

## Dr Stuart Garrow

### Witness Statement

1. *What is your title and role within Onsite Doctor Pty Ltd?*

I am Clinical Lead Medical Practitioner for Onsite Doctor Pty Ltd (Onsite Doctor). I am an independent contractor to Onsite Doctors. I was engaged on 13 April 2020.

2. *What is your relevant professional background and work history?*

I have over 40 years' experience as a medical practitioner having worked in General Practice, Public Health, Community Health and hospital practice in rural, remote and urban practice. See my curriculum vitae for full details (**Annexure 1**).

#### Services provided by Onsite Doctor

3. *What services does Onsite Doctor usually provide?*

Onsite Doctor provides doctors to provide medical services at the request of the Department of Health and Human Services (DHHS) in relation to the pandemic.

4. *What is Onsite Doctor usual client profile?*

Onsite Doctor provides services to the DHHS.

5. *To what extent, prior to the Hotel Quarantine Program, had Onsite Doctor provided services to the Victorian government?*

Onsite Doctor had not provided services to the Victorian Government prior to the Quarantine Hotel program.

#### Involvement of Onsite Doctor in the Hotel Quarantine Program

6. *When and how did Onsite Doctor first become aware that there was to be a role for staff in the Hotel Quarantine Program?*

I do not have direct knowledge of the detail and evolution of the relationship between Onsite Doctor and the Quarantine Hotel Program.

However, I understand the DHHS contacted one of the directors of Onsite Doctor at the time of the Quarantine Hotel declaration, to ask if he was able to assist by identifying doctors who were willing to provide medical services to people who were entering quarantine in hotels as part of the Quarantine Hotel Program.

He was able to identify doctors who were willing to assist. Those doctors commenced seeing patients on 4 April 2020 at the Crown Hotel site. As the number of detainees and the number of sites requiring doctors to provide care increased other doctors who were willing to assist were found.

In order have a clear mechanism for coordination and administration of the doctor group Onsite Doctor became involved.

7. *Has Onsite Doctor entered into any agreement with the Victorian government to provide services as part of the Hotel Quarantine Program? If so, please provide details, including whether the was in writing or otherwise and whether there was any variation of that agreement over time. If in writing, please provide a copy.*

I refer to my understanding as set out in response to question 6. The services the doctors provided to detainees were general medical services. I was engaged by Onsite Doctor to provide supervision of doctors working in the hotels and development of the quarantine hotel medical service.

8. *Prior to reaching any agreement with the Victorian government, was there any discussion, negotiation, direction or terms agreed as to:*
- a. *standards or processes to ensure adequate infection control;*
  - b. *personal protective equipment; and/or*
  - c. *specialised training for Onsite Doctor staff working in the Hotel Quarantine Program?*

*If so, please describe.*

I refer to my understanding as set out in response to question 6. As I understand it there was an agreement was to provide doctors to provide medical services to detainees.

9. *Does Onsite Doctor currently provide services to the Hotel Quarantine Program? If so, what services do you currently provide?*

Following the closure of the inbound traveller program, the Quarantine Hotels have provided accommodation for Victorians requiring quarantine and isolation due to COVID 19 infection or recent close contact. Onsite Doctors has continued to provide a 24-hour, 7-days-a-week medical service to the remaining hotels.

10. *How have the services that Onsite Doctor provides to the Hotel Quarantine Program changed over time?*

The medical services that doctors provided to detainees has stayed the same. That is the doctors provide general medical services to the detainees.

The scope of the service provision evolved as the of the number of detainees and the number of sites increased. The medical service began on Saturday the 4th of April. It initially comprised three doctors recruited at short notice to provide general medical services to patients in Hotel Quarantine.

A further series of requests occurred over the weekend of April 4 and 5 to provide more doctors as the hotels were about to receive an influx of detainees. More doctors were recruited from general practices, after hours medical deputizing services and amongst off duty hospital doctors. As the program expanded in size and complexity it became evident that a 24-hour hybrid Medi-Hotel/medical service model of care comprising aspects of general practice and hospital practice was required. I was engaged as clinical lead on April 13 2020 in order to establish clinical governance, provide advice and support.

Within a week of starting a shared online real time system of medical record keeping (Best Practice) was established. Systems for continuity of care, quality of care and supervision followed using communications through WhatsApp channels and a shared online database and information system (Google Drive). Daily clinical meetings initially in person and by video conferences were established.

