was in the JC forward area & UD door1. I am currently up line in Dallas (DFW) and schedule to arrive back to SYD these Saturday 06/03/20. Q1. Even if am not in direct contact with PC pax that was tested positive with COVID-19, however I had direct contact to OBMs, PC crew, MD FWD PC galley + YC galley. Will I be required to self isolation for the next 14 days or not? Q2. Should I advise my current CSM and crew that I was on the QF2, 27/03/20 flight: ██████ -----Hi XXX, The advise we have received is that anyone who was not working in the First cabin,has no need to be alarmed. They have advised that passing through the cabin is not high risk and are asking for crew who have had direct contact with the affected passenger in the First cabin for periods of more than 15 minutes. Thanks you for your detailed recount of your work position and duties. This effectively rules you out from any lengthy contact with passengers in First and does not	Tier 2						Jamie		
FA							M3RP Economy B and C Zone	11-Mar	A days	Mel Z	M3RP Economy B and C Zone	VM left by Mel Z that she would receive a call tomorrow	Tier 2	Adam Called 7:40pm 5/3 ██████ is fine, no concerns at all and did not enter First Class at all during flight.					Adam		
FA							M4RP Economy C and D Zone + AFT Galley		NZL - X DAY	Pania Schwenke	M4RP Economy C and D Zone + AFT Galley	04 Mar 1711 Message left - On a day off. Has not responded to call 04 Mar 1747 Phone conversation with ██████ - No symptoms - 100% fine. - No questions and does not need any current support.	Tier 2	05/03 - 1827 ██████ returned my call.She feels fine and has no concerns. ██████ confirmed that she did not go to the First Class Cabin and did not have any close contact with pax in Row 5. I explained the contact criteria and based on the updated information she was not required to self-isolate. ██████ was happy to hear this. She has days off until 12 March. ██████ will contact me if she has any further queries or concerns.	Tier 2			06/0320 - 1744 - Follow up call with ██████ She is feeling fine and is happy with the updates we have provided. She has no concerns. I briefed ██████ about being discreet with other crew and explained the reason why. She acknowledged this and agreed not discussing details with crew. Reminded ██████ of EAP and to contact me if she has any further queries or concerns.	Tier 2	Pania : FYI - Also operated the following flights post the flight in question 0F 23 on 29 February (A330) 0F 24 on 01 March (A330) 0F 143 on 3 March (A330) Has X until 11 Mar. Dr Hosegood has notified NZ Health Authorities	

QF 74 SFO-SYD 29 FEB

[illegible]

QF 82/29 TH FEBRUARY	First Name	Surname	Next operating	04 MAR location	Tier Level	Contact Made Date / by Who?	Feedback / Questions from Crew	Outcome/details of Conversation 1	Tier Level based on original advice	Outcome of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsible for call / meet
CSM			6-Mar	Operates 143'146 In the air sig/off 18:30		Anna left phone message. Bernard to meet her on arr off QF146		I met XXXX this evening off the QF146 from AKL and advised her of the news. She was initially a little shocked, but we sat down and discussed he situation and she asked a few questions and was ok with the news. I have also advised █████ that she can call me with any queries or concerns.	Tier 1	XXXX has advised that she had no contact with the customer who was sat in Row 32 and will operate her JNB pattern tomorrow, 06 Mar 20	Tier2	XXXX has advised that she had no contact with the customer who was sat in Row 32 and will operate her JNB pattern tomorrow, 06 Mar 20	Tier2	Yes	Bernard
CSS			9-Mar	Taken off pattern before report time	Tier 1	4-Mar	Was ok. Advised not to operate just before briefing. Concerned around whether his wife would also need to self-isolate.	Miet XXXX just before his sign on to let him know he would not be operating. Was very understanding but wanted to know more information regarding why he needed to self isolate, considering risk was low. Also concerned about his wife who is sick.	Tier 1	XXXX has been contacted 5 March. He is completely fine and understands the Tier 2 assesement and can operate future patterns. Email sent to Ops to update. Rohan 5	Tier 2	Conversation had with XXXX regarding privacy- completely understands and will ensure to exercise discretion when sharing information (as he always does).	Tier 2	Yes	Rohan
BFA			5-Mar	part time Y day				I called XXXX but no answevr. I left a VM. █████ has now returned my call. She had read about the flight on social media and was expecting my call. She was ok about the news. I have advised that she can call me with any queries or concerns.	Tier 1	I spoke with XXXX at 1240 today and she has advised that she had no contact with the customer in row 32.	Tier 2	I spoke with XXXX at 1240 today and she has advised that she had no contact with the customer in row 32.	Tier 2		Bernard
BFA			4-Mar	Operates 81 stand down 17:15 SIN	Tier 2 (revised 19:05 04 MAR)	David Loughnan in person in SIN. 4th March 20:00.	XXXX was relieved it was a message about the prior flight. She was thankful for the communication and happy to continue.	Communicated to XXXX via text messages. She feels comfortable with communication from Qantas (given by DAM on arrival). We arranged to chat this morning (Thurs) once she wakes up. FM	Tier 2 (revised 19:05 04 MAR)	Chat to XXXX. She is well and very comfortable with all the care and information provided.	Tier 2	Not required	Tier 2	yes	Fernando
F/A			Now showing sick leave	Commuter from ADL advised not to come to work		Rob S-J	Questioned his upcoming holidays, I let him know they would be put back into his Leave bank.	XXXX was very understanding with the situation and said he would be in touch if he had any questions. Isolation guidelines have been emailed to XXXX.	Tier 1	XXXX informed me that he was positioned at R4 and PGO, and also handed out menus and collected glasses & cups from the forward cabin frequently. We also discussed crew rest, he was on RHS and for possibly one hour, but not longer than 2. I explained contact criteria and we determined that based upon our updated information there is no longer the need to self-isolate. He has a week's upcoming Leave and I encouraged him to potentially extend his Leave, he said he'd get back to me, I thanked him for his patience & understanding.	Tier 2	XXXX informed me that he was positioned at R4 and PGO, and also handed out menus and collected glasses & cups from the forward cabin frequently. We also discussed crew rest, he was on RHS and for possibly one hour, but not longer than 2. I explained contact criteria and we determined that based upon our updated information there is no longer the need to self-isolate. He has a week's upcoming Leave and I encouraged him to potentially extend his Leave, he said he'd get back to me, I thanked him for his patience & understanding.	Tier 2	Yes	RSJ
F/A			5-Mar	A day		04 MAR Bernard		I spoke wth XXXX and he was ok with the news. He asked if he was able to speak with his doctor and if necessary, order a test for Corona virusa. We discussed his options and I advised him that it was perfctly ok to contact his doctor. I have advised Vic that se can call me with any queries or concerns.	Tier 1	I spoke with XXXX at 2.50pm today (Thu 05 Mar) and he advised that he believes he did not spend any length of time with this customer and he was in Crew Rest for less tha 2 hours. However, he will consider this and let me know for sure later today or early tomorrow morning. XXXX has just called (4.55pm) and advised that he did not have any extended contact with the customer and that he was in crew rest for less than 2 hours. He will operate his nxt pattern on 11 Mar 20	Tier 2	I spoke with XXXX at 2.50pm today (Thu 05 Mar) and he advised that he believes he did not spend any length of time with this customer and he was in Crew Rest for less tha 2 hours. However, he will consider this and let me know for sure later today or early tomorrow morning. █████ has just called (4.55pm) and advised that he did not have any extended contact with the customer and that he was in crew rest for less than 2 hours. He will operate his nxt pattern on 11 Mar 20	Tier 2		Bernard
F/A			6-Mar	Attending Eps CPM deployed and QF Medical engaged. Dr Prasad and CPM spoke to XXXXand explain self isolation. Other crew on her course also briefed and Q&A with QF medical.		4-Mar	XXXX was quite upset but ok now. She is aware of the isolation conditions. She is concerned about not being able to finish EP's. Aware her trips/allowances until 16MAR will be covered	Dr Prasad on conf call - crew member elected to go home. Other crew in EPs were briefed by Dr Prasad. Fernando place two calls to her. WF check today Thursday 5/3. Chris advised she was R3 and worked mainly on RHS of Y/C. She did occasionally worked on LHS where pax in question sat. She used the RHS crew rest seats during her breaks. █████ was very upset about her family giving her a hard time.	Tier 1	Completed by Fernando. Spoke to XXXX Thurs 5/3 3pm. Reassured her. Advised her she is moved to Tier 2. Her roster is now adjusted with Fully paid PP. Trying to get her back to EPs to complete the day (Equipment, Dry Raft and Exam). She is in good spirits even though was upset at the begining of the call due to how long it took to advise her. She was very thankful of the care provided. FM	Tier 2	Completed by Fernando. Phone call to XXXX (Fri 6/3). She is well and happy to keep her HNL. I advised her we could not get her into EP within the 7 days so it will require she completes the entire day again. I have spoken to Ops and we secured EP101 24 Mar before her expiry 31/3. XXX was very thankful. I reminded her to keep details confidential as a way forward. FM	Tier 2	yes	Anna
F/A			9-Mar	Taken off pattern at Sig/on advised that we would be providing further information later. Provided Taxi				1705pm: Call to XXXXcomplete- █████ comfortable with the information	Tier 1	05/03 12:50 - XXXX confirmed that he did not have any contact with the customer or area for 15 mins or longer. █████ worked in the position of L2. █████ was very happy to receive the update and to be able to perform his next duty on Mon 09 Mar. █████ will contact me if he has any further qeustions of concerns.	Tier 2	05/03 12:50 - XXXX confirmed that he did not have any contact with the customer or area for 15 mins or longer. █████ worked in the position of L2. █████ was very happy to receive the update and to be able to perform his next duty on Mon 09 Mar. █████ will contact me if he has any further qeustions of concerns.	Tier 2	No	Jedda
F/A				AKL based Cleared from sick leave (was common cold)		Pania Schwenke	-29 Feb in SIN XXXX signed on for SIN/SYD Sector but advised he started to get a blocked nose and a sore throat. - Worked in position L1A -On arrival in SYD, he had blocked ears as well so he called sick -Med Aire went through a questionnaire and cleared him fit to pax only -Returned to AKL on 02 march 2020 on QF 147 -He has since been in touch with the NZ Health Line and his GP. -Both have advised "Common cold" -We have kept him on Sick leave and instructed self-isolation from 1 Mar to 14 Mar	Been instructed to self isolate and advise us if anything changes NZ Health authorities notified by Dr Hosegood	Tier 1	05/03 - 1819.Follow up call with XXXX. He feels fine and has totally recovered from the "common cold". We have also received his med cert from his GP confirming his fitness to return to work. █████ advised that he did not have any close contact with pax in Row 32. █████ used crew rest seat (A&B) for less than 2 hours. I explained the contact criteria and based on the updated information he was not required to self-isolate. █████ was extremely happy about this as he wants to keep his trip on 9 March. █████ will contact me if he has any further queries or concerns.	Tier 2	06/03 - 1527. Welfare call made to XXXX. He remains feeling well and has no other concerns and was also satisfied with the updates. I briefed █████ about being discreet with other crew and explained the reason why. He acknowledged this and agreed with not discussing details with crew. Reminded █████ of EAP and to contact me if he has any further queries or concerns.	Tier 2	Yes	Pania

