WITNESS STATEMENT OF MR MICAHEL TAIT

My name is Michael Tait. I am a registered nurse who worked in the Hotel Quarantine Program in Victoria.

1. This statement is about my experience in Victoria's COVID-19 Hotel Quarantine Program (**Program**).
2. I worked as a nurse in the Program, across four main sites. They included the Crown Promenade Hotel (**Promenade**) on 29 March 2020, the Crown Metropol Hotel (**Metropol**) on 31 March 2020 to 29 April 2020, the Rydges Hotel (**Rydges**) on 26 April 2020 and the Crowne Plaza Hotel (**Plaza**) 19 April 2020

Background and Professional Experience

3. I was born in Canada. I have a Masters in Nursing at the University of California in San Francisco and have a bachelors in Science in Aquatic biology and nursing. I completed my Masters in the year 2002.
4. I practised nursing in the United Stated for just under a year. For the last 19 years, I have lived and worked as a nurse in Australia.
5. When I first moved to Australia, I began working as a nurse in the Emergency Department at the Royal Melbourne Hospital. I stayed in this role for approximately 2 years.
6. I spent the next 12 years working at the Royal District Nursing Service at (now Bolton Clarke). I predominately worked with their homelessness program in St Kilda, caring for especially vulnerable patients such as homeless persons and sex workers.
7. For the next 6 years, I worked in remote Aboriginal communities in the Northern Territory. This work mainly occurred on a fly-in, flight-out basis.
8. I returned to Melbourne permanently in January 2020. Since then, I have worked through Your Nurse Agency (YNA).
9. In January 2020, I was employed by Your Nursing Agency (**YNA**). I was a casual employee at YNA.
10. The process of getting shifts at YNA required me to provide my availability. YNA would then allocate me to various shift work. Whilst I was a casual employee for YNA, I worked across various Emergency Departments. When I finished my shift, I filled out a time sheet and I was paid by YNA, including tax and superannuation.
11. While working for YNA, I was working at the Emergency Department at the Werribee Mercy Hospital This is where I first came into contact with COVID-19 patients, after 3 doctors at Werribee tested positive to the virus.

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Accepting work in the Hotel Quarantine Program

12. YNA was hired by DHHS to provide nurses for the Program. I received a group text message from YNA in **late March on 27/3/2020** which was asking for nurses to work in the hotels.

13. After receiving this text, I called YNA to clarify what the role would involve. I was told that nurses in the hotels would be taking swabs from the guests. After this phone call, I was happy enough to put my hand up and I agreed to work in the Program.

Arriving for work on Day 1

14. My first day of work was at the Crown Promenade Hotel on Sunday the **29th of March**. I was rostered on for an afternoon shift and was due to start **at 14:00 and finish at 22:00**. My first day of work coincided with the first influx of return travellers arriving at the hotels from Melbourne Airport.

15. When I arrived at 2pm, the hotel lobby was very chaotic and disorganised. I was given no clear directions from anyone about where I needed to go or what I was meant to be doing. I was not given any formal training or indication by YNA or anyone else.

16. I walked between the two Crown hotels, from Promenade over to Metropol. On the walk, I bumped into [redacted] from the Department, he was the contact person for the YNA nurses. [redacted] and I walked back to the Business Centre on Level 2 of Promenade for an meeting.

17. When we arrived at the Business Centre, we sat down at a table with representatives. There were people there from the Department of Health and Human Services (the **Department**) including Authorised Officers (**AO**) and Team Leaders. [redacted] [redacted] and there were people from the Dubai National Air Transport Association (**DNATA**) who run the hospitality business for Qantas. There was also the other female nurse who was rostered on for the afternoon shift, but I did not know her.

18. At this meeting we discussed what we were to do and what to do with the guests. No one had a clue. I was told that as nurses, our job was to come up with a documentation system to keep track of all the guests. YNA had never mentioned this would be part of my role. I thought I was only there to do swabs.

19. The people at the meeting did not want us nurses to use computers to keep health records of the guests. They wanted the entire documentation system done on paper. This seemed ridiculous to me, but we went with it – at least at the start.

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20. Initially, we used a book for every floor. Every room number had a sleeve in the book. However, because there was lots of paperwork like scripts and handwritten progress notes, documents started to go missing.

