



Initial Response to COVID-19 Hotel Quarantine Inquiry 17 July 2020

Ambulance Victoria (AV) has been asked to provide a response to the following four questions:

1. Has AV identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?
2. If so,
 - a) what were those shortcomings;
 - b) when were they first identified;
 - c) how were they identified; and
 - d) how (if at all) have their causes been addressed?
3. Irrespective of your answers to question 1 and 2, if AV is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:
 - a) communications;
 - b) conduct; and
 - c) decisions (including its processes for making decisions),

in respect of the Hotel Quarantine Program since its initial involvement?
4. With reference to your answer to Question 3 (above) why has AV made such changes?

Background

AV has a number of specific objectives under the *Ambulance Services Act 1986* including:

- to respond rapidly to requests for help in a medical emergency;
- to provide specialised medical skills to maintain life and to reduce injuries in emergency situations and while moving people requiring those skills;
- to provide specialised transport facilities to move people requiring emergency medical treatment; and
- to provide services for which specialised medical or transport skills are necessary.

As part of performing these objectives, AV has worked closely with the Department of Health and Human Services (DHHS), the Victorian State Government and other parties in a number of targeted operations to support COVID-19 response activity in relation to the COVID-19 Hotel Quarantine Program.

AV's involvement with the hotel quarantine operation has been managed under the State Health Emergency Response Plan (SHERP) which outlines the arrangements for co-ordinating the health response to emergency incidents that go beyond day to day business arrangements in Victoria.

The specific tasks undertaken by AV in relation to the quarantining of returned overseas travellers include:

1. Since 22 January, AV at the direction of DHHS, has responded to Victorian ports of entry to transport returned international travellers, who were suspected of suffering COVID-19, to hospital. This has involved the response of an AV Incident Health Commander and an AV stretcher ambulance on a case by case basis.
2. From February 1 until February 4, at the request of DHHS, AV provided an AV Incident Health Commander, Field Emergency Medical Officers (FEMO) and standby AV ambulance crews at Melbourne Airport to assess returned international travellers and transport them to hospitals as required. This transitioned to alternate arrangements under DHHS's control on 5 February.
3. AV was asked by DHHS to deploy FEMOs to Melbourne hotels from 29 March to provide clinical support to detained international travellers. AV provided an Incident Health Commander to assist with any logistical requirements. AV understands from DHHS that this transitioned to a nursing and tele-health model some time later.
4. Initially, all transfers from hotels were arranged by the medical officers and nurses on scene based on their knowledge of AV systems. The default position was to call '000' which resulted in an emergency ambulance attending.
5. Following consultation with stakeholders including AV and the Chief Paramedic Officer, on 10 April DHHS provided AV with a formal "Process for transferring quarantined passengers to hospital". This process included two options: one for "unplanned" transfers (e.g. sudden, unexpected acute illness) via '000', and one for "planned" transfers for pre-existing health conditions which involved the on-site medical officer or nurse arranging transfer with a licensed non-emergency patient transport provider (including AV contractors via the AV patient transport booking number).
6. On 12 April, at the request of DHHS, AV provided an AV Incident Health Commander, a FEMO and a range of emergency ambulance and patient transport resources to support the return of a large number of international travellers originally from the Greg Mortimer Cruise Ship in Uruguay. AV provided transport of a small number of suspected COVID-19 passengers to hospital following medical assessment.
7. In late April, AV was consulted by DHHS on a new protocol that allowed detainees who had no symptoms and were negative for COVID-19 to be transported by private means, or by taxi under certain circumstances. AV advised that any transport of COVID-19 positive individuals for non-clinical reasons (eg moving from hotel to hotel) should be planned with AV's Ambulance Emergency Operations Centre (AEOC) which would arrange for AV resources to be used within minimal impact on emergency ambulance operations.

8. During these discussions, the AV Director of Emergency Management was asked by DHHS whether St John Ambulance Australia (Victoria) (SJAA) would be suitable for transporting non-emergency COVID-19 positive individuals. The Director responded that SJAA was a licensed non-emergency patient transport provider and currently had a contract with AV to perform that work. On that basis, AV had no concerns with SJAA undertaking this work. The Director of Emergency Management stated that, regardless which provider was engaged, AV would require time to plan any non-urgent transfers should the provider be unable to deliver services when requested.
9. AV understands that DHHS engaged SJAA community transport in May to assist with transport of hotel quarantine patients. This arrangement included asymptomatic/mild symptom COVID-19 positive patient transfers.
10. On 9 May DHHS published a revised procedure “Transport of COVID-19 cases and close contacts”. This document described a range of transport options based on the individual’s clinical condition, COVID-19 status and the transfer urgency. Options included private transport, SJAA transport, non-emergency patient transport and AV emergency ambulance.
11. AV has coordinated two large-scale transfers of COVID-19 positive detainees from hotel to hotel. The first took place on 1 June with the transfer of 25 COVID-19 positive individuals. The second took place on 17 and 18 June with the transfer of a total of 69 COVID-19 positive individuals. These operations were conducted successfully as they were well planned, were coordinated on the ground by experienced AV Incident Health Commanders and used pre-booked SJAA and patient transport resources without impacting on ambulance operations.

Triage process

AV encountered some challenges in the application of the triage process due to the varying degrees of clinical experience and confidence of the DHHS leads coordinating the hotel transfers. The default position of the DHHS leads was not to look to other parties for non-emergency transfers but to call for AV patient transport to undertake most transfers.

This placed additional pressure on the AV resources that were engaged and allocated to transport and the AV AEOC. AV addressed the issue by the Director Emergency Management negotiating directly with DHHS to implement a two-step triage process that resulted in:

- time critical transfers to be managed through ‘000’; and
- all other transfers to be determined and managed through the AV AEOC.

The two step triage process was implemented by DHHS and AV on 16 May. It proved to be a quick and effective way to plan for larger volume moves because it utilised SJAA resources wherever clinically appropriate and preserved AV emergency resources for critically unwell cases in the community.

The AEOC engaged in a daily routine of checking with DHHS of the likely transport load requirements for the day and aligning availability of supply with all transport providers including AV contracted patient transport, and SJAA under the DHHS arrangement.

The two step triage process and role of the AV AEOC remains the transport coordination point 24/7 (on call after 1900) to support hotel quarantine transfers. The AEOC also continues to meet daily with the Operation Soteria taskforce coordinated by Emergency Management Victoria for management of the hotel quarantine in Victoria.

Answers to specific questions

AV provides the following response to the specific questions you have asked:

1. AV has not identified any shortcomings on its part or on the part of any of its contractors or sub-contractors in respect of its role in the Hotel Quarantine Program.
2. Not applicable.
3. AV made changes to the triage process as explained above. This was a quick and effective way of managing an issue that arose during the hotel transfer process. The new two step triage process and the role of the AV AEOC remains in place.
4. The reason for AV's decision to change the triage process is explained above.

Our Reference: FS:FS102150

17 July 2020

Covid-19 Hotel Quarantine Inquiry
Sent via email: lawyers@quarantineinquiry.vic.gov.au

Dear Sir/Madam

Board of Inquiry into the COVID-19 Hotel Quarantine Program
RE: AUSTRALIAN PROTECTION GROUP PTY LTD

We refer to the above matter and confirm we act for Australian Protection Group Pty Ltd ("APG").

We are instructed as follows:

1. Our client was subcontracted by MSS Security ("MSS") to provide security services.
2. APG was allocated to service the Four Points by Sheraton Melbourne Docklands ("Four Points"), at 443 Docklands Dr, Docklands VIC 3008.
3. The service period was between Tuesday 7th April 2020 until Friday 3rd July.
4. MSS provided the online Induction Module, which all staff completed prior to commencement.
5. There were Toolbox Meetings daily and nightly before every shift swap. Security guards were also provided on the job training onsite and Protective Personal Equipment (PPE) training.
6. To the best of their knowledge there were no reported cases of COVID-19 at Four Points.
7. At all times staff followed the protocol set out by MSS Group, the Department of Health and Human Services ("DHHS") and Four Points.

We anticipate that the Inquiry would be seeking the specific training modules and protocols from the agencies listed above directly.

However, should the response above require further clarification please do not hesitate to contact us accordingly.

Yours faithfully



FATOUM SOUKI
PRINCIPAL SOLICITOR



Department of Environment, Land, Water and Planning

PO Box 500, East Melbourne,
Victoria 8002 Australia
delwp.vic.gov.au

The Hon Jennifer Coate AO
Board of Inquiry into the COVID-19 Hotel Quarantine Program
lawyers@quarantineinquiry.vic.gov.au

Ref: SEC014749



Dear Ms Coate

BOARD OF INQUIRY INTO THE COVID-19 HOTEL QUARANTINE PROGRAM – INITIAL RESPONSE

Thank you for your letter dated 10 July 2020 regarding the Inquiry into the COVID-19 Hotel Quarantine Program (**Inquiry**).

The Department of Environment, Land, Water and Planning (**DELWP**) looks forward to supporting the Inquiry in undertaking this important work.

You have requested that DELWP provide an Initial Response to four specific questions.

By way of introduction, DELWP has participated in the COVID-19 Hotel Quarantine Program (**CHQP**) by responding to a limited number of requests for support made by the Department of Health and Human Services (**DHHS**) and the Department of Jobs, Precincts and Regions (**DJPR**).

More specifically, DELWP:

- Deployed 10 Authorised Officers (**AOs**) to DHHS consistent with the *Public Health and Wellbeing Act 2008* (Vic) to provide operational support in hotels, as part of the CHQP. This occurred from 21 April 2020 until 9 July 2020;
- Provided two Deputy Chief Fire Officers in coordination roles to the State Control Centre (**SCC**) – these staff provided a total of eight rotations as Deputy State Controller Health, reporting to the State Controller Health between 29 March 2020 and 1 May 2020;
- Provided a VPS 4 Safety Advisor to DJPR to assist in the establishment of protocols and procedures around general safety matters; and
- Most recently, DELWP's Chief Fire Officer, Chris Hardman, commenced performing the role of State Controller Health at the SCC for this Class 2 Health Pandemic Emergency.

We note that a DELWP State Agency Commander was also deployed to the SCC as part of the standard SCC emergency management process.

1. Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?

DELWP has not identified any shortcomings on its part in relation to the CHQP. DELWP confirms that it had no contractors or sub-contractors involved in the CHQP, or responsibility for overseeing the contractors of any other Department.

2. If so,

- a. what were those shortcomings; b. when were they first identified; c. how were they identified; and d. how (if at all) have their causes been addressed?**

As DELWP has not identified any shortcomings this question is not applicable.

3. Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:

- a. communications;
- b. conduct; and
- c. decisions (including its processes for making decisions),

in respect of the Hotel Quarantine Program since its initial involvement?

DELWPs role with the CHQP is currently reduced.

The role of the Deputy State Controller Health became redundant with the establishment of the DHHS Incident Management Team in Fitzroy in April 2020. The services of the two DELWP employees in relation to this role were therefore not required from 1 May 2020.

The deployment of AOs to assist with the CHQP has reduced over time, with AO deployments temporarily ceasing on 9 July 2020.

Following a request from the Emergency Management Commissioner to assist the CHQP, DELWP's Chief Fire Officer, Mr Chris Hardman, commenced performing the role of State Controller Health for this Class 2 Health Pandemic Emergency. Mr Hardman was appointed to the role of State Controller Health by the DHHS Secretary, Ms Kim Peake. He first performed the role of State Controller Health on 9 July 2020 and continues to perform this role through rotation.

4. Why has your organisation made such changes?

- *Change to provision of Authorised Officers (AOs) to assist the CHQP:*

DELWP ran an internal Expression of Interest process to identify AOs available to assist the COVID-19 response. The reduced deployment of AOs to the CHQP over time has been influenced by the availability of AOs for deployment, and the allocation of those AOs across the CHQP and other operations, including Operation Guardian. In addition, DELWP temporarily suspended AO deployments pending the further clarification of operational policies and procedures by DHHS to ensure safe work practices.

- *Appointment of Chris Hardman, as State Controller Health:*

On 3 July 2020, the position of State Controller Health became vacant. Mr Hardman was asked to fill that role having regard to his previous emergency management experience performing the State Controller role in relation to other State declared emergencies.

Identification of potentially relevant personnel

A list nominating key personnel who have knowledge of the matters being investigated by the Inquiry was also requested.

The Department has identified four senior personnel, and their details are set out in **Attachment 1**. I respectfully request that if the Board of Inquiry wishes to obtain specific evidence from these

individuals, contact be made through DELWP's nominated contact at Herbert Smith Freehills, to enable the Department to ensure staff receive appropriate support in responding.

Finally, if it is deemed necessary by the Board of Inquiry to provide the details of the AO's who performed operational tasks at hotels, we will do so.

Treatment of the content of this Initial Response

In accordance with discussions with the Department of Premier and Cabinet, we understand that the contents of this Initial Response are not intended to be made public, and that the Department will be consulted by the Inquiry regarding any potential release of the information in this Initial Response.

Yours sincerely



John Bradley
Secretary

17 / 07 / 2020

Encl.

Attachment 1: Key DELWP personnel who have knowledge of the matters being investigated by the Inquiry.

Name	Job Title	Role, responsibility or expertise in relation to the COVID-19 Hotel Quarantine Program	Terms of Reference in respect of which they can give evidence and the nature of their evidence
Scott Falconer	Deputy Chief Fire Officer	Performed role of Deputy State Controller - Health	ToR 1, operational evidence and observations
Chris Eagle	Deputy Chief Fire Officer	Performed role of Deputy State Controller - Health	ToR 1, operational evidence and observations
Andrew Collins	A/Director Workplace Services	Involved in the consideration of health and safety matters relating to deployed DELWP AOs	ToR 4&5, operational evidence
Kate Gavens	Chief Conservation Regulator	Involved in the coordination of AO deployments to the CHQP	ToR 4&5, operational evidence

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Secretary

Department of Health and Human Services

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 650 172
GPO Box 4057
Melbourne Victoria 3001
www.dhhs.vic.gov.au
DX 210081

The Honourable Jennifer Coate AO
Board of Inquiry into the COVID-19 Hotel Quarantine Program

Via email: lawyers@quarantineinquiry.vic.gov.au

Dear Justice Coate,

Thank you for your letter of 10 July 2020 to commence engagement between the Department of Health and Human Services (**department**) and the Board of Inquiry into the COVID-19 Hotel Quarantine Program (**Inquiry**).

The department is committed to supporting the Inquiry with its important work and is mindful of tight timeframes. The department will comply with all requests made by the Inquiry as a critical review into the hotel quarantine program which will inform ongoing management of the coronavirus (**COVID-19**) pandemic and future management of health emergencies.

We appreciate your recognition that many departmental staff continue to actively engage in management of the pandemic. Given this, the department is yet to undertake a forensic review of its response to the pandemic, though in this initial response we provide observations that we hope will assist the Inquiry.

COVID-19 has presented an unprecedented global public health crisis, disrupting economies, health systems and social activities and wellbeing. Consequence management has focused not only on immediate public health risks, but also the associated social and economic impacts – recognising that these will affect long term health outcomes.

The scale of the response required has been extraordinary – in terms of cost, human resources and operational response.

The epidemiological and empirical understanding of transmission of the virus continues to evolve – requiring continual monitoring and policy responses.

Necessary policy shifts at a national and state level have required daily recalibration and high levels of execution skill.

The constant evolution of risks and responses to the virus (both as a result of scientific and factual analysis) has meant that there has been a constantly evolving response drawing on the capabilities and capacities of the whole of the Victorian Government. There are also many people who are outside the department, but who have been instrumental in our response – including in the community sector, health services and the private sector.

The dynamics of the pandemic do not allow for a ‘set and forget’ strategy – but rather require 24/7 governance, management and monitoring.

To understand the department's response to the pandemic (in particular as it relates to the hotel quarantine program), it is useful to understand the governance and legislative framework within which it operates. An overview of this framework is set out below, with further detail at [Annexure 1](#).

Victoria's response structure

Recognising the scale and breadth of impacts of COVID-19, and the required pace of response, new Cabinet governance structures were created at a national and state level. These crisis-management structures have set strategic objectives and led co-ordination of the pandemic response and delivery of timely and appropriate public information:

- National Cabinet was instituted on 15 March 2020 to deliver a consistent national response to COVID-19, drawing on advice of the Australian Health Protection Principal Committee (**AHPPC**).
- A Crisis Council of Cabinet and Mission Coordination Committee were announced by the Premier of Victoria on 3 April 2020, designed to enable rapid and coordinated whole of government decision-making and oversight. Departmental Secretaries were commissioned to lead missions focused on the pandemic response and recovery.

Following a National Cabinet discussion on 16 April 2020, subsequently the Prime Minister communicated the decision to pursue a suppression strategy to balance immediate health, social and economic consequences, noting that this would mean Australia would continue to have outbreaks that would require rapid ongoing responses.

Victoria's execution of this strategy has predominantly been managed under the Public Health and Wellbeing Act 2008 (**PHWA**).

The PHWA's public health response framework vests significant powers in Victoria's Chief Health Officer (**CHO**) to investigate, eliminate or reduce a risk to public health. Relevantly, the PHWA allows for the exercise of emergency powers to detain individuals in the emergency area for a reasonably necessary period when a State of Emergency has been declared. When exercising powers under the PHWA, consideration needs to be given to privacy concerns and the Victorian Charter of Human Rights and Responsibilities Act 2006 (**Charter**).

Most of the CHO's powers are delegated to Deputy Chief Health Officers. The CHO may also authorise persons employed under the Public Administration Act, or by local councils, and appointed by the Secretary as authorised officers, to exercise emergency and public health risk powers.

Given the scale, complexity and rapid pace of managing the consequences of COVID-19, core capabilities throughout the department and across many other departments and agencies have been engaged through the mission structures to deliver on strategic decisions taken by National Cabinet and the Victorian Crisis Council of Cabinet.

Within this mission structure, the capabilities of the State Control Centre and associated emergency management arrangements operate under the Emergency Management Act 2013 (**EMA**) have been leveraged for whole of government intelligence, exercising implementation of compulsion powers and sourcing and deployment of interstate resources.