[illegible]

QF94 LAX-MEL ARR 6 March#3

A380Q	VH-OQJ	Customer Seated 69H	A380Q = 22 CREW		MEL AND AKL BASE CREW														
QF94 04 MAR LAX/MEL	First Name	Surname	Staff Number	Phone Number	Work Position	09 MAR location	Tier Level based on original advice	Contact 1 Made Date / by Who?	Feedback / Questions from Crew	Outcome / Details of Conversation 1	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?		
					M2LA	A DAY (HOME)	1	Fernando 9/3 1200pm	Supplied Oxy, CPR and Defib to medical case (70F) and deceased on board [REDACTED] was in the vicinity of the customer over 2.5 to 3 hours. Spoke to all the customers in the area face to face at length. She spent most of the night with the medical incident, placing her in close contact with 69H. [REDACTED] has been feeling unwell: headache and exhausted but no cough or fever. She will home isolate. Fernando shared qf medical details, emailed information for self isolation. She will email worksheet, flight wrap, CSSIRs and personal notes.										
					U1LP	A DAY (HOME)	1	Fernando 9/3 0945.	Not a lot of contact with customer.s in the area, other than meal service and cabin patrols during the night in that zone. Feels very comforatble that would have been just casual contact. Medical was 70F. CPR at M3R due to medical and death. Even though was in the vicinty of the area during medical, PPE was used and heightned awareness paid due to medical case. 2nd phone call due to advise from QF medical ALL crew that was involved in medical case move to tier 1. 12/3 [REDACTED] tried to bid in OT and Ops advised OCM. Bid rejected as per self isolation for 14 days.										
					M2RA	X DAY (HOME)	2	Fernando 9/3 11am	First galley operator. He acted as communicator (liaising with Flight crew) during medical case. He did not visit the area other to go into crew rest during his break. I advised we will communicate back with him.										
					M1LP	A DAY (HOME)	2	Fernando 9/3 1245	[REDACTED] worked in First and had no interaction with customers in the zone. He maintained cabin presence in First and was not involved in medical case. He had several questions about symotoms however he was well informed and comfortable with all information provided. Qantas medical details shared. He will self monitor health and update CPM if concerns.										
					M4LP	A DAY (HOME)	1	Fernando 9/3 1315	[REDACTED] was M4Lp and devlivered breakfast service in Economy on the LH. She recalls only taking call bells on RH. Full information and explanation provided. She feels supported and informed. She will self monitor helath. She only had a sore throat the day of arrival (unlikely to be related) since then gone. She will be in touch and visit GPs if any changes. 11/3 1530 Sore throat still existent, [REDACTED] is seeking advise from GP and requesting to move to tier1.										

QF94 LAX-MEL ARR 6 March#3

					M5RP	A DAY (HOME)	1	Fernando 9/3	She had limited contact. She is very comfortable with information provided. She has done some reseach. She mentioned one young girl in that area was upset about medical case and she was put on oxygen but not flu like symptoms. After lenghty 2nd conversation decided her involvement wth patient and potentially person in 69H	
						X DAY (NZ)	2	Clair	Very limited contact in this area, has no concerns. Is aware of potential symptoms to look out for	
						QF1 8/3 (IN SIN)	2	Clair	████ worked between M3R and M4L during the supper service and then also to collect rubbish after the breakfast service. She said that her interactions were limited so doesn't anticipate that she would have spent time talking to this customer. Is aware of potential symptoms to look out for	
					M3LA	QF36 9/3 (SIN) signon12 PM	2	Fernando left message 10	XXXX was concerned on singing on for his SIN trip. He did not have contact with customers on RH of A/C. He worked in PYC upstairs and only sat in M3L (opp side) for TTL. He felt better after I went through all the information and explanation as per guidelines (close contact, perriod of close contact, etc).	
					M5LP	X DAY	1	Fernando 9/3 1745. Mess	XXXX had several questions but she understand information well. She only participated at the begining of the medical. She had limited contact. However she has kids and is concerned about what isolation means for her family (if that was to happen). She was happy to chat again in the couple of days to self monitor and advise if any changes.	
					UAP	X DAY	2	Fernando 9/3 2000	XXXX was working UD PYC. She had NO contactwith customers in the main deck as fairly full and busy upstairs. Will self monitor.	
						QF93 9/3 (LAX) onway	2??	Fernando text sent 9/3		
						QF93 9/3 (LAX) onway	2??	Fernando -Text sent 9/3	Communicated via email	
					M4RP	X DAY	1	Fernando- 1730	During medical (half way through 30/45mins) she was assisting. She then moved back to galley duties. She feels comfortable with all the information, however she is still very upset about the death on board. She requested if possible to get shorter trip to alleviate anxiety. FM to contact Ops tonight and try to organise shorter trip.	
					U1RP	X DAY	2	Fernando message left 13	XXXX worked upstairs in Business and did not vist the main deck other than to go to the Lower deck crew rest. She feels comfortable about the information without any specific concerns.	
					M3LP	A DAY (HOME)	2	Fernando 1820	Discovered the medical case but spent very limited time in the area. She asked about advising her family as duty of care. she understand the information and was confortable slf monitoring health and advise if any changes.	
					M3RA	X DAY	2	Fernando 2030	XXXX worked in PYC upstairs. She sat in the vicinity of the customer in 69H only for TTL. Comfortable with the information and will be in touch.	

QF94 LAX-MEL ARR 6 March#3

						A DAY (HOME)	Tier 1	Cam Miller 09/03	Performed CPR on the pax that passed away. Therefore in the vensity Isolations guidance sent to crew member and an offer for them to call me directly if they need any assistance or have any questions	
						A DAY (HOME)	2	Cam Miller 09/03	Spoke to her, assisted with passenger who passes away. Adjacent to crew rest There for a couple of minutes	
						A DAY (HOME)	2	Cam Miller 09/03	Spoke to him and he said that he was in the area due to the other pax who passed away on-board but does not remember speaking to other Cx for sustained period	
						X DAY	Tier 1	Cam Miller 09/03	Left message; Prolonged conversation with 15-20 minutes	
						A DAY (HOME)		Cam Miller 09/03	Left number on message system	

Hey XXXX, Can you please call QCare 1300755560 for urgent questions whilst I’m setting our conference call with Whitney for Q&A about home isolation and self monitoring. FM

Hey XXXX, Can you please call QCare 1300755560 for urgent questions whilst I’m setting our conference call with Whitney for Q&A about home isolation and self monitoring. FM

AH Met with . No further concerns or questions.

[illegible]

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

Flight / Date			A/C Type	A/C Rego	Index Customer Seat Number																		
QF94/ ARR 08 MAR			A380-800	OQI	86H																		
Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	14 MAR location	Tier Level based on original advice	Contact 1 Made Date / by Who?	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsible for call / meet			
CSM								arrived 06:00 next flight MON	Tier 1	Danniele	has scartchy throat also is diabetic and quite concerned.												
CSS								IN LAX leaving FRI QF94	Tier 2	AW Phone Call	No Long periods of interaction with any customer in that vacinity												
BFA								A/L	Tier2	danniele	BFA Galley - nil contact												
BFA								Xday	Tier 2	Voicemail left at 11:49 14/3 AW. called 1220 BH	XXXX was Uppere L1A and was upstairs for most of the flight. All ok.												
BFA						M1RP		Upline LAX QF94 FRI	Tier 2	AW Text Sent / Phone call 1036	Worked in First Class and had no interactions												
BFA								Upline LAX QF94 MON	Tier 2	text dann.	U2L - did not go into economy- ok to opt												
BFA								Upline LAX QF94 MON	Tier 2	text dann. I called and spoke with him													
BFA								Upline LAX QF94 SAT	Tier 2	text dann. Hotel has been contacted and a letter has been placed under door to ctc the OCM or CPM JM and/or to read text mess. Sent follow up tex mssge 0949 15 mar syd LT will also text CSM now so they can assist ctc crew member - spoke to CSm and she is going to messenger to call me	work postlin U1R - not in the area of 86H - advises there is message on FAAA that says row two of this flight as well i advised iwill check with medical												
BFA						U1RA		Upline LAX QF94 FRI	Tier 2	AW Text Sent / Phone call returned 14/3 1209													
BFA								X day	Tier 2	Dann	M1A business - ok												
BFA									Tier 2	Business class - no contact	*Information sheet sent 15/3												
BFA								Xday	Tier 2	I called No answer. called 1145 Sat BH	XXXX worked F/ci and collected rubbish at rear of acft but no contact made with customer. All ok.												
FA								X day	Tier 2	I called and left VM. called me at 1200.	Worked Upper 3R. All ok.												
FA								Upline SIN. Dep QF36 Sat	Tier 2	Sent Text Dann replied and I called her at 1300 BH.	XXXX worked at M2R, but had Casual Contact only. All ok.												
FA								Upline LAX. Dep QF94 Fri	Tier 2	AW Phone Call	No Long periods of interaction with any customer in that vacinity	Do they need to self quarrentine - reassurance provided and explanation that they do not have to.											
FA								Upline LAX. Dep QF94 Fri	Tier 2	Text sent BH has just called me from the bus from LAX to hotel.	XXXX worked M5R and has no recollection of any contact withcustomer in 86H. All ok.												
FA								A/L	Tier 2	Left VM 1147 14 March. Sent text message 3pm	Fwd galley - Y cabin delivering meals throughout cabin. Hygiene practices followed. Gloves used. Not much hand sanister on board ex LAX.												
FA								days off next dep 19mar. missed ctc	Tier 2	TEXT sent BH 14 Mar. LM 1130 15 mar - dann	M4R - aft galley in Y - was down the back but feeling ok and had limited interaction adopted good hygiene												
FA								A/L	Tier 2	TEXT sent BH 14 Mar. called	XXXX is currently on AL. She worked upper deack and is ok.												
FA								A/L	Tier 2	I telephoned at 1210.	XXXX greeted each customer who boarded and had casual contact after that. He is having himself tested as a precautionary measure.												
FA								Upline LAX. Dep QF94 Fri	Tier 2	Text sent BH has just called me from the bus from LAX to hotel.	XXXXworked M4L and has no recollection of any contact withcustomer in 86H. All ok.												

