

WITNESS STATEMENT OF REDACTED

Name: REDACTED

Address: 50 Lonsdale Street, Melbourne, Vic, 3000

Occupation: Senior Authorised Officer, Department of Health and Human Services REDACTED

Date: 27 August 2020

1. I make this statement to the Board of Inquiry in response to **NTP-114**, the Notice to Produce a statement in writing (**Notice**). This statement has been prepared with the assistance of lawyers and Departmental officer
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.

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

4. My current role within the Department is as a Senior AO.
5. On 27 April 2020, I was seconded from my role as an REDACTED at the REDACTED REDACTED to the Department, working firstly as an AO, then for a brief period of about one week as an AO Team Leader, and later, as a Senior AO.
6. I anticipate returning to my role with the REDACTED on or around 1 January 2021.

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

7. I received my Bachelor of Applied Science (Environmental Health) from Swinburne University of Technology in 1995.
8. In addition, I have obtained the following qualifications:
 - (a) Diploma of Counselling, AIPC (2019-present);

- (b) Introduction to Counselling Skills, Cairnmillar Institute (2018);
- (c) Professional Skills for Assessors Training, Chisholm Institute (2011);
- (d) Emergency Management Training for Public Health Professionals (2010);
- (e) CFA Wildfire Firefighter Training (2010);
- (f) Human Services Personal Support - Professional Development (2010);
- (g) Negotiation & Crisis Intervention Course (2009); and
- (h) Certificate of Education Integration Aide/Teacher Aide, Monash University (2008).

9. REDACTED

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11. In 2019, REDACTED

12. On 27 April 2020, I was seconded REDACTED as an AO, Team Leader, and then as a Senior AO.

Your involvement in the hotel quarantine program

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. I do not recall exactly when I became aware that there would be a role for AOs in the hotel quarantine program. However, I believe that I became aware sometime in early April 2020, just prior to Easter. I recall that at that time, the REDACTED advised staff through email and team meetings that it was looking for staff to volunteer to work as AOs and assist the Department with the hotel quarantine program.

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. No, I did not play a role in the selection of AOs for the Department. As noted above, I was seconded from the REDACTED

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

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

15. I received a one-hour phone induction on 20 April 2020, as well as other online training modules, but I cannot now recall the specifics of this training.
16. I believe that the general powers of AOs were discussed in the induction session.
17. On 24 April 2020 I received an email, available at DHS.5000.0025.6364, attaching a document entitled *AO Role at Hotels*, which detailed the role and responsibilities of AOs working in the hotel quarantine program. I do not now specifically recall receiving this email.

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

18. I enrolled in, and undertook the Australian Government Department of Health Online Infection Control Training which provided information in relation to the use of PPE.

(c) communicating with difficult people/people in distress

19. I do not believe that I received specific training on communicating with difficult people/people in distress prior to commencing as an AO. However, from my previous roles and experience (as set out in my response to Question 2), I have both practical experience in dealing with difficult people and those in distress and have undertaken relevant courses including a Negotiation & Crisis Intervention Course and an Introduction to Counselling Skills course. I am also currently undertaking a Diploma of Counselling.

(d) standard DHHS communication policies

20. I do not believe that I received specific training on standard DHHS communication policies. However, on 20 April 2020 after the induction training, I received a follow-up email available at DHS.5000.0145.5992, attaching the following documents:
 - (a) A Welcome to DHHS Induction Booklet; available at DHS. 5000.0145.5993;
 - (b) DHHS Code of Conduct, available at DHS.5000.0145.6001; and
 - (c) Safety and Wellbeing Induction booklet, available at DHS.5000.0145.6045.
21. These documents contained information about the Department's methods and lines of communication. I do not now specifically recall receiving this email.

(e) mental health awareness

22. I do not believe that I received specific mental health awareness training prior to commencing as an AO. However, as stated at paragraph 19 above, I have had previous training and

experience in mental health awareness through my previous roles, including undertaking the courses described at paragraph 19 above.

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

23. I do not recall whether we received specific training on the processes to be adopted in the hotel quarantine program. However, I do believe that the role and responsibilities of AOs were referenced during the one-hour induction discussed above.

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.

24. In addition to the training discussed above, I also undertook a one hour training session on the use of the Compliance Application, which took place via videoconference. Other than this training, I do not believe that I received any additional formal training either before or during my work as an AO.
25. The training I received during my role as an AO occurred "*on the job*", or through weekly AO meetings at the hotels.
26. I believe that new policies or procedures would have been introduced and discussed during these meetings, but I am unable to provide more particularity from my own recollections.

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?

27. Yes, there were a number of documents which were provided to AOs, including me, to guide or govern the work being undertaken.

Policies and Procedures

28. I do not recall whether I was provided with any specific documented procedures when I first commenced as an AO on 27 April 2020.
29. On 4 May 2020, I was emailed Version 1 of *Annex 1 – COVID-19 Compliance Policy and Procedures – Detention and Authorisation (Annex 1)*, dated 30 April 2020 (available at DHS.0001.0076.0006 with enclosures at DHS.0001.0076.0009 and DHS.0001.0076.0076) as a key consolidation of relevant policies and procedures.
30. On 25 May 2020, Version 2 of Annex 1 was circulated to AOs via email (available at DHS.0001.0013.0006). I recall using and referring to Version 2 during my time as an AO Team Leader and then as a Senior AO.

31. Printed copies of Version 2 of Annex 1 were available at all hotels. Electronic versions were also stored on the AO Teams website.

