WITNESS STATEMENT OF NOEL CLEAVES

Name:	**Noel Cleaves**
Address:	Level 16, 50 Lonsdale Street, Melbourne, Vic, 3000
Occupation:	Manager, Environmental Health Regulation and Compliance, Department of Health and Human Services
Date:	27 August 2020

1. I make this statement to the Board of Inquiry in response to **NTP-115**, the Notice to Produce a statement in writing (**Notice**). This statement has been prepared with the assistance of lawyers and Departmental officers.

2. This statement is true and correct to the best of my knowledge and belief. I make this statement based on matters within my knowledge, and documents and records of the Department. I have also used and relied upon data and information produced or provided to me by officers within the Department.

3. Some of my responses to questions in this statement regarding AO duties, experiences and practices are drawn from my experiences as a Senior Authorised Officer (**Senior AO**) supervising Authorised Officers (**AOs**), rather than from my personal experiences as an AO.

QUESTIONS

Introduction

Question 1: What is your usual title and role within the Department of Health and Human Services (DHHS)?

4. My title at the Department is Manager, Environmental Health Regulation and Compliance. The role is part of the Environment Section of the Health Protection Branch and Regulation, Health and Protection & Emergency Management Division. I have held this position since July 2014.

5. In this role, my key responsibilities are managing and implementing three Statewide regulatory programs covering Radiation Safety, Legionella Risk Management (Cooling Tower Systems and Water Delivery Systems) and Commercial Pest Control Operators. In order to undertake my role, I am an AO appointed under the *Public Health and Wellbeing Act 2008* (Vic) (**PHWA**), the *Health (Fluoridation) Act 1973* (Vic), and the *Safe Drinking Water Act 2003* (Vic). I hold delegations under certain provisions of the PHWA and the *Radiation Act 2005* (Vic). My appointment as an AO pursuant to section 30 of the PHWA (general powers) was made on 4 February 2010, and I have maintained my AO appointment since that date.

6. I am also the Department representative on the Radiation Health Committee of the Australian Radiation Protection and Nuclear Safety Agency and on the Radiation Health Expert Reference Panel. I have been involved in these committees since 16 November 2016 and 10 October 2019 respectively.

Question 2: What is your relevant professional background and work history?

7. I graduated from a Diploma of Applied Science (Environmental Health) from the Swinburne University of Technology in 1981. I also hold a Graduate Diploma in Project Management from RMIT University.

8. From approximately 1982 to May 2000, I was employed at various local government municipalities, initially as an Environmental Health Officer and then I progressed into managerial roles, performing functions ranging from environmental and public health through to the management of statutory programs, such as land use planning, building control, parking and local laws.

9. In 1991, I worked for the Australian Red Cross for three months in the Kurdistan region of Iraq in the months after the first Gulf War, providing basic sanitation and water safety services.

10. Between approximately 2000 to 2014, I held a range of senior positions within the Department and its predecessors, within the area of environmental health and the regulation of radiation safety and legionella risk management, including:

    (a) Senior Project Manager, Department of Human Services (July 2000–December 2006);

    (b) Manager Risk, Department of Human Services (January 2006–December 2007);

    (c) Manager, Legionella and Radiation Safety, Department of Health Victoria (January 2008-January 2011); and

    (d) Manager, Regulation and Compliance, Department of Health Victoria (July 2011-January 2014).

11. In the week or two prior to the COVID-19 Hotel Quarantine Program (**HQ Program**) commencing, I became involved as a police liaison in the COVID-19 response. I had become aware from discussions with my Department colleagues (such as Meena Naidu) of entry issues police were encountering in trying to enforce Stage 1 and Stage 2 restriction requirements. For example, police were restricted in entering a property without a search warrant where consent was not provided by the occupants, despite concerns there may have been breaches of the Chief Health Officer's Directions.

12. Accordingly, on 20 March 2020 I was appointed as an AO pursuant to section 199 of the PHWA as an AO (emergency powers). Using the AO powers under the PHWA enabled me to enter premises and inform Victoria Police of any breaches of the restrictions to enable enforcement by the police.

<u>Your involvement in the hotel quarantine program</u>

Question 3: When and how did you first become aware that there would be a role for authorised officers in the hotel quarantine program?

13. To the best of my recollection, I first became aware on Sunday, 29 March 2020, when I was copied into an email chain enclosing the Direction and Detention Notice for detention of returning international travellers to Melbourne, as well as a copy of the legal advice on the process that was to be followed by AOs when issuing the notices [DHS.0001.0073.0003; DHS.0001.0073.0005; DHS.0001.0073.0007]. Before that time, although I was aware of the HQ Program, I had assumed that the HQ Program was going to be a Commonwealth program administered under the Human Biosecurity laws.

Question 4: Did you play any role in the selection of staff from DHHS to become authorised officers? If so, what was that role?

14. Initially, in late March and early April 2020, the AOs that were recruited to the HQ Program were deployed from existing positions within the Department.

15. I was not specifically involved in the selection of AOs, but I was involved in recommending a number of my staff that would be suitable for the position. The staff that I recommended to the HQ Program, were staff who were already authorised prior to the COVID-19 pandemic under one or both of the PHWA or the Radiation Act. Staff who were only authorised under the Radiation Act were later authorised under the PHWA to enable them to work in the area.

16. I was also provided with a small number of CVs from Environmental Health Officers (**EHOs**) or former EHOs, who were wishing to assist, and who reached out to me, or others within the Department, through various channels such as LinkedIn. Again, I did not have any role in their selection, but passed these on to others within the Department responsible for recruitment, such as Sophie Buffey, for their consideration.

17. Beyond that involvement, no.

Question 5: Prior to commencing a role as an authorised officer, what training, if any, did you receive in:

18. Given my involvement in the HQ Program commenced on day one, no formal training program had been devised for AOs or Senior AOs in the HQ Program at that stage. However, having been an appointed AO under the PHWA since 4 February 2010, I had received AO and other training (not specific to the HQ Program) in my various roles for the Department over the years.

(a) the powers of authorised officers under the *Public Health and Wellbeing Act 2008*;

19. In about 2008, I was involved in a working group that assisted in developing the policy positions that were ultimately used to draft the PHWA. Later, in about 2009, I worked with an external law firm to design and deliver training to Department staff on the PHWA as it applied to AOs. This concerned powers of AOs, including I believe the emergency powers, although I cannot now recall the specifics of the training.

20. I also recall being involved in arranging training for AOs within the Health Protection Branch with the barrister, Fiona McKenzie, in respect of administrative law principles and decision-making,

tailored to the PHWA and the Radiation Act. I believe I also attended this session facilitated by Ms McKenzie, although I cannot now recall the date.

21. I also refreshed my knowledge in respect of the emergency power provisions of the PHWA from the email sent to me on 29 March 2020, referred to in Question 3 above. I had previously discussed those provisions with my Department colleagues in the preceding weeks as part of my role as police liaison prior to the HQ Program commencing.

(b) COVID-19 infection prevention practices, including use of PPE;

22. I have completed a web training module which I believe was offered by the Commonwealth Department of Health. It was a very brief course. I believe I completed the course in about March 2020, but I could be any more certain as to the date. Beyond this course, no.

(c) communicating with difficult people/people in distress;

23. I have attended courses of this nature at various organisations in local government. However, noting my usual role almost exclusively involves working with organisations and professionals, rather than members of the public, I have not attended this type of training for some time.

(d) mental health awareness; or

24. Some years back, I completed a course offered by the Department with a focus on awareness and tips for working with staff with a mental health condition. I have otherwise not received any further training in this area.