21. To avoid the risk of losing my patient progress notes, in later shifts I began taking photos of my notes on my phone. Eventually, we used a laptop to keep records.

22. It also became clear at this initial meeting at Promenade that adequate Personal Protective Equipment (**PPE**) was not available for the nurses. There were only 3 gowns, a small number of masks and gloves, and no equipment to do swabs on guests to test for COVID-19. There was no N95 masks.

First Shift

23. During this first shift 7-hour shift which required over an hour of overtime, the other rostered nurse and I were extremely busy. We mostly fielded phone calls from the arriving guests.

24. Guests were frantically calling us from the landline phones in their rooms. We were using the hotel landline phone in the Business Centre at Promenade as we had not been given work mobiles.

25. Our main job was to go through the list of arriving guests and identify their medical needs. Our priority was to locate any guests who needed acute medical care.

26. The DNATA team had done some rudimentary screening of the guests at the airport. They had filled out passenger cards but because this was not done by health practitioners, this information was not very reliable and was very general in nature. It told us little, if anything, about the medical circumstances of the passengers. I also got the impression from going through the lists that many of the passengers had not been screened at all.

27. The calls from the guests on Day 1 raised a degree of concerns. Some people wanted the normal hotel things like fresh towels, or they complained because there was no alcohol in the minibar. Other guests were very angry, and some were incredibly distressed.

28. I remember one guest very clearly. She was a woman named [REDACTED] who had just escaped a domestic violence relationship [REDACTED]. She was travelling with [REDACTED] She had a [REDACTED]. She was so distressed and was inconsolable. It was an extremely difficult situation to face on Day 1.

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29. I could understand why the guests were upset. For many people, the first time they had been told they were being put in mandatory quarantine was when the plane landed at Melbourne Airport.

30. On this first shift there was only myself and another nurse trying to get into contact with around 400 passengers and conduct over the phone screening consultations with them. It was very hectic.

Settling In

31. After the first afternoon shift at Promenade, I had the next day off. I wanted to see what the situation was like before I committed fully to the job. I told YNA I would continue working in the Program as I saw that the passengers really needed help. As an experienced nurse I thought I could make a difference, and I knew that a lot of the other agency nurses who would work there would probably be very young and inexperienced. I was rostered on for more shifts, about a week in advance.

32. The following week I was moved to Metropol. Metropol was not set up in the same way as Promenade so I was brought across to help. The Metropol nurses needed assistance with the set up including creating a documentation system.

33. I got moved from Promenade to Metropol because during the first 5 days at Promenade, only about 25 guests were tested for COVID-19. This was because we did not have enough swab gear available to us. The nurses were also hesitant to do swabs because we did not have adequate PPE to protect ourselves. When didn't have medium gloves until day 4. We did not get N95 masks util day 8. We never got hoods, face shields or shoe coverings even though we were told we would.

34. I worked a lot in these first few weeks and I quite liked the job. I felt like we were making a difference for the passengers, and those that were working there, we were pulling together. Once the nurses realised that we were all in this impossible task together, we established a real camaraderie.

35. We were also paid more than usual rate and were paid on a charge nurse rate. Originally the shifts were scheduled for 7-hours but after a few days they increased to 8-hour shifts. This allowed time to do a handover to the incoming nurses.

36. I normally worked overtime, and on average, worked 9-hours per shift because there was so much work to get done and I always felt reluctant to finish a shift leaving so much for the incoming shift to do.

37. We also remained short of PPE and necessary equipment. For example, on day 2 we had only 3 gowns and it wasn't until day 4 that we got medium sized gloves (the most regularly used). It was not until about day 8 that we got N95 masks and we didn't get a

resuscitation “ambo bag” or Automatic Defibrillation Device until day 16. I had asked for one on day 3 and was erroneously told that there was one at reception. I also learned that Crown had its own first aid team with resuscitation equipment but they were not to resuscitate the overseas travellers. They were only allowed to resuscitate Crown employees.