Operational Instructions

32. I also was provided with the Operational Instructions listed below in the course of my work as an AO. I believe that I received these Operational Instructions via email although I cannot recall specifically.
- (a) Operational Instruction 1/2020, Supply of alcohol and searches of personal belongings dated 17 May 2020 available at DHS.5000.0003.7293;
 - (b) Operational Instruction 2/2020, Accountabilities for the role of AO Team Leader dated 24 May 2020 available at DHS.0001.0013.0206;
 - (c) Operational Instruction 2020 Authorised Officer Handover Notes dated 14 June 2020 available at DHS.5000.0008.3881;
 - (d) Operational instruction 3/2020, Use of improvement and prohibition notices dated 1 July 2020 available at DHS.0001.0013.0208;
 - (e) Operational Instruction 4/2020, Detainee person carer policy dated 2 July 2020 available at DHS.0001.0013.0212; and
 - (f) Operational Instruction 5/2020 Management of detainee movement from hotel to hotel dated 11 July 2020 available at DHS.5000.0003.2505.

Other materials

33. In addition to the above, on or around 19 June 2020, I was provided with a hard-copy print out of a document entitled, *Operation Soteria, PPE Advice for Hotel Security Staff and AOs in Contact with Quarantined Individuals* dated 8 June 2020 (the **PPE Advice**), available at DHS.0001.0086.0002). The PPE Advice details what PPE is to be used by security staff/AOs and by the returned travellers in the various locations within the hotel. For example, there were different requirements in terms of the PPE to be used in the Hotel Lobby or the Hotel Quarantine Floor.
34. The PPE Advice also detailed how to achieve and maintain good hand hygiene.

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

35. Mostly, I would receive information or updates regarding process or policy changes via email. On other occasions, we received notification via the Teams site.

36. As mentioned above, I believe that generally, changes to policies and processes were discussed during AO team meetings at the hotels.

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?

37. Yes, I am still working as an AO, predominately in field-response work.
38. As noted above at paragraph 6, I anticipate returning to my role as an REDACTED REDACTED for the REDACTED on or around 1 January 2021.

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?

39. I believe that working as an AO during the hotel quarantine program was the most high-pressure, intense working environment I have ever experienced. It was a challenging and dynamic role that changed constantly, from one shift to the next. Every hotel operated independently. It involved incredibly long hours and the work was physically and mentally exhausting.
40. I found that there were different challenges in each hotel, depending on the number of returned travellers and the specific limitations of the particular hotel environment. Some hotels had hundreds of returned travellers with very limited access to an area for a walk/fresh air break, whereas other hotels had a lesser number of returned travellers with greater access to outside areas. I believe these differences in the hotel environments contributed to the challenges AOs faced in the course of their work.
41. Despite these challenges, I found that there was great teamwork and cooperation amongst the various workers, and everyone endeavoured to do their best with the resources and the information available at the time.

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.

42. The hotels were divided into the following four groups with between two to five hotels per group.
- (a) City 1, comprising of Crown Metropol, Crowne Plaza, and Crown Promenade;
 - (b) City 2, comprising of Pan Pacific, Rydges Carlton (also known as Rydges on Swanston), Travelodge Southbank, Novotel South Wharf and Holiday Inn Flinders;

- (c) City 3, comprising of Stamford Plaza, Sheraton Four Points Docklands, Novotel on Collins, Mercure Welcome; Marriott; and
 - (d) Airport, comprising of Park Royal and the Holiday Inn.
43. I believe that the composition of these groups altered over time, however when I commenced as an AO, the groups were organised as above.
44. Initially, as an AO, I worked across all the hotels in the City 2 group, apart from the Novotel South Wharf.
45. I progressed to AO Team Leader on or about 23 May 2020. In the course of this role, I continued looking after the City 2 group, but was also responsible for other locations in the event that Team Leaders (working at other hotels) were not rostered on, or had been placed into self-isolation. Team Leaders were not limited to specific hotels, but were responsible for a City Group. I only held the role of AO Team Leader for about a week before I was appointed a Senior AO.
46. I became a Senior AO on 31 May 2020. In that role I was responsible for the supervision of all hotels listed above while I was on shift. My role as a Senior AO was focused on people management and support, in addition to improving consistency and providing advice and interpretation of policies and procedures across the hotels. Every hotel operated differently, both with different practices between hotel sites and also at a given site between different shifts

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

47. As far as I am aware, the DHHS Rostering Team allocated shifts and locations. I am not aware of the processes used by the Rostering Team to allocate shifts.
48. I was not involved in the decision-making process that resulted in me being selected as a Team Leader or Senior AO. I was approached about both of these roles.

Question 13: How long were the shifts?

49. I was usually rostered on for eight hour shifts as follows:
- (a) from 7:00 AM to 3:00 PM;
 - (b) from 3:00 PM to 11:00 PM; or
 - (c) from 11:00 PM to 7:00 AM.
50. As a Senior AO, my working hours were sometimes longer than the assigned shift. I would be rostered for the standard shifts as above, but it was often the case that I would be working

onsite for one to two hours after the rostered end of the shift, so that I could write up my notes and finalise handovers. I would also attend meetings outside my shift hours and on rostered days off. I sometimes also completed handover notes once I got home. If working remotely, I would often still be completing work or be responding to on call issues after my shift had finished.

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

51. Generally, as an AO, I worked five shifts per week.
52. As a Senior AO, I was usually rostered on for five shifts per week, however the hours worked were longer than the standard shift, and included meetings and phone calls on the rostered days off.
53. As a Senior AO, I also sometimes worked more shifts per week, including on-call overnight shifts. Of the three Senior AOs who worked in Compliance and Enforcement Command in hotel quarantine operations, one would be rostered on during the day, one during the afternoon and one would be on-call overnight.

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

54. We could put in requests for preferred shift time/hotel location(s) with the Rostering Team, who would try to accommodate requests.