(e) the processes to be adopted in the hotel quarantine program?

25. I did not receive any formal training, but I provided input in developing many of the processes while working on the ground as a Senior AO in those initial days and weeks of the HQ Program.

Question 6: Did you receive any other forms of training, either before or during your work as an authorised officer? If so, please give details.

26. During my time in the HQ Program, I provided input into the development of many of the procedures and protocols eventually adopted by AOs in the HQ Program. My exposure to these drafts, provided significant guidance on how I was to conduct myself as a Senior AO in the HQ Program. In addition:

(a) on 2 April 2020, I received an email from a Department colleague providing me with literature (available on the Department's website) relating to the appropriate donning and doffing of PPE, which I read;

(b) in about late April 2020, the Department developed an induction program for the new AOs. In my capacity as Senior AO, I gave a presentation to the new recruits where I discussed the role of the AO in the hotel environment, including admissions/exits and dealing with difficult people. I believe the induction was attended over the phone or via Microsoft Teams;

(c) I attended a number of demonstrations performed by nurses or infection control professionals at individual hotels on how to correctly wear surgical masks, although I do not recall the precise dates. I also attended a similar demonstration on 16 July 2020 at the Flemington Public Housing Towers;

(d) I completed a web-based course provided by the Department entitled 'COVID-19 Infection prevention and control for frontline staff' which covered donning and doffing of PPE;

(e) on 11 July 2020, I received an email from the Commander sent to all AOs and Senior AOs reminding us of the current infection control protocols and requesting that we regularly review the documents available on the Microsoft Teams site; and

(f) I also attended a course delivered through Microsoft Teams concerning the use of the COVID-19 Compliance Application (**Compliance Application**).

27. Because of the evolving nature of the HQ Program, it was necessary for much of the AO training to take place 'on the job', particularly when a significant number of AOs came onboard in the early weeks of the HQ Program, as the procedures and protocols were still being developed. This 'on the job' training involved discussions by telephone or in person between the AO and a Senior AO or an AO Team Leader (which role was created in about late-May 2020). The discussions were often about specific issues but would extend to answering any questions about other aspects of the work of the AO.

28. As time progressed, the training of AOs developed and now includes:

(a) online training modules, including information on the use of PPE via the web training module I attended on 21 June 2020;

(b) a one hour induction session, which covers the workplace orientation aspect that I have previously delivered as well as a general induction;

(c) a one hour training session on the use of the Compliance Application;

(d) briefings at hotels at shift changeover; and

(e) weekly Microsoft Teams videoconferences.

Question 7: Were you provided any written procedures or policy manuals to guide or govern your work as an authorised officer? If so, what were they?

29. Policy manuals and procedures were developed and drafted over time and were often supplemented by emails. The key procedures and policy manuals are set out below:

(a) Policies:

(i) COVID-19 DHHS Physical Distancing and Public Health Enforcement and Compliance Plan dated 4 April 2020 [DHS.0001.0001.0729];

(ii) draft COVID-19 Policy and Procedures – Mandatory Quarantine (Direction and Detention Notice) v1 dated 8 April 2020 [DHS.5000.0075.0010];

(iii) Annex 1 COVID-19 Compliance Policy and Procedures – Detention Authorisation (v1) dated 30 April 2020 [DHS.5000.0025.4759];

(iv) Annex 1 COVID-19 Compliance Policy and Procedures – Detention Authorisation (v2) dated 25 May 2020 [DHS.0001.0013.0006];

(b) Operational Instructions:

(i) Operational Instruction 1/2020, Supply of alcohol and Searches of personal belongings dated 17 May 2020 [DHS.5000.0003.7293];

(ii) Operational Instruction 2/2020, Accountabilities for the role of AO Team Leader dated 24 May 2020 [DHS.0001.0013.0206];

(iii) Operational Instruction 2020 Authorised Officer Handover Notes dated 14 June 2020 [DHS.5000.0008.3881];

(iv) Operational instruction 3/2020, Use of improvement and prohibition notices dated 1 July 2020 [DHS.0001.0013.0208];

(v) Operational Instruction 4/2020, Detainee Person Carer Policy dated 2 July 2020 [DHS.0001.0013.0212];

(vi) Operational Instruction 5/2020 Management of detainee movement from hotel to hotel dated 11 July 2020 [DHS.5000.0003.2505];

(c) Practical notes and information:

(i) Duties of the AOs dated 6 April 2020 [DHS.5000.0025.6524];

(ii) Additional info for new Authorised Officers dated 28 April 2020 [DHS.5000.0025.6532];

(iii) General Information – COVID-19 Quarantine Authorised Officers dated 14 May 2020 [DHS.0001.0062.0009];

(iv) Guidance Note – How to issue a Permission for Temporary Leave from Detention.

30. There were also many examples of emailed instructions which performed the same function as procedure or policy. A table setting out emails that I have sourced from my own mailbox and also Microsoft Teams Site is **annexed at NC1**.

Question 8: How did you receive information or updates regarding process or policy changes?

31. Information or updates regarding process or policy changes were distributed as follows:

(a) by email from various sources, including the Deputy Commander or the Enforcement and Compliance Commander;

(b) around one month into the HQ Program, the Department started conducting regular Microsoft Teams Meetings (separately for AOs, AO Team Leaders and Senior AOs), which were conducted approximately weekly, where, amongst other things, the AO team would receive updates regarding process or policy developments; and

(c) around one month into the HQ Program, AO resource folders were provided to each hotel which provided a consolidated resource of hard copy policy and procedural documents that were accessible through other resources, for example on the Microsoft Teams site (see email to then current AOs advising of distribution of the resource folder) [DHS.0001.0076.0006].

Question 9: Are you still working as an authorised officer? If not, when and in what circumstances did you cease working as an authorised officer?

32. No. I returned to my normal role on 13 August 2020. At that stage, there were 17 Senior AOs, as well as a number of AO Team Leaders in the HQ Program, and I felt that the time was right for me to return.

Your work as an authorised officer in the hotel quarantine program

Question 10: In general terms how would you describe your experience of working as an authorised officer in the hotel quarantine program?

33. Working as a Senior AO in the HQ Program was one of the most challenging experiences of my career.

34. In the early period, I was working incredibly long hours during the day, and then also responding to calls from our AOs working night shifts. The work environment was challenging and there was relentless pressure to adapt to find solutions to new problems. There was a lot of uncertainty as to how best to respond to extraordinarily difficult behaviours by some of the detainees, some of whom had experienced difficult and stressful journeys to get back to Australia which may have impacted on how they dealt with then being placed in detention.

35. I have strong memories from the outset of individuals who were either non-compliant or threatening to leave their rooms. I can recall numerous instances where it was necessary to call mental health response teams and Victoria Police to assist us in dealing with the more extreme situations.

36. I recall going to Alfred Health psychiatric unit at one stage to meet and escort a detainee back to one of the Crown hotels and being so impressed at the level of care that the staff had provided for a man who had had a significant mental health episode at the hotel some days earlier that had really shaken some of our staff.

37. I also recall seeing many single parents with several small children arriving in a hotel foyer and thinking how difficult it must have been for them to get through the quarantine period.

38. It is also important to understand that the overall response at the hotels to attend to the needs of the detainees as part of the HQ Program was highly team oriented. Staff from most teams (nursing, security, Department Team Leaders, AOs, personal care attendants and hotel management) generally worked very cooperatively and closely at an operational level. It was common that requests were made to all members of the teams by members of other teams to assist with a particular task. In most cases, the staff from most teams helped out others wherever they could.