After the initial establishment phase, more doctors were recruited to expand the pool of doctors to meet the increasing demand of the hotel program. A knowledge base and education program with an advisory group was established and policies and procedures developed. Quality assurance and audits of service delivery were undertaken. Regular reports and a newsletter were produced. A system for complaints and critical incident analysis was established.

For a full description of the service see Quarantine Hotel Medical Service Information (**Annexure 2**).

### ***Provision of staff to quarantine hotels***

11. *For each quarantine hotel to which Onsite Doctor has provided staff, please state*

a. *the name of the hotel(s);*

The hotels involved in the program varied from week to week depending on demand, hotel cleaning schedules, suitability etc. Please see the full list and addresses in the following document: Quarantine Hotel List (**Annexure 3**).

Doctors were provided at all the contracted hotels in Melbourne City and Airport locations.

b. *the number of staff rostered to each shift at each hotel;*

The number of doctors on each day shift ranged between 6 and 9 plus the clinical lead, depending on demand and availability. With up to 15 hotels, doctors were responsible for 2–3 hotels each per shift. The night shift involved a single doctor.

Full details of each day's shift were sent to Operation Soteria.

c. *the specialisation(s) of staff rostered;*

The doctors were engaged to provide general medical services to the detainees.

The majority of doctors were from a general practice background. There were also doctors training in surgery, emergency medicine or had worked in ICU. There are also a number of medical practitioners who had come from a sports and exercise medicine background currently furloughed from their usual duties.

A collegiate culture rapidly developed amongst the group with mutual support and advice through video conferences, professional development and the WhatsApp group.

As the clinical lead, I was both onsite and offsite, visiting the hotels regularly to support the doctors, troubleshooting problems, seeing certain clinical cases, providing secondary consults, meeting nursing staff and managers and supervising the conduct of the medical service.

To ensure consistency of practice, I mandated that the database known as Therapeutic Guidelines be used as the standard of practice. Access to this database was made available to all staff.

*d. the qualifications and experience of staff rostered;*

I refer to my answer to Question 11c.

*e. the number of shifts per day; and*

There were two shifts per day, seven days a week: Day shift 8am–6pm and Night shift 6pm–8am. With the conclusion of each shift, a handover was provided to the incoming duty doctor(s).

*f. the duties and responsibilities of the staff rostered for each shift.*

The service was provided on site at the hotels through a combination of telehealth, video conferencing, team care meetings and clinical visits to detainees as required. The doctors work with duty nurses, team leaders, mental health nurses, detainees own usual doctors and specialist hospital services including The Alfred, Royal Melbourne, The Royal Women's and the Royal Children's Hospitals.

Duties included:

- Providing a general medical service to detainees in hotel rooms;
- Attended daily medical service clinical meeting and individual hotel meetings;
- Review daily follow up logs;
- Review and follow up pathology results;
- Document clinical history and discussions;
- Liaise with nursing staff who are calling detainees rooms for welfare and health, checks Liaise with mental health nurses;
- Consult detainees as required; and
- Case find, screen, test for, and treat COVID 19 as required.

12. *As far as you are aware, were medical staff provided to hotels by any agency or organisation other than Onsite Doctor? If so, what were those agencies or organisations?*

I am not aware of any other agency providing doctors to the quarantine hotels on a day-to-day basis for medical care of detainees. Hospital mental health specialists attended the hotels on a number of occasions to assess detainees with major mental health issues in person and assist in admission to hospital.

Onsite Doctors arranged a number of education meetings for staff at which specialist medical staff were engaged to discuss aspects of clinical management, discuss

complex cases and develop policies for use in the hotels. These meetings were conducted by video conference.

DHHS public health and infectious disease physicians arranged the COVID screening program and outbreak investigations but I am unaware who may have attended the Hotels.

13. *To your knowledge, were any Onsite Doctor staff rostered to work at quarantine hotels also working during the relevant period at other locations (including, for example, at aged care facilities)? If so, please provide details.*

Due to the rapid expansion of the service the doctors were drawn from a variety of sources and worked part time as per their availability. Most of the doctors, as is common practice, were providing services elsewhere such as in, general practice, sports clinics, COVID screening clinics and hospitals.