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

Ordinary Tasks as an AO

55. When dealing with arrivals in the hotels, the ordinary tasks of AOs included the following:
 - (a) Presenting in hotel foyer to respond to questions from returned travellers regarding their 14 day quarantine.
 - (b) When returned travellers arrived from the airport, there was a process that was followed in the hotel foyer, where the room allocation and key was obtained from hotel reception, and Dnata staff would write the returned traveller's hotel room number on the Direction and Detention notice that was issued to them at the airport. Generally, the AO would then capture an image of the updated notice (with the room number) to attach to the guest's record in the Compliance Application. The Compliance Application would already contain information such as the returned traveller's name, passport number, date of birth, flight number and date of arrival into Victoria. Sometimes, instead of photographing the notice immediately, the notice would be stored in a box for photocopying after the completion of the arrival process, at which

time the AO would update the records in the Compliance Application. The original notices were then returned to the returned travellers by security.

56. When dealing with returned travellers whilst they were in hotel quarantine, the ordinary tasks of AOs included the following:
- (a) assessing applications for permissions to leave, including issuing the paperwork and entering permissions for returned travellers for medical and compassionate reasons or for fresh air breaks into the Compliance App;
 - (b) speaking with returned travellers about temporary leave, fresh air breaks, queries about compliance issues, exemption applications or end of detention; and
 - (c) liaising with other site-based staff, such as DHHS Team Leaders and DJPR Team Leaders regarding any other matters related to returned travellers, including releases.

Ordinary tasks as a Senior Authorised Officer

57. As a Senior AO, my role entailed looking after all AO Team Leaders and AOs on shift across all the hotels. This was incredibly busy and there were constant phone calls. My ordinary tasks as a Senior AO included answering more complex questions from the AOs or AO Team leaders which related to general processes and responsibility, interpretation of the temporary leave requirements, and on occasion, determining the location of returned travellers who, despite being recorded in the Compliance App, could not be found at the hotel. This might be because they were actually at a different hotel or had not in fact originally boarded the plane, even though their name appeared on flight records.

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.

58. No, I was not required to perform any aspects of my usual role while performing shifts as an AO. As noted above, I was seconded from my role as an REDACTED with the REDACTED to undertake my role as an AO.

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.

59. In my capacity as an AO, I reported to the Senior AOs and the Deputy Commanders, Compliance and Enforcement.
60. When I became a Senior AO, I reported directly to the Deputy Commanders, Stuart Bailey and Steve Ballard, who worked a four day on / four day off job-share roster.

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?

61. Common to all hotels was the use of, and access to the Compliance Application. The information contained in the App included the traveller's name, date of birth, date of arrival in Victoria, the expected end-date of the quarantine period and any specific permissions that may have been issued. The App did not specify whether the traveller was COVID-positive.
62. Beyond the Compliance Application, the information available and the methods of communication varied, depending on the particular hotel.
63. Generally, I was able to confer with nursing staff or the DHHS Team Leaders if I sought specific information about a particular traveller, or about processes in place at that particular hotel. I could also access information about these matters during handovers, or in handover notes.
64. The handover notes contained information such as whether someone had been to hospital or was to be granted permission for temporary leave. If an AO had been advised that a traveller was COVID positive, that would also have been recorded in the handover notes.
65. Depending on the hotel, there was often a whiteboard which contained certain information about returned travellers with additional needs such as allergies or young children. Over time, most hotels were using whiteboards, usually located in the DHHS Team Leaders' / nurses' office space at the hotel (which was not accessible to the public). The whiteboards were managed either by the nurses or the DHHS Team Leader on site.
66. Usually AOs would be aware if a returned traveller was COVID positive as a transfer to an alternate hotel typically would have been required. When I was an AO I was aware that there was a specific COVID-positive hotel, the Rydges on Swanston, and that persons in that hotel would be COVID-positive.

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

67. At all of the hotels in which I worked, there was both a verbal and written handover at the end/start of each shift. There was variation in the quality of, and the time allowed for, the handovers across the hotels, and across shifts within the hotels. The shift times did not have crossover time to allow specifically for handover, but in my experience the AOs either started a few minutes earlier, or remained after their shift in order for there to be adequate time for discussion of any concerns. There was no consistent practice in this regard.

68. Prior to 14 June 2020, there was a notebook at each hotel for AOs to complete handover notes. There would also be ad hoc notes left for AOs from those on the previous shift.
69. Electronic handover notes commenced from 14 June 2020 following the development of the Operational Instruction 2020 Authorised Officer Handover Notes. I understand that the purpose of this Operational Instruction was to improve consistency in the handover process.

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

(a) Hotel staff;

(b) DJPR site management staff;

(c) Dnata staff;

(d) Nursing staff; or

(e) Security staff.

70. Communication levels varied with each hotel, depending upon the site's layout, the processes in place, the personalities involved, and the level of teamwork between the various teams.
71. At some hotels, hotel staff, nurses, DJPR staff, Dnata staff, and security staff worked in rooms which were physically close together, meaning communication was more easily facilitated. In other hotels, the various teams were physically further apart, and constant communication was more difficult.
72. In some hotels, daily meetings took place with representatives from all (or if not all, some) teams. In other locations, daily meetings did not take place at all. There was variation in the timing of these daily meetings depending on what was occurring at the time, such as entries/exits and temporary leave arrangements. Over time, more and more hotels held daily meetings.
73. When I was an AO, other than these daily meetings, I did not have regular contact with any of the teams listed above. From my role as a Senior AO, I am aware that AOs generally had good communication with each of the groups of staff described, though there was less need for AOs to interact with DJPR site management staff and Dnata staff.
74. On occasion, members of the other teams listed above would contact me if any issues arose after 10pm, as there were no DHHS Team Leaders on site at the hotels after this time.

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**

75. Although the level of cooperation varied across each hotel, generally, everyone tried to work together as a team. Despite this cooperation, there could still be confusion about the precise nature of each person's role and their responsibilities.
76. While I might have made requests of the nurses or security guards, I do not recall personally giving direct instructions to them, or to any of the other teams on site, except when carrying out a specific AO function. These functions included authorising returned travellers to leave hotels, issuing paperwork for temporary releases and in some hotels, organising/authorising walks and fresh air breaks. An example might be where an AO requests that security staff assist with escorting a guest who has completed quarantine to their pre-booked transport. In carrying out these functions, I understood that I could request assistance, but I cannot recall specific instances.
77. As I understood it, security did not report to the AOs. AOs did not supervise security or their teams.
78. Other than the chain of command for AOs reporting to Senior AOs, I did not consider that there was a strict hierarchy in operation at the hotels. As mentioned above, the teams tried to work as cooperatively as possible, but still remained somewhat independent.