Question 11: At which hotel or hotels did you perform the role of authorised officer? If you also held roles as a more senior authorised officer, please also include those details.

39. I worked in the HQ Program as a Senior AO between approximately 29 March 2020 to 13 August 2020. During that time, as my role required me to provide operational support and oversight to the AOs, I worked across the majority of the quarantine hotels, including:

(a) Crown Promenade;

(b) Crown Metropol;

(c) Crowne Plaza;

(d) Rydges on Swanston;

(e) Mercure Welcome Inn;

(f) Pullman Hotel;

(g) Novotel on Collins;

(h) Novotel South Wharf;

(i) Pan Pacific Hotel;

(j) Four Points Hotel;

(k) Stamford Plaza Hotel;

(l) Grand Chancellor Hotel;

(m) Brady Hotel;

(n) Travelodge Southbank;

(o) Marriot Hotel; and

(p) Holiday Inn - Flinders Lane.

Question 12: How did you come to be selected to perform the role at that hotel or hotels?

40. As set out in response to Question 11, the role of Senior AO was to provide operational support and oversight of AOs. I was not selected to work in a particular hotel. In fulfilling my role, I shared my time across a number of the quarantine hotels to ensure that I could support the AOs on the ground. Occasionally, I was rostered to a specific hotel to assist with a scheduled task, such as a large intake or exit of detainees.

Question 13: How long were the shifts?

41. In relation to my shifts as a Senior AO:

    (a) Initially, we did not have allocated shifts and each of the Senior AOs worked very long hours. I generally started the day at 7:00am to coincide with the morning AO shift. I then worked well into the evening. The Senior AOs also shared the overnight on-call duties.

    (b) After several weeks, we were able to recruit a fourth Senior AO which allowed us to allocate standard shifts. The shifts were broken down from 7:00am to 3:00pm, 3:00pm to 11:00pm, and and an overnight on-call shift from 11:00pm to 7:00am.

    (c) Despite the introduction of standard shifts, due to the volume of telephone calls and emails, I was rarely able to stop working at the end of my shift.

42. The AO shifts were broken down into the same time allocations as the Senior AO shifts.

Question 14: How many shifts did you work per week?

43. As set out in response to Question 13, initially the Senior AOs did not have allocated shifts. When I first started, I worked every day for the first 10 to 14 days before taking a day off.

44. After several weeks, my work schedule settled to 5 days on and 2 days off. Even this was somewhat variable, and I often had to work more than 5 days before taking a rostered day off.

Question 15: Did you have any control over where and when you were rostered?

45. Yes. I could generally determine at which hotel I attended, unless there was an operational need that essentially dictated my attendance at a particular hotel (e.g. responding to issues raised by AOs, large intake or exit of detainees).

46. As for AOs, they retained control to some extent based on preferences, availability and transport options.

Question 16: What were the ordinary tasks that you were required to complete during a shift?

47. The role of the Senior AO was to provide operational support and oversight to AOs in the HQ Program. This included:

    (a) providing instruction and advice to AOs;

    (b) attending to staff management issues, including meeting and briefing new staff members;

(c) attending to non-compliance issues or detainees who were exhibiting difficult or challenging behaviours at a particular hotel; and

(d) assisting during large intakes or exits at particular hotels where we may have anticipated issues due to changing practices such as the day 11 testing of detainees, which tended to result in issues on day 14 due to the requirement to know the results.

48. The role of the AO was to:

(a) obtain a handover from the outgoing AO to understand any detainee issues, including exemptions and permissions;

(b) if there was an intake, assist by checking the Detention Notice and taking a copy using the Compliance Application, and liaise with nursing staff to ascertain whether any leave permissions (to attend medical treatments, for example) may be required;

(c) monitor compliance and respond to any reports of non-compliance (including contacting Victoria Police if necessary), as well as liaising with nursing, security and hotel management on compliance related issues;

(d) updating Detention Notices when detainees may need to be relocated (for example, to a COVID-positive hotel following a confirmed diagnosis);

(e) assist detainees to access communication and support (such as an interpreter) in respect of their dealings with AOs;

(f) administer temporary leave permissions and facilitate exemptions with COVID-quarantine if necessary;

(g) liaise with nursing staff and security with regard to fresh air breaks; and

(h) if there was an exit, liaise with nursing staff to ascertain COVID-19 status of exiting detainees to determine appropriate exit strategy (and liaise with security about the same), sight and sign the End of Detention Notice, and explain self-isolation requirements for COVID-positive detainees exiting.

49. AOs were also responsible for undertaking daily reviews of detainees to ascertain whether ongoing detention was reasonably necessary. I understand this role was undertaken centrally by a core group of Senior AOs and the Commander, of which I was not a member.

Question 17: Were you required to perform any aspects of your usual role whilst also working shifts as an authorised officer? If so, please give details.

50. Yes. However, my principal focus was at all times on the HQ Program. During my time in the HQ Program, I continued to perform a small number of administrative tasks relating to my usual role, such as leave approvals, procurement approvals or responding to emails where I could. In late April 2020, a colleague stepped into my usual role to provide me further support. On 22 and 23

July 2020, I attended two virtual meetings of the Radiation Health Committee and the Radiation Health Expert Reference Panel, which coincided with some rostered days off.

Question 18: To whom did you report? If you also held roles yourself as a more senior authorised officer or team leader, please also include those details.

51. In respect of the HQ Program, I reported to the Deputy Commander, Authorised Officer Operations, COVID-19 Enforcement and Compliance.

52. As a Senior AO, during my shifts I had day to day oversight of the AOs and the AO Team Leaders (the latter from 25 May 2020 onwards). The designated person responsible for managing and overseeing AOs was the Enforcement and Compliance Commander.

Question 19: What information was available to you during a shift about the persons under quarantine at each hotel, including but not limited to whether they were COVID-19 positive and had additional or special requirements in quarantine?

53. The information available varied across each hotel. Each hotel seemed to develop a subtly different system due to the physical layout.

54. Initially, I implemented a paper-based recording system where AOs would record key events with an emphasis on issues that may arise in any later shift. For instance, behavioural issues or the return of detainees from a hospital during the next shift. The notebook also provided a place to record if there had been operational policy or practice changes at that specific hotel. These notebooks were eventually replaced by the Microsoft Teams platform.

55. After several weeks, the Compliance Application was developed and became operational and accessible to AOs and Senior AOs in about late April 2020. The Compliance Application was used to record the names of all detainees and, as far as possible, the details of significant interactions with those detainees. However, particularly in the early days, we had some issues with data quality, such as the correct spelling of detainee's names or their dates of birth which I understood was often due to incoming flight manifest accuracy.

56. As enhancements were rolled out to the Compliance Application, the AO team could scan copies of important documents and record contact notes or the details of temporary leave permissions that may have been issued. It was tremendously useful and a credit to the Department's IT team that developed it so rapidly.

57. The Compliance application was part of a suite known as the Compliance Welfare Management System (**the CWMS**) built during the HQ Program. The CWMS was a system which enabled access to compliance data, welfare data, nurse health records, as well as exemption data. Each system was segregated for security purposes.

58. The information as to a detainee's COVID-19 status was reported to the AOs and Senior AOs by the nursing staff on a needs basis. Early on in the HQ Program, a diagnosis of COVID-19 usually triggered a need to relocate that person to another floor. This relocation needed to be approved by the AO on site and the details recorded in the Compliance Application.