Moving into Metropol

38. A few weeks into the role when I was working almost every day at Metropol, I saw the Premier, Daniel Andrews, on television. He was talking about hotel accommodation to frontline healthcare workers so they could minimise the risk of transferring COVID from their ‘at risk workplaces’, to their families. It was called the ‘Hotels for Heroes’ scheme.
39. I also knew that some of the other staff, like from DNATA, were staying in the hotel as well.
40. I approached the Department Team Leader, but I cannot remember their name. I asked if I could have a hotel room at Metropol. I lived in Footscray at the time and I was really concerned about using public transport and exposing the general public. This was especially given I was swab testing guests for COVID-19 at work all day without wearing adequate PPE.
41. The Department Team Leader confirmed it was okay for me to have a room. A security guard then handed me an official Crown envelope with a proximity swipe key inside. The room number was written on the front of the envelope. My room was on the 8th floor of the hotel.
42. The nurses’ station and all the AO’s, Team Leaders, DNATA staff and the mental health nurse also worked out of hotel rooms on the 8th floor. We used the hotel rooms on this floor as if they were offices. All these people knew I was living at the hotel.
43. I also told my fellow nurses about the fact I was living at the hotel. I said how great it was not having to commute each day and I encouraged them to ask for a room as well. To my knowledge, none of the other nurses ever had a room.
44. There was an emergency one night at Metropol where we had to move a whole floor to another floor by the end of the night. It happened at a time when I was not rostered on, but because I was at the hotel, I could pitch in to help move everyone. This is one example of where being at the hotel after my shift contributed to helping things happen which would’ve otherwise been very tough.

Day-to-Day Role

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45. My daily duties as a nurse in the Program mostly involved frantically running around. The nurses had a lot of independence and we ran our own show.

46. If we needed something we did not have, we talked to the Department Team Leader. The Team Leader mostly told us what we could not do, rather than what we could do. This Team Leader was always a new person every shift and there was no consistency. Additionally, as nurses we were not part of the “Team” led by the Team Leader.

47. We were basically just there to assess the medical needs of the guests and we tried our best to provide care for them.

48. Initially, this was all done over the phone and that made our jobs difficult. We did not know who was sick and we had to rely on people calling into us. Even if someone tells you over the phone that they are well, you can miss things if you physically cannot see them. There were lots of language barriers and we had to get translators in.

49. Eventually, we tried to change our approach after hearing rumours about how the nurses at other hotels were managing. When a flight arrived from Pakistan and we had an influx of approximately 300 passengers (taking the total in the hotel to over 700), the nurses rostered on went and stood in the lobby. We met with and screened all the guests as they were checking in. It was a really good way to immediately identify the most worrisome cases.

50. A Department Team Leader called ██████ came down and told us we could not do this. We ignored her and did it anyway because it was an effective process. From standing in the lobby, we successfully detected 3 people with chest pains, and we got medicine for a child who had an infected eye.

51. As a nurse, the scariest part of the whole job was when a new flight of passengers arrived at the hotel. This gave us a lot of anxiety. This was because most of the time we only had a list to go off with the names of the guest, their age and their date of birth. That’s all we had to go on.

52. We had no idea about their past medical history or what type of care they would need for the next 14 days. We didn’t know if they were proficient in English, or if they could even understand it.

53. If we were concerned about a guest and thought they needed a priority follow up, we would hand over their name and room number to ensure we checked on them first.

54. At the start of every shift we would just come in and read the progress notes recorded manually in the book under the room number of each of the guests. We got to know the guests by reference to their room number. When the guests would leave quarantine, we had to re-learn new guests by their room numbers. This became too hard, so

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we tried to revert to names, but it was just chaotic without a computer. Notes were always going missing.

55. Throughout the entire process, the nurse to patient ratio was so deficient. On average it was about 1 nurse to every 100 patients (1:100) but it fluctuated and got to times where it was up to 1:150.

56. It would have been much better if the AO's had provided more exemptions to people and allowed them to self-isolate at home. A lot of guests had existing illnesses, but they had learnt to live with their illness. For example, people with arthritis or cancer patients. In the hotel they often didn't have access to those little things that they had learned to make their illnesses tolerable, like a bath, or a microwave to heat a heat pack. In the hotels, these people really suffered. They were also the people who were at most risk of getting really sick if they caught the virus. They were generally well aware of the risks and could not have posed a risk to anyone else. These people should have been allowed to self-isolate at home where they were comfortable.