Victoria's response to emergencies, including health emergencies, is guided by the *Emergency Management Manual Victoria* (**EMMV**), the *State Emergency Response Plan* (**SERP**), and the *State Health Emergency Response Plan* (**SHERP**).

The SHERP, a sub plan of the SERP, is used by people working in the emergency response, such as paramedics, doctors, nurses and people working in public health, to help them effectively coordinate health services for the community during emergencies.

Under the EMMV, the department is the designated control agency for human disease emergencies. In the context of the governance architecture for the COVID-19 response, this means that the department has been responsible for coordinating the contributions of relevant Victorian and Commonwealth Government departments and agencies to gather whole of government intelligence and execute compulsion powers under the PHWA.

Department response structure

Within the Victorian response structure, the department had responsibility for public health interventions to suppress the virus (including investigation, management of public health risk, and communication of risk). This role is primarily played by the CHO (or delegates), drawing on powers in the PHWA.

CHO decisions about risk and emergency powers and public advisories have been informed by information and recommendations of AHPPC and the Communicable Diseases Network of Australia. Decisions have also been informed by expert modelling and genomic mapping through the Peter Doherty Institute for Infection and Immunity.

At a state level, a State of Emergency under the PHWA was declared on 16 March 2020 and the CHO issued the first set of directions, which related to non-essential mass gatherings (500 people or more) and self-quarantine following overseas travel. In the first four weeks of the state of emergency, the CHO and Deputy CHO issued around 20 sets of legal directions, usually within 24 hours of National Cabinet decisions.

The department was also responsible for stewardship of health and human service sector responses to the pandemic, including overseeing delivery of services that support the health and wellbeing of Victorians, a role that extended to supporting returned travellers in hotel quarantine.

As noted above, the department is the designated control agency for human disease emergencies. A designated State Controller for the Class 2 Emergency was appointed on 1 February 2020. Consistent with the SHERP, the State Controller was supported by a Public Health Commander, State Health Coordinator and State Health Commander.

It is ordinarily envisaged that the State Controller for human disease emergency will be the CHO, though departmental policy acknowledges this will not always be the case. In this operation, the Director of the Emergency Management Branch within the department was appointed as the State Controller. The decision reflected the significant operational responsibilities the CHO was already undertaking in response to the pandemic at both state and national level (including through AHPPC).

An overview of departmental roles key to the response to the health emergency is at [Annexure 2](#), with a depiction of the current departmental structure responding to the health emergency at [Annexure 3](#).

Application of departmental response structure to the hotel quarantine program

The hotel quarantine program has been managed at the intersection of emergency management and broader crisis management arrangements.

On 26 March, National Cabinet agreed (on advice of AHPPC) to reduce a major source of transmission risk and growth in COVID-19 cases by requiring all travellers arriving in Australia to undertake their mandatory 14 day self-isolation at designated facilities (for example, a hotel).

The department led the drafting of model directions for other states and territories to give effect to this decision. The Deputy CHO signed off on the Victorian Charter of Human Rights and Responsibilities Act 2006 (**Charter**) assessment and form of the Direction and Detention notice, and mandatory detention of international arrivals was introduced from 11.59pm on 28 March 2020.

This complex program required incredible effort from multiple departments and agencies to establish in less than 48 hours. The program also grew quickly; within the first two days of operations there were over 1,000 returned travellers detained in mandatory quarantine.

By 30 June 2020, 20,306 returned travellers had entered quarantine as part of the Victorian hotel quarantine program since it commenced, a significant proportion of which were returning residents from states other than Victoria. In this time, the program has accommodated at least 240 COVID-19 positive returned travellers.

Subsequent to the initial commissioning of hotels and security services by DJPR, a dedicated operation (Operation Soteria) was established under emergency management arrangements to support co-ordination of support agencies, and enforcement of and compliance with Directions relevant to hotel quarantine.

The department also facilitated access to the health and social services required to meet the physical and mental health needs of hotel quarantine. The department leveraged existing contractual and other departmental arrangements and engaged contractors to deliver health and wellbeing services on-site.

Through its public health function, the department is responsible for investigating and monitoring outbreaks, including the conduct of contact tracing to limit the spread of the virus. The department played the lead role in investigating the two outbreaks linked to hotel quarantine operations.

As noted above, multiple departments and agencies were involved in the establishment and ongoing operation of the hotel detention program. The department's role did not extend to the establishment and management of accommodation contracts for the hotel quarantine program until mid-June 2020. The department's accountabilities did not include establishing or managing contracts for the provision of security services for the hotel quarantine program.

A high-level summary of the responsibilities of other departments and agencies for hotel quarantine operations is provided at [Annexure 4](#), drawing on the approved operational plan. A chronology of key dates relevant to the program and wider pandemic response is also provided at [Annexure 5](#).

Initial Observations – Shortcomings and Improvement Opportunities

Infection control breaches represent a significant risk to the community – and while the vast majority of people completed their quarantine without transmission occurring, two outbreaks associated with hotel quarantine have been identified. The consequences of these are significant.

In light of the unfolding emergency, the department, while continuing to consider and implement operational improvements as the situation develops, has not had the opportunity to undertake a detailed review of shortcomings of the hotel quarantine program.

The department is currently in the process of reviewing key documents created during establishment of the program and key decisions taken thereafter. This work is ongoing. However, the department makes the following initial observations on issues which have arisen, responsive actions taken to date, and further actions that could be considered.

There are important contextual factors relevant to the below initial observations.

First, the rapid establishment of the program concurrently with broader COVID-19 responses and bushfire recovery activities meant that in many cases, operational policies and procedures for the program were finalised in days and weeks following commencement of the legal directions.

Through continuing risk assessment, ongoing refinements were made to reflect substantial changes to service delivery, practical on-the-ground learnings and changes in public health advice (in turn responsive to the developing scientific understanding of the virus and its treatment).

Further, the demographic profile of the returned travellers entering hotel quarantine changed over time, in a way which had material impact on the services provided under the program. Initially, there was a higher proportion of returning holidaymakers and business travellers. Over time, there were an increasing number of repatriation flights returning to Australia, bringing a more diverse cohort with more complex needs, people who had lived as expatriates for years, and a higher proportion of children and family groups.

Following initial observations on the adequacy of the legislative framework, further observations below are organised by way of the department's key areas of responsibility for the hotel quarantine program. Observations reflect on actions taken to date, and further actions that could be considered.

Legislative framework

Generally in emergency management, operational planning and deployment of resources are coordinated by the control function under the EMMV.

As noted above, the response framework for COVID-19 has required introduction of new crisis-management Cabinet governance structures, with targeted use of emergency management arrangements. The State Controller has not had responsibility for management of the responses to the broader social and economic consequences of the virus.

There have been significant successes across the COVID-19 response in cross-government collaboration, rapid learning and adaptive program management and emergency responses. However, accountabilities and delivery are more dispersed than arrangements envisaged under the EMMV. This is evident in the hotel quarantine program.

Additionally, the legislative framework for public health enforcement was not designed for the scale and duration of public health interventions that have been necessary. There is a fundamental tension between the individual interventions delivered by clinicians which are the primary focus of the decision-making principles of the PHWA and the large-scale intervention and enforcement required to protect the public from the serious community-wide threat presented by COVID-19.

An emergency of this scale and complexity requires reflection on whether new structures, processes and legislative frameworks are needed (for both emergency management and public health).

Governance and coordination of the hotel detention program

As noted, the hotel quarantine program has operated at the interface between emergency management and wider national and state crisis management governance arrangements.

The SCC and associated emergency management planning frameworks were instigated following initial urgent commissioning and establishment of the hotel quarantine program by the Department of Jobs, Precincts and Regions (**DJPR**).

The Emergency Management Commissioner (**EMC**) and State Controller agreed to the rapid appointment of a Deputy State Controller. With planning and logistics support from the ADF, an operational plan was rapidly developed, incorporating contracted services. This plan was endorsed by the EMC and Public Health Command on 28 March 2020 and continued to be refined. Coordination responsibilities were subsequently transitioned to a designated COVID-19 Accommodation Commander (sourced from DHHS).

These positions facilitated regular meetings of all relevant departments and agencies engaged in hotel quarantine and associated emergency accommodation operations to promote coordinated action, intelligence sharing and enforcement of Directions.

Initially, the department rapidly assembled staffing from across government, despite significant uncertainty as to the scale and duration of the program. For example, conditions of the quarantine, authorised by Directors made under the PHWA, meant that a range of protective functions were to be performed by Authorised Officers. The need to source appropriately qualified staff for those roles was met from a number of sources after the first four weeks of operations, including from local government. The department quickly moved to also consider other health and human services that would need to be provided to those in quarantine.

While an operational plan was agreed, accountabilities under the program were fragmented. For instance, early discussions were required to clarify the responsibilities of relevant departments and agencies, particularly on-site at hotels.

Command structures evolved throughout the hotel quarantine program to mitigate the risks of this fragmentation. An Emergency Operations Centre (**EOC**) was established for Operation Soteria on 17 April 2020, led by the dedicated COVID-19 Accommodation Commander. An Enforcement and Compliance Commander was also appointed who worked under the authorisation of the Public Health Command.

Staff who were initially undertaking senior roles in Operation Soteria as well as their usual Emergency Management roles are being gradually replaced with new staff appointed to dedicated Operation Soteria positions for 6 to 12-month periods. This is supporting the transitioning of Operation Soteria from emergency management response settings to more enduring settings more consistent with the management of an ongoing government program.

Actions were also taken to manage risks of COVID-19 transmission in hotel quarantine, focused on:

- a. Reducing inconsistent application and use of personal protective equipment (**PPE**)
- b. Case finding through the introduction of asymptomatic testing
- c. Establishing a COVID-positive hotel
- d. Managing provision of fresh air, exercise breaks and other movements of quarantined people.

Reducing inconsistent application and use of PPE

Infection control was a key consideration from commencement of the hotel quarantine program, with briefings and signage provided at ports of entry and in hotels.

The COVID-19 Accommodation Command and Authorised Officers operating under the Enforcement and Compliance Command followed public health guidance on PPE use and broader infection control policies for the hotel quarantine program.

However, there was a range of staff on hotel sites, provided by or contracted by multiple departments, with differences in training and contractual arrangements. This posed a challenge to consistent PPE and wider infection prevention and control practices at a site level. Under contracts entered into, hotels and security providers were responsible for providing relevant training and PPE to their staff. Instances of inadequate or inappropriate PPE being used in some locations, such as a single pair of gloves being used throughout a shift, resulted in the department taking action to make available PPE to all staff at hotel sites (including security staff and hotel staff).

In response to some of the concerns identified above, in early April 2020 infection prevention and control (**IPC**) consultants were engaged by the department to assist in promoting more consistent use of PPE. Following outbreaks, further IPC training and advice was instigated by the department's Outbreak Management teams who visited all hotels and advised on improved future IPC arrangements.

From mid-June 2020, the department provided staff and contractors across all sites with enhanced information and training materials tailored to the hotel quarantine context, developed by Alfred Health and specialist department infection prevention staff. All staff working in hotel quarantine are required to undertake regular training in IPC, the correct use of PPE and other key protective measures, delivered by onsite clinical staff.

This includes face-to-face IPC training with videos and other aids tailored for this workforce. Staff and contractors are briefed in IPC at the commencement of every shift, with regular reminders during shifts. Briefings are provided by on-site nurses with IPC training and/or staff who have been trained to deliver the infection prevention messages. This is complemented by prominent communication materials and signage provided in all hotels.

Infection control audits continue across all hotels to inform further enhancements to this training and support.

All Authorised Officers that joined the department also received IPC training as part of their induction prior to commencement at the hotels.

Given the outbreaks that occurred, a stronger focus on more consistent site-wide training and briefing on IPC and PPE could have been an improvement. Having a streamlined delivery approach, with one entity responsible for all sourcing of PPE, IPC guidance, training and compliance for all staffing cohorts on site may also have better mitigated infection risks.

Case finding through asymptomatic testing

In the beginning of the hotel quarantine program, COVID-19 testing was provided to individuals only if they became symptomatic, consistent with the approach in the broader community.

As the value of broader testing was understood, Victoria was the first state to offer all quarantined individuals (regardless of age or other risk factors) with COVID-19 testing on day 3 (from 3 May 2020) and day 11 (from 2 May 2020) of the mandatory quarantine period. This allowed positive cases to be identified earlier, including many that were asymptomatic, enabling better care and management to avoid community transmission.

From 28 June 2020, changes were made to the legal directions to require returned travellers to undergo a further ten days of hotel quarantine if they did not engage in COVID-19 testing.

Establishment of a single COVID-19 positive hotel

Initially, people who tested positive for COVID-19 were relocated to separate floors in the hotels (so called 'red floors'). On or about 9 April 2020, the SCC was informed about the imminent repatriation of a large number of travellers from a cruise ship moored in Uruguay, many of whom had tested positive for COVID-19.

Operation Soteria supported detailed planning for the return of these travellers on 12 April 2020, including designating a single hotel for COVID-19 positive passengers (the Rydges on Swanston).

The Rydges on Swanston continued to be used for relocating people who tested positive for COVID-19 and their close contacts, with 240 returned travellers being accommodated in this hotel to 30 June 2020.

In late May, following notification to the State Controller of staff working at Rydges on Swanston testing positive, the department contracted Alfred Health to establish core clinical and non-clinical leadership and support roles at COVID-19 positive hotels.

This arrangement, implemented progressively from 15 June 2020, provided streamlined clinical governance and oversight of all functions at the COVID-19 positive hotel, with clinical staff, auxiliary staff and security staff all being drawn from individuals experienced in the IPC requirements of hospital environments.

Managing provision of fresh air and exercise breaks and other movements of quarantined people

Given the nature of hotel accommodation initially available, with many rooms not having windows or balconies, the need for access to fresh air was an early issue identified by departmental staff, particularly for returned travellers who were experiencing material welfare concerns.

Informed in part by the Charter of Human Rights, while balancing public health objectives, the fresh air policy involved managed movement of guests out of hotel rooms to locations in or around the hotel where they could access fresh air within social distancing and other infection control requirements.

To minimise the need for movement of people out of their rooms (and associated infection control risks), use of hotels with opening windows or balconies were progressively increased use in hotel quarantine from May 2020.

Earlier engagement of hotels with greater access to fresh air may have mitigated the need for the fresh air policy, which did bring increased transmission risks. The department understands that other jurisdictions did not have similar fresh air break policies in place.

Public health

As noted above, the COVID-19 pandemic has also tested the existing public health legislative framework, some of which is directed to management of public health risk posed by an individual case and is not readily adapted to application to large classes of people over an extended period.

The decision-making principles under the PHWA largely envisage a behavioral model of enforcement underpinned by a therapeutic relationship, in contrast to alternative legislative frameworks (for example in NSW), where decisions on public health orders are vested in the health portfolio, but enforcement was legally vested in police.

Under the PHWA, police can be asked to assist, but neither they nor the ADF are permitted to be Authorised Officers performing the essential roles relating to detained persons under the PHWA, including compulsory reviews of the necessity of detention each 24 hours. Neither the Minister for Health, Secretary of the department or the CHO have the power to direct resources of Victoria Police.

In the instance of mandatory hotel quarantine, the need to source and deploy large numbers of Authorised Officers to enforce legal Directions added a significant operational impost that tested best practice rostering patterns. In the first instance, most Authorised Officers were drawn from existing departmental staff with experience in regulation, and over time a wider pool of trained staff for this purpose were identified by the department from other government agencies and local government.

There are opportunities to reflect on changes to the enforcement model, noting this would require legislative change.

The legislative scheme in the Health Records Act 2001 (Vic) contains principles about when health information can be disclosed. Any health information of an individual in possession of the department, that is proposed to be disclosed to a third party, needs to be assessed in relation to these principles. This process may act as a partial constraint on public health efforts to contain the pandemic.

There may be opportunities for future legislative amendment to clarify permitted disclosures of personal health information in an emergency context, though this will need to be carefully balanced against privacy considerations.

Health and wellbeing

Given the rapid establishment and changing needs within the hotel quarantine program, the availability of health and wellbeing support evolved over time.

Anticipation of medical and wellbeing needs was challenging when timely and accurate information about incoming arrivals was often unavailable. There was little advance insight on the demographics and needs of returned travellers, until they arrived. Often young children (aged under 2) were not listed on airline manifests so advance notice of their arrival was not available, and there was limited visibility of unaccompanied minors and children aged between 13-17 requiring supervision.

The increasing complexity of the cohort over time required additional medical, mental health and social supports as well as increased demand for interpreting services. It quickly became apparent that additional mental health support was required, with specialist mental health nursing staff added to general nursing and medical staff available. This was complementary to services provided through a coordinated Crisis Assessment Response Team, which was available by referral from the beginning of the program to support returned travellers with complex needs.

After issues were identified in the escalation of health concerns between relevant clinical team members available on site, strengthened processes for escalation of health conditions were developed, including protocols on transportation of guests from hotel quarantine for medical care, including to hospitals.

Improvements were also made to the health and welfare screening of returned travellers, as well as to incident reporting arrangements and overarching clinical governance. Specifically, a clinical governance structure was established whereby Public Health Command developed the health pathways for implementation and oversight by the EOC.

A formal clinical review reporting process was also established by the department for any adverse health incidents, providing access to streamlined and independent review by Safer Care Victoria (SCV). Findings and recommendations from these reviews were provided to the EOC with SCV support for action plans.

Ongoing actions

Genomics

As noted in the Inquiry's terms of reference, recent epidemiological evidence (including genomic analysis) has linked COVID-19 in quarantined travellers to the spread of the virus to the broader Victorian community.

There are currently two identified outbreaks relating to the hotel quarantine program which will be relevant to the Inquiry:

- Rydges on Swanston, with the first case notified on 26 May 2020. Of this outbreak, most cases were attributed to security staff (with a REDACTED and a REDACTED also testing positive) and household close contacts of these staff members.
- Stamford Hotel, with the first case notified on 16 June 2020. Significant transmission from this outbreak was among security staff at the facility.