59. A detainee's COVID-19 status was not always available to the AO. As detainees reached the end of their nominal 14 day quarantine period, there were sometimes situations where a person had been tested but no results had been obtained, or they had actually been diagnosed with COVID-19 and so were usually not able to be released until a formal clearance was issued by our Public Health team which often required significant dialogue between our Public Health Team, nurses and the AOs or myself.

60. In relation to general health issues and special requirements, each hotel had a system where nurses would communicate issues to AOs when it was considered important to enable the AO to perform their work. Such information included whether the person was assessed as having a mental health condition, particularly as it related to potential issues of non-compliance with quarantine arrangements or an increased need to be given a fresh air break. The systems were implemented in different ways at different hotels. At its most basic form, I can recall a written list of room numbers with special needs and some basic information to assist with exercise break planning or flag possible non-compliance issues. If there was a need for more details, that was usually communicated verbally in a briefing by one or more members of the nursing team to the AO and often also to the DHHS Team Leader.

Question 20: What handover practices between AOs were in place at the hotels where you worked?

61. One of the key roles and responsibilities of an AO was to obtain a handover from the previous AO of verbal and high-level information.

62. Initially, this handover was implemented through in person discussions at the start and finish of each shift, and recordings in the paper-based system. Over time, the Microsoft Teams handover notes replaced the hardcopy handover notes.

63. As I mentioned in my answer to question 19 above, the note taking process about each detainee was ultimately transitioned to the CWMS platform. As the Compliance Application was enhanced, it was also a useful source of information about interactions and issues with a particular detainee and we strongly encouraged our team to put all significant interactions into the Compliance Application as a record and provide a background for the next person coming on shift.

Question 21: What degree of communication did you ordinarily have during a shift with each of:

(b) Hotel staff;

(c) DJPR site management staff;

(d) Dnata staff;

(e) Nursing staff; or

(f) Security staff.

64. As a Senior AO, my interactions with the hotel, DJPR site management, Dnata, nursing and security staff were generally limited to issues of non-compliance, issues with a particular detainee

or relating to a scheduled event, such as a large intake or exit of detainees; and the broad planning of arrangements for exercise breaks.

65. The AOs were responsible for providing advice on compliance and working with those staff members, generally in the manner to which I have referred in response to Questions 16 and 19.

Question 22: For each of those categories of persons -

(a) To what extent did you understand that you were able to make requests or give directions to them in your capacity as an authorised officer; and

66. I understand that as an AO, I have the power under the PHWA to make reasonable requests or give reasonable directions and that the person would generally be obligated to comply with those requests or directions. This included making requests or giving directions to hotel, DJPR site management, Dnata, nursing and security staff.

67. However, as AOs and Senior AOs, we were regularly reminded by our Commander to 'stay in our lane', which I understood to mean that we were to focus on the direct management of the detention process at the hotels, as well as any instances of non-compliance.

68. Giving an enforceable direction to other teams involved in the HQ Program would have been seen to be outside our operational mandate. Other than the AOs, I did not manage, supervise or direct any of the teams working at the hotels (e.g. security guards, nurses, hotel management or Dnata) or the members of those teams.

(b) To what extent did you understand that you had any obligation or discretion to comply with directions or requests made by them to you?

69. There was no obligation on AOs or Senior AOs to take directions or requests. In a collegial sense, the AOs and Senior AOs would try and provide assistance when called upon, but if we were asked to do something beyond our operational mandate (e.g search all bags when they came in, deliver UberEats), the AO team could refuse.

Question 23: In what area of the hotel/s were you located during your work? If you did not work onsite, where were you located whilst on duty as an authorised officer, and how were you contactable?

70. Each hotel allocated different work areas for AOs. Over time, most hotels set up a business lounge/meeting room for the AOs, as well as the other teams present at the hotel. If I was working from a hotel, I would usually base myself in these business lounge/meeting rooms near to the AO workstation (usually a table). However, depending on the issue that I was dealing with at the time, I may have also spent time talking with the Department Team Leaders, nurses or DJPR site management staff, who were usually in or near the same area.

71. In the early period of the HQ Program, when I was not at a hotel, I based myself at the Department's office at 50 Lonsdale Street, Melbourne and worked at my normal workstation. As

time went on, I spent more time working from home and less time in the Department office, save perhaps to park a government car and to then walk from hotel to hotel.

72. When I was working a rostered shift, and often when I wasn't working, I could be contacted by mobile telephone or email. Occasionally, if I was off-shift and I needed a break, I would place a recorded message on my mobile telephone advising that I would not be responding to messages during that time. I would only occasionally do this, and only at times when another colleague was on-shift.

Question 24: Did you use a DHHS-issued computer or tablet device for the purposes of your work? If not, by what means did you access and/or record information during your shifts?

73. Yes, I used a Department issued laptop and mobile telephone. When I was working from home, I also used my personal computer from time to time to log into my Department Microsoft accounts. There was also a Department issued tablet and mobile phone at every hotel for the AO team to use.

Question 25: Did you wear PPE? If so:

(a) in what circumstances;

74. Prior to the direction regarding mandatory face coverings, I donned a surgical mask when entering a quarantine hotel foyer, as did all Department staff. I continued to wear the mask until I was immediately outside the designated 'Green Zone', where I would remove the mask and place it in a clinical waste bin and perform hand hygiene using alcohol gel before entering the 'Green Zone'. The 'Green Zone' denoted an area where PPE was not required and not to be worn.

75. As most of my interactions were with Department staff in the 'Green Zones', I did not need to use PPE until the time came to leave the 'Green Zone', and to leave the hotel.

76. Some further examples include:

(a) Occasions where I needed to go to a floor of a hotel to visit a detainee. Depending on the scenario, I may have simply donned a surgical mask. On extremely rare occasions, I may have donned a disposable gown where I thought the potential risk for external contamination was higher such as when there were behavioural concerns based on the information that there was some potential for the detainee to leave their room during the interaction.

(b) On one occasion, where I needed to escort a detainee back from hospital to a hotel in a non-emergency patient transport vehicle, I wore a surgical mask, protective googles, gown and gloves. That was due to my assessment of the risk of transmission and concerns regarding the detainee's potential behaviour.

(c) During scheduled arrivals and departures of detainees. As these occurred in the foyers, outside of the 'Green Zones', all staff wore surgical masks and some staff wore gloves. I did try to use disposable gloves on at least one intake but ended up relying on very

frequent hand hygiene because of the problems I had in using the Compliance Application on my phone while wearing gloves.

(b) what kinds, and

77. Surgical masks, gowns (extremely rarely) and gloves (extremely rarely).

(c) how frequently did you change your PPE?

78. As stated earlier, surgical masks were removed prior to entering the 'Green Zones' and donned again when I left the 'Green Zones'. Generally, prior to the direction relating to mandatory face coverings in public, I only wore surgical masks for short periods in the quarantine hotels, with the exception of during large arrivals or departures. On those occasions, I would also try to take a short break every hour or so and use that opportunity to disinfect my hands, telephone and don another mask.

Persons subject to detention notices

Question 26: How frequently did you have contact with each quarantined person at the hotel? How would that contact occur?

79. I had limited contact with the detainees. The AOs at the quarantine hotel provided the day-to-day contact with the detainees during their shifts. I would usually only become involved if there had been a significant conflict or significant behavioural concern. On those occasions, I would either call the person concerned or go to their room, knock on the door and talk to them from a distance of about 2 metres.

80. Arrivals and departures were different. If I was present during an arrival or departure, I had a short conversation with each person that I was processing.