57. The guests with issues related to COVID-19, should have been the only ones staying in the hotels.

58. As a cohort of people, the vulnerability of the passengers varied with each incoming flight. The Pakistan group that I referred to above had lots of babies and small children and this always made it harder because families would be stuck in these tiny rooms for 14 days and the kids would get ratty.

59. We also had lots of very sick and elderly people. It was just heartbreaking at times where young kids would infect their grandparents with COVID-19 and then the grandparent would be taken away to hospital.

Food

60. While I was staying at Metropol, I either ate the food the hotel provided to the nurses or I went out and got my own from convenience stores nearby. There was so much food waste from all the guests.

61. I do not understand why UberEATS was not available for the guests. This is an example of a policy the Department would constantly change. Every shift, and sometime during shifts, the rules would change. The Team Leader would say, from now, we're doing things this way, or that way. They would then change quickly, without explanation. They would say one thing and then something else an hour later. Very quickly, I learnt not to make any promises to the guests.

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62. Every day, the guests were served a chocolate bar, a sugary drink and a piece of fruit. It was like very basic plane food and this structure played havoc with the diabetic guests.

63. If UberEATS were allowed, that would have helped a lot. It was so hard to try and cater for all the different cultural backgrounds and nutrition needs.

64. In one instance, the hotel kitchen caused a coeliac reaction after they accidentally served the incorrect meal to a gluten intolerant person.

65. Then there were the smokers who just wanted to smoke. We tried to provide people with nicotine and gum, but they just wanted cigarettes.

66. It is part of Indian culture to provide babies with fresh milk before bed. When the Indian flight arrived with about 450 passengers, we had a milk crisis because all the guests wanted it for their children.

67. All the support staff on the ground were frantically running to local conveniences stores to try and buy fresh milk. The Department Team Leader was trying to find ways to heat up the milk in the hotel without a microwave.

Interaction with Nurses

68. Most of the nurses who were rostered on with me were YNA agency staff. I knew some of them before working in the hotels. The average level of experience was about 2 years and for some reason, a lot of them were Irish Nationals.

69. The bond between the nurses was fantastic. I had a real sense of pride being part of a team that was tasked with the impossible. There was a great morale and spirit amongst us. We were really in it together.

70. We also worked fairly closely with the mental health nurse, but we did not get a dedicated mental health nurse until the incident where a person committed suicide at the Pan Pacific Hotel.

71. Prior to the mental health nurse arriving, the Department Team Leader instructed us to refer guests to Beyond Blue if we were worried about them. Beyond Blue is a great organisation but this was inadequate given the circumstances.

72. The Department also had a hotline guests could ring if they were feeling distressed. The Team Leader told us to refer guests to the hotline. Guests would then ring the hotline who would tell the guests to call the nurse at the hotel. Essentially, the hotline just fobbed the problem back onto us.

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73. A really obvious problem with the whole system is that lots of people became depressed because they were lonely. There were quite a few elderly guests who were not really comfortable with using technology to connect with people. You could tell they were struggling as they just needed some human connection. Although we didn't really have time just to be there to chat to people, we tried to recognise that and give them the attention we could.

74. This was another group of people who would probably have been better self-quarantining at home. Nurses could have visited them in their homes to make sure they had what they needed.

Interaction with Doctors

75. There was a visiting doctor who would come to the hotel every day for at least 2-hour intervals. If you urgently needed a doctor though, you could always get one to come.

76. Most of their work was done over the phone such as filling scripts and doing consults rather than visiting.

77. The doctors were required to sign off on everything, even if it was very minor. For example, if the nurses went and purchased Panadol over the counter at the local convenience store, the doctor would need to sign off. This was a huge waste of time and often didn't happen.

Interaction with Hotel Security Guards

78. The biggest problem with the security guards and where the breaches occurred was in relation to PPE. They did not know how to handle it correctly.

79. Every time the nurses went into the lobby, we would go and sanitize our hands in front of the security guards and always wear masks. We tried to do this to set a standard of what was expected and show them what they needed to be doing.

80. They became offended after we constantly told them they needed to wear their masks. PPE was constantly just thrown on the floor when the security guards were finished with it instead of being disposed correctly. It was obvious they didn't understand the importance, or even the use of PPE.