(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?

79. My understanding was that a collaborative approach was to be adopted by all staff on site at hotels, so AOs would seek to work with other staff within the limits of the AO role. For example, AOs were instructed that they were not to undertake searching of bags, as that was not within the scope of the AO role, even if requested to do so by other staff.

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?

80. Initially as an AO, I worked as a part of a 'flying squad' with a number of other AOs and we were based out of the 'City 2' group of hotels, being the Pan Pacific, Rydges Carlton, Novotel South Wharf, Travelodge Southbank, and Holiday Inn. During this period, we would be based at one hotel and would respond to requests from other hotels as required. We would usually respond in pairs.

81. I was subsequently based out of the Holiday Inn for a number of shifts in a row. I then moved to work in other hotels, depending upon where I was allocated by the rostering team.
82. At each of the hotels there was a desk allocated to the AO, with the location of that desk varying across the hotels (depending on the set-up of the particular hotel). Some hotels had an open plan set up where AOs were co-located with other teams such as the DHHS Team Leader and nursing staff, while other hotels had separate rooms for AOs. At the AO desk, we were provided with a tablet computer, access to a printer, and an AO mobile phone. Security and other on-site staff could approach us at the AO desk to discuss any matters.
83. When I became an AO Team Leader in or around 31 May, I covered a group of about 2 to 5 hotels at any one time, being mainly City 2 hotels. I only performed the role of AO Team Leader for about one week before transitioning to the role of Senior AO.
84. As a Senior AO, I covered all hotels during my shift. Depending on the requirements of the particular shift and the operational needs on a given day, I worked either remotely or physically at particular hotels.
85. I was always contactable via mobile phone and email.

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?

86. Yes, there was a DHHS tablet and mobile phone based at every hotel which I used for the purposes of my work. At times, there were glitches with these devices which could result in the inability to capture data. My understanding was that concerns of this nature were escalated by AOs to the DHHS IT team and AO logistics for assistance. There was an IT support line that was on call that could assist.
87. On occasion, I also used my personal phone and laptop to use the Compliance App or access my emails because I found the App worked better on my iPhone. If there was more than one AO on site it also meant we were not all trying to share equipment. In my role as Senior AO, I had my own laptop and work phone.

Question 25: Did you wear PPE? If so:

(a) in what circumstances;

(b) what kinds, and

(c) how frequently did you change your PPE?

88. I would wear PPE (surgical mask and gloves) when interacting with returned travellers whilst onsite at hotels. These interactions predominantly occurred:

- (a) when a returned traveller first arrived at the hotel and was checked in;
 - (b) where I needed to speak with a returned traveller in person, including when issuing a temporary leave form, which predominantly occurred in the foyer of the hotel;
 - (c) where I needed to speak with a returned traveller in person on a hotel floor outside of their hotel room (on these occasions I would also wear a gown); and
 - (d) when a returned traveller was being discharged after completing the mandatory quarantine.
89. During the check in and discharge process, I would regularly change masks and gloves — both at the completion of processing of some or all arrivals depending on time constraints and when I left the foyer for any reason.
90. For all interactions with returned travellers on a hotel floor, PPE (namely masks, gloves and gowns) was donned before entering the relevant floor of the hotel and doffed before leaving the floor, though I only went onto hotel floors on a couple of occasions in a couple of hotels. These interactions on the hotel floor would always occur with the guest remaining inside their room and me outside the room in the hallway.
91. My recollection is that the hotels where I worked always contained a ‘green zone’ where no PPE was worn. The green zone was the office space at each hotel which was where the nurses station and AO offices were. Only staff members (including security and hotel staff) had access to the green zones, not returned travellers.
92. Advice in respect of appropriate PPE usage varied over time, including in respect of wearing gloves. We were provided with fact sheets when I first commenced as an AO advising that gloves should be worn all the time. However, on 25 June 2020, AOs and security were subsequently advised not to use gloves, which I understand some AOs were not comfortable with (available at DHS.0001.0086.0001 and DHS.0001.0086.0002).

Rydges on Swanston

Question 26: The Board is aware you worked shifts at Rydges which was a hotel known to contain multiple COVID-19 positive persons.

(a) Were there any differences in your duties at Rydges in comparison with other hotels?

93. I worked **RE** shifts at Rydges in early May when I was an AO.
94. There were no differences between my duties at Rydges in comparison with other hotels. There were, however, differences in the ways in which I performed my duties at the Rydges because it was a COVID-19 positive hotel and due to the layout of the hotel.

95. An example was the release process for returned travellers. At Rydges, the AO would issue the End of Detention notice to the returned traveller outside their room. The returned traveller would then exit the hotel through the basement car park via the lift. My understanding of the process was that the returned traveller entered the lift on their own. There would be security in the basement car park to meet the returned traveller. The returned traveller would then be taken to their relevant destination by the preorganised transport. My understanding was that Security would travel separately in the lift, if assistance was required with the returned traveller's luggage. I recall that the Rydges only had one lift. There was stair access to return to the foyer so access to the lift was not required. I understood this process was followed at Rydges in order to minimise any interaction with COVID positive travellers, by avoiding the need for returned travellers to exit via the foyer.

(b) Did you observe any difference in the way hotel quarantine was managed at Rydges in comparison with other hotels, including how roles were allocated between DHHS, DJPR and others?