81. The frequency of contact between the AOs at each hotel and the detainees would vary depending on the needs of the detainee, such as whether they required temporary leave permissions (for example, some detainees would require daily leave permissions for medical reasons). But generally, contact between AOs and detainees was reasonably infrequent and may have been limited to intake and exit and perhaps to arrange fresh air/exercise breaks via telephone.

Question 27: What if any infection control precautions did you take when having direct contact with quarantined persons (for instance, when they arrived at the hotel or when you visited their rooms)?

82. I would don appropriate PPE, practice hand hygiene and disinfect my mobile phone (if used) as referred to in response to Question 25. I also attempted to maintain appropriate physical distancing of between 1.5 and 2 metres, although this was not always possible in situations such as large intakes or exits, or where detainees were not themselves observing those physical distancing requirements. If I needed to cough or sneeze, I would do so into my elbow, and I would try to refrain from touching my face.

83. I was also conscious of practicing extremely frequent hand hygiene whilst I was in hotels and I tried to limit touching surfaces, such as doors or lift buttons. Where that was unavoidable, I would perform hand hygiene using alcohol gel. If I had to use a pen, I would wipe the pen frequently with alcohol wipes.

Question 28: How did you carry out reviews of detention?

84. I did not carry out any review of detention. The reviews of detention were completed centrally as referred to in response to Question 16.

85. I was often referred particular cases where an AO wished to escalate a request for approval for a person to quarantine at another location (often known as the exemption process). A separate team within the Department was responsible for approving these exemption requests, and formed part of a team known as COVID-quarantine. The process I adopted when I had cases referred to me was to:

(a) determine whether I considered the exemption request should be escalated;

(b) send an email to COVID-quarantine to confirm the approval request had been received and provide any further information that I considered would assist the request;

(c) continue to liaise with COVID-quarantine in respect of the request; and

(d) if the request was still not approved in circumstances where I was concerned for the detainee's welfare, I would escalate the matter to the team leader in the COVID-quarantine program.

Question 29: What was the process by which decisions were made that a person's period of detention could end?

86. Subject to the additional possible scenarios provided in paragraph 88 below, there were generally two circumstances in which a detainee's detention in the HQ Program could end:

(a) where they were granted an exemption within the 14 day quarantine period; or

(b) where the 14 day period had come to an end.

87. The first situation was not my responsibility and was the responsibility of COVID-quarantine.

88. When the 14 day period came to an end the process was as follows:

(a) Between 28 March to 27 June 2020:

(i) If a detainee had not been diagnosed with COVID-19 and was not exhibiting COVID-19 symptoms, at the end of the 14 day period the AO would issue an End of Detention Notice and the detainee would be released. It was my understanding that the detainee would not be offered a COVID-19 test prior to release;

(ii) If a detainee had been tested and diagnosed with COVID-19, the detainee was not to be released without a clearance from the Public Health team confirming that the detainee:

(A) was no longer a confirmed case; or

(B) had been assessed by the Public Health team as suitable for release from hotel quarantine to continue their isolation period at home or at another location.

(b) From 28 June 2020 onward, all persons in detention were subject to COVID-19 testing on day 11 of their detention. In the event that a detainee did not undergo COVID-19 testing, the AO was required to issue a Continuation of Detention Notice, detaining the person for a further 10 days.

89. The change in testing requirements created a significant change in the AO processes. From this time onwards, the AO team were required to liaise even more closely with the nursing team to confirm whether there were any detainees who had refused the day 11 swab, as well as the result of those that had consented to undergo COVID-19 testing. This process change meant that in the days and perhaps weeks after 28 June that I would often need to visit a hotel on the day or evening before the scheduled day 14 exit to work with the AO on shift to plan for the following day's exits.

90. In practice, usually on the night prior to day 14, the AO was required to cross check that all of the test results had been received for detainees who were due to end their detention period the following day. If the detainee had returned a negative swab on day 11, as advised to the AOs by the nursing team, the AO could decide that the detention was at an end and issue an End of Detention Notice.

91. However, if a detainee's test result had not arrived the AO would need to liaise closely with the nursing team to track down the result, which sometimes did not arrive until the day of the scheduled release. If the detainee had previously been diagnosed with COVID-19, but had not yet been cleared by Public Health team, I would liaise with the Public Health team to confirm whether a clearance could be issued. This clearance was needed for the AO to issue an End of Detention Notice and to release the detainee from the HQ Program. My role in this circumstance, was to provide any information to the Public Health team required to enable them to make a decision.

92. In some cases, the clearance from the Public Health Team could not be issued because the detainee was still regarded as a confirmed case. In these cases, whether the detainee would be released was considered on a case by case basis by the Public Health team. Where a detainee resided in Victoria, the detainee could be assessed by the Public Health team as being suitable to be released from detention and to continue isolation at their home in Victoria under the general Diagnosed Persons and Close Contacts Direction. In most cases where the detainee resided in another state or territory in Australia, the detainee was detained either at the same hotel or

relocated to another hotel until such time as the Public Health team provided a clearance. In each case, the role of the AO was to facilitate that process through the use of Continuation of Detention Notices or End of Detention Notices, as appropriate.

Question 30: What role if any did you play in the requests or offers for COVID-19 testing that were made to persons in detention?

93. The AO team did not perform this function. Requests or offers for COVID-19 testing was administered through the nursing team.

Question 31: What role did you play, if any, in arrangements for onward travel for those being released from quarantine?

94. In the early period of the HQ Program, AOs were responsible for providing the departing detainee(s) a taxi voucher for their onwards trip within Melbourne. Over time that process changed and the taxis were arranged centrally.

95. Otherwise, the AOs rarely played any role in onwards travel, save to the extent that the AO may have been asked to accommodate a request to leave early on the exit day to catch a flight or something similar.

Question 32: Where a person under quarantine wished to challenge the decision of an authorised officer, what process was in place for that to occur, as you understood it?

96. I do not recall a specific process whereby detainees were advised of a right to challenge the decision of an AO by a certain means. However, I would expect that if a detainee had asked to speak to an AO's superior in respect of the decision, the AO would escalate such a request to me or another Senior AO.

97. Very occasionally an AO would escalate an issue to me of this nature. It may have been related to a request for temporary leave from the hotel for compassionate reasons. On even rarer occasions, I may have escalated that to the Deputy Commander on shift to talk the issue through before I made the decision.

Question 33: Did you have any experience of issues being escalated beyond you to a more senior authorised officer or compliance manager? If so, please provide examples.

98. AOs would frequently escalate issues to me for guidance or a decision. Some more complex examples include:

    (a) complex permissions on medical grounds. One such example concerned an escalation on 29 April 2020 in relation to a detainee who was suffering a wound infection following leg surgery, and had travelled to Australia to attend a specialist in Sydney for management. This situation concerned complex issues of the detainee refusing medical treatment in a Victorian hospital, the NSW-based hospital requiring certain conditions to be met before the detainee would be able to attend for specialist treatment (due to the risk

that the detainee may have been COVID-positive), and issues concerning whether the detainee was medically fit to fly;

(b) challenging behaviours with detainees suffering from mental health episodes. I can recall a number of episodes where, following a discussion with an AO on duty at a hotel, that I needed to advise the AO to call Victoria Police or the Crisis Assessment and Treatment Team (**CAT team**) to assess a mentally unwell detainee; and

(c) multiple compassionate leave requests. A somewhat frequent example would include where a detainee had travelled to Australia for the purpose of visiting someone at their end of life or to attend various stages of a funeral or burial ceremony. In many of these cases, this request might involve a request for multiple visits over the 14 day period.

99. From my perspective, on very rare occasions, I escalated an issue to the Deputy Commander on shift to talk through an issue before I made the ultimate decision.