HSR Rep			
Notified			

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

CONTACT WITH ALL CREW COMPLETE

[illegible]

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

QF1
08-MAR-20

QF1 08-MAR-20							Standby 20-22 MAR. Currently on SL	T2	Richard Hampton									
QF1 08-MAR-20							No further duties for BP334	T2	Richard Hampton									
QF1 08-MAR-20							Arrives back into UK QF9 on 17 MAR Next duty QF2/22 MAR	T2	Richard Hampton									
QF1 08-MAR-20							QF2/19 MAR	T2	Richard Hampton									
QF1 08-MAR-20							REPATRIATED	Tested Positive for COVID-19.	kath Grgeory									
QF1 08-MAR-20							QF10/18 MAR	T2	Richard Hampton									
QF1 08-MAR-20							Arrives back into UK QF1 on 17 MAR Next duty QF10/27 MAR	T2	Richard Hampton									
QF1 08-MAR-20							QF10/21 MAR	T2	Richard Hampton									

Position	Pre Flight Boarding	Pre Flight	Supper	Cruise	Breakfast	Landing	Tier Rating
M2LA CSM	Standing at M2LP for boarding Approx. 4meters away from seat. Boarding approx. = 45 min Only contact would have been potentially boarding pass and welcome at the door. Approximately less than 30 seconds	>15min in jumpseat (4m) facing towards customer from passenger	Nil – Serves in Business. Came down to assist but only in C/D zone only	Walkthroughs throughout the flight however no prolonged time spent in that area.	Nil – Serves in Business Class	~5mins in jumpseat (4m) facing towards customer from passenger	
M2LP (fwd galley operator)	Standing at M2LP for boarding Approx. 4meters away from seat. Boarding approx. = 45 min Only contact would have been potentially boarding pass and welcome at the door. Approximately less than 30 seconds	Safety Demo position 48L ~ 4m from seat. Safety demo is no longer than 8min in length >15min in jumpseat (4m) facing towards customer from passenger	Serving left side of aircraft B and C zones. Delivery time 30-45mins, Clearing time 15 min, Hot beverage delivery – 15min Meal delivery for row would be less than 5 min No more than 5 to 6 minutes within 2m of customer	Regular cabin walkthroughs every 30min offering water, snacks and checking/cleaning toilets	Serving left side of aircraft B and C zones. Delivery time 30-45mins, Clearing time 15 min, Meal delivery for row would be less than 5 min No more than 5 to 6 minutes within 2m of customer	~5mins in jumpseat (4m) facing towards customer from passenger	
M4LP	Standing at M1LP for boarding		Serving left side of aircraft B and C zones.		Serving left side of aircraft B and C zones.		

(worked on the left hand side of aircraft on this occasion. Confirmed by CSS)	Nil Contact	Nil	Delivery of water bottles/amenity kits – 15min Delivery time 30-45mins, Clearing time 15 min, Hot beverage delivery – 15min Final collection – 5 min Meal delivery for row would be less than 5 min No more than 5 to 6 minutes within 2m of customer	Regular cabin walkthroughs every 30min offering water, snacks and checking/cleaning toilets	Delivery time 30-45mins, Clearing time 15 min, Final collection – 5 min Meal delivery for row would be less than 5 min No more than 5 to 6 minutes within 2m of customer	Nil	
M3LP	Nil – positioned at M3 doors for boarding	Nil –	Serving right side of aircraft B and C zones. Delivery of water bottles/amenity kits – 15min Delivery time 30-45mins, Clearing time 15 min, Final collection – 5 min	Regular cabin walkthroughs every 30min offering water, snacks and checking/cleaning toilets.	Serving right side of aircraft B and C zones. Delivery time 30-45mins, Clearing time 15 min, Final collection – 5 min	Nil	
M3RP – swapped with M5RP to work in C/D zones	Nil – positioned at M3 doors for boarding	Nil	Nil	Nil – continuous refreshment in C/D zones	Nil	Nil	
M5RP	Nil – positioned at M5 doors for boarding	Nil	Serving right side of aircraft B and C zones. Delivery of water bottles/amenity kits – 15min Delivery time 30-45mins, Clearing time 15 min, Hot beverage delivery – 15min Final collection – 5 min	Regular cabin walkthroughs every 30min offering water, snacks and checking/cleaning toilets	Serving right side of aircraft B and C zones. Delivery time 30-45mins, Clearing time 15 min, Final collection – 5 min	Nil	
CSS	Nil – U1LP	Nil	Nil – serves in aft zone. No individual customer welcome required	Regular cabin walkthroughs every 30min offering water, snacks and checking/cleaning toilets	Nil	Nil – U1LP	
M2RP	Nil	Safety Demo position 51L – less than 2m from seat. Safety demo is no longer than 8min in length	Nil – galley operator for First	Nil – works in First	Nil – galley operator in First	Nil	

QF 74 SFO-SYD ARR 9 March

[illegible]

QF 74 SFO-SYD ARR 9 March

[illegible]

Flight / Date	A/C Type	A/C Rego	Index Customer Seat Number																		
QF8 DFW/SYD DEP 07/03 ARR 09/03	380-800	VH-OQK	60C																		
Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	15th MAR location (Home/Upline/in Air)	Tier Level based on original advice	Contact 1 Made Date (Text/Phone) / by Who?	Information Sheet Sent? T1 = Isolation T2 = Guidelines	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsible for call / meet
CSM						M2LA		In Air - Land from SIN QF2 17/03	Tier 2	Liz B sent Text to call 16/3 1500. LizB spoke to crew 1505	YES - bf	CSM worked M2LA, no contact with pax. Good hygiene and PPE practices followed. No symptoms experience									
CSS						U1LP		Upline - Dep SINQF2 15/3 ARR SYD 16/3 - Next duty DFW 19/3	Tier 2	DG text 16/03 1520. Called 1535	YES - bf	CSS worked U1LP. Nil contact with pax. Good hygiene practices followed. PPE worn. Experiencing no symptoms.									
BFA						M1RP		AL till 12/4	Tier 2	DG Calling 16/3 11:00	YES - bf	Worked First class M1RP. No contact with pax. Appropriate hygiene and PPE procedures followed. No flu symptoms. Small Cold.									
BFA								Upline - Dep HKGQF127 15/3 ARR SYD 16/3 - Next duty DFW 25/3	Tier 2	DG text 16/03 1525 / No Answer 16/3 1700 / █████ called DG 17/03 0955	YES - bf	XXXX did not have close contact with pax and is not experiencing any symptoms. Appropriate hygiene and PPE hygiene practices followed.									
BFA						M4LP		Upline - Dep SINQF2 15/3 ARR SYD 16/3 - Next duty DFW 19/3	Tier 2	DG text 16/03 1525. Called 1540	YES - bf	No close contact with pax. Followed best hygiene and PPE practices. No symptoms experienced									
BFA								Home AL till 22/3	Tier 2	Dannielle advised as █████ called back. DG call 16/03 1607. / LB Phone Call 17/03 13:40pm	YES - aw	No Excessive time with pax, upheld all personal hygiene and followed PPE guidelines									
BFA									Tier 2	LizB text 16/03 1548. JEK Text 1705	YES - bf	Operated upper deck galley. Didn't go downstairs except to use crew rest. No contact with customer, no symptoms, fine to go about normal duties.									
BFA								ARR QF8 16/3 AVSPAN 20/3	Tier 2	LizB text 16/03 1550. Called 1610	YES - bf	Passed through periodically, followed personal hygiene, no symptoms									
BFA								ARR QF8 16/3 AVSPAN 20/3	Tier 2	LizB text 16/03 1550 / LB phone call made 17/3 0845	YES - bf	Upheld personal hygiene / no interactions with affected passenger. No symptoms									
BFA								Home AL till 22/3		Clair - 16 March	YES - bf	Worked in Business Class the entire flight so no concerns									
BFA						U2RP		Upline - DEP BNE 16 MAR 0925	Tier 2	AW Phone Call 16/3 0721am	YES - bf	Worked in Business on the upper deck, upheld Personal Hygiene, no time spent in excess of 15 mins in or around 60C									
FA						M1L		Home - Sign on 17/3 1625	Tier 2	Clair - 16 March -	YES - bf	XXXX was working in First Class and went down to Economy to talk to the crew but had no interactions with pax in that zone									
FA								ARR QF8 17/3 QF1 SIN on 22/3	Tier 2	Danielle text 16/03 1605. Megan send text 17/03	Yes - aw	Unsure if they spent 15 mins or more face to face with pax - No symptoms shown now, upheld all ppe and followed correct hygiene.									
FA						M3RP		Home AL till 05/4	Tier 2	DG Calling 16/3 11:00	YES - bf	Position worked M3RP. No contact with pax. Appropriate hygiene practices and PPE followed. Nil symproms									
FA								ARR QF8 17/3 Next Duty LAX 20/3	Tier 2	Liz B sent Text to call 16/3 1221	Yes - aw	No Excessive time with pax, upheld all personal hygiene and followed PPE									
FA						M2LP		A day 17/3, EP's on 20/3	Tier 2	DG Calling 16/3 11:00 - Text Sent 1332	YES - bf	Crew worked M2LP. No contact with pax. followed best hygiene and PPE practice. No symptoms experienced.									
FA						M2R		ARR 16/3 from SFO - AKL Shuttle on 19/3	TIER 1	Danielle text 16/03 1204. DG called 1440	YES - fm	Crew worked M2R and had casual contact with infected pax. Good hygiene practices followed. Crew experiencing symptoms - sore throat. Will call GP and get tested for COVID-19. Trips to be removed and pay protected.									
FA						M3R		Home - Next Sign on 22/3 QF1	Tuer 2	DG Calling 16/3 11:00 - Text Sent 1332 - DG called 1551	YES - bf	No close contact with pax. Proper hygiene practiced, no symptoms showing									
FA						M4RP		ARR QF8 16/3 AVSPAN 20/3	Tier 2	Danielle text 16/03 1204	YES - bf	Crew worked M4RP. No close contact with pax. Good hyiene practices followed. No symptoms experienced									
FA						M3LP but worked in W/C		SL Next Duty QF7 19/3	Tier 2	DG Calling 16/3 11:00 - Text Sent 1332 / Phone call made at 1345 DG	YES - bf	No Extended contatc, followed all personal hygiene, showing no symptoms									
FA						U3L or R		Home - Next Sign on 18/3 QF127	Tier 2	DG Calling 16/3 11:00 - Text Sent 1332	YES - bf	No Close contact to any pax, followed all personal hygiene, showing no symtoms									