96. Yes, as discussed in my answer above, there was a difference in the process at Rydges for issuing the End of Detention Notice and discharging of returned travellers at the end of their mandatory quarantine period.
97. While I do not recall working a shift at Rydges when there was an intake of a COVID positive returned traveller, I understood that the procedure for when the person arrived was different to other hotels as well. At other hotels, when returned travellers first arrived, they would go through a check-in process at Reception in the hotel foyer. Returned travellers at Rydges however, would arrive through the basement carpark and travel via the lift directly to their room escorted by nurses with the assistance of security. AOs did not personally meet returned travellers during this process but would enter the relevant information into the Compliance App based on information provided by nursing and hotel staff. This process may have changed over time.
98. I also recall that there were no fresh air breaks occurring at Rydges during my shifts there as an AO.
99. I do not recall seeing any DJPR staff on site at the Rydges, but do recall seeing them at other hotels. I am unable to provide more particularity about DJPR staff on the basis of my own recollections.
100. I otherwise do not personally recall observing any other differences in the way hotel quarantine at Rydges was managed. Additionally, I was not aware of any difference in roles between DHHS and others at Rydges, other than those I have noted in the preceding paragraphs.

Persons subject to detention notices**Question 27: How frequently did you have contact with each quarantined person at the hotel?
How would that contact occur?**

101. My answer below is in relation to my experience at all hotels, other than the Rydges.
102. AOs' contact with returned travellers varied from guest to guest and hotel to hotel and usually occurred:
- (a) during the check in process upon arrival;
 - (b) where a guest had requested a fresh air break or other permission for temporary leave from their hotel room;
 - (c) where a guest had questions regarding their quarantine or whether they had requested an exemption; and
 - (d) when a guest was discharged at the end of mandatory quarantine period.
103. When I was an AO, my level of interaction with returned travellers would depend on their needs throughout the mandatory quarantine period. I would ordinarily speak to returned travellers in person during the check in and release processes. At check in, I would photocopy or photograph the completed Direction and Detention Notice which was uploaded onto the Compliance App and/or answer any questions. I would meet the returned traveller in person during the release process to complete the End of Detention notice and finalise their stay in quarantine.
104. AOs also have both in person and telephone contact with returned travellers throughout the mandatory quarantine period as required for requests for temporary permission, exemptions and any questions regarding the conditions of mandatory quarantine.
105. As discussed in my answer to question 26 above, the check in and release processes were different for the COVID positive hotel. My only contact with returned travellers whilst I was at Rydges was at the completion of their quarantine period during the release process on two occasions.

Question 28: 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)?

106. My in person interactions with returned travellers was largely limited to the check in and release process, however I would meet with returned travellers in person throughout the mandatory quarantine period as discussed in my answers to questions 25 and 27 above.

107. I discuss the PPE that I would use when meeting a guest in person in my answer to question 25 above. Additionally, I would practice physical distancing, use hand sanitiser and wipe down the AO desk, laptop, tablet and sanitise the pens during the check in and discharge process. I am not aware of AOs having a separate standardised IPC protocol.

Question 29: How did you carry out reviews of detention?

108. I did not undertake daily reviews of returned travellers during their mandatory quarantine period. I understand that daily reviews were a separate process undertaken back at the central office and not at the hotels.

Question 30: What was the process by which decisions were made that a person's period of detention could end?

109. At the end of the mandatory 14 day quarantine period, AOs issued returned travellers with an End of Detention Notice prior to their release from mandatory quarantine. The Detention Release Team (which I understood was a team within DHHS) informed relevant AOs on day 13 if a returned traveller would complete the mandatory quarantine period the following day. The Detention Release Team issued the End of Detention Notices that were delivered to the hotels on day 13. Where a guest tested positive for COVID-19, I understood that the Public Health Team provided clearance before the guest could be issued with an End of Detention Notice. The type of End of Detention Notice varied depending upon whether the returned traveller was a confirmed COVID-19 case, a close contact of a confirmed COVID-19 case, or was symptomatic with symptoms of respiratory illness.

Question 31: What role if any did you play in the requests or offers for COVID-19 testing that were made to persons in detention?

110. Prior to the introduction of mandatory day 11 testing on 28 June 2020, AOs did not undertake any role in requesting or offering COVID-19 testing to returned travellers. I understand that tests were offered by nurses on site at hotels.
111. I understand that when mandatory day 11 testing was first announced, AOs informed and offered testing to returned travellers who were scheduled to leave over the coming days. I do not believe any returned travellers declined the test. I was aware that new Direction and Detention Notices that were issued at the airport to returned travellers included the mandatory day 11 testing and extension of an additional 10 days in quarantine if the test was declined.

Question 32: What role did you play, if any, in arrangements for onward travel for those being released from quarantine?

112. I was not involved in arranging onward travel plans for returned travellers being discharged from quarantine.

Question 33: 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?

113. I do not personally recall receiving a complaint from a guest about a decision an AO had made on site at hotels. If I had received a complaint, I would have escalated it up the chain of command through the Deputy Commander of COVID-19 Enforcement and Compliance.

Question 34: 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.

114. I generally recall escalating more complex requests for temporary leave to travel to regional Victoria or long travel periods, and queries about Australia Post packages that were received by returned travellers at hotels. I am unable to recall any further detail about these matters.

Fresh air walks/smoking breaks

Question 35: 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?

115. Yes.

Question 36: If so what, were those policies as you understood them? If they changed over time, please also give details of the changes.

116. When I commenced as an AO on **R** April 2020, I was not aware of any specific policies about fresh air walks and/or smoking breaks. I was first aware of a formal policy in this regard when I was provided with Annex 1, referred to in my answer to Question 7 above, on or around 4 May 2020. The policy was developed over time and had to be applied on the ground at each individual hotel, which had different areas where returned travellers could undertake their fresh air walks. It was left to the AO on site at each hotel to implement the policy and I therefore understood that the policy was sometimes applied inconsistently.

117. On the occasions when I worked at Rydges in May there were no fresh air walks for returned travellers. I understand that a policy was subsequently developed specific to the Rydges hotel, however, I was not rostered to cover that hotel during that period.