14. *Has Onsite Doctor provided any services or assistance to the Quarantine Hotel Program, other than providing staff? If so, please provide details.*

Onsite Doctor was concerned only with the provision and support of doctors to the program.

#### ***Direction and Decision Making***

15. *How were decisions made about rostering of Onsite Doctor staff (including relating to numbers of staff, their experience and their specialisation(s))?*

Rostering of medical staff was my responsibility, based on the demand in the hotels and the skill mix required at any time. A network of physical and virtual teams was established underpinned by a clinical governance framework and guidelines and all Doctors were supported as required. There was an open-door policy and culture to allow for advice and secondary consultation. A clinical lead was on duty daily.

16. *For each hotel at which Onsite Doctor provided services:*

- a. *who was your primary contact (if any) at Department of Jobs Precincts and Regions;*

I was unaware of to which department each contact belonged. My contacts were the rostered daily hotel team leader and or Authorised Officer or through Operations Soteria via email and contact phone number.

The names and numbers of officers were published each day by Operation Soteria rostering and sent by email to me. The rosters were then made available to the duty doctors through our shared web-based information system (Google Drive).

- b. *who was your primary contact (if any) at the Department of Health and Human Services;*

In addition to my answer in section 16(a), the two most senior health officials I had regular contact with were the duty Health Coordinators who were based in Operation Soteria (mostly [REDACTED] and [REDACTED]).

I did not have a specific direct contact in DHHS until [REDACTED] was appointed as Clinical Lead of the Quarantine Hotels and [REDACTED] was appointed as the DHHS liaison to me by DHHS. However, our contact was short-lived, as the program was ceased a short time later.

- c. *what directions, information and requests (if any) were given to you by either the Department of Health and Human Services or the Department of Jobs Precincts and Regions regarding medical care and duties?*

The doctors were engaged to provide general medical services to the detainees.

The medical service was not given any direction or information concerning the operation or conduct of the hotel medical service. I received two documents via email on 21/05/2020 describing the conduct of Quarantine Policy. See documents\_Public Health Policy for Mandatory Quarantine (**Annexure 4**) and Quarantine Hotel Health and Welfare Standards (**Annexure 5**).

Up until that time, and thereafter, we conducted a professional, ethical, safe, evidence based medical service to detainees underpinned by clinical governance policies and procedures, in alliance with nursing, mental health and administrative staff, based on my experience in health service management and general medical practice.

17. *Have any directions, information or requests been given to Onsite Doctor or its staff by any other Victorian government department or agency, in relation to the Hotel Quarantine Program? If so, please provide details.*

I am unaware of any other departmental involvement up until the closure of the Returned Traveller Quarantine program. I am aware that Onsite Doctor have had some discussions with Department of Justice including providing Justice with a variety of information however Onsite Doctor remains unaware as to what the future plans are regarding the provision of the medical services going forward.

18. *Have the directions, information and requests given to you by any government department or agency changed over time? If so, please provide details.*

I am unaware of any changes in the directions information or requests. However please see my answer to Question 16c.

### **Training and Supervision**

19. *What training was provided to your staff by Onsite Doctor regarding COVID-19 and how to work in a safe manner?*

A PPE policy was developed and documented in the shared resources of the Medical Service. Links to training videos were available as well as other resources from the Alfred Hospital. An audit of training and check of practice was conducted in June/July.

The medical staff followed the practices established at each hotel:

- Safe distancing — where possible doctors were encouraged to have their own office, a “green zone” where no used PPE was to be brought into the work area.
- A donning station to be used when going to a quarantined detainees’ room.

- A doffing station on the floor of the detainees room with a yellow contaminated materials bin.
- Provision of a “buddy” nurse when attending detainees in their rooms in PPE.
- Frequent hand washing and use of hand sanitizer.
- PPE use as per the DHHS guideline. PPE use Guidelines (**Annexure 6**).
- Example of PPE training, and audit document form (**Annexure 7**).

It is the policy of the Onsite Doctors that all doctors wear Personal Protective Equipment (PPE) when attending hotel detainees in their rooms. The decision to attend a detainees was based on need and to assist in making a clinical decision. The doctor must be accompanied by a “buddy” nurse to assist with donning and doffing of PPE, cleaning of clinical equipment, recording findings.