Whole genome sequencing analysis is ongoing to identify the path of these outbreaks. The department will be able to provide further material to the Inquiry to assist in understanding potential epidemiological implications of these outbreaks.

Managed transition of Operation Soteria to single entity

Since mid-June, responsibilities for the hotel quarantine program have been progressively consolidated, drawing on planning that was commenced in May.

Developments have included new models of security (including through Corrections Victoria and Alfred Health), and consolidation of operational responsibilities ahead of transition to the Department of Justice and Community Safety (**DJCS**).

Recommendations from the Outbreak Management teams have also been implemented, with Alfred Health assuming responsibility for clinical governance in COVID-19 positive hotels. This means that all staff on site at COVID-19 positive hotels are now managed by Alfred Health (including security and cleaning staff), drawing on personnel experienced in hospital operations.

The State Controller and wider departmental staff are continuing to support the program, including transitional planning for the delivery of health care. The Chief Health Officer and Public Health Command will continue to support DJCS in this program through the making of Directions and authorisation of Authorised Officers of the department.

Some of the improvements identified in this letter would require legislative change – which will be informed by the outcomes of this Inquiry.

Conclusion

While the Inquiry will focus, as it should, on specific decisions, documents and facts relevant to hotel quarantine operations, it is also worth reflecting on the human factors involved in some detail, and to use this experience to improve the way we manage individuals and operational systems in an extreme emergency in the future.

Teams across the department and across government and non-government sectors have worked tirelessly and with skill and professionalism to tackle the dynamic and multi-sector emergency that has resulted from the COVID-19 pandemic.

I am proud of the response of my department, and of the many people who work for it. Serving the public has rarely been more complex or consequential.

I would like to acknowledge the extent of engagement and cooperation across the Victorian Public Service that is, and has been, very significant.

The response to the pandemic presented an operational task of great complexity that relied on the individual contributions and behaviours of hundreds of people. The response has, however, highlighted that there are natural limits to how rapidly arrangements can become effective and how quickly individuals can adapt and learn.

I trust this initial information has been of assistance to the Inquiry. As noted, the department is committed to supporting the important work of the Inquiry and looks forward to further engagement.

Kym Peake

Secretary

17 / 7 / 2020

Annexure 1 Legislative Framework

The PHWA vests significant powers in Victoria's Chief Health Officer (**CHO**) to investigate, eliminate or reduce a risk to public health. Relevantly, during a State of Emergency the PHWA allows for the exercise of emergency powers to detain individuals in the emergency area for a reasonably necessary period, and for the CHO to authorise authorised officers to exercise related powers.

By way of example, emergency powers allow the authorised officers to:

- quarantine individuals in an emergency area, including, for example, those who refuse to self-isolate and pose a risk to others: s 200(1)(a)
- restrict the movement of any person or group of persons within an emergency area: s 200(1)(b)
- prevent any person or group of persons from entering an emergency area: s 200(1)(c)
- give any other direction the authorised officer considers is reasonably necessary to protect public health s 200(1)(d).

Emergency powers can only be exercised following the declaration of a State of Emergency. Pursuant to s 198 of the PHWA the Minister for Health may, on the advice of the CHO and in consultation with the Minister for Police and Emergency Services and the Emergency Management Commissioner, declare a State of Emergency arising out of any circumstances causing a serious risk to public health.

A State of Emergency can be in force for up to four weeks and extended for up to six months. If a State of Emergency exists the CHO can, if he considers it necessary to do so to investigate, eliminate or reduce a risk to public health, authorise officers to exercise any of the emergency powers or public health risk or powers: s 199(2).

The PHWA provides guidance that decisions under the PHWA including decisions to declare a State of Emergency and exercise specific emergency powers) must take a number of matters into account including that the decision must be evidence based, but not postponed if there is a lack of full scientific certainty; prevention is preferable to remedial measures (ss 5, 6, 7); and measures should be proportionate to the public health risk, and not arbitrary (s 9).

There are other powers of the CHO under the PHWA that do not rely on the existence of a State of Emergency, but are still relevant to the response, which also allow for the protection of the public through the reduction or elimination of health risks including powers to:

- direct a person to be tested to identify if that person has been infected with an infectious disease (here COVID-19): s 113(1);
- if a person does not comply with a testing order, to detain them in isolation: s 113(3)(c);
- make a public health order requiring that a person submit to being detained and/or isolated: s 117(5)(k);
- direct a person to provide information necessary to investigate or manage a risk to public health: s 188(1), (which can be used for contact tracing).

Most of the CHO's powers have been delegated to the Deputy Chief Health Officers, pursuant to the CHO's delegation power (s 22).

When exercising any powers under the PHWA including in a State of Emergency, consideration must be given to both privacy concerns where relevant and, as the department is a public authority, the Victorian Charter of Human Rights and Responsibilities Act 2006 (**the Charter**).

Relevant Charter rights include:

- Freedom of movement (s12);
- Protection of families and children (s17);
- Right to liberty and security of person (s21);
- Humane treatment when deprived of liberty (s22);
- Freedom of thought conscience religion and belief (s14), (which was relevant to food choices);
- Peaceful assembly and freedom of association (s16).

The requirement to consider Charter rights applies to exercising the power to detain, including by imposing rules on what quarantined individuals could and could not do, where they could go and what they could bring into their rooms.

Having regard to the Charter the restrictions imposed were the least restrictive means reasonably available to achieve the purpose of containment of COVID-19 infection potentially brought into Victoria from overseas.

Emergency Management Act 2013

The emergency management regime in Victoria is governed by the Emergency Management Act 2013 (**EMA**), the Emergency Management Manual Victoria (**EMMV**) and the State Emergency Response Plan (**SERP**) under which the relevant sub plan for a health emergency is the State Health Emergency Response Plan (**SHERP**). The COVID-19 pandemic is a Class 2 Emergency pursuant to s 39 of the EMA, and the EMMV sets out that DHHS assume the role of control agency for human disease/epidemics. The Act also sets out the role of the Emergency Management Commissioner (EMC):

Section 32 of the EMA sets out the functions of the Emergency Management Commissioner during a Class 2 emergency, which encompasses the COVID-19 pandemic. These include:

- responsibility for the coordination of the activities of agencies having roles or responsibilities in relation to the response to Class 1 emergencies or Class 2 emergencies: s 32(1)(a);
- ensuring that control arrangements are in place: s 32(1)(b);
- managing the State's primary control centre on behalf of and in collaboration with all agencies s 32(1)(d);
- ensuring the Minister for Police and Emergency Services is informed of actual and imminent events and emergencies and the response to major emergencies (32(1)(e));
- responsibility for consequence management (32(1)(f); and
- coordinating recovery (32(1)(g) and coordinating data collection and impact assessment (32(1)(l)).

The following arrangements are in place to support the delivery and execution of these legislative responsibilities:

- *State Coordination Team* – Chaired by the EMC - Oversees the coordination functions and responsibilities on behalf of the EMC; sets the strategic context of the readiness, response, relief and recovery phases; identifies, understands and manages consequences. The Chief Health Officer and the State Controller (Class 2) are members.

- *State Control Team* – Chaired by State Response Controller - Oversees the control functions and responsibilities on behalf of the EMC; and implements the strategic context of the readiness, response and relief and recovery phases.
- *State Emergency Management Team – Chaired by the EMC* - Oversees the management of strategic risks and consequences of the emergency. The State Controller (Class 2) is a member.

State responses to emergencies, including health emergencies, are guided by the following planning frameworks:

- *Emergency Management Manual Victoria*, which sets out policy and planning documents for emergency management in Victoria, and provides details about the roles different organisations play in the emergency management arrangements
- *State Emergency Response Plan*, which outlines the arrangements for a coordinated response to emergencies by all agencies with a role or responsibility in emergency response.
- *State Health Emergency Response Plan*, a sub plan of the SERP, used by people working in emergency services, such as paramedics, doctors, nurses and people working in public health, to help them effectively coordinate health services for the community during emergencies
- *Victorian action plan for pandemic influenza*, prepared by each government department and agency to address the possible impacts and consequences of pandemic influenza on their organisations, and their responsibilities to communities.

In addition, the COVID-19 Pandemic Plan for the Victorian Health Sector was prepared in March 2020, articulating a four-stage response to COVID-19. This plan was an overarching guidance document to inform more detailed planning at individual practice and institutional level.

Detailed operational plans were required across healthcare services in order to be fully prepared for the potential impact of COVID-19 on our healthcare services and community more broadly.

Annexure 2

Key roles and responsibilities – departmental COVID-19 health emergency response

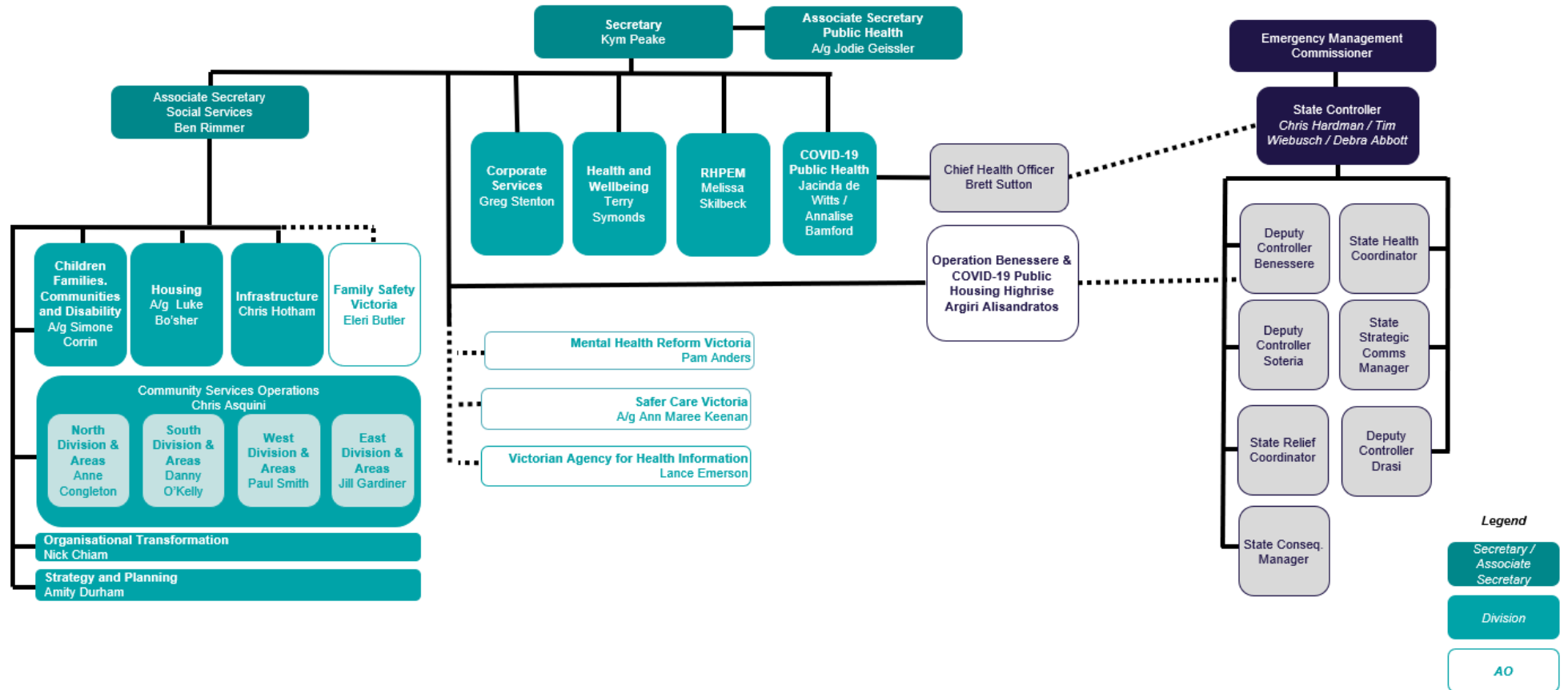
Key roles and responsibilities under the PHWA and EMA as relevant to management of the COVID-19 health emergency are set out in the following table:

Role	Key responsibilities
Secretary	<p>Under SHERP, responsible for appointing senior roles including the State Controller (Class 2) and State Health Emergency Management Coordinator.</p> <p>Under PHWA, responsible for appointing Chief Health Officer, who is subject to the Secretary's general direction and control.</p> <p>Under PHWA, special powers to order Councils to perform any functions or duties or exercise powers.</p> <p>Power to make a broad range of directions to public hospitals, denominational hospitals, MPS and ambulance service under the Health Services Act or Ambulance Service Act relevant to the management of COVID-19.</p>
State Health Emergency Management Co-ordinator	<p>Under SHERP, responsible for ensuring that appropriate appointments are made to state tier functions (State Health Commander, State Health Coordinator and Public Health Commander).</p> <p>May advise Secretary who should fulfil the function of the State Controller according to the nature of the emergency and response. Provides executive support to ensure that the state tier functions operate effectively.</p>
Class 2 State Controller (also referred to as State Controller – Health)	<p>Under SHERP, reports to Emergency Management Commissioner.</p> <p>Leads coordination of response activities through State Emergency Management Team.</p> <p>Can appoint deputies and may delegate certain functions to others.</p>
Deputy State Controller	<p>A Deputy Controller can be appointed by the State Controller to support them in the management of the emergency, within the parameters agreed to with the State Controller.</p>
Chief Health Officer (CHO)	<p>Under PHWA, has authority to make decisions on matters of public health and to exercise management, control and emergency powers in health emergency situations.</p> <p>Powers include authorising an authorised officer to exercise emergency powers (including detaining persons within an emergency area for a period reasonably necessary to eliminate or reduce a serious risk to public health, and restricting the movement of persons), and issuing examination and testing orders.</p>

Role	Key responsibilities
Public Health Commander / Deputy Chief Health Officer (DCHO)	<p>DCHO reports to the CHO and is authorised by the CHO to exercise emergency powers under the PHWA.</p> <p>Responsible for the public health functions of a health emergency response (including investigating, eliminating or reducing a serious risk to public health).</p> <p>Responsible for approving the Operation Soteria Plan, in consultation with the Enforcement and Compliance Commander, COVID-19 Accommodation Commander, the State Health Coordinator and the State Controller.</p>
Deputy Public Health Commander	<p>Reports to Public Health Commander.</p> <p>Can be delegated responsibility for approving the Operation Soteria Plans on behalf of the Public Health Commander, in consultation with the COVID-19 Enforcement and Compliance Commander, COVID-19 Accommodation Commander, the State Health Coordinator and the State Controller.</p>
COVID-19 Accommodation Commander	<p>Leads Operation Soteria, reporting to State Controller, giving effect to the decisions and directions of the Public Health Commander and Enforcement and Compliance Commander. Chairs regular meetings of Operation Soteria to ensure combined oversight.</p> <p>Responsible for oversight of welfare and healthcare to individuals in mandatory quarantine, ensuring the safety and wellbeing of quarantined individuals and DHHS staff, ensuring a safe environment at all times.</p>
Commander COVID-19 Compliance and Enforcement	<p>Under Operation Soteria Plan, leads and provides oversight to compliance matters under all Public Health Directions, provides advice and input into complex compliance matters, provides advice and support to the CHO and their delegate on compliance, and approves exemptions. Responsible for oversight of Authorised Officer operations.</p>
State Health Coordinator	<p>Reports to State Controller under SHERP. Responsible for co-ordinating DHHS' emergency response activities across the health system (including hospitals, primary health and other acute services) at the State tier. In performing functions, liaises directly with the State Health Commander and Public Health Commander.</p>

Annexure 3

Department COVID-19 emergency response structure (as at July 2020)



Annexure 4

Roles and Responsibilities – Other Agencies – Hotel Quarantine Program

Source: Operation Soteria Mandatory Quarantine for All Victorian Arrivals v 3 with Annexures dated 1 June 2020

Role Operation Soteria	Key responsibilities of role
Department of Foreign Affairs and Trade	Assesses and approves all applications for returning Australians.
Australian Border Force (ABF)	Responsibilities in airside operations, including: <ul style="list-style-type: none"> • Coordinating the return of passengers during their flight. • Melbourne airport security and customs liaison. • Provide passengers with required information about Direction/requirements. • Collection of entry data (manifest). • Marshall passengers in an area that is secure and be able to facilitate health screening. • Establish arrivals area for transport. • Assist boarding of passengers onto bus transport airside. • Escort bus transport to accommodation.
Australian Federal Police (AFP)	Responsibilities in airside operations, including: <ul style="list-style-type: none"> • Support ABF and other agencies in the management of any compliance or criminal issues. • Escort bus transports to assigned accommodation. • Transfer manifest to Victoria Police on arrival at accommodation.
Department of Transport	Responsibilities include: <ul style="list-style-type: none"> • Ensure transport of passengers who do not have any immediate health needs requiring hospitalisation between point of entry, to quarantine accommodation and returning to approved transit location following exit from quarantine accommodation. • Provision of transport to passengers to airport or approved transit location (where exemption granted).

Role Operation Soteria	Key responsibilities of role
Ambulance Victoria	Responsibility for pre-hospital care and transport of passengers where required.
Victoria Police	Responsibilities include: <ul style="list-style-type: none"> • Providing support to AFP, DHHS and DJPR for enforcement and compliance issues. • Preparation and establishment of and preparation for transition for State-side security. • Liaise with AFP and ABF. • Security management of passenger disembarkation from transport to accommodation. • Marshalling and security for incoming passengers. • Receive manifest and passengers from AFP upon arrival at accommodation. • Provision of support to private security as required.
Department of Jobs, Precincts & Regions (DJPR)	Responsibilities include: <ul style="list-style-type: none"> • Sourcing appropriate accommodation contracts, including food, concierge and security, to support mandatory passenger isolation and providing ongoing support to passengers for these needs. • Manage accommodation contracts, transport arrangements/contracts for deliveries (i.e. Commercial Passenger Vehicles) and private security contracts to enforce quarantine requirements at accommodation. • With DHHS – prepare for incoming passenger accommodation registration, reception parties established to coordinate movement of passengers from transport to accommodation, reception parties established, and coordinated at identified accommodation and detailed identification of, capture and management of welfare needs and detailed identification of, capture and management of special/social needs. • Management of services for all passengers including food, amenities and transport for deliveries.