100. On even rarer occasions, the issue may have reached the Commander or Deputy Commander, who may have then made a decision, but I cannot provide a specific example. Almost certainly such a request would have related to compassionate leave requests, where the issue would not have been whether it was granted, but, instead, how long or how often, the temporary leave was to be granted.

101. Examples of issues being escalated beyond me to more senior members of the team include:

(a) On 17 May 2020, I escalated concerns about the timely delivery of dietary requirement forms to incoming detainees, and the communication of this information to catering staff. The correct process was confirmed with me that day.

(b) On 4 June 2020, I escalated concerns regarding the gradual relaxation amongst some security guards which resulted in an incident whereby a member of the public was able to enter a hotel without question while a transfer of COVID-positive detainees was occurring. I received a response to confirm the issue had been raised with DJPR.

Fresh air walks/smoking breaks

Question 34: During your time as an authorised officer, were you aware of policies in place regarding when and how quarantined persons could have time outside their hotel room?

102. Yes.

Question 35: If so, what were those policies as you understood them? If they changed over time, please also give details of the changes.

103. AOs had the power under the Detention Notice issued to the detainee under the PHWA to grant detainees temporary permission to leave their room for the purposes of physical or mental health (which was generally interpreted as a fresh air or exercise break), medical treatment, compassionate circumstances or emergency reasons.

104. On 4 April 2020, a draft protocol (entitled 'COVID-19 Physical Distancing and Public Health Compliance and Enforcement Plan') was circulated and made available to AOs. The policy regarding detainees leaving their room for exercise or smoking was as follows [DHS.0001.0001.0729, page 30]:

(a) If it was possible for residents to go outside to take some exercise for organised/supervised short periods of time this should be facilitated where possible.

(b) A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break.

(c) The steps that must be taken by the detainee were to:

(i) Confirm they are well;

(ii) Confirm they have washed their hands immediately prior to leaving the room;

(iii) Don a single-use facemask (surgical mask);

(iv) Perform hand hygiene with alcohol-based handrub as they leave;

(v) Be reminded to – and then not touch any surfaces internal to the hotel on the way out;

(d) The procedure for the security escort is:

(i) Don a mask;

(ii) Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water;

(iii) Be the person who touches all surfaces if required such as the lift button, handles;

(iv) Maintain a distance (1.5 metres) from the person;

105. On 12 April 2020, I received an email from the Deputy Commander providing further guidance and reiterating that fresh air breaks could be conducted provided there was no 'end of quarantine' release of detainees occurring [DHS.0001.0076.0233].

106. On 29 April 2020, COVID-19 Compliance policy and procedures – Detention authorisation was released. A further version was released on 24 May 2020 [DHS.0001.0001.2374].

107. In addition, I believe a number of draft Operational Instructions were developed, but I cannot recall them being endorsed, an example being 'Draft Operational Instruction X/2020 – Management of Exercise Breaks [DHS.0001.0077.0272].

Question 36: Did you receive requests to authorise fresh air walks or smoking breaks during your work as an authorised officer?

108. It was very rare that I would be referred a request to authorise a fresh air walk or smoking break relating to an individual detainee. If it did happen it would be referred by the AO on shift at the particular hotel. I can recall it happening in the very early days and was related to detainees who were struggling with detention in a hotel room. I can recall endorsing one such walk verbally. However, normally I was rarely involved in the decision making as it related to a particular detainee. Rather, I was involved in broader policy considerations such as whether walks were permitted at a particular hotel and, if so, what detailed process should be followed.

Question 37: What factors were relevant to whether you approved them?

109. The detainee's behaviour and compliance with the Detention Direction was a consideration as to whether they were granted approval. COVID status and whether the person had symptoms were also considerations.

110. In practice, the issue was less in relation to whether the request would be approved and more in relation to whether the fresh air walk could be accommodated logistically.

111. Where walks could be accommodated, walks were generally approved, with priority for supervised walks given to:

(a) people who had been identified as a priority for a fresh air walk by mental health or nursing staff;

(b) families with children; and

(c) people who were heavy smokers who had not availed themselves of the opportunity of trialling nicotine patches.

112. Once the above groups had been given walking opportunities, the AO team would move to offer walks equitably on a floor by floor basis. Considerations as to whether the fresh air breaks could be accommodated included whether there were sufficient security guards to supervise the person(s) and whether there was adequate time. For example, walks did not generally happen outside of daylight hours and were often suspended when meals were being distributed. Similarly, walks would generally be suspended when there were arrivals or departures from the hotels.

Question 38: What if any record did you keep of requests and decisions?

113. As set out in response to Question 36, as a Senior AO, it was unusual for me to be involved in a specific request. If a request was escalated to me, my practice was to send an email to the AO to endorse my verbal advice. I would also generally ask the AO to record the issue in the Compliance Application as a record. Before the Compliance Application, these requests may have been recorded by the AO in the handover notebook.

Question 39: Did you refuse any requests? If so, why?

114. Outside of times when the AO team had been directed by Operation Soteria to suspend fresh air walks, I cannot recall that I expressly refused a request. However, factoring in staff breaks and

prioritising those who were most at risk or in need, meant that detainees may have been refused fresh air breaks by AOs from time to time simply because there was not sufficient time.

115. As mentioned in my answer to question 37, there were many challenges to delivering a regular walking program. Often the demand far outweighed the ability to deliver regular walks or fresh air breaks to all detainees. Some of the practical constraints included, ensuring there was no contact between 'exercise break' detainees and others who were moving through the foyer, lifts and corridors (such as detainees departing for temporary leave on medical or compassionate grounds, detainees arriving or departing, cleaning staff, deliveries of food and care packages, nursing and welfare visits, AO compliance attendances). On any given day there were a myriad of barriers to providing a consistent walking program.

Question 40: Where requests were granted, what was the process by which the walks or breaks were provided? How would hotel or security staff be made aware of the approved requests, and who directed any relevant hotel and security staff to facilitate them?

116. The exact process varied across each quarantine hotel due to local arrangements, however, each hotel tended to share the following broad characteristics:

(a) nursing staff, based on their skills and experience, would recommend a list of people (usually by room number) that ought to be given an opportunity for a supervised walk. This list could take the form of a list of room numbers on a white board or verbal advice given by the nurse to the AO at the hotel;

(b) depending on the hotel arrangements, the AO would have an idea of how many walks could be conducted on a particular day taking into account whether there were arrivals or departures, meal deliveries or other events that happened in the quarantine hotel on a particular day which may have impacted the feasibility of the walk;

(c) the AO would then either populate a paper-based system (for example a table showing room numbers and times for walks) or an electronic spreadsheet to describe the priorities for walks. In the early days, the AO may have then issued a written temporary leave permission to allow the supervised walk to occur. This was superseded by the issue of a more general permission at or near the start of the quarantine period that permitted exercise breaks when authorised by the AO;

(d) the AO would then contact the rooms, often on the previous night, to advise the occupants of the specific time when the walk opportunity would be available; and

(e) The AO would share the list with the security guard supervisor who would then manage the process during the day. It was often the case that the full program did not get completed on any one day due to operational reasons. For instance, a longer than anticipated intake or a medical emergency.

117. The other complexity that we faced was that at least once there was an operational decision to suspend all fresh air walks at one or all quarantine hotels. The AO team would hear about the

decision via emails or verbally from the Department Team Leader at a hotel. It was my understanding that the decision was usually triggered by a concern about the safety of the exercise program.