20. *Did any Victorian government department or agency provide training to Alfred Hospital staff regarding COVID-19 and how to work in a safe manner in the Hotel Quarantine Program? If so, which government department or agency provided training and what was it?*

I was not involved in training for Alfred Hospital staff.

If the question relates to the provision of training to Onsite Doctor staff, I refer to my answer to question 19 and the use of resources from the Alfred Hospital. These resources and training and various websites were adopted and promulgated in our training.

21. *What onsite supervision was in place for Onsite Doctor staff at each hotel?*

I attended the hotels in my role as clinical lead as set out above. In my absence, a clinical lead was rostered for every day. If not on site at the Hotels I made myself available by video conference, mobile phone and WhatsApp group, 7 days a week for consultations and clinical discussion.

### **Personal protective equipment (PPE)**

22. *What PPE (if any) was provided to Onsite Doctor staff by:*

- a. *any, and if so, which government department or agency;*

PPE in the form of eye protection shields or goggles, masks level 1 to N95 standard, impervious disposable long sleeved gowns, hand sanitizer, antibacterial alcohol wipes and nitrile gloves were provided at each hotel by the logistics team of Operation Soteria.

- b. *Onsite Doctor?*

All PPE was provided at the hotels by the Ops Soteria logistics. Doctors wore their own scrubs.

23. *Were Onsite Doctor staff at any time required to provide their own PPE for their work at quarantine hotels?*

Medical staff were not required to provide their own PPE.

24. *What directions or training did Onsite Doctor staff receive about when and how to use PPE, in relation to the Hotel Quarantine Program? Who gave that direction and provided that training?*

I refer to my response to question 19. I provided PPE instruction and information to staff at the orientation of new doctors. Links to videos and training documents were available in the online file system under Policies and Information. An audit of training and a demonstration of technique was undertaken in late June.

25. *As far as you are aware, was there ever a shortage of PPE at quarantine hotels? If so, how was that shortage managed?*

At the start of the program in early April, supplies of PPE were not plentiful and this was advised to us by our doctors and we advised DHHS. However, there was never a time where there was no PPE available. As new hotels were opened and provisioned, stock improved.

At times there was limited supply of the higher level N95 masks. An audit of equipment and PPE availability was undertaken in late April. Since approximately mid to late April PPE has been sufficient at all times and places. Requests for PPE were sent to Operation Soteria logistics.

26. *Was Onsite Doctor ever asked to provide PPE to anyone at quarantine hotels other than Onsite Doctor staff? If so, please provide details.*

Onsite Doctor was not requested or required to provide PPE to anyone else in the quarantine hotels.

### ***Other Equipment***

27. *Other than PPE, what equipment (if any) was provided by:*

- a. *any, and if so, which government department or agency;*

Basic medical diagnostic equipment was provided at each hotel. This included pulse oximeters, no touch thermometers, blood pressure cuffs, stethoscopes, adrenaline autoinjectors (EpiPens), Automatic External Defibrillator (AED), simple dressings, over the counter medicines (e.g. paracetamol, Voltaren Gel, Nicorette patches etc). These items were supplied by Operation Soteria logistics and pharmacies engaged by DHHS.

Pathology diagnostics and collection equipment were provided by Melbourne Pathology.

COVID 19 diagnostic swabs for screening etc were provided by Ops Soteria logistics and Melbourne Pathology.



- b. *Onsite Doctor, for your staff use at quarantine hotels (for example, equipment to monitor blood pressure, SaO2 monitors etc)?*

Onsite Doctor provided an electronic Medical Records system for use by all doctors in all locations. Doctors had or were provided with a portable laptop computer and a “smart” mobile phone to access the shared group medical records systems and the shared file system. I provided a foetal pulse doppler and other minor items.

28. *As far as you are aware, was there ever a shortage of necessary equipment (other than PPE) at quarantine hotels? If so, how was that shortage managed?*

Early in the program there was a shortage nationally of pulse oximeters and thermometers, which was a concern. We were required to wipe down the equipment for re-use. No touch infrared thermometers were unavailable, so the tympanic type thermometers with a disposable probe cover were used as a substitute. EpiPens were in limited supply, however the Southbank Pharmacy applied to the manufacturers special reserve for extra stock.

Shortages were managed by requests to logistics and direct purchase from pharmacies if the products were available.