In addition, national and whole-of-government policy support and communications support has been provided through the Department of Premier and Cabinet.

Workplace occupational health and safety responsibilities have continued to be exercised through Worksafe Victoria.

Annexure 5

Chronology of key events

Date	Key events
10 January	Victoria's Chief Health Officer issued an alert for patients who had travelled to Wuhan, China and experienced the onset of fever and respiratory symptoms within two weeks of return
20 January	The Australian Health Protection Principal Committee comprising all state and territory Chief Health Officers and the Chief Medical Officer of Australia met to consider a national response to COVID-19
29 January	The Commonwealth CMO recommended anyone travelling from Hubei province should isolate for 14 days. In Victoria, Public Health and Wellbeing Regulations were updated to require COVID-19 test results to be notified to the department
1 February	Advice on self-isolation was extended to anyone returning from mainland China (excluding Hong Kong, SAR, Macau and Taiwan). The Commonwealth Government cancelled visas for Chinese travellers due to enter Australia
1 February	Designated State Controller for the Class 2 Emergency appointed in Victoria
February and early March	CHO advisories defining case definitions (describing relevant symptoms and criteria for testing) were refined in line with guidance from the National Communicable Diseases Network
First half of March	Australian travel bans were extended to Iran, South Korea and Italy, with all non-residents banned from entering Australia from 21 March
10 March	Release of the COVID-19 Pandemic Plan for the Victorian Health Sector
15 March	Inaugural National Cabinet meeting, with regular meetings following to decide a nationally consistent approach to the pandemic response. AHPPC also met daily from the second half of March, providing advice to National Cabinet on nationally co-ordinated pandemic responses
16 March	State of emergency declared in Victoria and the CHO issues the first set of directions, banning gatherings of 400 or more people in a single undivided indoor or outdoor space; and self-quarantine for airport arrivals
18 March	Directions issued banning gatherings of 100 persons or more in a single undivided indoor space
19 March	Directions issued requiring cruise ship arrivals to self-isolate for 14 days
21 March	Directions on mass gatherings reissued to include minimum space requirements (four square metres per person) for non-essential gatherings. Directions on aged care facilities also issued, placing restrictions on visitors
23 March	Directions issued restricting hospital visitors and non-essential business or undertakings prohibited. Aged Care Sector Plan released
25 March	Directions issued expanding the list of prohibited activities

26 March	National Cabinet decision made to commence mandatory hotel quarantine for international arrivals , with announcement by Prime Minister following the evening meeting
28 March 11.59PM	Hotel quarantine program commenced. Directions issued requiring a person who has travelled to Victoria from overseas to be detained in a hotel for 14 days
29 March	Deputy State Controller appointed to give greater focus on hotel quarantine operations.
30 March	Stay at home directions issued requiring a person to stay at home unless they had to obtain goods or services, for care or compassionate reasons, to attend work or education or for exercise
3 April	Release of the COVID-19 Plan for the Disability Sector and guidance for family services, and family violence and sexual assault services
3 April	New Crisis Council of Cabinet and Mission Coordination Committee announced by the Premier of Victoria to enable rapid and coordinated whole of government decision-making and oversight through pandemic response
12 April	First returned travellers exit from hotel quarantine program after mandatory 14 day period
16 April	Prime Minister communicated the decision to pursue a suppression strategy, noting that this would mean Australia would continue to have outbreaks that would require ongoing rapid responses.
17 April	Emergency Operations Centre (EOC) established for Operation Soteria, led by dedicated COVID-19 Accommodation Commander.
From 2 May	All quarantined individuals (regardless of age or other risk factors) offered COVID-19 testing on day 3 and day 11 of the mandatory quarantine period
26 May	First case notified - outbreak at Rydges on Swanston
15 June	Alfred Health commenced core clinical and non-clinical leadership and support roles at COVID-19 positive hotels
16 June	First case notified - outbreak at Stamford
28 June	Changes made to legal directions to require returned travellers to undergo a further ten days of hotel quarantine if they did not engage in COVID-19 testing
30 June	Establishment of Board of Inquiry into the Victorian Government COVID-19 Hotel Quarantine Program announced

Wider departmental actions

Throughout late March and early April, the department and its administrative offices also led the development of the COVID Plan for the Community Sector, and guidance and advice for young people in care services, community health services, maternal and child health services, mental health services, neighbourhood houses and social housing, kinship and foster carers, new parents, volunteers and Aboriginal and Torres Strait Islander communities.

The department also amended the homelessness services guidelines and conditions of funding and issued fact sheets and procedural advice for specific issues, including use of PPE, diffusing tense situations during the pandemic, protective strategies to lessen the impact of COVID-19 restrictions, advice to support children and young people with learning during the pandemic, and advice on isolation management in disability accommodation services.

The CHO and the Public Health Command also provided advice to the Department of Education and Training and critical industry sectors on their own pandemic responses.

The department also released guidance for critical sectors to support their own preparedness throughout March, including:

- Updated whole of government pandemic influenza action plan (with Emergency Management Victoria)
- COVID-19 Amendment to Homelessness Services Guidelines and Conditions of Funding.

Other programs operationalised by the department during March and April included:

- Emergency relief packages
- Centralised procurement of PPE and critical supplies for the health sector.
- Temporary accommodation for people experiencing homelessness during the pandemic
- Health surveillance support for young people in residential care
- \$600 payments to foster and kinship carers
- Respite and emergency contingency placements for children in care
- Extra staffing to address risk and safety concerns in residential care
- Additional resources for cleaning in residential care
- Expansion of the Home Stretch program to support young people turning 18 years and due to leave care during the coronavirus (COVID-19) pandemic
- Carer phone line to support children and families

Full chronology of Legal Directions issued

Signing date	Direction
16 March 2020	Non-Essential Mass Gatherings
18 March 2020	Airport Arrivals
	Mass Gatherings
19 March 2020	Cruise Ship Docking
	Revocation of Airport Arrivals
21 March 2020	Mass Gatherings (No 2)
	Visitors to Residential Aged Care Facilities
23 March 2020	Hospital Visitor Directions
	Non-essential Business Closure Directions
25 March 2020	Isolation (Diagnosis) Direction
	Prohibited Gatherings Directions
	Non-Essential Activity Directions
26 March 2020	Non-Essential Activity Directions (No 2)

28 March 2020	Revocation of Airport Arrivals Direction and Cruise Ship Docking Direction
30 March 2020	Restricted Activity Directions
	Stay at Home Directions
2 April 2020	Stay at Home Directions (No 2)
7 April 2020	Care Facilities Direction
	Restricted Activity Directions (No 2)
	Stay at Home Directions (No 3)
13 April	Hospital Visitor Directions (No 2)
	Care Facilities Direction (No 2)
	Isolation (Diagnosis) Direction (No 2)
	Restricted Activity Directions (No 3)
	Stay at Home Directions (No 4)
	Direction and Detention Notice
17 April 2020	Restricted Activity Directions (No 4)
24 April 2020	Restricted Activity Directions (No 5)
11 May 2020	Hospital Visitor Directions (No 3)
	Care Facilities Direction (No 3)
	Diagnosed Persons and Close Contact Directions
	Restricted Activity Directions (No 6)
	Restricted Activity Directions (No 7)
	Stay at Home Directions (No 5)
	Stay at Home Directions (No 6)
24 May 2020	Restricted Activity Directions (No 8)
	Stay at Home Directions (No 7)
31 May 2020	Hospital Visitor Directions (No 4)
	Care Facilities Direction (No 4)
	Diagnosed Persons and Close Contact Directions (No 2)
	Restricted Activity Directions (No 9)
	Stay Safe Directions
	Direction and Detention Notice
16 June 2020	Hospital Visitor Directions (No 5)
21 June 2020	Hospital Visitor Directions (No 6)
	Care Facilities Direction (No 5)
	Diagnosed Persons and Close Contact Directions (No 3)
	Restricted Activity Directions (No 10)
	Stay Safe Directions (No 2)
	Direction and Detention Notice
27 June 2020	Direction and Detention Notice
1 July 2020	Hospital Visitor Directions (No 7)
	Care Facilities Direction (No 6)
	Diagnosed Persons and Close Contact Directions (No 4)
	Restricted Activity Directions (No 11)
	Restricted Activity Directions (Restricted Postcodes)
	Stay Safe Directions (No 3)
	Stay at Home Directions (Restricted Postcodes)
	Area Directions
4 July 2020	Area Directions (No 2)
	Detention Direction (9 Pampas Street, North Melbourne)

	Detention Direction (12 Holland Court, Flemington)
	Detention Direction (12 Sutton Street, North Melbourne)
	Detention Direction (33 Alfred Street, North Melbourne)
	Detention Direction (76 Canning Street, North Melbourne)
	Detention Direction (120 Racecourse Road, Flemington)
	Detention Direction (126 Racecourse Road, Flemington)
	Detention Direction (130 Racecourse Road, Flemington)
	Detention Direction (159 Melrose Street, North Melbourne)
8 July 2020	Restricted Activity Directions (Restricted Areas)
	Restricted Activity Directions (No 12)
	Stay At Home Directions (Restricted Areas)
	Stay Safe Directions (No 4)
	Area Directions (No 3)
9 July 2020	Revocation Detention Direction (9 Pampas Street, North Melbourne)
	Revocation Detention Direction (12 Holland Court, Flemington)
	Revocation Detention Direction (12 Sutton Street, North Melbourne)
	Revocation Detention Direction (33 Alfred Street, North Melbourne)
	Revocation Detention Direction (76 Canning Street, North Melbourne)
	Revocation Detention Direction (120 Racecourse Road, Flemington)
	Revocation Detention Direction (126 Racecourse Road, Flemington)
	Revocation Detention Direction (130 Racecourse Road, Flemington)
	Revocation Detention Direction (159 Melrose Street, North Melbourne)
10 July 2020	Stay Safe Directions (No 5)
	Stay At Home Directions (Restricted Areas)
15 July 2020	Diagnosed Persons and Close Contact Directions

MinterEllison

21 September 2020

BY EMAIL

Solicitors Assisting
Board of Inquiry into the COVID-19 Hotel Quarantine Program
lawyers@quarantineinquiry.vic.gov.au

Dear Solicitors Assisting

Board of Inquiry into the COVID-19 Hotel Quarantine Program Initial Response & Annexure 5 to letter to Board dated 17 July 2020

We refer to the letter to the Board from Ms Kym Peake dated 17 July 2020 (**Initial Response**).

We have identified some minor corrections to the Initial Response and Annexure 5. In that regard:

1. the reference to a National Cabinet Decision should have been 27 March 2020, and it is erroneously recorded as 26 March in two places. That error is contained in the following paragraph and in the chronology in Annexure 5:

On 26 March, National Cabinet agreed (on advice of AHPPC) to reduce a major source of transmission risk and growth in COVID-19 cases by requiring all travellers arriving in Australia to undertake their mandatory 14 day self-isolation at designated facilities (for example, a hotel).

2. some other minor corrections to Annexure 5 which are marked up in the attached version.

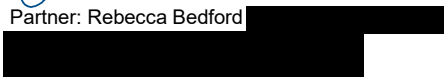
Please do not hesitate to contact us should you have any questions or require anything further.

Yours faithfully

MinterEllison



Partner: Rebecca Bedford



Annexure 5
Chronology of key events

Date	Key events
10 January	Victoria's Chief Health Officer issued an alert for patients who had travelled to Wuhan, China and experienced the onset of fever and respiratory symptoms within two weeks of return
20 January	The Australian Health Protection Principal Committee comprising all state and territory Chief Health Officers and the Chief Medical Officer of Australia met to consider a national response to COVID-19
29 January	The Commonwealth CMO recommended anyone travelling from Hubei province should isolate for 14 days. In Victoria, Public Health and Wellbeing Regulations were updated to require COVID-19 test results to be notified to the department
1 February	Advice on self-isolation was extended to anyone returning from mainland China (excluding Hong Kong, SAR, Macau and Taiwan. The Commonwealth Government cancelled visas for Chinese travellers due to enter Australia
1 February	Designated State Controller for the Class 2 Emergency appointed in Victoria
February and early March	CHO advisories defining case definitions (describing relevant symptoms and criteria for testing) were refined in line with guidance from the National Communicable Diseases Network
First half of March	Australian travel bans were extended to Iran, South Korea and Italy, with all non-residents banned from entering Australia from 21 March
10 March	Release of the COVID-19 Pandemic Plan for the Victorian Health Sector
15 March	Inaugural National Cabinet meeting, with regular meetings following to decide a nationally consistent approach to the pandemic response. AHPPC also met daily from the second half of March, providing advice to National Cabinet on nationally co-ordinated pandemic responses
16 March	State of emergency declared in Victoria and the CHO issues the first set of directions, banning gatherings of 400 or more people in a single undivided indoor or outdoor space; and self-quarantine for airport arrivals
18 March	Directions issued banning gatherings of 100 persons or more in a single undivided indoor space
19 March	Directions issued requiring cruise ship arrivals to self-isolate for 14 days
21 March	Directions on mass gatherings reissued to include minimum space requirements (four square metres per person) for non-essential gatherings. Directions on aged care facilities also issued, placing restrictions on visitors
23 March	Directions issued restricting hospital visitors and non-essential business or undertakings prohibited. Aged Care Sector Plan released
25 March	Directions issued expanding the list of prohibited activities

27 ⁶ March	National Cabinet decision made to commence mandatory hotel quarantine for international arrivals , with announcement by Prime Minister following the evening meeting
28 March 11.59PM	Hotel quarantine program commenced. Directions issued requiring a person who has travelled to Victoria from overseas to be detained in a hotel for 14 days
29 March	Deputy State Controller appointed to give greater focus on hotel quarantine operations.
30 March	Stay at home directions issued requiring a person to stay at home unless they had to obtain goods or services, for care or compassionate reasons, to attend work or education or for exercise
3 April	Release of the COVID-19 Plan for the Disability Sector and guidance for family services, and family violence and sexual assault services
3 April	New Crisis Council of Cabinet and Mission Coordination Committee announced by the Premier of Victoria to enable rapid and coordinated whole of government decision-making and oversight through pandemic response
12 April	First returned travellers exit from hotel quarantine program after mandatory 14 day period
16 April	Prime Minister communicated the decision to pursue a suppression strategy, noting that this would mean Australia would continue to have outbreaks that would require ongoing rapid responses.
17 April	Emergency Operations Centre (EOC) established for Operation Soteria, led by dedicated COVID-19 Accommodation Commander.
From 2 May	All quarantined individuals (regardless of age or other risk factors) offered COVID-19 testing on day 3 and day 11 of the mandatory quarantine period
26 May	First case notified - outbreak at Rydges on Swanston
15 June	Alfred Health commenced core clinical and non-clinical leadership and support roles at COVID-19 positive hotels
16 June	First case notified - outbreak at Stamford
28 June	Changes made to legal directions to require returned travellers to undergo a further ten days of hotel quarantine if they did not engage in COVID-19 testing
30 June	Establishment of Board of Inquiry into the Victorian Government COVID-19 Hotel Quarantine Program announced

Wider departmental actions

Throughout late March and early April, the department and its administrative offices also led the development of the COVID Plan for the Community Sector, and guidance and advice for young people in care services, community health services, maternal and child health services, mental health services, neighbourhood houses and social housing, kinship and foster carers, new parents, volunteers and Aboriginal and Torres Strait Islander communities.

The department also amended the homelessness services guidelines and conditions of funding and issued fact sheets and procedural advice for specific issues, including use of PPE, diffusing tense situations during the pandemic, protective strategies to lessen the impact of COVID-19 restrictions, advice to support children and young people with learning during the pandemic, and advice on isolation management in disability accommodation services.

The CHO and the Public Health Command also provided advice to the Department of Education and Training and critical industry sectors on their own pandemic responses.

The department also released guidance for critical sectors to support their own preparedness throughout March, including:

- Updated whole of government pandemic influenza action plan (with Emergency Management Victoria)
- COVID-19 Amendment to Homelessness Services Guidelines and Conditions of Funding.

Other programs operationalised by the department during March and April included:

- Emergency relief packages
- Centralised procurement of PPE and critical supplies for the health sector.
- Temporary accommodation for people experiencing homelessness during the pandemic
- Health surveillance support for young people in residential care
- \$600 payments to foster and kinship carers
- Respite and emergency contingency placements for children in care
- Extra staffing to address risk and safety concerns in residential care
- Additional resources for cleaning in residential care
- Expansion of the Home Stretch program to support young people turning 18 years and due to leave care during the coronavirus (COVID-19) pandemic
- Carer phone line to support children and families

Full chronology of Legal Directions issued

Signing date¹	Direction
16 March 2020	Non-Essential Mass Gatherings
18 March 2020	Airport Arrivals
	Mass Gatherings
19 March 2020	Cruise Ship Docking
	Revocation of Airport Arrivals
21 March 2020	Mass Gatherings (No 2)
	Visitors to Residential Aged Care Facilities
23 March 2020	Hospital Visitor Directions
	Non-essential Business Closure Directions
25 March 2020	Isolation (Diagnosis) Direction

¹ Please note that Direction and Detention Notices do not have a signing date, and are instead identified by reference to the date on which they commenced operation.