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

QF 12 LAX-SYD ARR 9 March

[illegible]

Flight / Date	A/C Type	A/C Rego	Index Customer Seat Number	If you see this message.Do not make any contact. NOTE Crew already called for seat 11A																	
QF8 DEP ARR																					
Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	15th MAR location (Home/Upline/In Air)	Tier Level based on original advice	Contact 1 Made Date (Text/Phone) / by Who?	Information Sheet Sent? T1 = Isolation T2 = Guidelines	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsible for call / meet
CSM						M2LA		X day next dep 19mar													
CSS						U1LP		X day next Av span 18mar													
BFA								DFW slip depWeD													
BFA						M1LP		dfw SLIP DEP wED													
BFA								DFW slip dep Mon													
BFA						U1LA		DF SLIP wed DEP													
BFA								dep16 mAR													
BFA								ground day 16mar -LDF facilitator													
BFA								Dep 16 mar													
BFA																					
BFA																					
BFA																					
FA								slip dfw dep wed													
FA								X day dep 18mar													
FA								slip DFw wed													
FA								Sick leave													
FA								DFW slip Mon dep													
FA						M3LP		X days next dep 20mar													
FA								dfw dep SUN													
FA						MSL		DFW slip dep wed													
FA						M3R		Slip slip mon dep													

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation

QF 74 SFO-SYD ARR 10 March

[illegible]

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

[illegible]

QF94 LAX/M A380		VH-OQE		Row 71																
Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	SUBURB/LOCATION	12 MAR location	Tier level based on original advice	Contact 1 Made Date / by Who?	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsible for call / meet
CSM					AH			DAYS OFF	Tier 2	Kelly Moran 12/3	XXXX (M2LA) advised no extended or close contact with any pax in row 71. Reported not experiencing any symptoms.									
CSS					JD			DAYS OFF	Tier 2	James Darley 12/3	U1LP									
					KM			DAYS OFF	Tier 2	Kelly Moran 12/3	XXXX (M1LP) working in First cabin. Advised no contact with any pax seated in row 71. Reports not currently experiencing any symptoms.									
					AH			DAYS OFF	Tier 2	Kelly Moran 12/3	XXXX (U2RP) working in Business UD. Reports no contact with pax in row 71. Advised not currently experiencing any symptoms.									
					AH			DAYS OFF	Tier 2	Kelly Moran 12/3	XXXX (U1LA) working in Business UD. Advised no contact with pax in row 71. Reports not currently experiencing any symptoms.									
					KM			DAYS OFF	Tier 2	Kelly Moran 13/3 (LM 12/3)	XXXX (M1RP) working in First cabin. Reports no contact with pax in row 71. Only in YC cabin when entering LCCRF (at row 66). Reports not currently experiencing any symtoms. However she wanted further information - Aus Govt Med Adv Informations sent to her.									
					KM			DAYS OFF	Tier 2	Kelly Moran 12/3	XXXX (M1RA) working in Bus and Prem UD. Advised no contact with pax in row 71. Reports that not currently experiencing any symptoms.									
					JD			DAYS OFF	Tier 2	James Darley 12/3	M2RA									
					CS			DAYS OFF	Tier 2	Kelly Moran 12/3	XXXX(M4LP) positioned T/O & Land on MD at doors 4 LHS- working in Business UD. Advises no contact with pax in row 71. Reports over past few days has been feeling 'hot & cold' and has a 'scratchy throat'. Still indicates Tier 2 however Aus Govt Med Adv information sent to her and email to Whitney with above details.									
					RC			DAYS OFF	Tier 2	Rod Callins 12/3	U1RP Nil contact with pax in row 71									
					RC			DAYS OFF	Tier 2	Rod Callins 12/3	U1RA Nil contact with pax in row 71									
								DAYS OFF	Tier 2	James Darley 12/3	U2LP									
									Tier 2	Kelly Moran 12/3	XXXX (M4RP) working Economy Galley position. Advises does not recall contact with any pax in row 71 even though his demo position is at 71R and he would have working in this zone. Reports currently not experiencing any symptoms.									
					AH			DAYS OFF	Tier 2	James Darley 12/3	U3LP									
								DAYS OFF	Tier 2	Rod Callins 12/3	M5LP Limited contact with customers between doors 3 & 4, was main galley operator at doors 4, no close contact with pax at row 71.									
					CS			DAYS OFF	Tier 1	Rod Callins 12/3	M3LPXXXX stated she believes she may have come into contact (close) having worked in Y/C between doors 3 & 4 in the vicinity of row 71 for a period of time. Will self isolate as a result, initially classed as Tier-1.									
								DAYS OFF	Tier 2	James Darley 12/3	U3RP									
									Tier 2	James Darley 12/3	M3RP. XXXX reported symptoms at 1am this morning. QF Medical provided heads up,XXXX will self isolate and seek GP advice this morning and will undergo a test.									
					RC			DAYS OFF	Tier 2	James Darley 12/3	M2RP									
								DAYS OFF	Tier 2	James Darley 12/3	M2RP									
								DAYS OFF	Tier 2	James Darley 12/3	M2RP									

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

QF8 DFW-SYD ARR 11 March

[illegible]