Other requests for leave or exemptions

Question 41: During your time as an authorised officer, were you aware of policies in place regarding when and how quarantined persons could be given leave from their hotel rooms for health, compassionate, or any other reason?

118. Yes.

Question 42: If so, what were those policies as you understood them?

119. In relation to temporary leave permissions, there are four circumstances under the Direction and Detention Notice in which permission to leave the room/detention could be granted to a detainee, namely:

(a) for the purpose of attending a medical facility to receive medical care;

(b) where it is reasonably necessary for physical or mental health;

(c) on compassionate grounds; and

(d) emergency situations.

120. The relevant policies were contained in the documents referred to in response to Question 7. The policy with respect to temporary leave permissions was also reiterated in subsequent emails [see for instance DHS.0001.0076.0002]. With respect to exemptions, guidance was provided by email [see for instance DHS.0001.0076.0257; DHS.0001.0076.0259], although the granting of exemptions was not within the role of AOs.

Question 43: Did you receive requests to authorise leave or exemptions during your work as an authorised officer?

121. I received some requests for temporary leave permissions. I did not receive requests to authorise exemptions, but I did receive requests that were escalated to me by an AO to advocate to the COVID-quarantine team on behalf of a detainee in respect of the exemption application from time to time.

Question 44: What factors were relevant to whether you approved them?

122. My answer to this question relates to authorisation for temporary leave requests only.

123. Broadly, the approach I took was that permissions to leave ought to be granted only where there was a substantial and compelling reason for granting the permission.

124. This meant that permissions were usually only granted for medical appointments (e.g. to undergo scheduled cancer treatments at Peter MacCallum Cancer Centre); to visit a relative in palliative

care or to view the body of a deceased relative as part of funeral and finally to attend a funeral service and the burial.

125. The other major factor was the amount of time that was requested (including travel time). I took the view that other than for medical appointments that a one hour visit plus travel time was a reasonable starting point for permissions.

Question 45: What if any record did you keep of requests and decisions?

126. Generally, my role as Senior AO was to provide verbal advice to the AO or an AO Team Leader. I would sometimes follow up my verbal advice with an email to that person but often I would simply just advise the AO to record a comment about my advice into the Compliance Application.

Question 46: Did you refuse any requests? If so, why?

127. My answer to this question relates to authorisation for temporary leave request only.

128. Yes. Typically, a request for temporary leave would be refused in circumstances where the person(s) had already received a number of temporary leave permissions or where the request was for an unacceptable period of time.

129. An example of where I declined a leave request was when a person had requested a temporary leave permission to attend a series of events related to a funeral. The temporary leave permission was granted in relation to some of the events but not all because of the time which would have been occupied out of the hotel. The actual amount of the time outside of the hotel was also reduced from the time that was sought.

Question 47: Where requests were granted, what was the process by which the leave or exemptions were provided? How would hotel or security staff be made aware of the approved requests, and who directed any relevant hotel and security staff to facilitate them?

130. The process varied depending on the type of temporary permission that was granted and site-specific requirements of the hotel where the detainee was located.

131. Broadly, the process was that the temporary leave permission was issued in writing and that permission was then recorded in the Compliance Application. An AO would then advise the detainee by telephone that a temporary leave permission had been granted, as well as the terms and conditions of that permission.

132. The AO would advise the Department Team Leader, security staff and nurses that the detainee(s) had been permitted to leave for a period of time. The Department Team Leader would then arrange transport as required, usually by non-emergency patient transport or maxi-taxi. PPE was available and the person(s) were asked to wear PPE from the time they left the room. I also encouraged our AO's to give the detainee(s) spare PPE to cover the time that they were out of the hotel.

Challenges and concerns

Question 48: During your work as an authorised officer did you experience occasions where you were unable to carry out your role or had difficulty doing so because of short staffing, equipment shortages or any other logistical issue? If so, please provide some examples.

133. No. However, AO availability early on, or after staff were forced into self-isolation due to cases at the hotels or other workplaces, meant there was occasionally insufficient AOs to fully staff each and every hotel shift. These temporary shortages required us to roster an AO to work across two hotels, splitting an AO across multiple hotels for some shifts.

Question 49: During your work as an authorised officer did you deal with persons in quarantine who were experiencing physical or psychological health issues and who made additional requests of you by reason of those issues? If so, please provide some examples of the issues raised and how you responded to them.

134. Yes. These issues were escalated to me by either the AO on site, by Department Team Leaders (particularly when I was on site) or by nurses, and usually related to when the detainee was perceived to be unsuited to the hotel quarantine environment. For instance, if the detainee was psychologically or physically unwell. These types of issues were raised daily.

135. Examples include:

(a) The detainee I mentioned in response to Question 33 (at paragraph [98(a)] above).

(b) There were a number of detainees with complex psychological issues which required the intervention of the CAT team/police. The police would usually take the person for an assessment, sometimes the person was then returned to the quarantine hotel or other times they were removed entirely.

(c) One particular incident in late-June 2020 involved a mentally unwell detainee throwing food and crockery at security guards and down the hallway, chasing a nurse down the hallway and threatening to assault her, and resisting arrest and spitting on police. Staff and guests alike were extremely shaken by the incident. I was copied to correspondence concerning the management of this particular detainee, although not as a direct report of the AO. I understand the detainee was treated at the Alfred and eventually returned to continue in the HQ Program at a different hotel where I understand the remaining quarantine period was completed without further problems.

Question 50: Did you have concerns about your own safety during your work as an authorised officer? If so, please give details.

136. I was concerned about the risk of contracting COVID-19 due to my work, particularly during large arrivals that were undertaken in small hotel foyers such as the Crown Metropol, where the space available for the intake process was quite restricted.

Question 51: To whom were you able to report any issues or concerns that you had about:

(a) challenges posed by logistical issues;

137. We received good logistical support whether through the Operation Soteria team or a small program that supported the AO team. In my experience these teams responded very promptly to requests.

(b) persons in quarantine with additional needs; or

138. Each hotel had a nursing team and generally had a specialist mental health nurse for long periods of the day. I discussed any concerns that I had with the nursing team and, if I was aware that the relevant detainee(s) had applied for an exemption to quarantine at another location, I then raised that issue by emailing COVID-quarantine at the dedicated mailbox of the same name.

(c) your own safety?

139. During my time in the HQ Program, I did not have any cause for concern regarding my own safety, save for the potential for infection with COVID-19. I was aware of the ability to report safety concerns to my supervisor or to Operation Soteria. If I had any immediate concerns, I could raise those with security or the police.

Question 52: Did you ever raise any such concerns? If so, what was the outcome?

140. Yes, in relation to persons in quarantine with additional needs only. There were numerous occasions where I referred concerns about a detainee's welfare to the COVID-quarantine team. I had no cause to raise any issues relating to logistics or my own safety.

141. The detainee I referred to in response to Question 33, provides once such example.

Question 53: Did you yourself ever require COVID-19 testing because of a concern about being exposed to the virus in the course of your duties as an authorised officer?

142. Yes. I was identified as a 'close contact' for workplace exposure at the Rydges Hotel, at the Grand Chancellor Hotel and also in my work outside the HQ Program. As a result, I have been swabbed four times. All swabs were negative, but I was in isolation twice for periods of 14 and 15 days as a result. I also had one swab taken on or about the 21 May, after developing symptoms the previous night. That swab was also negative.

<u>Your work as a compliance manager</u>

Question 54: What did your role as a compliance manager involve?

143. The titles Senior AO and Compliance Manager were used interchangeably. As a Senior AO, I had responsibility for operational oversight of the AOs and, from about 25 May 2020 onwards, supervision of AO Team Leaders. I have otherwise set out my roles in the HQ Program in response to Question 16.