	Prohibited Gatherings Directions
	Non-Essential Activity Directions
26 March 2020	Non-Essential Activity Directions (No 2)
28 March 2020	Revocation of Airport Arrivals Direction and Cruise Ship Docking Direction
	Direction and Detention Notice
30 March 2020	Restricted Activity Directions
	Stay at Home Directions
2 April 2020	Stay at Home Directions (No 2)
7 April 2020	Care Facilities Direction
	Restricted Activity Directions (No 2)
	Stay at Home Directions (No 3)
13 April	Hospital Visitor Directions (No 2)
	Care Facilities Direction (No 2)
	Isolation (Diagnosis) Direction (No 2)
	Restricted Activity Directions (No 3)
	Stay at Home Directions (No 4)
	Direction and Detention Notice
17 April 2020	Restricted Activity Directions (No 4)
24 April 2020	Restricted Activity Directions (No 5)
11 May 2020	Hospital Visitor Directions (No 3)
	Care Facilities Direction (No 3)
	Diagnosed Persons and Close Contact Directions
	Direction and Detention Notice
	Restricted Activity Directions (No 6)
	Restricted Activity Directions (No 7)
	Stay at Home Directions (No 5)
	Stay at Home Directions (No 6)
24 May 2020	Restricted Activity Directions (No 8)
	Stay at Home Directions (No 7)
31 May 2020	Hospital Visitor Directions (No 4)
	Care Facilities Direction (No 4)
	Diagnosed Persons and Close Contact Directions (No 2)
	Restricted Activity Directions (No 9)
	Stay Safe Directions
	Direction and Detention Notice
16 June 2020	Hospital Visitor Directions (No 5)
21 June 2020	Hospital Visitor Directions (No 6)
	Care Facilities Direction (No 5)
	Diagnosed Persons and Close Contact Directions (No 3)
	Restricted Activity Directions (No 10)
	Stay Safe Directions (No 2)
	Direction and Detention Notice
27 June 2020	Direction and Detention Notice
1 July 2020	Hospital Visitor Directions (No 7)
	Care Facilities Direction (No 6)
	Diagnosed Persons and Close Contact Directions (No 4)
	Direction and Detention Notice
	Restricted Activity Directions (No 11)

	Restricted Activity Directions (Restricted Postcodes)
	Stay Safe Directions (No 3)
	Stay at Home Directions (Restricted Postcodes)
	Area Directions
4 July 2020	Area Directions (No 2)
	Detention Direction (9 Pampas Street, North Melbourne)
	Detention Direction (12 Holland Court, Flemington)
	Detention Direction (12 Sutton Street, North Melbourne)
	Detention Direction (33 Alfred Street, North Melbourne)
	Detention Direction (76 Canning Street, North Melbourne)
	Detention Direction (120 Racecourse Road, Flemington)
	Detention Direction (126 Racecourse Road, Flemington)
	Detention Direction (130 Racecourse Road, Flemington)
	Detention Direction (159 Melrose Street, North Melbourne)
8 July 2020	Restricted Activity Directions (Restricted Areas)
	Restricted Activity Directions (No 12)
	Stay At Home Directions (Restricted Areas)
	Stay Safe Directions (No 4)
	Area Directions (No 3)
9 July 2020	Revocation Detention Direction (9 Pampas Street, North Melbourne)
	Revocation Detention Direction (12 Holland Court, Flemington)
	Revocation Detention Direction (12 Sutton Street, North Melbourne)
	Revocation Detention Direction (33 Alfred Street, North Melbourne)
	Revocation Detention Direction (76 Canning Street, North Melbourne)
	Revocation Detention Direction (120 Racecourse Road, Flemington)
	Revocation Detention Direction (126 Racecourse Road, Flemington)
	Revocation Detention Direction (130 Racecourse Road, Flemington)
	Revocation Detention Direction (159 Melrose Street, North Melbourne)
10 July 2020	Stay Safe Directions (No 5)
	Stay At Home Directions (Restricted Areas)
15 July 2020	Diagnosed Persons and Close Contact Directions

BOARD OF INQUIRY INTO THE COVID-19 HOTEL QUARANTINE PROGRAM

INITIAL RESPONSE OF THE DEPARTMENT OF JOBS, PRECINCTS AND REGIONS

1. The Department of Jobs, Precincts and Regions (**DJPR**) notes the Board of Inquiry's (**Board**) Terms of Reference 1 to 6 insofar as they pertain to the decisions, actions and responsibilities of the COVID-19 hotel quarantine program (**Program**).
2. DJPR takes this opportunity to provide relevant background to the Board to assist the Board in its understanding of DJPR's role in the Program.

A. Role

3. DJPR was established on 1 January 2019 to ensure Victoria's strong economic performance by growing industries and regions. DJPR has portfolio responsibility for a broad range of areas, including:
 - (a) agriculture;
 - (b) creative industries;
 - (c) jobs, innovation and trade;
 - (d) business precincts;
 - (e) racing;
 - (f) regional development;
 - (g) resources;
 - (h) small business;
 - (i) suburban development; and
 - (j) tourism, sport and major events.
4. DJPR also has regulatory functions across various industries including agriculture and resources, as well as emergency management functions in agriculture and critical infrastructure (being telecommunications and food and grocery supply continuity).

5. DJPR does not have responsibility, nor any powers or functions with respect to, the regulation of public health and wellbeing.
6. On 16 March 2020 a State of Emergency was declared across the State of Victoria to combat the spread of COVID-19. The State of Emergency was declared using never-before used powers under Division 3 of the *Public Health and Wellbeing Act 2008* (Vic) (**Public Health Act**).
7. At around midday on Friday 27 March 2020, the Secretary of DJPR received advice that all new international arrivals would be required to quarantine in hotels for 14 days, effective 11.59 p.m. on Saturday 28 March 2020.
8. The agencies involved in the Program included:
 - (a) DJPR;
 - (b) Department of Health and Human Services (**DHHS**);
 - (c) Victoria Police;
 - (d) Australia Border Force;
 - (e) Department of Transport; and
 - (f) the Australia Federal Police.
9. Initially, DJPR understood that it was going to have a key part of the leadership of the Program and began mobilising teams and operations, including sourcing:
 - (a) private security;
 - (b) accommodation; and
 - (c) other ancillary services.
10. On the evening of 27 March and into the morning of 28 March, DJPR did a number of things including:
 - (g) making contact with various service providers;
 - (h) engaging directly with hotels;
 - (i) arranging site visits by multiple agencies as part of site selection;
 - (j) liaising with Victoria Police including as to security requirements;
 - (k) deciding which site would be activated first; and
 - (l) arranging for additional support services as needed in each hotel.
11. On 28 March 2020, DJPR was instructed that in accordance with the Emergency Management Commissioner's powers and functions under the *Emergency Management Act 2013* (Vic) (**EM Act**), the Program was to be coordinated by the Emergency

Management Commissioner through the State Control Centre, with the control agency function to be performed by DHHS.

12. With respect to the detention of overseas arrivals, DHHS also had responsibility for the enforcement of detention orders issued under the Public Health Act through its authorised officers.
13. From that time onwards, DJPR's role was to act as the agency providing logistical support to DHHS.
14. DJPR's role as a supporting agency was reflected in the Operational Plan, produced by Emergency Management Victoria (**EMV**), specifically Appendix 3, which delineated the roles and responsibilities of each relevant agency in the Program.

B. Implementation

15. The first international passengers arrived in the early hours of Sunday 29 March 2020. Prior to that time DJPR had begun the process of implementing the logistical services under the Program. This included contractual engagement of:
 - (a) security personnel;
 - (b) concierge and co-ordination services; and
 - (c) hotels.
16. DJPR entered into contracts with the following contracted service providers:
 - (a) Hotels including Rydges on Swanston and Stamford Plaza Melbourne;
 - (b) Dnata Airport Services Pty Ltd (**Dnata**) (concierge and co-ordination);
 - (c) MSS Security Pty Ltd (security);
 - (d) Unified Security Group (Australia) Pty Ltd (security); and
 - (e) Wilson Security Pty Ltd (security).
17. The term of these contracts included requirements on the contractors to ensure that their personnel:
 - (a) wore the necessary personal protective equipment;
 - (b) received adequate training for work in the Program (including in relation to work health and safety having regard to the hazards particular to the Program, and by completing

the Australian Government Department of Health COVID-19 infection control training module); and

- (c) met site safety requirements.
18. DJPR's role at each of the relevant sites¹ was to provide logistical support to the control agency. This included:
- (a) coordination of arrivals to, and departures from, hotels;
 - (b) working with hotel staff to ensure general services such as meals, toiletries, cleaning and laundry were provided;
 - (c) managing the contracts for specialist cleaning and hotel security;
 - (d) providing DHHS with data on passenger check-in details and notifying DHHS of any incidents arising at the hotel of which DJPR became aware; and
 - (e) running a call centre to deal with specific requests such as grocery orders and collecting items from home.
19. Present on site were:
- (a) a Dnata site manager whose role was to liaise with DJPR, Victoria Police, security and DHHS around logistical issues that arose on site;
 - (b) security guards,
 - (c) DHHS nurses and other personnel;
 - (d) an Authorised Officer of DHHS, who was the repository of power for the enforcement of detention orders under the Public Health Act and for the implementation of policies and directions of DHHS as the control agency; and
 - (e) a DJPR lead liaison officer who liaised with the hotel manager and DHHS to ensure the efficient provision of logistical support.

C. Regulatory framework

20. The model for the Program was produced in rapid response to an emerging public health crisis the scale of which was unknown at the time it was devised.
21. DJPR's role in that model was to provide logistical support and services to the Program. It did so within a governance framework that presented certain challenges to its role as contract manager. Specifically, although DJPR held contracts with the relevant contracted service providers, the ultimate on-site control rested with the control agency, with the State Control Centre having overall responsibility of the coordination of the Program.
22. As a result, the control agency authorised all practices and procedures, reporting

¹ Other than Rydges, which was subject to an on-site regime purely administered by DHHS.

hierarchies, and structural issues in the development and implementation of the Program.

23. In particular, because DJPR had no operational control over the Program or legal authority to enforce the detention orders, DJPR was limited in its ability to manage any containment risks that may have arisen from the Program.
24. In so far as they arose during the course of the Program, DJPR did not have access to the key public health information, such as outbreak reports outlining the cause of infection which would have enabled DJPR to exercise its contractual rights to mitigate any future risk to contracted personnel and the community.
25. DJPR considers it would have been prudent to transfer contractual responsibility for service providers to the agency that had operational control of the Program.
26. We look forward to assisting the Inquiry in due course.

17 July 2020



John Tuck, Partner
Corrs Chambers Westgarth
Solicitors for DJPR

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Board of Inquiry into the COVID-19 Hotel Quarantine Program
Submission for the Department of Justice and Community Safety
17 July 2020

PART A: INTRODUCTION

- 1 The year 2020 has been an extraordinary and difficult one for Victorians. That is no less true for the state's public servants, and the people who work with the Department of Justice and Community Safety (*DJCS*).
- 2 It began with Victoria battling a very challenging bushfire season – as long and as intense as any in memory. Hundreds of homes were damaged or destroyed, more than 1.5 million hectares of land was burnt, and tragically, five lives were lost. DJCS staff played a critical role in this response.
- 3 Amidst a bushfire response and recovery operation, we then had to regroup and combat a global pandemic. It is truly an unprecedented time.
- 4 DJCS is grateful to all of those people who stand shoulder to shoulder, around the clock, doing all in their power to keep the Victorian community safe.

1 Overview of Submission

- 5 This submission is made in response to the letters from the Board of Inquiry into the COVID-19 Hotel Quarantine Program (the *Inquiry*) to each of the DJCS and Emergency Management Victoria (*EMV*) dated 10 July 2020 (the *Inquiry Letters*), inviting an initial response to the specific questions asked in the Inquiry Letters.
- 6 This submission is divided into the following parts:
- (a) Part A (Introduction): provides an overview of the roles of the relevant DJCS operations involved in the delivery of the Quarantine Program,¹ being EMV and Corrections Victoria; and
 - (b) Part B (Responses to Questions 1 to 4): contains DJCS' responses to Questions 1 to 4 in relation to both Emergency Management Victoria and Corrections Victoria.

2 Whole of Victorian Government governance arrangements for COVID-19

- 7 The Government's response and decisions relating to COVID-19, including in relation to the Hotel Quarantine Program, have been coordinated through a governance structure announced by the Premier on 3 April 2020.
- 8 At the apex of the structure is the Crisis Committee of Cabinet (*CCC*), chaired by the Premier, which was established as the core decision-making forum for the Victorian Government for all matters related to the COVID-19 emergency, including in relation to the outcomes of the National Cabinet. CCC comprises the Premier, together with the Ministers appointed as "Coordination Ministers" to assist in the delivery of 8 core missions for COVID-19 response activities. Those Ministers are:
- (a) Minister for the coordination of Health & Human Services COVID-19 (Minister Mikakos);
 - (b) Minister for the coordination of Environment, Land, Water & Planning COVID-19 (Minister Neville);
 - (c) Minister for the coordination of Transport COVID-19 (Minister Allan);
 - (d) Minister for the coordination of Education & Training COVID-19 (Minister Merlino);
 - (e) Minister for the coordination of Treasury & Finance COVID-19 (Minister Pallas);

¹ Quarantine Program is used throughout this submission in the same way as it is defined in the Order in Council establishing the Inquiry. It is the program requiring returned overseas travellers to be quarantined for at least 14 days in certain hotels following their arrival in Australia as part of the Victorian government's COVID-19 hotel quarantine program.

- (f) Minister for the coordination of Jobs, Precincts & Regions COVID-19 (Minister Pakula); and
 - (g) Minister for the coordination of Justice & Community Safety COVID-19 (Minister Hennessey).
- 9 A Missions Coordination Committee (**MCC**) chaired by the Secretary of the Department of Premier and Cabinet (**DPC**) was established as the principal public service forum to support the delivery of the initial eight missions. The Secretary of DJCS was appointed as the mission lead for Continuity of Essential Services – People (together with the Secretary of the Department of Education and Training (**DET**)) and Restoration / Return of public services – People (together with the Secretary of DET). Secretaries of other Departments were appointed to lead the following:
- (a) health emergency (Secretary of Department of Health and Human Services (DHHS));
 - (b) economic emergency (Secretary of the Department of Treasury and Finance (DTF));
 - (c) economic program delivery, supply, logistics and procurement (Secretary of the Department of Jobs, Precincts and Regions (DJPR));
 - (d) continuity of Essential Services – Economic (Secretaries of the Department of Environment, Land, Water and Planning (DELWP) and the Department of Transport (DOT));
 - (e) economic Recovery (private sector) (Secretary of DTF); and
 - (f) Restoration / Return of public services – Economic (public sector) (Secretaries of DOT and DELWP).
- 10 The Missions structure was updated in June 2020 as the public health response evolved. The Secretary of DJCS was appointed as the mission lead for the restoration and reform of public services (together with the Secretaries of DHHS and DET). Secretaries of other Departments were appointed to lead the following missions:
- (a) public health resilience (Secretary of DHHS);
 - (b) economic management and preparation of the 2020-21 budget (Secretary of DTF);
 - (c) economic program delivery, supply, logistics and procurement (Secretary of DJPR);
 - (d) restoration and reform of public services – Economic (public sector) (Secretaries of DOT and DELWP); and
 - (e) economic recovery and growth (Secretary of DJPR and the CEO of Invest Victoria).

3 Emergency Management Victoria and the Emergency Management Commissioner

3.1 Overview

- 11 EMV is a body corporate established pursuant to Part 3 of the *Emergency Management Act 2013* (Vic) (the **Act**). It consists of a Chief Executive and the Emergency Management Commissioner (**EMC**). EMV staff are employed by DJCS.
- 12 As the central body for emergency management in Victoria, the functions of EMV include the following:
- (a) to act as the agency responsible for the coordination of the development of the whole of government policy for emergency management in Victoria;
 - (b) to provide policy advice to the Minister in relation to emergency management;
 - (c) to implement emergency management reform initiatives given to it by the Minister;

- (d) to liaise with the Commonwealth Government on emergency management; and
 - (e) to provide support to the EMC to enable the EMC to perform the functions conferred on him.²
- 13 The current EMC is Andrew Crisp. The EMC is appointed by the Governor in Council pursuant to Part 4 of the Act and has functions including the following:
- (a) responsibility for the coordination of the activities of agencies having roles or responsibilities in relation to the response an emergency;
 - (b) ensuring that control arrangements are in place during an emergency and that the relevant agencies act in accordance with the State Emergency Response Plan (**SERP**);
 - (c) manage the State Control Centre (**SCC**) on behalf of, and in collaboration with, all agencies that may use this primary control centre for emergencies;
 - (d) ensure that the Minister is provided with timely and up to date information in relation to the response to major emergencies; and
 - (e) be responsible for the preparation of the State Emergency Management Plan (**SEMP**).³
- 14 The EMC must also arrange for the preparation of the SERP referred to at paragraph 9(b) above that sets out an integrated, coordinated and comprehensive approach to emergency management at the State level.⁴ Any agency that has a role or responsibility under the SERP must comply with it, and the EMC can direct it to comply if it fails to do so.⁵

3.2 The COVID-19 pandemic: a Class 2 emergency

- 15 Victoria's emergency management arrangements are established by the *Emergency Management Act 1986* (Vic) and the Act. Under the Act and the SERP, emergencies are classified as either Class 1, Class 2 or Class 3. The COVID-19 pandemic is classified as a Class 2 emergency.
- 16 The Act establishes the responsibilities for responding to a Class 2 emergency. These responsibilities can be broadly described as follows:
- (a) As provided for in the SERP, the agency responsible for responding to the emergency is DHHS (the **Control Agency**).
 - (b) DHHS is responsible for developing and maintaining the State Health Emergency Response Plan (**SHERP**), as a sub-plan of the SERP. The purpose of the SHERP is to describe the integrated approach and shared responsibility for health emergency management between DHHS, Ambulance Victoria, the emergency management sector, the health system and the community and how these relate to the arrangements in the SERP. The arrangements in the SHERP apply on a continuing basis, and were escalated in response to the COVID-19 pandemic, as a class 2 emergency.
 - (c) One or more State Controllers may be appointed by DHHS in response to a Class 2 emergency, as the Control Agency.⁶ In relation to the COVID-19 pandemic, DHHS appointed a Class 2 Controller (State Controller - Health) and notified the EMC of the appointment. The Class 2 State Controller:

² *Emergency Management Act 2013* (Vic) s 17(2).

³ *Emergency Management Act 2013* (Vic) s 32(1).