QF 12 LAX-SYD ARR 11 March

Flight / Date	A/C Type	A/C Rego	Index Customer Seat Number												
QF12 LAXSYD DEP09/03 ARR11/03	380-800	VH-OQI	3F												
Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	(Date) MAR location (Home/Upline/In Air)	Tier Level based on original advice	Contact 1 Made Date / by Who?	Information Sheet Sent? T1 = Isolation T2 = Guidelines	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?
CSM								Departs Syd 15 March	Tier 2	14/03 JM	YES - bf	Didnt shake anyone's hand. No ctc for more than 15mins. Hygiene adhered to. Cant remember the customer or if feeling unwell.			
CSS								SBY from 16 March on X days	Tier 2	14/03 JM voicemail 1620	YES - bf	Used lavatory - hygiene followed.			
BFA								X days til 18 March Qf11	Tier 2	14/03 JM	YES - bf	M1L. Serving both sides of cabin during flight. 20 mins toilet checks. Brought customer cup of tea. No face to face conversations. Hygiene process followed. Didnt spend any time speaking with customers.			
BFA								departs 15 march Qf11	Tier 2	14/03	YES - bf	Galley U1RA -No contact at all.			
BFA								days off until 21march		14/03 voicemail 1622. Text sent 15 Mar BH / Text Sent 16/3 0718am AW - LB voicemail left 16/03 1528. JEK sent text 1713. Megan left voicemail 17/03 1030					
BFA								departs 15 march Qf127	Tier 2	14/03 JM	YES - bf	M4L - take off and landing. Boarding door 1. No physical contact. Good hygiene.			
BFA								leave from 16 march	Tier 2	Text sent 14 Mar JM	YES - bf	First class gallery. Casual contact. Filled water bottles. Cutomers sleeping. Good hygiene.			
BFA								IN DFW dep sat	Tier 2	Text sent 14 Mar BH. Text rcvd and I called his room	YES - bf	He did have casual contact with the customer in 3F, but for no more than 10 mins each time. I called Whitney Hughes re this situation and she advised that there is no risk.			
BFA								dep 16 march Qf7	Tier 2	14/03 JM	YES - bf	Business class - U2RP - nil contact all flight			
BFA								dep 15 mar qf11	Tier 2	Text sent 1615	YES - bf	U@LF			
BFA						M1RA		x days ep 17 mar qf1	Tier 2	AW Phone Call 1534 14/3	YES - bf	Safety Demo was at 3R, Sat next to XXXX for TTL XXXX. Has a cold runny nose. Putting it down to weather. Followed correct hygine. Did not notice pax having any flu like symptoms when standing in the area whilst conducting the safety demonstration. Safety demonstration is under 15mins in length.			
F/A								x days dep 18 mar qf1	Tier 2	Jm 14/03 Voicemail 1639	YES - bf	██████ advised that she worked U1LA - had no contact with customer.			
F/A								x day course on 16 march	Tier 2	AW Phone Call 1533 14/3	YES - bf	Never proceeded into first class. No interactions with First Class customers. Followed all PPE advice onboard.			
F/A								x day dep 16mar	Tier 2	JM 14/03 voicemail 1628	YES - bf	Aft galley - nil customer contact			
F/A								X day nxt dep 16 mar qf11	Tier 2	JM 14/03 text message	YES - bf	M3R -working fwd galley. First galley - not serving. Hygiene followed. Washing of hands.			
F/A								departed in flight to SIN	Tier 2	Text sent 14 Mar BH	YES - bf	Wasnt in the area of the customer. Nil contact.			
F/A								x day stanby 16 mar	Tier 2	JM contact 1642	YES - bf	U3LP - No first class contact.			
F/A						U3RP		standby 15 mar	Tier 2	AW Phone Call 1541 14/3	YES - bf	Worked in the premium galley, never had any interaction with any first class customers nor walked into first class.			
F/A								x day 16 mar dep qf11	Tier 2	VM left at 4.50pm	YES - bf	BH spoke with XXXX. No risk and no contact with customer.			
F/A						M3LP		upline dep SFO sun	Tier 2	Text sent 14 Mar BH / Text sent 16/3 07:13 AW / Phone call 16/3 0815 AW	YES - bf	Only went through First for a famil of the flight deck door. No interactions with any pax in First. Worked in B and C zones.			
F/A								X day next pat 23 mar	Tier 2	JM voicemail 1646 14 Mar	YES - bf	M5R - no contact with the customer or any customers in first class			

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

[illegible]

Flight / Date	A/C Type	A/C Rego	Index Customer Seat Number	If you see this message.Do not make any contact.																					
QF94																									
LAXMEL																									
DEP 09MAR																									
ARR 11MAR	A380-800	VH-OQK	53C	Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	(Date) MAR location (Home/Upline/In Air)	Tier Level based on original advice	Contact 1 Made Date (Text/Phone) / by Who?	Information Sheet Sent? T1 = Isolation T2 = Guidelines	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsible for call / meet
										M2LP		AVSPAN 19th Mar													
										U1LP		SIN 20th Mar													
										U1RP		SL													
										U1LA															
										U2LP		QF95 22nd Mar													
										M2RA															
										M1LP		QF93 27th Mar													
										M1RP															
										U1RA		QF9 22nd Mar													
										M1RA															
										U2RP		QF35 20th Mar													
										M4LP															
										M3LP		QF35 24th Mar													
										M5RP		QF35 24th Mar													
										M2RP		QF93 21st Mar													
										M4RP		QF35 20th Mar													
										M2LP															
										M3RA		QF49 28th Mar													
										UAP		QF95 22nd Mar													
										M3LA		QF93 20th Mar													
										M5LP		QF9 26th Mar													
										M3RP		QF49 21st Mar													

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

QF 2 LRH SIN DEP 11 MAR 20

[illegible]

[illegible]

HSR Rep Notified	By Whom / When	FAAA Rep Notified	By Whom / When

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

[illegible]

HSR Rep Notified	By Whom / When	FAAA Rep Notified	By Whom / When

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

[illegible]

[illegible]

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

[illegible]

HSR Rep Notified	By Whom / When	FAAA Rep Notified	By Whom / When

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

QF 2 SIN-SYD DEP 13 MAR

[illegible]

QF 12 LAX-SYD DEP 13 MAR

[illegible]

Flight Details QF36 DEP 13th MAR SIN/MEL	Seat/Row Number 32B	Rego - VH-OQE A380-800		CCST Completed - Forms completed and collated										
Name	Staff #	Mobile #	Tier Outcome											
			T2											
			Text and phone mess 17/3											
			T2											
			T2											
			Phone message 28/3.											
			T2											
			T2											
			T2											
			T2											
			Phone message 28/3.											
			T2											
			T2											
			T2											
			Waiting for call backl											
			T2											
			T2											
			T2											
			T2											
			T2	NZ	Clair 26/03	Not in that zone so no interactions and no symptoms								

QF 94 LAX-MEL DEP 13 MAR

[illegible]

QF 16 LAX-BNE ARR 14 March

[illegible]

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

[illegible]

QF 156 AKL-MEL DEP 14 MAR

[illegible]

[illegible]

Flight / Date	A/C Type	A/C Rego	Index Customer Seat Number																		
QF2 SINSYD DEP 15MAR ARR 15MAR	A380-800	OOH	17B	If you see this message.Do not make any contact.																	
Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	(Date) MAR location (Home/Upline/In Air)	Tier Level based on original advice	Contact 1 Made Date (Text/Phone) / by Who?	Information Sheet Sent? T1 = Isolation T2 = Guidelines	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsibl e for call / meet
CSM						M2LA		Home (next flight 21/03)													
CSS						U1LP		Upline (RTN QF8 20/03 s/on 1945)													
BFA						M1RP		Home (next flight 20/03)													
BFA						U1LA		Upline (RTN QF8 20/03 s/on 1945)													
BFA						M2RA		Home (next flight 21/03)													
BFA						M1LP		Home (next flight 21/03)													
BFA						U1RA		Upline (RTN QF2 20/03 s/on 1815)													
BFA						U2RP		Home (next flight 20/03)													
BFA						U1RP		Home (next flight 22/03)													
BFA						M1RA		Home (next flight 26/03)													
FA						M2RP		Home (next flight 29/03)													
FA						M5RP		Home (next flight 21/03)													
FA						M4RP		Upline (RTN QF2 20/03 s/on 1815)													
FA						M5LP		Upline (RTN QF2 20/03 s/on 1815)													
FA						U2LP		Upline (RTN QF74 20/03 s/on 2030)													
FA						M4LP		Home (next flight 21/03)													
FA						M3LA		Upline (RTN QF2 20/03 s/on 1815)													
FA						UAP		Upline (RTN QF12 20/03 s/on 2130)													
FA						M3LP		Home (next flight 20/03)													
FA						M3RA		Upline (RTN QF36 20/03 s/on1840)													
FA						M2LP		Home													
FA						M3RP		Home (next flight 25/03)													

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform Of Medical / Potential Self Isolation

QF 161 SYD-WLG ARR 15 MAR

[illegible]

QF 15 BNE-LAX DEP 15 MAR

[illegible]

QF 8 DFW-SYD DEP 15 MAR

[illegible]

QF 12 LAX-SYD DEP 15 MAR

[illegible]

QF 28 SCL-SYD DEP 15 MAR

[illegible]

QF 153 MEL-AKL DEP 15 MAR

Flight Details QF153 DEP 15th MAR MEL/AKL	Seat/Row Number 1K	Rego - VH-EBF A330-200		MEL CPM's Completed										
			Printed											
Name	Staff #	Mobile #	Tier Outcome											
			Tier 1				email sent (FM 26/3)							
			Tier 2											
			Tier 1				Tier 1 email sent (FM 26/3)							
			Tier 2	NZ	Clair 26/03	No symptoms								
			Tier 2											
			Tier 2	NZ	Clair 26/03	No symptoms								
			Tier 2	NZ	Clair 26/03	No smptoms								
			Tier 2	NZ	Clair 26/03	No symptoms								
			Tier 2	NZ	Clair 26/03	No Symptoms								

Flight / Date	A/C Type	A/C Rego	Index Customer Seat Number																							
QF 12 LAXSYD DEP 14MAR ARR 16MAR	A380-800	OQE	13F	Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	(Date) MAR location (Home/Upline/In Air)	Tier Level based on original advice	Contact 1 Made Date (Text/Phone) / by Who?	Information Sheet Sent? T1 = Isolation T2 = Guidelines	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (If changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsible for call / meet	
									Rohan Shirodkar	M2LA		Home (next flight 23/03)	TIER 2	Fernando 24/3		Recalls the customer but no close or lengthy interaction.										
									Sarah Cusack	U1LP		Standby (next flight 27/03)	TIER 2	Meagan 23/3												
										U1RA		Annual Leave	Tier 2	Fernando 23/3		Galley operator. Did not interact.										
									Fernando Martinez			Home (next flight 22/03)	Tier 2	Fernando 23/3		PC Galley Operator only visited upstairs a couple of times. Asymptomatic.										
									Adam Wood	M1LP		Home (standby 23/03)	TIER 2	Fernando 23/3												
									Adam Wood	U1RP		Upline (RTN flight QF12 21/03 s/on 2130)	TIER 1	Megan 23/3 l	YES - bf											
									Jamie Finlayson	U1LA		Upline (RTN flight QF12 21/03 s/on 2130)	TIER 2	Megan 23/3	YES - bf											
									Jedda Franceshini	M1RP		Upline (RTN flight QF2 20/03 s/on 1815)	TIER 2	Fernando 24/3		PC operator. Did not spend much time in JC upstairs. NO symptoms.										
									Adam Wood	U2LP		Annual Leave	Tier 2	Fernando 24/3		He does not recall the pax and could not ascertain if close contact for 15mins or more. He was argumentative about the questions and he has been referred to AW.										
										U2RP		Upline (RTN flight QF8 20/03 s/on 1945)	Tier 2	Linda Harden 23/3												
									Aylene Brears	M4LP		Home	TIER 2	Clair - 26 Mar		No symptoms										
									Rob Stanley-Jones	M3RA		Home (next trip 22/03)	Tier 2	Fernando 23/3		Worked in PYC. Cleaned toilet										
									Jedda Franceshini	M5LP		Upline (RTN flight QF2 20/03 s/on 1815)	Tier 2	Fernando 23/3		NO symptomatic										
									Adam Wood	M2LP		Standby	TIER 2	Megan 23/3	YES - bf											
									Adam Wood	M2RP		Upline (RTN flight QF12 20/03 s/on 2130)	TIER 2	Megan 23/3	YES - bf											
									Sarah Cusack	M3LP		Home (next flight 26/03)	Tier 2	Megan 23/3	YES - bf											
									Jedda Franceshini	M1RA		Home (next flight 21/03)	TIER 1	Fernando 23/3	YES - bf	Tested 23/3										
										U3LP		Home	Tier 2	Fernando 23/3	YES - bf	Visited the JC galley a few times but no close contact with customers in JC.										
									Jamie Finlayson	M3RP		Upline (RTN flight QF98 20/03 s/on 1730)	Tier 2	Megan 23/3	YES - bf											
										U3RP		Home (next flight 21/03)		Fernando mess 23/3												
										M4RP		Home (next flight 20/03)	Tier 2	Fernando 24/3		Worked in Economy. No interaction with U/D pax										
										M5RP		Sick	Tier 2	Fernando 23/3		Sinus infection. No contact with customer at all.										