81. They would also get these crazy orders of PPE delivered to the hotels. They would put in these ridiculous orders for 10x boxes of large gloves and 2x boxes of medium gloves. Most of the nurses were young females so they had small hands and could not wear large size gloves.

82. It was difficult to communicate with the security guards and language barriers was a big limitation. That said, the working conditions for them were challenging and on some floors, they were not even given a chair to sit on during their shift.

Interaction with the Department

General

83. The interactions I had with the Department were shambolic. The policies and rules for guests seemed to change every day, if not every hour. If we did not like a rule or instruction, we just ignored it because an hour later, someone else would tell you something different. I learnt not to promise anything to the guests as policy changed so regularly we ended up telling clients the wrong information or promising something that couldn't be delivered.

Role of the Authorised Officers

84. As it was explained to me, the Department AOs were at the hotel to give legal powers to the security guards and to inform guests of their legal rights. They were also in charge of processing exemption applications, but as noted above, I think they should have relaxed the exemption process.

85. I did see one breach by an AO when he was handling paperwork for the Pakistan arrivals. As he was checking in guests, he was not wearing gloves and he was touching the paper with his bare hands. I told him he could not do this, but he just did not understand the risk. He also wasn't wearing a mask. I asked him why he wasn't wearing a mask or gloves and he said, "It doesn't matter, I'll wash my hands when I'm done". As he said this, he was scratching his nose. It was clear he didn't get it either.

Role of the Team Leaders

86. The Department Team Leaders were more hands on. I remember one shift, this poor Team Leader was running around the hotel trying to warm up milk for the Indian guests without access to a microwave.

Infection Control by the Department

87. In the beginning, the Department policy was very relaxed. If someone tested positive, we would call them up 3 days later and check their symptoms. If they had no symp-

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toms, they could leave. It seemed like the Department did not care if positive COVID-19 patients just left the hotel and walked onto the street.

88. In one instance, a Department representative expressly told me **not** to swab a known positive patient so that the male patient could leave quarantine early. I told him the policy was bullshit, but you just had to get on with it.

89. Additionally, there was one day where a positive female patient was left waiting in the hotel lobby for almost 2 hours without a mask on. She was just standing there waiting to be transferred to her home (by ambulance) in the country. She was supposed to leave the hotel at noon but didn't leave until 22:00. There were 5 security guards just standing around and other people coming and going to the lobby.

The End of my Shifts

90. As noted above, I was working and living at Metropol for a period of about 2 ½ weeks. I recall that I was working an afternoon shift that was due to finish at 10pm. I recall that I sent an email to ██████████ expressing my concerns that Metropol was struggling with the number of guests and the ratio of 1 nurse: 150 guests. I have attached a copy of that email to this statement.

91. I told ██ that the nurses needed greater consistency and should be working in teams instead of rotating all the nurses to work across different hotels. We liked working with familiar people as it made the job easier on the ground. It also meant that those working were more familiar with the processes we had adopted, and with the guests and their histories.

92. In this email, I mentioned to ██ that I was living at the hotel and overtime helping out, even when not rostered.

93. After I sent the email, ██ called me straight away. She asked me if I was authorised to stay there and I said yes. She told me I needed to move out as soon as my shift ended at 10pm. I explained that I was just trying to do what was safe, especially because I was taking swabs all day at work without adequate PPE.

94. When ██ hung up the phone, I went and spoke to the Department Team Leader. I said I had been told to leave but asked if I could stay. They said I had to move out as soon as the shift finished at 10pm. I left Metropol that night after work.

95. The next day 29 April 2020 I was not rostered on. The day after that, ██ called me back. She told me the Department had called YNA to advise they had cancelled all my shifts.

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96. I was rostered on for 5 further shifts. All 5 shifts were cancelled. Since the day I left Metropol, I have not been given any further work in the Program or any other work from YNA.

Overall Impression

97. Disorganisation, lack of appropriate staffing and lack of planning were the key problems in the Program. Ultimately however, the experience made me very proud to be a nurse. We did an impossible task caring for these people while having to constantly adapt to poor and constantly changing DHHS policy.

Signature [signature], RN

Print name **Michael Tait**

Date 16 August 2020

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