⁴ *Emergency Management Act 2013* (Vic) s 53(1).

⁵ *Emergency Management Act 2013* (Vic) s 55.

⁶ *Emergency Management Act 2013* (Vic) s 39(2); State Emergency Response Plan p 3-10.

- (i) must keep the EMC informed about the effectiveness of control arrangements; and⁷
- (i) is responsible for leading and managing the response to the emergency, including issuing warnings, giving directions to regional and/or incident controllers as required, supporting the EMC to identify current and emerging risks or threats in regard to the emergency, and implementing proactive response strategies.⁸
- (d) The EMC has an accountability role in ensuring that:
 - (ii) The State's response to the emergency is systematic and coordinated, by coordinating the activities of agencies having roles or responsibilities in relation to the response.⁹
 - (iii) Effective control arrangements are in place for the emergency.¹⁰ This means that the EMC must ensure that appropriate structures and processes are in place to support the effective management of the emergency.
- (e) To ensure an effective response to adverse health consequences for communities, DHHS may also, in consultation with the EMC, request activation of the SCC to provide support to the State Controller - Health. The SCC provides a range of services to assist with the coordination and control of emergencies and has well-established protocols for working across all government agencies and for providing information and warnings to the community. The SCC was activated in response to the COVID-19 pandemic on 11 March 2020.
- (f) When activated, the SCC performs the following functions, in support of the Control Agency, State Controller - Health and the EMC:
 - (iv) ensuring the State Control Team (**SCT**) maintain appropriate situational awareness to support strategic decision-making;
 - (v) engaging with and providing information to key stakeholders and the State Emergency Management Team (**SEMT**);
 - (vi) ensuring control strategies and arrangements are appropriate;
 - (vii) ensuring information and community warnings are timely and appropriate;
 - (viii) prioritising the allocation of state and specialist resources (including the Australian Defence Force (**ADF**)); and
 - (ix) providing support to State, regional, incident control and agency personnel.¹¹

3.3 Operation Soteria

- 17 On 27 March 2020, National Cabinet agreed that from no later than 11.59pm on 28 March, all travellers arriving into Australia would be required to undertake a mandatory 14 day self-isolation at designated facilities (for example, a hotel).
- 18 An operation given the name "**Operation Soteria**" by the EMC commenced on 28 March 2020. While the Government's response to COVID-19 includes a range of accommodation services (including the provision of emergency accommodation for victim-survivors of family violence and the "Hotels for Heroes" program), Operation Soteria's mandate was, when it commenced, limited

⁷ State Emergency Response Plan p 3-35.

⁸ State Emergency Response Plan p 3-35.

⁹ *Emergency Management Act 2013* (Vic) s 32(1).

¹⁰ *Emergency Management Act 2013* (Vic) s 32(1).

¹¹ See e.g. <https://www.emv.vic.gov.au/about-us/locations/state-control-centre-scc>.

- to managing mandatory detention for new arrivals into Victoria through detention notices issued under the *Public Health and Wellbeing Act 2008* (Vic).
- 19 Prior to the commencement of Operation Soteria, DJCS was advised that DJPR had been directly commissioned to procure the necessary services to commence Operation Soteria, such as entering into arrangements with hotels, security providers and transport operators.
- 20 The EMC endorsed an Operations Plan on 26 April 2020 for Operation Soteria (***Operations Plan***). The Operations Plan was developed in a collaborative manner through the operational arrangements established at the State Control Centre, under the authority of the State Controller Class 2.
- 21 The Operations Plan sets out how Operation Soteria would be implemented and the agencies responsible for each of the project phases. These phases were: (i) preliminary phase (plan and prepare); (ii) on the flight; (iii) landed; (iv) arrival at hotel; (v) quarantined; and (vi) exit.
- 22 Relevantly, the Operations Plan stated that:
- (a) the State Controller – Health has operational accountability for the quarantine accommodation of returned travellers; and
 - (b) DHHS, as the Control Agency, has responsibility for the oversight and coordination of Operation Soteria.
- 23 Deputy State Controllers Chris Eagle and Scott Falconer (reporting to the State Controller – Health) were appointed to Operation Soteria on 29 March 2020.
- 24 Under the SHERP, the EMC was responsible for ensuring that the proper control arrangements were in place for Operation Soteria as a Class 2 emergency, and for ensuring that the response was systematic and coordinated. The State Controller and Deputy State Controllers had day-to-day decision-making responsibility and accountability for the effective delivery of the emergency response.

4 Corrections Victoria

4.1 Overview of Corrections Victoria

- 25 Corrections Victoria (***Corrections***) is a business unit of DJCS. Corrections is responsible for the direction and management of Victoria's adult corrections system.

4.2 Role in the Quarantine Program

- 26 Following consideration of various alternatives to the private security providers which had been in the hotels since the commencement of the Quarantine Program, on 27 June 2020, Corrections was asked whether it was feasible for it to take over responsibility for resident supervision as soon as it was possible to safely do so.
- 27 Corrections was well suited to the resident supervision role due to its existing experience in managing infection control risks in the correctional setting and capacity to deploy quickly and efficiently. Corrections has experience in delivering protective quarantine in custodial facilities, including infection control and associated processes. Corrections staff also have skills in supervision, communications, engagement with members of the public and de-escalation.
- 28 On 30 June 2020 the Premier requested the Prime Minister to divert all international flights to other cities to allow a reset of the Quarantine Program from 1 July 2020 to 14 July 2020.
- 29 On 2 July 2020, Corrections personnel began the step-in to take over resident supervision services. Corrections personnel are now present at all hotels with guests in the Quarantine

- Program and the private security providers previously in resident supervision roles have been exited.
- 30 The scope of Corrections' role within the Quarantine Program hotels which **do not** accommodate residents who are COVID-19 positive is presently limited to deploying Residential Support Officers (**RSOs**) and Team Leaders to:
- (a) supervise and monitor returned travellers who are quarantining in hotels;
 - (b) provide internal escort of people in hotel quarantine (as approved by DHHS Authorised Officers (**DHHS AOs**)); and
 - (c) support physical distancing requirements in the sense explained below.
- 31 A different service model is in place at the hotels being used to accommodate those people who have tested positive for COVID-19 (currently the Brady Hotel and the Grand Chancellor Hotel), which are known as "hot hotels". At these hotels, Alfred Health is currently responsible for providing guest supervision services under contractual arrangements with DHHS. A Corrections presence is onsite at each of these locations, 24 hours a day.
- 32 Outside of correctional facilities, Corrections personnel are not, at law, permitted to exercise powers under the *Corrections Act 1986* (Vic) or otherwise use force beyond common law rights to self-defence. In this context, the role of RSOs is to de-escalate conflict scenarios through communication techniques, and where necessary to escalate incidents to DHHS AOs or Victoria Police.
- 33 At present, RSOs and Team Leaders are either Corrections prison officers, former airline staff trained by and under the supervision of Corrections and other staff identified with the appropriate skills and experience. DJCS has thus far staffed RSO and Team Leader positions with:
- (a) Approximately 91 existing prison officers; and
 - (b) 672 other staff, the substantial majority being former airline staff who would otherwise be unemployed.
- 34 Former airline staff were identified as highly suitable for both the RSO and Team Leader roles due to their previous professional training and experience in customer service, including the ability to de-escalate conflict situations through communication skills, understanding of operational considerations within a highly regulated industry and familiarity with following safety processes and procedures.
- 35 All staff are DJCS employees (deployed by Corrections Victoria) and are subject to the Code of Conduct for Public Sector employees.
- 36 Other roles in the hotels include:
- (a) DHHS staff including:
 - (i) DHHS AOs – DHHS AOs are responsible for the regulation of *Direction and Detention Notices*, including issuing guests with detention notices, providing permissions for any movement in or out of designated rooms, daily verification that conditions of public health risk per person warrant continued detention, administration and implementation of any changes to the place of detention as approved by Chief Health Officer's delegate;
 - (ii) Team Leaders (**DHHS TLs**) – DHHS TLs act as a central coordination and intelligence point, resolving operational and logistics issues; and
 - (iii) medical, nursing and welfare staff;
 - (b) hotel management;

- (c) Victoria Police, which retains quarantine enforcement responsibility, including by conducting spot checks and responding to incidents where individuals attempt to breach quarantine in accordance with the *Public Health and Wellbeing Act 2008 (Vic)*; and
 - (d) the Alfred Hospital, which:
 - (i) provides Customer Service Officers (**CSOs**) – CSOs provide concierge services onsite, manage luggage, deliver externally prepared meals and parcels and organise transport, taking over some of the functions previously performed by private security providers; and
 - (ii) has also been engaged by DHHS to provide services in relation to the supervision of returning travellers, for hotels where there are confirmed cases of COVID-19.
- 37 Alongside step-in of Corrections staff, DJCS also assisted in arrangements to bring an end to the provision of services by private security providers in hotels containing no positive cases of COVID-19. These services ceased on the following dates:
- (a) Wilson Security on 5 July 2020;
 - (b) MSS Security on 10 July 2020; and
 - (c) Unified Security on 11 July 2020.
- 38 Further detail in relation to Corrections' role in the Quarantine Program is provided in response to questions 3 and 4 below.

PART B: RESPONSES TO QUESTIONS 1 TO 4

1 Questions 1 and 2

1.1 Emergency Management Victoria

- 39 As set out above, during a Class 2 emergency, the EMC's role is to ensure the coordination across relevant agencies involved in the emergency response, and that effective control arrangements are in place for the emergency.
- 40 The matters set out below were brought to the attention of the EMC in the course of his role, using the established framework under the Operations Plan and state control arrangements. The list below is not an exhaustive list. It contains the matters that have been identified to date in the timeframe available for preparing this initial submission.
- (a) reports by DJPR of unspecified issues with private security in late March 2020;
 - (b) reports of private security personnel not complying with social distancing practices in early April 2020;
 - (c) reports of quarantined travellers freely moving around with the general public in connection with the Novotel South Wharf and Pan Pacific hotels in mid-April 2020;
 - (d) complexities arising in relation to guests that became COVID-19 positive, including the need to move them to one hotel, in late April 2020;
 - (e) the need to consider longer-term approaches to the resourcing of Operation Soteria in late May 2020;
 - (f) various individual hotel outbreaks from late May to mid-June 2020, and the steps that were being taken by the relevant agencies in relation to those outbreaks; and

- (g) a request for ADF assistance (that was later withdrawn) to provide a boost in support for hotel quarantine while options for replacing the current security arrangements were developed.

41 In relation to each of these matters, the EMC engaged in regular and ongoing discussion with the State Controller – Health as required to reach a level of satisfaction that appropriate updates to policies and procedures were being made by those with operational responsibility to adequately address the matters. Those discussions involved both: (i) regular proactive briefings from the State Controller – Health; and (ii) the EMC asking questions of the State Controller – Health. In each instance, the EMC was satisfied that the information provided by the State Controller – Health demonstrated that an appropriate response to the matter was being implemented by the State Controller – Health and the Deputy State Controllers.

42 The updates referred to in paragraph 41 include the following non-exhaustive matters identified to date.

- (a) On or about 18 April 2020, a DHHS-run Emergency Operation Centre (EOC) was assembled in Fitzroy (to replace the Operation Soteria SCC). This move occurred at the direction of the State Controller – Health and took place to ensure that Operation Soteria was appropriately resourced. The role of the EOC was to take the lead on the operational activities associated with Operation Soteria. EMC did not have a presence at the EOC and received regular reports from the State Controller - Health on its operations. The State Controller – Health received regular reports from the Commander COVID-19 Accommodation.
- (b) Following the transition of Operation Soteria into the EOC, the role of the Deputy State Controllers concluded on 1 May 2020.
- (b) ADF planners were introduced to support the EOC on or about 24 June 2020, to assist DHHS with their operations in relation to Operation Soteria.
- (c) The step-in of Corrections to Operation Soteria on or about 2 July 2020, as described in section 11 of Part A above, and the corresponding introduction of a Corrections presence into the EOC.

1.2 Corrections

43 Since Corrections first became involved in the Quarantine Program on 27 June 2020, Corrections has transitioned out private security providers in hotels where there are no confirmed cases of COVID-19 and transitioned in DJCS personnel, with step-in commenced on 2 July 2020 and completed by 11 July 2020.

44 DJCS is not currently aware of any shortcomings on the part of Corrections within the Quarantine Program (noting the more limited role played by DJCS in relation to hotels with COVID-19 cases, as described above). Corrections has established policies and procedures to manage infection control risks within its operations and is regularly monitoring compliance with those policies and procedures. This is addressed further in response to questions 3 and 4 below.

45 Before deploying Corrections personnel to hotels, Corrections conducted the following assessments in order to adequately assess staffing needs for each hotel and to determine whether uplift was required within the hotels to ensure they were a safe place for Corrections personnel:

- (a) **Site Infection Control Assessment.** This assessment was developed and conducted by REDACTED s73(e) the member otherwise con an Infection Protection Australia consultant and assessed practices in relation to infection control;

- (b) **OH&S Assessment.** This assessment used the Corrections standard OH&S assessment modified for the hotel context and overlaid with infection control requirements.
 - (c) **Hotel Security Risk Assessment.** This is an assessment of features of the hotel such as guest capacity, guest airing capacity and entry and exit points.
 - (d) **General Managers inspection.** This was conducted to ensure compliance with the earlier risk assessments and readiness to step in.
 - (e) **Commissioner's inspection.** This was to ensure safety and final approval before step in.
- 46 In conducting these assessments, Corrections identified improvements to be made to the management of various infection risks across the hotels, including in respect of the approach to:
- (a) COVID-19 risk screening processes;
 - (b) use of the lifts to segregate travel by staff and guests;
 - (c) mixing of staff in break out areas;
 - (d) use of personal protective equipment (**PPE**), and associated training and communication of requirements;
 - (e) access to correct PPE and hand sanitiser;
 - (f) signage showing processes for hand hygiene and PPE or designating zones where PPE is required;
 - (g) stations for donning and doffing of PPE on guest floors;
 - (h) numbers of clinical waste bins at doffing points;
 - (i) arrangements in place for the cleaning of high touch point areas; and
 - (j) the method for identifying visitors to hotels (i.e. staff ID for all categories of staff).

Since commencement, RSOs and Team Leaders have also identified improvements that could be made to social distancing practices and practices of cleaning staff in hotels containing positive cases of COVID-19, which have been brought to the attention of DHHS.

2 Questions 3 and 4

2.1 Emergency Management Victoria

47 As set out above, the roles and responsibilities of the EMC in relation to the COVID-19 pandemic are defined by Victoria's emergency management arrangements as they apply to a Class 2 emergency. Those roles and responsibilities have not changed during the course of Operation Soteria.

48 However, Operation Soteria has undergone various operational changes to date, including changes in the operational responsibility of various State agencies. An example of an operational change of this nature is the introduction of the role of Corrections that is described in section 11 of Part A above.

2.2 Corrections

49 As Corrections only became involved in the Quarantine Program on 27 June 2020, it has not made any changes to its communications, conduct and decisions since its initial involvement. However, to assist the Inquiry, set out below is an overview of the operational approach implemented by Corrections.

50 To ensure a consistent standard was applied across the hotels and that risks were managed, Corrections developed a step-in plan checklist, which included completion of assessments, documentation and mitigation of risks, recruitment and training of staff, and development of policies and procedures.

51 In relation to risk management, Corrections worked with its infection control consultants [REDACTED s73(e) the member] and [REDACTED s73(e) the member otherwise considers the prohibi] hotel staff and DHHS and put in place its own practices to respond to potential risks identified in its risk assessment process. The below table provides a summary of the risk management strategies implemented or monitored by Corrections.

Potential risk	Mitigation strategies
Contraction of COVID-19 from surfaces within hotel	Establishment of separate donning and doffing stations on guest floors; lifts are allocated as clean or dirty where possible and if not possible an adequate disinfection process is in place after lift use; clear signage indicating proper process for donning and doffing PPE; high touch point area cleaning; signage indicating zones where PPE is required; yellow bins for clinical waste on each guest floor
Contraction of COVID-19 from returned-travellers	Training in infection control, including hand hygiene and appropriate PPE use; access to PPE, cleaning wipes and hand sanitiser provided; clear procedures for when PPE is required; social distancing maintained wherever possible
Contraction of COVID-19 from other staff	Training in infection control, including hand hygiene and appropriate PPE use; temperature testing conducted at the beginning of shifts; personnel required to stay at home if feeling unwell
Potential for spread of COVID-19 between hotels or workplaces	Corrections personnel are assigned to a single hotel to limit the spread of infection; approval is required for any employment or voluntary work outside of the RSO role
Contraction of COVID 19 from external visitors to the hotel	Access to hotels restricted to authorised personnel with a procedure for verifying whether a person is an authorised person

52 To ensure co-ordination with other Quarantine Program stakeholders, part of the Team Leader function is to liaise with hotel operators, DHHS staff and emergency services as required. This includes in relation to the escalation and notification of incidents to DHHS.

53 In relation to training, Corrections has implemented training comprising the following modules:

- (a) **Infection Prevention and Control.** This is an adapted version of the pre-existing Corrections training on infection control that was developed by [REDACTED s73(e) the member otherwise co] of Infection Prevention Australia and endorsed by [REDACTED s73(e) the member otherwise considers the prohibition] Chief Health Officer and Executive Director of Public Health for the Victorian Government from [REDACTED s73(e) the member otherwise]. The training includes instruction by a facilitator as to infection control and PPE requirements for the RSO role, a practical demonstration of correct wearing of PPE and a self-directed assessment.