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation.

QF 74 SFO-SYD ARR 16 March

[illegible]

QF 12 LAX-SYD 16 MAR

[illegible]

QF 10 PER-MEL DEP 16 MAR

Flight Details QF10 DEP 16th MAR PER/MEL	Seat/Row Number 44A	Rego - VHZNH B787-900		CCST Completing											
Name	Staff #	Mobile #	Tier Outcome												
			Tier 2												
			Tier 2												
			Tier 2	Eli 25/3	Sore throat - limited assitance in Economy										
			Tier 2												
			Tier 2												
			Tier 2												
			Tier 2												
			Tier 2												
			Tier 2												
			Tier 2												
			Tier 1	Duan 25/3	Mild Cold, Close contact										

Flight Details QF94 DEP 16th MAR LAX/MEL	Seat/Row Number 35E	Rego - VH-OQC A380-800	Printed	MEL CPM's Completed Forms completed										
Name	Staff #	Mobile #	Tier Outcome											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2	NZ	Clair - 26/03	Worked in Business, no interactions								
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 1											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2											
			Tier 2	NZ	Clair 26/03	Was in her zone but limited contact								

QF 98 HKG-BNE DEP 16 MAR

[illegible]

QF 12 LAX-SYD DEP 17 MAR

[illegible]

QF 10 PER-MEL DEP 17 MAR

Flight Details QF10 DEP 17th MAR PER/MEL		Seat/Row Number 54C	Rego VH-EBL A330-200		CCST Completing/Jo-Ann									
Name	Staff #	Mobile #	Tier Outcome											
			Tier 2	CSM L1 Good hygiene and PPE practices followed. No symptoms										
			Tier 2	Worked CSS L4 good hygiene and PPE practices followed, no symptoms identified										
			Tier 2	Worked R1 JC. Good hygiene and PPE practices followed. No symptoms identified										
			Tier 2	Worked R1 Good hygiene and PPE practices followed. No symptoms identified										
			Tier 2	FA worked L3, 'unsure' close (15 Mins) contact with pax. Good hygiene and PPE practices followed. No symptoms. Advised to contact CCOVID-19 hotline should she become symptomatic										
			Tier 2	R3 – YC Galley.Followed good hygiene practices, nil symptoms. Will contact CCST if she becomes symptomatic										
			Tier 2	Worked L2. Followed good hygiene practices, nil symptoms identified										
			Tier 2	Worked R4. Followed good hygiene practices, nil symptoms identified										
			Tier 2	Worked L1A. Assisted in JC/YC. Followed good hygiene practices, nil symptoms identified										

Flight / Date	A/C Type	A/C Rego	Index Customer Seat Number	If you see this message.Do not make any contact.																	
QF 1 SIN-LHR DEP 17MAR ARR 18MAR																					
		380	OOB	60C																	
Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	(Date) MAR location (Home/Upline/In Air)	Tier Level based on original advice	Contact 1 Made Date (Text/Phone) / by Who?	Information Sheet Sent? T1 = Isolation T2 = Guidelines	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsible for call / meet
CSM					Richard Hampton		Hove, UK	Home (next flight 26/03)													
CS					Richard Hampton		Worthing, UK	Home (SR 22/03)													
BFA					Richard Hampton		Scillhall, UK	Home (next flight 29/03)													
BFA					Richard Hampton		Ruislip, UK	Home (next flight 21/03)													
BFA					Richard Hampton		Kirkby-in-Ashfield, UK	Home													
BFA					Suky Randhawa		Hemmintie, Finland	Sick Leave													
BFA					Richard Hampton		Worthing, UK	SR													
BFA					Suky Randhawa		Cramlington, UK	Home													
BFA					Richard Hampton		couldson, UK	Home (next flight 24/03)													
BFA					Suky Randhawa		Oxford and Cambridge Mansion, UK	Home (next flight 22/03)													
BFA					Suky Randhawa		Canterbury, UK	Home (next flight 22/03)													
BFA					Suky Randhawa		London, UK	Home													
BFA					Richard Hampton		Helem Hempstead	Home (SR 25.03)													
FA					Suky Randhawa		Lincoln, UK	Home (next flight 23/03)													
FA					Richard Hampton		Sutton Coldfield, UK	Upline SIN (RTN flight QF1 s/on 21/03 2255)													
FA					Suky Randhawa		North Acton, UK	Home (next flight 21/03)													
FA					Richard Hampton		Finbury Park, UK	Home (next flight 22/03)													
FA					Richard Hampton		Bedworth, UK	Home (SR 22/03)													
FA					Richard Hampton		Woking, Surrey, UK	Home (next flight 22/03)													
FA					Suky Randhawa		Calne, UK	Home (next flight 23/03)													

HSR Rep Notified	By Whom / When	FAAA Rep Notified	By Whom / When

Comms Sent - Awaiting Response
Urgent Comms required due to future duty
Not urgent - At home or on a type of leave
Tier 2 - Contact made with crew and determined to be casual contact
Tier 1 - Contact made with crew and determined to be close contact - Inform QF Medical / Potential Self Isolation

QF 141 SYD-AKL 18 MAR

[illegible]

A380

QF2 11-MAR-20	First Name	Surname	Staff Number	12 MAR LOCATION	Next Duty	Tier Level based on original advice	Contact 1 Made Date / by Who?	Feedback / Questions from Crew	Outcome / Details of Conversation 1	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?	CPM responsible for call / meet
QF2 11-MAR-20				Stamford Hotel Singapore	GDS 17-18 MAR	T1	RH completed welfare call, 14/03.	XXXX spent at least 15 minutes in a conversation with XXXX in the galley. He is now experiencing symptoms of a dry cough and temperature. [REDACTED] has			Follow up welfare conerstaion on 17/03.	XXXX continues to self- isolate and is in good spirits	Tier 1			Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF10/19 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF10/19 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/15 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/29 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/23 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/29 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/22 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/25 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/15 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/16 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton

QF 74 SFO APR 18 MAR

QF2 11-MAR-20				Stamford Hotel Singapore	QF2/18 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/18 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	NIL FOR REMAINDER OF BP 334	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	NIL FOR REMAINDER OF BP 334	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF2/18 MAR	T2	Left message 14/03.Based on location of █████ exposure will be T2			No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	STANDBY 29-31 MAR	T2	Left message 14/03.Based on location of █████ exposure will be T2			No change	19/03. XXXX has now left the UK and repatriated to the UK.	No concerns				Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF10/18 MAR	T2	Left message 14/03.Based on location of █████ exposure will be T2			No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF10/21 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact with XXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF10/18 MAR	T2	RH completed welfare call, 14/03.	Limited/zero contact withXXXX. No concerns re this incident.		No change						Yes	Richard Hampton
QF2 11-MAR-20				Stamford Hotel Singapore	QF10/17 MAR	T2	RH left message, 14/03. Based on position and given that █████ was paxing, will be T2			No change							Richard Hampton

Position	Pre Flight Boarding	Pre Flight	Breakfast	Landing	Tier Rating
M2LA	Standing at M2LP for boarding	>15min in jumpseat			
CSM	Approx. 4meters away from seat. Boarding approx. = 45 min Only contact would have been potentially boarding pass and welcome at the door. Approximately less than 30 seconds	(4m) facing towards customer from passenger	Nil – Serves in Business Class	~5mins in jumpseat (4m) facing towards customer from passenger	

M2LP (fwd galley operator)	Standing at M2LP for boarding Approx. 4meters away from seat. Boarding approx. = 45 min Only contact would have been potentially boarding pass and welcome at the door. Approximately less than 30 seconds	Safety Demo position 48L – 4m from seat. Safety demo is no longer than 8min in length >15min in jumpseat (4m) facing towards customer from passenger	Serving left side of aircraft B and C zones. Delivery time 30-45mins, Clearing time 15 min, Meal delivery for row would be less than 5 min No more than 5 to 6 minutes within 2m of customer	~5mins in jumpseat (4m) facing towards customer from passenger	
M4LP (worked on the left hand side of aircraft on this occasion. Confirmed by CSS)	Standing at M1LP for boarding Nil Contact	 Nil	Serving left side of aircraft B and C zones. Delivery time 30-45mins, Clearing time 15 min, Final collection – 5 min Meal delivery for row would be less than 5 min No more than 5 to 6 minutes within 2m of customer	Nil	
M3LP	Nil – positioned at M3 doors for boarding	Nil –	Serving right side of aircraft B and C zones. Delivery time 30-45mins, Clearing time 15 min, Final collection – 5 min	Nil	
M3RP – swapped with M5RP to work in C/D zones	Nil – positioned at M3 doors for boarding	Nil	Nil	Nil	
M5RP	Nil – positioned at M5 doors for boarding	Nil	Serving right side of aircraft B and C zones. Delivery time 30-45mins, Clearing time 15 min, Final collection – 5 min	Nil	
CSS	Nil – U1LP	Nil	Nil	Nil – U1LP	
M2RP	Nil	Safety Demo position 51L – less than 2m from seat. Safety demo is no longer than 8min in length	Nil – galley operator in First	Nil	