118. Version 2 of Annex 1, referred to in my response to Question 7, was the main version of the Annex 1 document with which I am familiar. The policy provided guidance for the safe movement of returned travellers whilst accessing a fresh air break. My understanding was that the AO discussed the following items with the returned traveller, in accordance with Annex 1, prior to issuing a permission for a fresh air break:

- (a) confirming that the returned traveller was well and not displaying any COVID-19 symptoms, and

- (b) discussing the requirements to wash their hands immediately prior to leaving their room and don a single use face mask and perform hand hygiene with an alcohol based hand sanitiser as they leave their room.

119. The AO would also remind the returned traveller not to touch any people or surfaces during the break, and to then immediately return to their room following their break.

Question 37: Did you receive requests to authorise fresh air walks or smoking breaks during your work as an authorised officer?

120. I am unable to recall specifically whether I personally received requests to authorise fresh air walks or smoking breaks while I was an AO, however, I believe I may have.

121. If I did have involvement with approving fresh air breaks, it was minimal. I may have assisted other AOs on shift with making phone calls to returned travellers that had requested a fresh air break.

122. I do recall during one shift when I was a Senior AO that I did assist an AO at the **REDACTED** with fresh air walks scheduled for returned travellers for the following day. This involved calling and allocating a time for returned travellers who had been prioritised to go for a walk. I discuss my understanding of the process for coordinating walks at hotels further below in my answer to question 41.

Question 38: What factors were relevant to whether you approved them?

123. As discussed above in my answer to question 37, I am unable to recall specifically whether I received requests to authorise fresh air walks or smoking breaks when I was an AO. Additionally, I believe I was not involved in many decisions relevant to such requests.

124. If I had received such requests, I would have assessed the following factors prior to making a decision as to whether approval should be granted:

- (a) whether the guest had been identified as a priority for a fresh air walk by mental health or nursing staff;
- (b) whether the request could be accommodated, as generally there were only a particular number of time slots available per day for a guest to go out to a designated area for a fresh air walk while appropriately supervised and observing physical distancing and other IPC protocols; and
- (c) that the guest was not presenting with COVID symptoms.

Question 39: What if any record did you keep of requests and decisions?

125. Paper records were kept of decisions, including the fresh air break registers, walk lists and some handover notes. Spreadsheets were in use at some hotels, so there was a clear visual picture of returned travellers who had been offered, received or declined fresh air walks. Data was also entered into the Compliance Application.
126. In my experience, these records were inconsistently kept. I recall that after the outbreak at the Stamford Plaza I had to determine which returned travellers had been issued temporary leave for a fresh air break and when that break had occurred. The paper records and the data in the Compliance Application were not consistent.

Question 40: Did you refuse any requests? If so, why?

127. I do not recall specifically but do not believe I refused any requests for fresh air walks.

Question 41: 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?

128. An AO had to approve/provide permission before a guest could undertake a fresh air walk or smoke break.
129. I understand that the process by which the walks and breaks were scheduled, once an AO had granted permission, varied at each hotel.
130. In my experience at some hotels:
- (a) the AOs and/or the nursing staff and DHHS Team Leaders organised the relevant 'walk lists', which provided a scheduled time for each selected guest to go for a walk in the relevant designated area of the hotel. In creating the schedule, the AOs, nurses, DHHS Team Leaders or hotel staff members would phone returned travellers and advise them of when they could go for a walk; or
 - (b) the security team decided when the returned travellers could access a fresh air break.
131. As per the policy, before a guest's scheduled walk/break time, they were called by the AO and advised to wash their hands before leaving their room, to wear a mask and to not touch any surfaces. The AO would ask whether the returned traveller was well and to confirm that they did not have any COVID-19 symptoms. Returned travellers would additionally be advised to wait in their room until collected by security, and that they would be required to return to their room at the completion of the walk/break. They may also have been advised that it was an offence if they did not return to their room, or failed to comply with the above conditions.

132. While I did not have any direct involvement in this process, my understanding was that at the end of the day, security would provide the AO on shift with an updated walk list, confirming which returned travellers were able to access a fresh air break. I understand that where some returned travellers declined to go on a walk that day, there was the opportunity to add additional returned travellers. These substitutions were to be reflected on the walk list. Once a walk list was received, the AO was to update the permissions, including recording which returned travellers declined, in the Compliance Application.
133. I did not personally supervise walks or breaks. Initially it was the responsibility of security to supervise walks or breaks. However, the process changed after walks were suspended and subsequently recommenced on a date I am unable to recall. Return traveller walks after this time were limited to mental health breaks and the returned traveller was to be escorted by a mental health nurse. The AO still provided approval/permission before returned travellers could go on walks/breaks.

Other requests for leave or exemptions

Question 42: 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?

134. Yes.

Question 43: If so, what were those policies as you understood them?

135. The policies were contained within Annex 1, referred to in my answer to Question 7 above. I understood that there were four grounds for granting temporary leave:
- (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.
136. There were also guidelines relevant to making a decision where a request for temporary leave was made under the above mentioned grounds. I understand that these guidelines evolved over time.

Where temporary leave was approved, there was a time limitation on how long the guest was allowed to be absent from their hotel room. The AOs were responsible for arranging the time limit and could authorise a departure of 2 hours or less, excluding travel time. AO Team Leaders approved requests where the guest required leave for greater than 2 hours. Question 44: Did you receive requests to authorise leave or exemptions during your work as an authorised officer?