Supplies were adequate by late April and early May 2020. An audit was undertaken periodically.

### **Complaints and concerns**

29. *Who was responsible for identifying and addressing health and safety risks to Onsite Doctor staff arising from the Hotel Quarantine Program?*

Doctors reported concerns that they identified in the course of their day to day activities or made suggestions as to possible process issues using the communications channels we provided. All our doctors were trained to minimize risks to their personal health and safety. When issues regarding health and safety were raised with me, I communicated them to the DHHS.

I did not have a specific contact person for health and safety risks. After the Rydges outbreak I sought a name to contact in infection control as I wanted to organise a presentation for the doctors and discuss our procedures further. Unfortunately, no such meeting occurred.

The daily clinical management of known and suspected cases of detainee COVID was left to the medical service. However, the movement and accommodation of known COVID cases within the hotels and screening of detainees for subclinical disease or early disease was managed by Public Health in DHHS and actioned by Operation Soteria.

30. *What risks were identified? What was done (if anything) to mitigate those risks? In your opinion, were those measures adequate and effective?*

See answer to Question 29.

A clear line of command for infection control was not available. Infection control practices, standards and arrangements were those that were adapted from hospitals and general practices where doctors and nurses worked outside of the hotels.

It would have been preferable if there was an equivalent person for my role as clinical lead to contact. This only occurred late in the program.

31. *Who was responsible for identifying and acting on complaints or concerns regarding work conditions for Onsite Doctor staff in relation to the Hotel Quarantine Program?*

Complaints or concerns were communicated by Onsite Doctor to Operations Soteria.

32. *What complaints and concerns (if any) were raised? In relation to each, please:*

- a. *provide the details of each complaint;*
- b. *explain how the complaint or concern was dealt with, including any persons to whom the complaint was relayed; and*
- c. *describe what outcome, if any, was achieved in relation to the subject matter of the complaint?*

Following the outbreak at Stamford, a number of medical staff were required to quarantine at home. The group put together a list of recommendations which I forwarded to the outbreak investigation team at DHHS via DHHS Operation Soteria, Public Health Operations email and [REDACTED], whom I believed was the infectious disease physician investigating the outbreak.

See attached document and email: List of Infection control recommendations (**Annexure 8**), Email to outbreak investigation (**Annexure 9**).

I received no specific feedback or reply to these emails.

33. *Did you or Onsite Doctor identify or receive notice of any poor or unacceptable conduct by any person in connection with the Hotel Quarantine Program? If so:*

- a. *what were the details;*
- b. *how were those issues dealt with; and*
- c. *what was the outcome?*

Other than on matters of infection control listed in question 32, I am not aware of, any poor or unacceptable conduct by any person connected to the program.

34. *As far as you are aware, have any staff from onsite Doctor involved in the Hotel Quarantine Program tested positive for COVID-19? If so (without providing information that would identify such persons specifically) please provide the details of how you became so aware, including the dates, and any hotel(s) at which such staff had been rostered prior to testing positive.*

No doctors tested positive. Medical staff that were identified as potential contacts of cases in connection with the Rydges and Stamford Plaza outbreaks were tested and required to quarantine at home for up to 14 days as per DHHS instructions.

**Post-shift Arrangements**

35. *What (if any) direction or guidance was provided to Onsite Doctor staff by:*

- a. *any, and if so which, government department;*
- b. *Onsite Doctor,*

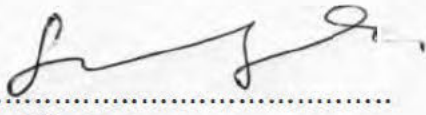
*regarding precautions to undertake after completing their duties at quarantine hotels?*

Doctors wore scrubs while working in the hotels. The advice given to Alfred Hospital employees and promulgated to the medical service doctors was to wash scrubs immediately and to shower on arrival home. This policy is contained in the service information document.

**Additional Information**

36. *If you wish to include any additional information in your witness statement, please set it out below.*

All agencies were forced to develop their policies as they delivered services in a domain that no one had ever worked in or envisaged. Our organisation fortunately was smaller and managed by a single entity allowing for nimble and rapid development of management structures, policies and practices.

Signed: ..... 

Dr Stuart Garrow

DR SC. GARROW  
034854

Dated: ..... 21/08/2020 .....