[illegible]

QF 161 SYD-WLG ARR 20 MAR

[illegible]

QF 51 BNE-SIN ARR 20 MAR

Flight / Date	A/C Type	A/C Rego	Index Customer Seat Number																	
QF 51 DEP BNE ARR SIN- 20 MAR																				
Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	25 MAR location (Home/Upline/In Air)	Tier Level based on original advice	Contact 1 Made Date (Text/Phone) / by Who?	Information Sheet Sent? T1 = Isolation T2 = Guidelines	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	Resulting Tier Level based on Conversation 2	Was government document emailed to crew member by CPM?
CSM						L1P		Aday	TIER 1	Brittany F called 25/03	YES - bf	Aysymptomatic. Spent more than 15mins within 1m and more than 2hrs within 2m. No symptoms experienced. Asked to self isolate								
CSS						L4		U/L sick	TIER 1	Danielle Hartog (OCM)		Positive - •On the QF51 dep BNE 20Mar on the second service XXX had a migraine •The days prior to this pattern after arriving into BNE QF52 18 Mar she felt fine, a little tired on the Thursday(20Mar) but had gone for a run on the Friday day of departure •Once XXX arrived into Sin, 20 March, she noticed that she had a runny nose but went to bed at 2130 SIN LT •On waking up the next morning she felt like she had a head cold and was sensitive to the light, took ibuprofen and slept again • xxx contacted Medaire and was cleared to pax back and sat in 7A QF52 21st March, wore a mask for the flight • XXX was still feeling unwell on the Monday (23rd Mar) and as her sister is 30weeks pregnant wanted to ensure that she did not have Corona								
BFA								A Days												
BFA								A Days	Tier 2	Jo-Ann		Minimal contact with CSS as most intractions in JC and with CSM.								
FA								A Days												
FA						R4		Signed on 0925	Tier 2	Fernando 25/3		Did not share bunks, opposite time off, asymptomatic								
FA								A days												
FA						L1A		ARR 25 MAR	TIER 1	Fernando 25/3		Asymptomatic. Spent time in crew rest and slip port								

QF 51 BNE-SIN ARR 20 MAR

[illegible]

QF 94 LAX-MEL DEP 20 MAR

Flight / Date	A/C Type	A/C Rego	Index Customer Seat Number	CONDUCTED BY CCST (JO-ANN) 26 & 27/3															
QF94 DEP20 MAR ARR 22MAR	A380	VH-OQE	Crew Member																
Position	First Name	Surname	Staff Number	Phone Number	CPM	Work Position	Home Suburb / State	(Date) MAR location (Home/Upline/In Air)	Tier Level based on original advice		Information on Sheet Sent? T1 = Isolation T2 = Guidelines	Outcome / Details of Conversation 1	Feedback / Questions from Crew	Tier Level (if changed)	Contact 2 Made Date / by Who?	Outcome / Details of Conversation 2	Resulting Tier Level based on Conversation 2	Outcome of Conversation 3	
CSM									Tier 2	28/3 Jess Naylor			Worked M2LA, practiced good hygiene, nil symptoms identified						
CSS									TIER 1	Fernando 26/3	FM		CSS worked with on board, handed over to Fernando						
M3RA									TIER 1	Positive to COVID-19	FM		XXXX was not symptomatic on return flight. However, he became symptomatic						
BFA									Tier 2	Jess Naylor			Worked UP1P, good hygiene practices followed, nil symptoms identified						
BFA									Tier 2	Holly McKenna			Worked UD, good hygiene practices followed, nil						
BFA									TIER 1	Holly McKenna	FM		Worked M2RA galley, on break at the same time, more than 15 mins F2F. Had a cold few weeks ago when to hospital and tested for COVID-19 08/3 tested negative						
BFA									Tier 2	Holly McKenna 28/3 11:55			Worked M1L, food hygiene practices followed, nil symptoms identified						
BFA									Tier 2	Holly McKenna 28/3 11:55			Worked U2R, good hygiene practices followed, nil symptoms identified						
BFA									Tier 2	Holly McKenna 28/3 1:37			Worked MIRA, good hygiene practices followed, nil symptoms identified						

QF 94 LAX-MEL DEP 20 MAR

BFA									TIER 1	Rob Scotland	FM		XXXX spent considerable amount of time with [REDACTED]					
BFA									Tier 2	Rob Scotland			Worked M1RP.Good hygiene practices followed, nil symptoms identified					
BFA									Tier 1	Matt Covell	FM		Worked U1RA.Spent more than 15 min F2F chatting during breaks more than 15 mins					
FA									TIER 1	Matt Covell	FM							
FA									TIER 1	Matt Covell	FM		and Chills. Close contact for over 15 mns					
FA									Tier 2	Matt Covell			Worked M1SL, followed good hygiene practices, nil symptoms identified.Had a cough					
FA									Tier 2	Jess Naylor			Worked U3R. Seated in upper crew rest but did was not seated					
FA									Tier 2	Jo-Ann Bates			Followed good hygiene practices, did not spend an extended					
FA									TIER 1	Duan 29/3			Worked with xxx, runny nose, feeling unwell.					
FA									Tier 2	Jo-Ann Bates			M5R worked UD, followed good hygiene practices, nil					
FA									Tier 2	Jess Naylor			followed good hygiene practices, nil symptoms identified					
FA									Tier 2	Jess Naylor			good hygiene practices, nil					
FA									Tier 1	Holly Mckenna	FM		Worked M3RP. Shared jump seat. Escalated to Fernando					
CSM									Tier 2	Matt Covell			Pax on flight seated in 1K PC					
BFA									Tier 2	Matt Covell			Pax on flight. Seated in 2K PC					

QF 161 SYD-WLG ARR 21 MAR

[illegible]

QF 2 SIN-SYD DEP 23 MAR

[illegible]

Folder formulated - Ready for QCCT to call 28/3

Attachment DH8

From: Mel Zamudio <[REDACTED]@qantas.com.au>
Sent: Wednesday, 1 April 2020 11:32 AM
To: David Horsfall <[REDACTED]@qantas.com.au>
Cc: Amy Todd <[REDACTED]@qantas.com.au>; Teri O'Toole <[REDACTED]@faaa.net>; Fernando Martinez <[REDACTED]@qantas.com.au>
Subject: FW: Confidential Covid-19 crew emails Ruby Princess

Hi David,

Thanks for your email.

I did follow this up for you on weekend with Fernando who I have cc'd in.

We can confirm we had 17 crew contacted for QF3 but one email on investigation for Lesley did not go through so Fernando has resent and also made verbal contact.

Any other issues please don't hesitate to contact me.

Thanks
Mel

Mel Zamudio
Manager, QF Cabin Crew Australia
Customer Operations
QF Cabin Crew Australia Pty Ltd

Level 5, QCC Building, 10 Bourke Road, Mascot NSW 2020
M. +61 [REDACTED]
P (02) [REDACTED] Ext 26997
E. [REDACTED]@qantas.com.au

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From: David Horsfall <[REDACTED]>
Sent: Friday, 27 March 2020 8:59 PM
To: Mel Zamudio <[REDACTED]@qantas.com.au>
Cc: Amy Todd <[REDACTED]@qantas.com.au>; Teri Otoole <[REDACTED]@faaa.net>
Subject: Re: Confidential Covid-19 crew emails Ruby Princess

Hi Mel

It appears one of the operating crew of the QF 03 has not received any email and are still quite concerned that there were cruise ship pax on board this flight. For clarity, there was an operating and paxing crew on board this flight.

I wish you a great weekend.

David Horsfall HSR

From: Mel Zamudio <[REDACTED]@qantas.com.au>

Sent: Thursday, 26 March 2020 11:11 PM

To: David Horsfall <[REDACTED]>

Cc: Amy Todd <[REDACTED]@qantas.com.au>; Teri Otoole <[REDACTED]@faaa.net>; Matthew Franzì <[REDACTED]@qantas.com.au>

Subject: RE: Confidential Covid-19 crew emails Ruby Princess

Hi David,

Thanks for your email.

I have spoken to Amy to gain some clarity around this.

See my comments in blue below and if we are happy to proceed.

Keen to get these emails out asap

Thanks

Mel

Mel Zamudio
Manager, QF Cabin Crew Australia

Customer Operations

QF Cabin Crew Australia Pty Ltd

Level 5, QCC Building, 10 Bourke Road, Mascot NSW 2020

M. +61 [REDACTED]

P (02) [REDACTED] Ext [REDACTED]

E. [REDACTED]@qantas.com.au

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From: David Horsfall <[REDACTED]>

Sent: Thursday, 26 March 2020 8:02 PM

To: Mel Zamudio <[REDACTED]@qantas.com.au>

Cc: Amy Todd <[REDACTED]@qantas.com.au>; Teri Otoole <[REDACTED]@faaa.net>; Matthew Franzi <[REDACTED]@qantas.com.au>

Subject: Re: Confidential Covid-19 crew emails Ruby Princess

Hi Mel

Thank you for sending these through, a few points for amendment -

1. QF01 was not mentioned to Teri or I as a flight with pax from cruise ship despite discussions today with SafeWork Inspector and Matt Franzi, it's disappointing to read just a few hours later that this flight carried passengers from the Ruby Princess.
[This is new information that was received post the meeting yesterday with safe work. This came up after investigating an enquiry. We are being transparent as soon as we get the information we are sharing it.](#)
2. QF 07/ 01 / 03 / 19 flight - Our concerns have been escalated to senior members of government and we've requested further assistance to help stop cruise ship passengers

flying with us when they should be self-isolating. *We're also asking all passengers to self-declare if they've been on a cruise ship prior to boarding." this is POST the mentioned flights and after being raised by HSRs and is now a question asked as a result. This needs to be made more clear that this was not asked for these flights if that is the case.*

As soon as we were aware we've always asked for government to share crew pax manifest and asked at checkin'. I'm not sure how this aligns to the timing you have proposed above.