- (b) **Strategic & Tactical Communication.** This provides training on effective communication strategies, tactical communications and how to respond to typical situations an RSO may encounter.
- (c) **Residential Support Officer Induction.** This training sets out the roles and responsibilities of the various government agencies in the Quarantine Program, including of RSOs and Team Leaders, the behavioural requirements of RSOs and Team Leaders and the professional boundaries requirements.
- 54 The training program is one day for new Corrections personnel whilst existing Corrections personnel are delivered an abridged version lasting four hours, as they have already completed extensive training in their previous corrections role. Training is a mandatory requirement before Corrections personnel are deployed to a hotel. As at 10 July 2020, 616 individuals had been trained.
- 55 In addition to this formal training, RSOs are briefed in infection prevention at the commencement of every shift.
- 56 Corrections has also developed the following written policies and procedures:
- (a) **State-wide operating procedures: Mandatory quarantine for all Victorian arrivals – DJCS supervision.** This sets out the cross-governmental roles and responsibilities, Corrections roles, various measures to limit the spread of COVID-19, the incident management emergency response process and training requirements for Correction personnel. The incident management emergency response process sets out escalation processes for reporting to DHHS AOs or DHHS TLs and the Corrections Operations Manager. It also establishes requirements for documentation and notification of a defined list of incidents, including any intentional or unintentional breach of a detention order.
- (b) **State-wide staffing model: Mandatory quarantine for all Victorian arrivals – DJCS supervision.** This sets out position responsibilities for Corrections personnel, staffing structures and the rostering format.
- (c) **Hotel Shift Orders – Resident Support Officer – floors and rovers.** This sets out detailed instructions for how various tasks within the RSO or Team Leader role should be completed, including considerations to maintain safety. The staffing model was developed by reference to the hotel environment and how the RSO function could be fulfilled using an efficient distribution of personnel. RSOs are rostered by an 80-hour plus fortnight, consisting of 6 x 12 hour and 1 x 8 hour shifts, resulting in a model which is substantially a 12 hour shift model with extra coverage over most lunch breaks. The staffing model places one RSO per entry/exit, one RSO per floor with returned travellers and provides additional support through roving RSOs and the Team Leader on the shift. There are two Corrections Operations Managers so that someone is on call for any matters requiring escalation 24/7.
- (d) **PPE Requirements – Resident support officers.** This outlines the PPE required for procedures RSOs undertake.
- 57 Key procedures and information are readily available to DJCS personnel on every shift, with the Hotel Shift Orders visible at every post and site specific information contained in the breakout area.
- 58 In relation to ongoing monitoring, Corrections has begun the process of formalising ongoing monitoring and assessment of compliance with policies and procedures to manage infection control. Regular monitoring is already in place through regular site visits to hotels by the Commissioner of Corrections, General Managers and Operations Managers. In addition, follow

- up OH&S assessments will be conducted within 14 days of mobilisation. Corrections are also currently in discussions regarding implementing a formal review process.
- 59 On 8 July 2020, a Supplement was made to the General Order of 22 June 2020 which moved responsibility under the *Public Health and Wellbeing Act 2008* (Vic) for functions relating to the detention of people arriving in Victoria from overseas in hotel quarantine to the Attorney-General. DJCS is working closely with DHHS, the Chief Health Officer and DHHS AOs, to support the ongoing effectiveness of the Hotel Quarantine program and to facilitate the safe transition of administrative responsibilities.



Department of Premier and Cabinet

1 Treasury Place
Melbourne, Victoria 3002 Australia
Telephone: 03 9651 5111
dpc.vic.gov.au

The Honourable Jennifer Coate AO
Board of Inquiry into the COVID-19 Hotel Quarantine Program
C/o Solicitors Assisting

D20/107245

lawyers@quarantineinquiry.vic.gov.au

Dear Justice Coate

Thank you for your letter of 10 July 2020 informing the Department of Premier and Cabinet (DPC) of the Board of Inquiry's (Inquiry) anticipated timelines and requesting an initial response.

Initial response to questions

In your letter, you asked DPC to provide an initial response to four questions. DPC's response is set out below.

1. *Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?*

DPC has not identified any shortcomings on its part in respect of its role in the Hotel Quarantine Program (Quarantine Program). It is noted that DPC has not engaged any contractors or sub-contractors in relation to the Quarantine Program.

To understand why DPC has not identified any shortcomings, it is useful to set out DPC's role in the Quarantine Program.

DPC role

It is relevant to note that establishment of the Quarantine Program operated in a combined agency setting through the State Control Centre. In this setting, DPC's role was primarily one of liaison.

DPC has continued to be involved in a liaison and shadowing capacity in the operation of the Quarantine Program. At a high level, DPC's shadow role has included:

- Seeking information from departments about elements of the Quarantine Program, including to provide information to the Premier's Private Office (PPO) on matters including the numbers of arrivals and future projections, exits and traveller experiences, and the additional measures put in place to address mental health concerns in the Quarantine Program, and the funding of the Quarantine Program;

- Liaising with Commonwealth agencies to seek improved data on arrivals and to cooperate on relevant consular and diplomatic queries;
- Briefing the Premier in advance of Cabinet and National Cabinet meetings; and
- Participating in interjurisdictional discussions on management of international arrivals.

DPC's key branches involved in the Quarantine Program were the Community Security and Emergency Management Branch (CSEMB), the Health and Human Services Branch (HHSB), as well as the Economic Policy and State Productivity (EPSP) Group. Both CSEMB and HHSB are part of DPC's Social Policy Group (SPG). Further information on DPC's structure is available here: <https://www.vic.gov.au/dpc-structure-organisational-chart>.

Of relevance to the Inquiry, the SPG shadows the work of the Department of Health and Human Services (DHHS) and Emergency Management Victoria (EMV). The EPSP Group shadows the Department of Jobs, Precincts and Regions (DJPR).

In performing its shadowing role, DPC relies on the operational advice, expertise and information provided by the relevant departments and agencies who are responsible for the implementation of the program and necessarily prioritises the most urgent and critical matters to focus on.

Consistent with DPC's shadowing role, DPC did not direct any department or agency regarding operational decisions, nor what services were contracted or how they were contracted. DPC was not responsible for the preparation of operational policies, protocols and procedures that were in place for the Quarantine Program, or the provision of guidance, training, equipment or any other information to the relevant personnel involved in the Quarantine Program. DPC played an oversight role in communications including reviewing and approving DJPR's initial communications plan for the Quarantine Program, as well as pieces of collateral.

Once the Quarantine Program was established, DPC was provided with updates by the departments and agencies responsible for the Quarantine Program in relation to its operation, including the numbers of arrivals and future projections, exits and traveller experiences, for the purpose of briefing the Premier (including in advance of Cabinet and National Cabinet). DPC also sought information from lead departments and agencies and provided advice to the PPO about various aspects of the Quarantine Program as issues arose, such as steps to address reported dietary and health concerns of quarantining travellers. Once issues were identified by the operational departments and agencies, DPC proactively worked closely with them to address these issues. For example, early in the Quarantine Program, there was a suicide in a hotel. DPC worked closely with DHHS to confirm the standing up of a new approach, incorporating additional measures put in place to address mental health concerns.

DPC continued to participate in combined-agency information sharing teleconferences during the operational phase. The frequency of these teleconferences decreased over time and DPC remained a participant until they concluded in that form in early July. Once the program was operational, DPC's focus did subsequently move onto other aspects of the State's response to the COVID-19 pandemic.

However, since the COVID-19 infection control issue was identified, DPC has worked with relevant departments and agencies in introducing new governance arrangements for the Quarantine Program.

For the above reasons, DPC has not identified any shortcomings in its performance of its specific coordination and shadowing role in relation to the Quarantine Program.

- 2. If so,**
- a. what were those shortcomings;**
 - b. when were they first identified;**
 - c. how were they identified; and**
 - d. how (if at all) have their causes been addressed?**

Not relevant as DPC has not identified any shortcomings.

- 3. Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:**
- a. communications;**
 - b. conduct; and**
 - c. decisions (including its processes for making decisions), in respect of the Hotel Quarantine Program since its initial involvement?**

DPC has not made any changes to its communications, conduct or decisions (or decision-making process) in respect of the Quarantine Program. DPC continues to play a shadow policy role for the Quarantine Program, as it has from the outset of the program. In particular, DPC continues not to be responsible for the operational aspects of the Quarantine Program.

- 4. With reference to your answer to Question 3 (above) why has your organisation made such changes?**

Not relevant as DPC has not made any changes to its communications, conduct and decisions (or decision-making process).

Key personnel

The Inquiry also asked DPC to nominate key DPC personnel who have knowledge of the matters being investigated. DPC nominates the following employees and has noted which of the Inquiry's Terms of Reference (ToR) in relation to which these employees might be able to give evidence.

Key Economic Policy and State Productivity (EPSP) personnel

Name	Job title	Role, responsibility or expertise in relation to the COVID-19 Hotel Quarantine Program	ToR in respect of which to give evidence and nature of evidence
Tim Ada	Deputy Secretary, Economic Policy and State Productivity	<ul style="list-style-type: none"> Shadowing policy functions consistent with DPC's core role Sharing information with the PPO on various matters related to the program Providing advice to the Premier and the PPO ahead of Cabinet and National Cabinet meetings 	<p>1. The decisions and actions of Victorian government agencies, hotel operators and Private Service Providers (limited to information provided by these agencies to DPC or teleconference meetings, no information held regarding Private Service Providers and other relevant personnel).</p> <p>2. Communications between Victorian government agencies, hotel operators and Private Service Providers (limited to information exchanged between DPC and these agencies, noting DPC had no direct engagement with hotel operators or Private Service Providers).</p> <p>6. Any other matters necessary to satisfactorily resolve the matters set out in paragraphs 1 to 5 (limited to information provided to DPC).</p> <p><i>Nature of evidence: policy/strategy</i></p>
If required	Executive Director, Economic Development and International	As above	As above
		<i>Involvement period: 27/03/20 - 08/04/20</i>	
	Assistant Director, Economic Policy and State Productivity	As above	As above
		<i>Involvement period: 08/04/20 onwards</i>	

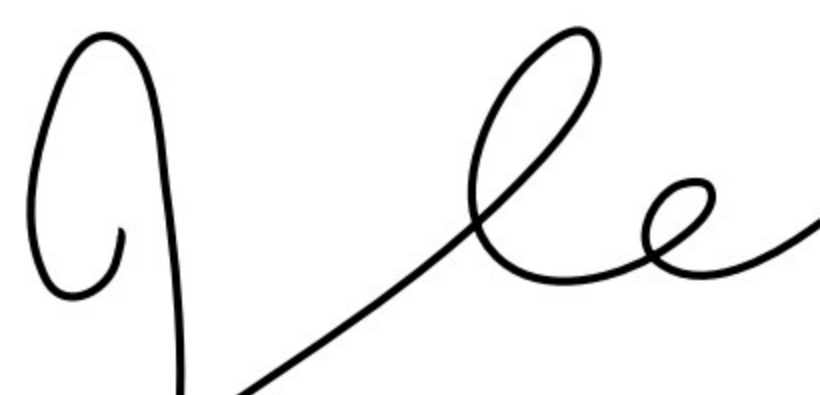
Key Social Policy Group personnel

Kate Houghton	Deputy Secretary, Social Policy Group	<ul style="list-style-type: none"> Shadowing policy functions consistent with DPC's core role Providing advice to the Premier and the Premier's office ahead of Cabinet and National Cabinet meetings 	<p>1. The decisions and actions of Victorian government agencies, hotel operators and Private Service Providers (limited to information provided by these agencies to DPC or teleconference meetings, no information held regarding Private Service Providers and other relevant personnel).</p> <p>6. Any other matters necessary to satisfactorily resolve the matters set out in paragraphs 1 to 5 (limited to information provided to DPC).</p>
Executive Director, Social Policy Group		As above	As above

Nature of evidence:
policy/strategy

Please feel free to contact Toby Hemming on _____ Elsie Loh on _____ or Jonathan Ciullo on _____ if you have any questions in relation to DPC's initial response. DPC otherwise thanks the Inquiry for the opportunity to provide its initial response and for the Inquiry's important work.

Yours sincerely



Jeremi Moule
Acting Secretary
Department of Premier and Cabinet
9/1/20



Department of Transport

GPO Box 2392
 Melbourne, VIC 3001 Australia
 Telephone: +61 3 9651 9999
www.transport.vic.gov.au
 DX 210292

Our Ref: []

The Honourable Jennifer Coate AO

Solicitors Assisting
lawyers@quarantineinquiry.vic.gov.au

Dear Madam,

Department of Transport - Initial Response to Board of Inquiry into the COVID-19 Hotel Quarantine Program

On 10 July, I received a request for an Initial Response to the Board of Inquiry. I will be responding on behalf of the Transport Portfolio, including Commercial Passenger Vehicles Victoria (CPVV).

The Department of Transport (via Head, Transport for Victoria) contracted with Skybus, a Private Service Provider, to transport returned travellers from Melbourne airport to the quarantine hotels. The Department maintained regular communication with Skybus during the operation to monitor and review the transport response.

CPVV has advised that commercial passenger vehicles are used to transport passengers from quarantine hotels to their homes at the conclusion of their quarantine period. CPVV is aware of one instance in which a commercial passenger vehicle was used to transport a small number of passengers to hotel quarantine in regional Victoria. Commercial passenger vehicles are also used as a concierge service, transporting food and other essentials requested by people subject to the Hotel Quarantine Program.

However, CPVV did not itself directly provide, or contract with, any parties for provision of services for the Hotel Quarantine Program.

Please contact Ms Sky Mykyta, Director Public Law REDACTED if you have any questions in relation to our response.

Yours sincerely

REDACTED

Paul Younis
 Secretary Department of Transport

17/ 07 / 2020

Attachment 1: C-19 Hotel Quarantine Inquiry – Initial Response July 2020

Board of Inquiry C-19 Hotel Quarantine – Initial Response (July 2020)

<p><i>Initial Response</i></p> <p><i>DUE: 14:00hrs, Friday 17th July 2020</i></p>	<p><u>Writing Group</u></p> <p>CPVV- Al Martin, Tammy O’Connor DoT (Bus Services) – Kim Schriner</p> <p>DoT Legal - Lucy Roysmith, Sky Mykyta DoT Coordinator – [REDACTED]</p> <p>DoT Lead – Brett Langley</p>
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No	Question	Lead	Draft response
1	<p>Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?</p>	DoT - SkyBus	<p>No.</p> <p>Having defined contractual requirements, engaging a contractor with significant bus transport expertise and establishing processes in the early stages of the operation ensured transport was conducted in a safe and reliable manner. SkyBus developed and implemented safety procedures specific to the operation, including cleaning protocols for the fleet. The Department of Transport (DoT) and Skybus maintained regular communication during the operation to monitor and review the transport response.</p>
		CPVV	<p>No. Commercial Passenger Vehicles Victoria (CPVV) did not directly provide, or contract with any parties for the provision of, services for the Hotel Quarantine Program.</p> <p>As the regulator of the commercial passenger vehicle industry, CPVV worked with relevant government agencies and the commercial passenger vehicle industry to ensure processes and procedures were in place to facilitate the safe transport of passengers in commercial passenger vehicles. This included developing operational procedures for collecting passengers from hotels at the conclusion of their quarantine period and developing guidelines for transporting high risk and COVID-19 positive passengers in commercial passenger vehicles, in conjunction with the Department of Transport’s Occupational Medical Advisor.</p> <p>CPVV also provided general advice to relevant government agencies on the operation and regulation of commercial passenger vehicle services.</p> <p>CPVV is committed to continuous improvement and welcomes the work of the Inquiry.</p>

Board of Inquiry C-19 Hotel Quarantine – Initial Response (July 2020)

No	Question	Lead	Draft response
2	If so, a. what were those shortcomings; b. when were they first identified; c. how were they identified; and d. how (if at all) have their causes been addressed?	DoT - SkyBus	Not Applicable.
		CPVV	Not applicable.
3	Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:		
A	communications;	DoT - SkyBus	Enhancements were made to the daily report provided by SkyBus to DoT to include information on any adhoc transport requests that came from DHHS on-the-ground during daily operations (ie: escorting passengers by transport from airport over to Holiday Inn or Park Royal). The enhanced report also provided commentary on any challenges that may have been experienced during the on-ground operations.
		CPVV	Not applicable.
b	conduct; and	DoT - SkyBus	SkyBus was responsible for the supply of personal protective equipment (PPE) to its employees supporting the operation. In the first week of the operation SkyBus identified that it was unable to source an adequate supply of PPE (masks in particular) through its regular supply chain. DoT immediately escalated this to DHHS who were able to source the PPE.
		CPVV	Not applicable.
C	decisions (including its processes for making decisions),	DoT - SkyBus	Not applicable.

Board of Inquiry C-19 Hotel Quarantine – Initial Response (July 2020)

No	Question	Lead	Draft response
	in respect of the Hotel Quarantine Program since its initial involvement?	CPVV	Not applicable.
4	With reference to your answer to Question 3 (above) why has your organisation made such changes?	DoT - SkyBus	<p>With respect to the enhanced daily reporting this change ensured timely and clear communication between SkyBus and DoT on operational aspects of the transport response. It provided a further mechanism for DoT to validate the services provided and also enabled DoT to raise, for consideration through the Operation Soteria taskforce, any areas across the end-to-end operation that may benefit from review and/or improvement.</p> <p>In relation to PPE, it was a contractual requirement for SkyBus to have PPE available to its employees and it was also specified within SkyBus' safety procedure developed specifically for Operation Soteria. As COVID-19 significantly impacted commercial supply chains it became necessary for DoT to escalate the matter to DHHS for urgent support. DHHS responded immediately and ensured PPE was available to SkyBus. Any subsequent issues in sourcing PPE were able to be raised through the Operation Soteria taskforce.</p>
		CPVV	Not applicable.

Name	Job Title	Role, responsibility or expertise in relation to the COVID-19 Hotel Quarantine Program	Terms of Reference in respect of which they can give evidence & the nature of their evidence (eg. Expert, operational, policy/strategy etc)
Jeroen Weimar	Head of Transport Services	Senior Executive	Operational
Kim Schriener	Director, Metropolitan Bus Contracts	Contract liaison	Operational



Department of Treasury and Finance

1 Treasury Place
Melbourne Victoria 3002 Australia
Telephone: +61 3 9651 5111
dtf.vic.gov.au
DX210759

D20/122869

The Honourable Jennifer Coate AO
Board of Inquiry
lawyers@quarantineinquiry.vic.gov.au

Dear The Honourable Jennifer Coate AO

BOARD OF INQUIRY INTO THE COVID-19 HOTEL QUARANTINE PROGRAM

I write in response to your letter dated 10 July 2020 seeking an “Initial Response” from the Department of Treasury and Finance (the **Department** or **DTF**) in relation to COVID-19 Hotel Quarantine Program Inquiry.