137. As far as exemptions in Hotel Quarantine were concerned, I did not authorise any Exemption requests in my role as an AO, AO Team Leader or a Senior AO for the Hotel Quarantine Program. If any Exemption applications were made to me (which was not very often), I would forward those applications on to the Exemptions Team. As I understood it, it was not part of my role or responsibilities to authorise exemptions.
138. An example exemption application request that I forwarded to the Exemptions Team was in relation to a couple who wanted to return to their home in South Australia and complete their quarantine in South Australia.
139. The Exemptions Team consisted of DHHS Staff, but they were located off site and I do not know who in particular made up that team.
140. From time to time, I did provide advice to AOs and AO Team Leaders on the process and interpretation of the temporary leave policy. This policy changed over time. This was mainly via phone.
141. In my role as AO I do not recall authorising any temporary leave requests.
142. In my role as Senior AO, I would from time to time provide advice to the AOs regarding temporary leave requests that had been escalated to me for consideration. Those leave requests largely related to leave on compassionate grounds, and included things such as attending a funeral, or visiting a relative in palliative care at hospital or at home. As noted above, the fact that I was usually rostered on in the afternoons and the evenings, meant that, in addition to not dealing with many requests for fresh air breaks (if any), I also did not deal with many requests for temporary leave.

Question 45: What factors were relevant to whether you approved them?

143. As I did not authorise any exemptions as stated above in my answer to question 44, my answer to this question concerns authorisation for temporary leave only.
144. As I understood it, there were four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:
- (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;
 - (d) emergency situations.
145. I recall being instructed that other than for medical treatment and fresh air breaks, the default position when considering a request for permission for temporary leave is that it should not be granted unless there are compelling reasons for the leave, for example attending a funeral or visiting a dying relative. Given the public health risk associated with allowing people in quarantine to access the broader community, it was expected that AOs would consult with an AO Team Leader before authorising a permission.
146. I also recall being instructed that requests by returned travellers to visit family members in an aged care or medical facility should only be considered where the family member they wish to visit is in palliative care or receiving end of life treatment. We were also instructed that any such requests to visit a family member must not be authorised until the relevant facility had been contacted and permission had been given, by someone authorised to do so, for the detainee to visit the premises.
147. As I understood it, the duration of temporary leave was not to exceed two hours (not including travel time) in order to minimise the risk of infection. So, for example, if a detainee was seeking permission to visit a dying relative in Geelong, four hours would be the maximum expected permission given for the temporary leave (2 hours travel there and back and 2 hours visiting time).
148. Prior to authorising a request for temporary leave (other than for a fresh air break or emergency medical reasons), the AOs were to undertake each of the following steps:
- (a) obtain from the person making the request the reason for the request;
 - (b) obtain the name, address and contact phone number of the location that the person is requesting to visit;
 - (c) AO to call the location to be visited and verify the arrangements; and from this information determine the time required for the person to be absent from the hotel;
 - (d) discuss recommendations with the AO Team Leader on duty prior to authorising the request;
 - (e) explain to the detainee the reasons for the AO decision and, where the request is approved, clearly explain the conditions applicable to the temporary leave including their expected departure time and return time (if the proposed time out of quarantine is

to be greater than 2 hours, excluding travel time, approval must be sought from the relevant AO Team Leader).

- (f) remind the hotel guest to keep a written record of who they have contact with for purposes of case contact tracing (in case they test positive in the future).
- (g) inform the DHHS Team Leader on site of the authorised leave and any arrangements they will need to put in place.

Question 46: What if any record did you keep of requests and decisions?

- 149. As I did not authorise any exemptions as stated above in my answer to question 44, my answer to this question concerns authorisation for temporary leave only.
- 150. I do not recall formally authorising any temporary leave during my time as an AO, Senior AO or Team Leader AO. In my role as Senior AO I did, from time to time, provide guidance to my team in relation to some applications that had been made for temporary leave.
- 151. In circumstances where temporary leave was authorised, I understand that AOs were required to issue a "Permission from Temporary Leave from Detention" form to the hotel guest (**'temporary leave form'**). I understand that the temporary leave form was to include details of the nature of the permission, as well as the time that the guest returned to the hotel. Any conditions of the leave were also to be included, such as if there was a requirement to obtain contact details.
- 152. At all hotels the process was slightly different. At some hotels, the process would be for a photograph of the temporary leave form to be taken and uploaded and stored on the Compliance Application. The original temporary leave form would be provided to the hotel guest.
- 153. Some hotels also had a manual temporary leave register where the information from the temporary leave form would be documented. This register was a paper spreadsheet, and was slightly different at each hotel. At the hotels where a temporary leave register was maintained, I believe that it evolved and improved over time.
- 154. Requests and applications for temporary leave were sometimes made orally by returned travellers, via various means, including via nurses and hotel concierge. Requests may have been recorded in hand over notes
- 155. My understanding was that requests for temporary leave for compassionate or medical reasons would have been recorded by the AOs on site. Requests for walks should have also been recorded in the AOs hand over notes.

Question 47: Did you refuse any requests? If so, why?

156. As I did not authorise any exemptions as stated above in my answer to question 44, my answer to this question concerns authorisation for temporary leave only.
157. I cannot recall any specific occasion or instance where I refused a temporary leave request. However, if a request did not comply with the factors I have identified above in my answer to question 44 above, I believe that I would have refused such a request for temporary leave.
158. If returned travellers were applying for temporary leave to visit an ill family member in hospital or at an aged care facility, the AOs would make the necessary enquiries to ensure that the hospital or the aged care facility would allow the returned traveller into their premises. In circumstances where the hospital or the aged care facility would refuse access, temporary leave would not be authorised by the AO. Care facilities and hospitals may have also had time restrictions on visiting hours, which would be factored in to any request for temporary leave.
159. It is important to note here that the directions from Public Health also changed over time, which impacted on the AOs decision making process in deciding whether or not temporary leave should be granted. For example, I recall that at one point in time, restrictions were imposed on the number of people who could attend funerals. I also recall changes being made to the Hospital Visitor Directions.
160. As a Senior AO I would sometimes review temporary leave requests that were escalated to me by AOs. There is at least one example I recall where the period of time requested for the temporary leave was excessive, and the request would have been refused on those grounds.

Question 48: 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?