3. QF 19 flight was reported to carry the crew off the ship not passengers.
Updated to ensure it reads PAX and Crew

Kind regards

David Horsfall HSR

From: Mel Zamudio <[REDACTED]@qantas.com.au>

Sent: Thursday, 26 March 2020 8:04 PM

To: Teri O'Toole <[REDACTED]@faaa.net>; David Horsfall <[REDACTED]@qantas.com.au>

Cc: Amy Todd <[REDACTED]@qantas.com.au>

Subject: Confidential Covid-19 crew emails Ruby Princess

Hi Teri and David,

Amy and I have drafted these emails to go out for those crew who operated on the below flights as you discussed with Amy, David.

Thanks for working as a team and when we have any updates we will absolutely update HSR appropriately and crew

Emails will be sent tonight

Mel

QF7/21Mar

Hi All,

Thank you for those who have reached out to us after you operated the QF7 on the 21st of March.

As a follow up to some of your questions in addition to Rachel email today titled "Coronavirus update including important information about slip ports" where Rachel importantly notes the following;

"We're very disappointed by this situation on many fronts and want to apologise to our crew who operated on aircraft with these passengers. It's clear these passengers did not follow the government requirements.

While we're not happy with the situation, it's important to remember that just because a passenger has been on one of these cruises, it is still very unlikely that they were infectious for COVID-19.

Our concerns have been escalated to senior members of government and we've requested further assistance to help stop cruise ship passengers flying with us when they should be self-isolating.

On your flight QF7 **210320202** we have been made aware and can now confirm there were customers from the Ruby princess on board.

We have our safety protocols that we have put in place for your all to ensure your safety and we are confident they are the right ones in dealing with unwell/symptomatic passengers.

Thank you all for your hard work and resilience as we continue to navigate through COVID-19 as it fluidly changes and continues to impact the world and Qantas.

Please stay safe and always follow protocols.

Take care and be kind

QF1/19Mar

Hi All,

Some of you have contacted the company after seeing on TV that your flight carried Ruby Princess Pax.

Firstly we would always in any ideal situation want our employees to head this from us first but we are working with multiple parties in non-ideal circumstances with this global crisis.

Rachel sent an email today titled "Coronavirus update including important information about slip ports" where Rachel importantly notes the following;

"We're very disappointed by this situation on many fronts and want to apologise to our crew who operated on aircraft with these passengers. It's clear these passengers did not follow the government requirements.

While we're not happy with the situation, it's important to remember that just because a passenger has been on one of these cruises, it is still very unlikely that they were infectious for COVID-19.

Our concerns have been escalated to senior members of government and we've requested further assistance to help stop cruise ship passengers flying with us when they should be self-isolating. We're also asking all passengers to self-declare if they've been on a cruise ship prior to boarding."

On your flight QF1 **190320202** we have been made aware and can now confirm there were customers from the Ruby princess on board and we are sorry we are only able to inform you of this now.

We have our safety protocols that we have put in place for your all to ensure your safety and we are confident they are the right ones in dealing with unwell/symptomatic passengers.

Thank you all for your hard work and resilience as we continue to navigate through COVID-19 as it fluidly changes and continues to impact the world and Qantas.

Please stay safe and always follow protocols.

Take care and be kind

QF3/22Mar

Hi All,

Thank you for those who have reached out to us after you operated the QF3 on the 22nd of March.

As a follow up to some of your questions in addition to Rachel email today titled "Coronavirus update including important information about slip ports" where Rachel importantly notes the following;

"We're very disappointed by this situation on many fronts and want to apologise to our crew who operated on aircraft with these passengers. It's clear these passengers did not follow the government requirements.

While we're not happy with the situation, it's important to remember that just because a passenger has been on one of these cruises, it is still very unlikely that they were infectious for COVID-19.

Our concerns have been escalated to senior members of government and we've requested further assistance to help stop cruise ship passengers flying with us when they should be self-isolating. We're also asking all passengers to self-declare if they've been on a cruise ship prior to boarding."

On your flight QF3 **220320202** we have not been made aware of any customers from the Ruby princess on board and should this information at any stage change we will ensure to notify you through our established internal processes.

We have our safety protocols that we have put in place for your all to ensure your safety and we are confident they are the right ones in dealing with unwell/symptomatic passengers.

Thank you all for your hard work and resilience as we continue to navigate through COVID-19 as it fluidly changes and continues to impact the world and Qantas.

Please stay safe and always follow protocols.

Take care and be kind

QF19/19Mar

Hi All,

Thank you for those who have reached out to us after you operated the QF19 on the 19th of March.

As a follow up to some of your questions in addition to Rachel email today titled "Coronavirus update including important information about slip ports" where Rachel importantly notes the following;

"We're very disappointed by this situation on many fronts and want to apologise to our crew who operated on aircraft with these passengers. It's clear these passengers did not follow the government requirements.

While we're not happy with the situation, it's important to remember that just because a passenger has been on one of these cruises, it is still very unlikely that they were infectious for COVID-19.

Our concerns have been escalated to senior members of government and we've requested further assistance to help stop cruise ship passengers flying with us when they should be self-isolating. We're also asking all passengers to self-declare if they've been on a cruise ship prior to boarding."

On your flight QF19 **190320202** we have not been made aware of any customers or crew from the Ruby princess on board however we take all concerns seriously and are investigating this.

Should this information at any stage change we will ensure to notify you of any updates through our established internal processes.

We have our safety protocols that we have put in place for your all to ensure your safety and we are confident they are the right ones in dealing with unwell/symptomatic passengers.

Thank you all for your hard work and resilience as we continue to navigate through COVID-19 as it fluidly changes and continues to impact the world and Qantas.

Please stay safe and always follow protocols.

Take care and be kind

Mel Zamudio

Manager, QF Cabin Crew Australia
Customer Operations
QF Cabin Crew Australia Pty Ltd

Level 5, QCC Building, 10 Bourke Road, Mascot NSW 2020

M. +61

P (02)

Ext

E. [@qantas.com.au](mailto:mel.zamudio@qantas.com.au)

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Qantas Airways Limited

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Visit Qantas online at <http://qantas.com>

Attachment DH9

----- Forwarded message -----

From: [REDACTED]
Date: Mon, Apr 6, 2020 at 9:17 AM
Subject: Covid-19
To: <david@faaa.net>, <sreed@faaa.net>, <info@faaa.net>

Good Morning FAAA,

I hope you managed to relax a little last night as you've all been working so hard for us lately. I've jotted down my experience with Covid-19 and my concerns. I'm not sure what/if you want to do something with this... if its worth it to pass it on to people/media to get our message out there... you're all more experienced with that. I've kept it anonymous and left my name off it.

To whom it may concern.

I am an International Flight Attendant for Qantas Airways and I have tested positive to Covid-19, along with 3 of my fellow flight attendants who were crew on the same flight. Since the outbreak of Covid-19 began Qantas has been telling us employees it's low risk and wearing PPE such as a mask when performing normal duties was at your own discretion and not needed. You can understand my thoughts on Covid-19 not being low risk as myself and 3 of my colleagues all from the same trip tested positive. We learnt on the 1/4/20 from Qantas that passengers from the infamous Ruby Princess made it onto our flight QF 7 SYD-DFW 22/3 however were still told this was low risk and Qantas had appropriate measures to deal with unwell passengers. This is all well and good provided unwell passengers speak up which they did not. This prompted one of my colleagues to get tested and that result was of course positive. Myself and the 2 other colleagues who were in close contact and were having similar symptoms also then got tested and came back positive. You may wonder why I am of course sharing my story with you. As you are aware Qantas staff have been stood down. It's not hard to see we contracted this while doing our normal everyday job however we have been stood down and aren't receiving any pay despite this occurring at work and resulting in us being on isolation in our houses away from our loved ones. We are not able to obtain any secondary work at the current moment because of our situation. We are not able to live our everyday life. We are all in different situations in our home life however here is a sample of my situation. I am forced to live out of my spare bedroom while my partner has to cook etc for me. For me to be allowed out to eat he has to drop the food at the bedroom door, I have to wait 10 seconds for him to leave and then pick up my food and eat it on my own in the confinement of the bedroom. I have received one 4 minute phone call from Qantas management asking of my symptoms and to wish me a well recovery. That's not okay. We deserve to be looked after by our employer. This brings me to my next issue. The recently announced rescue flights. It's the Australian way to help our fellow citizens but when it comes at a cost to your health, your families health you deserve good conditions, appropriate PPE worn on all flights and support from your employer. Qantas are not willing to do this and are continuing on fighting with the union. Our union is working day and night for us to be safe and Qantas are not seeing this side of the picture. All they see is the fact that they will be 'heroes' but at the cost of the front line workers and their family and even the wider public as the government has labelled airline crew exempt from the self isolation rules after arriving from overseas. Cabin Crew like myself are human. We are clearly not exempt from diseases such as covid-19. The government I know are well aware they have to answer questions about the handling of the ruby princess especially with the loss of life that has occurred. How were the passengers allowed onto our flights with no questions ask? How after contracting this disease at work are we not eligible for pay?

Cheers,

[REDACTED]

Sent from my iPhone

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