144. While the operational aspects of the HQ Program were clearly the most dominant part of my work as a Senior AO, I and the other Senior AOs also had other roles.

145. For the majority of my time in the COVID compliance space my role also included acting as a point of liaison for Victoria Police (particularly in the first 6 weeks or so) which was predominantly a desktop role but at times I needed to attend the sites of public protests to assist the Police or gain entry to residential and other premises where there was evidence of breaches of the directions.

146. For me, the Senior AO role also included working with our information technology team and others to enhance the Compliance Application used in the hotels to track detainees' movements and interactions. It also involved significant efforts to improve the data quality of the data held in the Compliance Application.

147. The role also included dealing with quarantine issues in the maritime environment where ships needed to dock and swap crews over.

148. Finally, the role also required the Senior AOs to work on other significant outbreak sites such as the public housing towers at Flemington and North Melbourne, backpackers' hostels and a meat processing facility.

Question 55: Who reported to you or was supervised by you in that role?

149. As set out in response to Question 11 above, AOs and AO Team Leaders (the latter from about 25 May 2020 onwards).

Additional information

Question 56: If you would like to include any additional information, please include it here.

150. With the HQ Program being stood up so quickly, once I became aware there was a role for AOs (on day one), I was eager to assist on the ground as soon as was required, given my considerable experience as an AO for the Department and other relevant experience referred to above in Question 2. The environment in which we worked was constantly changing as the pandemic unfolded in Australia and around the world.

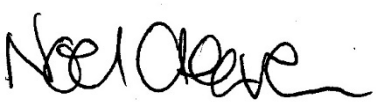
151. But most of all I will take away the positive memory of an amazing team of staff drawn from diverse backgrounds and training – the nurses, doctors, personal care attendants, the DHHS staff drawn from all over our organisation, the Dnata staff, Global Victoria and other DJPR staff, other state government departments, the security guards, the Operation Soteria core team and our team of AOs all working long hours in the most difficult and stressful environments that I have experienced. All working together as a team trying to make the situation work as best we could for the people in detention while trying to maintain the quarantine arrangements.

152. At the start of the program, there was only one other Senior AO and that increased to three in total after some weeks (or four for short periods) and stayed at that resourcing level for approximately 4 months. Even with three or four, we were still working very, very long and intense hours as the numbers of hotels quickly increased to 15 at some stages.

153. Towards the end of my time, there was an intense recruitment phase which as well as growing the numbers of AOs, resulted in the Senior AO pool being increased to 17 which provided the opportunity to better task individuals with specific functions rather than the Senior AO on shift needing to perform all functions (e.g. maritime, hotels, police response, police liaison, policy development etc).

Signed at Melbourne

in the State of Victoria



on 27 August 2020

_____

Noel Cleaves

ANNEXURE NC-1

Document Date	Title	Document ID
4/04/2020	RE: Proposed new policy for people being allowed to smoke or fresh and how to operationalise this	DHS.0001.0075.0227 DHS.0001.0075.0229
6/04/2020	FW: Compliance and Enforcement Plan	DHS.0001.0076.0202 DHS.0001.0076.0205
8/04/2020	FOR REVIEW: Draft AO Protocol - detention	DHS.5000.0074.8300 DHS.5000.0074.8302
10/04/2020	Confidential Draft - COVID-19 Policy and procedures - Mandatory Quarantine (Direction and Detention Notice for Authorised Officers under the PHWB Act 2008	DHS.5000.0075.0009 DHS.5000.0075.0010
11/04/2020	Confidential Draft COVID-19 Policy and procedures - Mandatory Quarantine (Direction and Detention Notice) for Authorised Officers under the PH&WB Act 2008	DHS.5000.0075.0836 DHS.5000.0075.0838
11/04/2020	Outdoor exercise	DHS.0001.0076.0254
12/04/2020	FW: Pan Pacific Hotel - next steps	DHS.0001.0076.0233 DHS.0001.0076.0235 DHS.0001.0076.0238 DHS.0001.0076.0239
15/04/2020	PROCESS FOR ESCALATING REQUESTS FOR EXEMPTION FROM QUARANTINE	DHS.0001.0076.0257 DHS.0001.0076.0259
16/04/2020	HPE Content Manager DHHS CORPORATE DOCUMENT : HHSD/20/159875 : Protocol for AO - Direction and Detention notice	DHS.5000.0075.3116 DHS.5000.0075.3117
17/04/2020	For approval : Quick guide Direction and Detention Notice for AOs	DHS.5000.0074.6094 DHS.5000.0074.6095
17/04/2020	FW: Communications to travellers	DHS.0001.0076.0180 DHS.0001.0076.0182 DHS.0001.0076.0183 DHS.0001.0076.0190 DHS.0001.0076.0192 DHS.0001.0076.0194 DHS.0001.0076.0195
18/04/2020	COVID Compliance AOs - Permissions	DHS.0001.0076.0090
19/04/2020	Release process	DHS.0001.0076.0290
26/04/2020	APPROVED Version 1 of COVID-19 Compliance policy and procedures – Mandatory Quarantine (Direction and Detention Notice)	DHS.5000.0074.0001 DHS.5000.0074.0002
26/04/2020	Operation Soteria Plan signed by Emergency Manager Commissioner	DHS.5000.0074.2582 DHS.5000.0074.2583
7/05/2020	RE: Debriefing and other issues	DHS.0001.0076.0272
12/05/2020	RE: Advice on searching parcels delivered to detainees	DHS.0001.0076.0261
16/05/2020	Check-in procedure	DHS.0001.0076.0004 DHS.0001.0076.0005
23/05/2020	Operational Instruction re AO Team Leader accountabilities	DHS.0001.0076.0252
29/05/2020	RE: AOs doing exemptions for transits	DHS.0001.0076.0268 DHS.0001.0076.0270

Document Date	Title	Document ID
		DHS.0001.0076.0271
5/06/2020	Draft operational instructions - transits < 8 hours, transit > hours and night shift	DHS.0001.0076.0161 DHS.0001.0076.0162 DHS.0001.0076.0164 DHS.0001.0076.0166 DHS.0001.0076.0168 DHS.0001.0076.0169 DHS.0001.0076.0175
7/06/2020	FW: FACT SHEET - Medical treatment permissioning for Health Services	DHS.0001.0076.0226 DHS.0001.0076.0227
16/06/2020	Draft Op Instruction - management of cases and close contacts	DHS.0001.0077.0217 DHS.0001.0077.0218
26/06/2020	Draft Operational instruction - Hotel check in	DHS.0001.0077.0232 DHS.0001.0077.0234
28/06/2020	FW: Detention Notice Changes.	DHS.0001.0077.0236 DHS.0001.0077.0238 DHS.0001.0077.0241
29/06/2020	FW: Detention Notice Changes.	DHS.0001.0077.0245
30/06/2020	Draft night shift operational instruction	DHS.0001.0077.0214 DHS.0001.0077.0215
1/07/2020	Draft Operational instruction - Hotel check in	DHS.0001.0077.0225 DHS.0001.0077.0229
1/07/2020	Night shift Op Instruction	DHS.0001.0077.0256 DHS.0001.0077.0257
2/07/2020	Operational Instruction - Night Shift	DHS.5000.0008.1925 DHS.5000.0008.1926
2/07/2020	RE: Fresh air breaks Rydges	DHS.0001.0077.0262 DHS.0001.0077.0266
11/07/2020	Reminder of infection control and the protocols document	DHS.5000.0090.8970