161. As I did not authorise any exemptions as stated above in my answer to question 44, my answer to this question concerns authorisation for temporary leave only.
162. Where permission was authorised for temporary leave, Annex 1 (v2) required AOs and AO Team Leaders to:
- (a) instruct security on the dates and times permitted for leave;
 - (b) provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not accessed by members of the public;
 - (c) request the medical facility or hospital inform the AO prior to return (for medical temporary leave);

- (d) prepare a Permission for Temporary Leave from Detention form, and issue to detainee and explain the leave obligations. For example:
 - (i) a person attending a funeral must not attend the wake, must practice physical distancing and return immediately within stipulated timeframes; and
 - (ii) an exercise break is for a certain time and the person must return to their room following exercise or fresh air break;
- (e) warn the person that failure to comply with these directions is an offence;
- (f) ensure the person checks back into the hotel at the specified time; and
- (g) seek feedback on implementation of temporary leave and note any issues raised.

Challenges and concerns

Question 49: 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.

163. I do not believe that there were any occasions where I was unable to carry out my role as an AO or a Senior AO because of short staffing issues.
164. On some occasions the evolving demands placed on AOs and Senior AOs meant that some of the work undertaken may have required slight modification. In my experience, I believe that AOs had adequate resources, including equipment. That said, it was an extremely dynamic and fast paced environment, and when things didn't necessarily go to plan, we would have to improvise to get the job done.
165. For example, if the Compliance Application was not functioning, I may have had to improvise with paper or hard copy documents and upload the material to the Compliance Application at a later time.
166. In my experience, the understaffing of AOs and Senior AOs when large numbers of staff had to self-isolate resulted in logistical challenges when trying to ensure all hotels had coverage. I believe that this placed additional pressure on the AO staff.

Question 50: 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.

167. I do not recall having direct interaction with returned travellers experiencing psychological health issues. I do recall providing advice to AOs / AO Team Leaders onsite on occasion when they escalated concerns about a returned traveller's psychological wellbeing.

168. Some returned travellers would apply for exemptions due to health-related issues. The exemptions could be applied for before returned travellers returned to Australia, and others upon arrival. As I noted above in my answer to question 44, all exemption applications were referred on to the Exemption team. In my role as AO and Senior AO I was not responsible for authorising exemptions. I did not have any direct involvement in applications for exemptions for physical or psychological issues.
169. I understand that there were also returned travellers with various health issues, and that such issues were managed by the DHHS Team Leaders and/or nursing staff. Whilst an AO was not responsible for managing mental health needs or physical/mobility matters, we would from time to time liaise with DHHS team leaders or nurses about the needs of some returned travellers if such matters were brought to our attention.
170. My understanding was that if an AO suspected that a person was experiencing health issues, they would refer them to the appropriate nursing staff or the DHHS Team Leader. At most hotels, if not all, there was a nurse present in the foyer of the hotel during the arrival process, and AOs could raise any potential health concerns that they had for returned travellers.
171. I do not recall specifically referring a person to the nursing team. As a Senior AO I may have received a call from an AO or a AO Team Leader regarding procedures and who to contact in certain situations. In response, I would advise those AOs to discuss their concerns with the medical team on site. This included the nurses and mental health nurse, as well as the "on call doctor" or Emergency 000.

Question 51: Did you have concerns about your own safety during your work as an authorised officer? If so, please give details.

172. No, I did not have any concerns for my safety whilst working in hotel quarantine as an AO, AO Team Leader or Senior AO.

Question 52: To whom were you able to report any issues or concerns that you had about:

(a) challenges posed by logistical issues;

173. The Department had an AO Logistics Team, who we could report a range of issues to, such as:
- (a) various IT issues (although most IT issues were referred to the Public Health logistics team);
 - (b) stationery issues;
 - (c) issues with vehicles provided to AOs which were used for getting us between different hotel sites.

174. There was also an IT support help line that was run by the Department to support AOs with any technological issues, such as issues with the Compliance Application or use of laptops on site.
175. PPE was available to AOs from the nurses on site, and if we had any issues with PPE we would speak with the nursing staff.
176. If logistical issues arose on site, they could be escalated to the DHHS Team Leader or DJPR Team Leader.
177. I could also escalate any logistical concerns I had to the Deputy Commander.

(b) persons in quarantine with additional needs; or

178. Returned travellers with additional needs would be referred to nursing staff or the DHHS Team Leaders.

(c) your own safety?

179. If there were any serious concerns for AO safety, including my own, I could escalate the matter to either a DHHS Team Leader or Senior AO, as well as the security on site depending on the nature of the risk to my safety. If there was an immediate risk to safety, I could call Emergency '000'.
180. In my role as both AO and Senior AO, I could also escalate any concerns regarding my safety with the Commander, COVID-19 Enforcement and Compliance.
181. With our AO staff we also started a weekly newsletter, and there were useful references to the Health and Wellbeing support added to the weekly email. I believe that there were daily Teams meetings with AOs who were required to self-isolate or self-quarantine, in addition to debriefing sessions and other support services available through Converge.

Question 53: Did you ever raise any such concerns? If so, what was the outcome?

182. As stated above in answer to question 51, I did not have any concerns for my safety.
183. I might have emailed logistics from time to time, but I cannot recall any specific examples.
184. From time to time, I may have also raised concerns with nursing staff regarding returned travellers' needs, but again, I am unable to recall any specific examples.

Question 54: 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?

185. Yes in my duties as an AO in the field, but not in the hotel quarantine environment.

Question 55: If you would like to include any additional information, please include it here.

- 186. I would like to acknowledge the incredible efforts of my colleagues, and the dynamic environment in which they were operating.

- 187. In my role as an AO, AO Team Leader and Senior AO, I believe that it would have been beneficial to have a single point of on ground responsibility for the program with all on-site staff reporting to the same leader. I think that this lead role could perhaps be best performed with a Public Health focus.

Signed at Melbourne

in the State of Victoria

on **27 August 2020**

REDACTED

REDACTED