1. Initial Response

The Department is not, and has not been, directly involved in the Hotel Quarantine Program. As a result, the Department has not identified any shortcomings on its part in relation to the Hotel Quarantine Program.

However, the Department has broad supervisory responsibilities for the majority of non-ICT State Purchase Contracts (**SPCs**) for goods and services across the Victorian Government. One of these is the Security Services SPC, under which Departments and Agencies:

- can select and engage panel security firms to provide security services for those Departments / Agencies; and
- are required to keep DTF informed of any issues which arise under contractual arrangements entered into by them with any such security providers.

As part of this arrangement, the Department was advised of certain issues which arose in relation to particular security providers that were engaged by the Department of Jobs, Precincts and Regions (**DJPR**) at hotel quarantine sites, which are noted below.

DTF's role in Security Contract SPCs

The Strategic Sourcing Group of DTF has responsibility for tendering, executing and managing SPCs. SPCs are typically in the form of head contracts, which specify the key terms under which Victorian Departments and Agencies may transact with panel suppliers. SPCs also contain a template Purchase Order Contract, pursuant to which specific services are procured by relevant Departments and Agencies.

There are currently five approved security providers under the Security Services SPC: MSS Security Pty Ltd (**MSS**), G4S, Wilson Security Pty Ltd (**Wilson Security**), National Protective Services and SECUREcorp. All Victorian Departments (and certain Agencies) are mandated to use the Security Services SPC in accordance with binding Victorian Government Purchasing Board procurement policies. Strategic Sourcing has responsibility for the head contract under the Security Services SPC and establishes this contract with



panel suppliers. Responsibility for procuring a security provider and managing a Purchaser Order Contract for the provision of specific security services under the Security Services SPC rests with the procuring Department or Agency.

The security industry and all Departments were advised of the introduction of the Security Services SPC in January 2018, via the former www.procurement.vic.gov.au State Purchasing Contract webpage (superseded by the Buying for Victoria website). Further information on the Security Services SPC can be found at www.buyingfor.vic.gov.au/security-services.

Provision of security services prior to contractual arrangements being executed

On 31 March 2020, a representative from DJPR contacted a representative from Strategic Sourcing noting that:

- DJPR had engaged the services of two security providers (Wilson Security and Unified Security) at hotel quarantine sites but had not yet finalised any legal contractual arrangements with these providers;
- requested an exemption from Strategic Sourcing for use of the mandatory Security Services SPC for the security services to be procured from Wilson Security and Unified Security; and
- DJPR had been in discussions with a potential third security provider (MSS) in anticipation of further hotel sites being brought online.

On 31 March 2020, DTF advised DJPR that:

- Wilson Security could be engaged pursuant to the Security Services SPC and provided DJPR with information about the relevant Purchase Order Contract template for DJPR's use; and
- an exemption would be required for the Unified Security engagement as they were not a selected panel provider on the Security Services SPC panel.

Copies of Purchase Order Contracts executed by DJPR were provided to DTF on 23 April 2020 (MSS Purchase Order Contract) and 6 May 2020 (Wilson Security Purchase Order Contract) in accordance with standard SPC process.

Exemption documents were provided to DJPR for the purpose of engaging Unified Security, but ultimately DTF considered that these were not required given Unified Security had already independently been engaged by DJPR under its departmental critical incident policy.

In relation to the use of subcontractors by Wilson Security and MSS, on DTF's advice DJPR requested that both companies provide DJPR with formal requests for engagement of subcontractors as per the Security Services SPC process.

Conduct issues raised with Strategic Sourcing

As set out above, DTF has broad supervisory responsibility for the head contract with panel security providers. As part of this arrangement, departments and agencies who have engaged security services under the Security Services SPC are required to advise DTF of any issues which arise under contractual arrangements they enter into with any such security providers.

In April 2020 a representative from DJPR raised certain conduct issues with DTF in relation to Wilson Security guards. At the time, DTF was advised that these matters had been resolved by DJPR and Wilson Security. Nonetheless, a representative from the Department discussed these conduct issues with Wilson Security at DTF's next quarterly meeting with Wilson Security.

2. Key Personnel

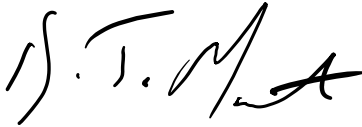
In response to the request for a list of key personnel within DTF who have knowledge of the circumstances noted in this Initial Response, the following contact details are provided:

- Hayley Baxter, Acting Head of Strategic Sourcing, Department of Treasury and Finance, who can provide operational evidence relevant to *Term of Reference No. 3 - The Security Services SPC*.

3. Use of Information

The Department provides the information contained in this Initial Response on the condition that the Board of Inquiry will keep the information confidential, including that the Board of Inquiry will not admit into the evidence of the Inquiry this information without the express written permission of the Department.

Yours sincerely



David Martine
Secretary

17 / 7 / 2020

Initial Response Four Points by Sheraton, Melbourne Docklands

From: "Ferrigno, Stephen" <[REDACTED]@fourpoints.com>
To: Lawyers (Quarantine Inquiry) <lawyers@quarantineinquiry.vic.gov.au>
Cc: [REDACTED] <[REDACTED]@fourpoints.com>; [REDACTED] <[REDACTED]@marriott.com>
Date: Fri, 17 Jul 2020 10:52:23 +1000
Attachments: MELFP-20-G-240656.pdf (170.36 kB); DHHS Dietary Form example.pdf (151.51 kB); Four Points by Sheraton, items for review and follow-up.eml (60.42 kB); Four Points Hotel feedback: standard of cleaning and sanitizing .eml (2.21 MB); RE: Four Points Hotel feedback: standard of cleaning and sanitizing .eml (1.36 MB); RE: Four Points Hotel feedback: standard of cleaning and sanitizing .eml (1.36 MB); DM Handover 19.04 AM Shift.docx (133.46 kB); DM Handover 20.05 ON Shift.docx (179.23 kB); DM Handover 21.06.20 ON Shift.docx (181.56 kB); DM Handover 09.07.20 ON Shift.docx (39.49 kB); June 24th version Guest Arrival Letter and Instructions for next 14 days.docx (182.06 kB); FINAL April 7th version Guest Arrival Letter and Instructions for next 14 days - lc changes.docx (49.13 kB); FAQ Food Related FINAL 11.6.20.docx (31.07 kB); Initial Response Four Points by Sheraton, Melbourne Docklands Hotel.pdf (111.86 kB)

Please find attached our Initial Response and supporting documents.

Regards,

Stephen Ferrigno

General Manager

T [REDACTED]

O [REDACTED]

[REDACTED] [@fourpoints.com](mailto:[REDACTED]@fourpoints.com) | www.fourpointsmelbournedocklands.com

Four Points by Sheraton, Melbourne, Docklands

443 Docklands Drive, Docklands, VIC 3008



Incident Reporting Form

Client Information	
Hotel Claim Reporting Number and Location Code	MELFP-20-G-240656
Hotel Name	<i>Four Points by Sheraton Melbourne, Docklands</i>
Hotel Address	443 Docklands Drive
Hotel City, State and Postal Code	Docklands, Victoria, 3011
Hotel Country	Australia
Hotel Phone	03 8578 0000
Where in hotel did the incident occur?	Pearl River Road
Accident Information	
Date and Time of Loss	25.06.20 @ 09:20am
Location of Incident	Lobby (Ground Floor)
Officials called to the scene, if so, provide reports	<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance
Description of Incident	
<p>At @ 0920 hrs a quarantine guest made his way from his room via the lift to the ground floor and across to the Dock18 restaurant area.</p> <p>He presented approximately 3 to 4 meters from the Hotel team who were conducting briefing at the time</p> <p>He asked for assistance in arranging fresh air walks</p> <p>Hotel team informed him he needed to put his mask over his mouth immediately and return to his room as he is in breach of his quarantine conditions</p> <p>The guest repeated his request for assistance and the GM and C&B M repeated the requests to return to the room and pop your mask on</p> <p>After this exchange over @30 seconds the guest made his way to the lifts and Security guard 2, [REDACTED] escorted him back to his room on level 10</p>	
Timeline of Events	
<p>0920am</p> <p>Hotel General Manager Stephen Ferrigno Hotel C&B Manager [REDACTED] Hotel RDM [REDACTED] MSS Security Supervisor, [REDACTED] MSS Security Guard 1 stationed at Level 10, name tba [REDACTED] MSS Security Guard 2 stationed at the ground floor, [REDACTED] Q-Guest name tba, [REDACTED] Marriott Area Manager – Global Safety & Security, [REDACTED] VICPOL #1 Senior Sergeant [REDACTED]</p> <p>RDM check CCTV footage confirming the above path of travel and that the guest came down and back up in the same lift with no deviation in his path to/from the room</p> <p>Security guard 2 sanitized the lifts and call buttons</p> <p>RDM provided GM with CCTV footage which shows that Security Guard 1 did not attempt to engage or instruct the guest to return to his room as required per his scope of duties</p> <p>GM showed footage to Security Supervisor [REDACTED] who agreed and would speak with the individual and the team</p> <p>GM informed MSS Supervisor that guard is to be relieved immediately and not to return to site</p> <p>GM showed DJPR Site manager, [REDACTED] the footage and advised GM would notify Marriott HQ and VICPOL</p> <p>Marriott HQ [REDACTED] advised GM to log in MIRA and notify VICPOL</p> <p>GM called VICPOL and spoke with Snr Sergeant [REDACTED] who offered to send staff to call and formally warn guest however GM felt this wasn't necessary at this first issue however would if he repeats the behaviour breach</p> <p>GM has asked Security Supervisor [REDACTED] to provide copies of the SOPs given to security guards on the floors along with the signed documents supporting their training</p> <p>At 1430 Team Briefing GM spoke to DHHS, DJPR, MSS Security and Hotel team on the expectations of PPE and Hygiene and systems in place for Q-guest movements and how we need to be better at managing it.</p>	



Arrival and departure risk on level 1 highlighted – signage in short-term and for future arrivals and departures a guard to be stationed there (GM advised MSS Security to arrange) More signage explaining ORANGE and GREEN Zone to be displayed on Level 7, Level 1 and Ground floors (GM to action)	
Claimant (Injured Guest or Personal Property Loss/Damage)	
Last Name, First Name	Q-Guest – [REDACTED]
Address	N/A
City, State and Postal Code	N/A
Country	N/A
Phone	N/A
Email	N/A
Description of injury or loss / damaged property	N/A
Witness 1	
Last Name, First Name	Stephen Ferrigno (General Manager)
Address	443 Docklands Drive
City, State and Postal Code	Docklands
Country: Australia	
Phone: [REDACTED]	
Email: [REDACTED]	@fourpoints.com
Witness 2	
Last Name, First Name	[REDACTED] (Rooms Division Manager)
Address	443 Docklands Drive
City, State and Postal Code	Docklands
Postal Code	3008
Country	Australia
Phone	[REDACTED]
Email [REDACTED]	@fourpoints.com
Preparer Information	
Name and Title	[REDACTED] / Rooms Division Manager
Email	[REDACTED]@fourpoints.com
Phone	[REDACTED]
Date submitted	25/06/2020

CALL COMPLETED +
FORM UPDATED



COVID-19 Mandatory Quarantine

Food Safety Questionnaire

Version: 1.1

To be provided to DHHS Team Leader at hotel once completed

This form needs to be completed for each individual staying at a hotel under quarantine in Victoria (i.e. children staying with parents should have their own form). Completed forms should be provided to DHHS staff member.

Name: [Redacted]

Room number: [Redacted]

Contact number ph: [Redacted]

→ check if she has any A symp
in the past + fut.
→ Not diagnosed
no anaphylactic symptoms, more
a case of physical reaction to
dairy + cereals (lactose +
gluten)

Q1. Do you have anaphylaxis?

- Yes (please indicate)
 - Single allergen
 - Multiple allergens
- No, go to Q4

Q2 Do you have an EpiPen (in date) with you?

- Yes
- No

Q3. Is your anaphylaxis caused by food? Yes (please specify) no (please specify below)

- Sulphites
- Cereals containing gluten (wheat, rye, barley, oats, spelt & their hybridised strains)
- Crustacea
- Egg
- Fish
- Milk
- Peanuts
- Soybeans
- Sesame seeds
- Lupin
- Tree nuts (please indicate)
 - Almonds
 - Brazil nuts
 - Cashews
 - Chestnuts
 - Hazelnuts
 - Macadamia nuts
 - Pecans
 - Pine nuts
 - Pistachios
 - Shea nuts
 - Walnuts

→ Suggested a gluten
+ lactose free diet
and OK
with that,
+ note no
tomatoes

* Tomatoes /
No dairy.

Other food/cause (please specify): tomatoes

Q4. Have you ever experienced a reaction after eating food and needed to take medication, like Ventolin or antihistamines?

- Yes (please specify food/s): _____ No

If you answered yes to any of the above these details will be provided to the hotel, catering services, on-site nurses and the Authorised Officer to ensure appropriate measures are in place to support your dietary requirements.

Q5. Do you have a medically prescribed modified diet (please specify diet required)?

- No
 Coeliac disease _____
 Crohn's disease _____
 Diabetic _____
 Other condition (please specify): _____

Q6. Do you have a medically diagnosed food intolerance?

- No
 Lactose
 Fructose
 Other food (please specify): _____

Q7. Do you regularly experience any reactions after eating certain types of food? (eg. feel nauseous after eating onions). Please DO NOT list food likes/dislikes here

- No
 Food/s (please specify):
cereals, wheats, tomatoes

Q8. Do you have any dietary preferences?

- No
 Vegetarian
 Vegan
 Gluten free by preference
 Low fodmap diet
 Halal
 Kosher
 Other (please specify):
no dairy & eggs

Please note this information may be provided to the hotel, catering services, on-site nurses and Authorised Officers.

Four Points by Sheraton, items for review and follow-up

From: "Ferrigno, Stephen" <[REDACTED]@fourpoints.com>
To: [REDACTED] (DHHS) <[REDACTED]@vahi.vic.gov.au>; [REDACTED] (DJCS) <[REDACTED]@justice.vic.gov.au>
Cc: [REDACTED] <[REDACTED]@fourpoints.com>
Date: Sat, 04 Jul 2020 14:11:26 +1000

Gents,

I've discussed these items with each of you separately today, either in person (DJCS) or over the phone (DHHS).

I share the email below to enable the follow-up to occur for your respective departments. Please don't hesitate to contact me if needed for clarification.

We all acknowledge and appreciate the effort of all involved with the common aim to safeguard everyone in our community and particularly here on site, our own people.

Add in this layer of transition and it has highlighted concerns below I would like to move to solutions with your departments in the next 24 hrs.

ITEM 1

Friday 3rd July 1515 team meeting

Present were AO DHHS DJSC HOTEL NURSE

Discussions at the afternoon update included the usual items.

New item- specific reference to the new RED LIFT (lift car #9) and the procedure for its use in transferring guests from their room to level 7, out of hotel and back again. All present acknowledged and agreed on this procedure.

Lifts #7 and lift #8 would be reserved for use by all other staff on site as these are considered "clean" lifts.

1845-1905

Person/s involved: [REDACTED], GUEST x 2 [REDACTED]

Issues/risks that concern me:

1. 1. The GREEN lift (designated as lift car #7) was used for transfer when it should have been the RED lift (designated lift car#9)
2. 2. 3 people in a lift #7 issue/risk DHHS have advised hotel to place signage that only 2 allowed in the lift
3. 3. Level 7 CCTV shows [REDACTED] walking around the lift foyer area unsupervised and without a mask. [REDACTED] appears and applies a mask and to my eye appears to do so in a hurried fashion because someone is present or has triggered her to do so for some reason. I assume she noticed the DJCS officer through the glass door and/or he indicated the [REDACTED] should be wearing a mask however this is not captured on the camera.
4. 4. The Hotel staff were alerted to the need for a key for the guest room and this triggered an alert.
5. 5. Review of alert included notification to DHHS of the issue of lift being contaminated and needing to be cleaned etc and the lack of communication and notification about the process of fresh air/walking a guest.

Follow-up / Action:

Hotel requests review and suggests procedures for fresh air walks be developed / documented and signed off by all whom participate/have a role/need to know. See ITEM 5.

Unfortunately, with CCTV footage I can show anyone on site but not send it outside hotel.

ITEM 2

DHHS Team Leader support

As a Hotel General Manager, I base my observations on their behaviour and reactions and so forth as they go about their day. Having watched various DHHS T/L professionals manage through the months of this and in looking to move this from *Emergency Management into a Business as Usual model*, I am of the opinion that this role needs to be supplemented by (a) a senior person on shift and the addition (b) a second person on shift at times such as this transition and the first 5 days of arrivals settling in. Or, adopt some senior role responsible for 5-10 sites and get action/answers done same day

By example, a simple request for more clinical waste bins has not been actioned for many days despite email and telephone requests by DHHS T/L this week. This morning, the DHHS T/L advised me that the bins have been requested again but in the conversation she was advised that a "Saturday delivery would incur more cost..." She was clearly frustrated at trying to solve the problem of clinical waste (yellow labelled waste bags) piling up next to the already full bins on guest floors or floors without any bins at all.

Follow-up / Action:

DHHS

ITEM 3

In reviewing Item 1 it transpires that AO don't keep records of walks and rely on the Mental Health nurse (MHN). When the MHN [REDACTED] was asked for the records for last night he said he couldn't find any or they weren't kept.

Follow-up / Action:

Unsure who AO reports to, DHHS?

ITEM 4

ALFRED HEALTH (AH)

The first I learnt that there was an onsite AH person here 3rd July POM shift was this morning when reviewing the incident.

I'm not so precious as I need to know who is and isn't here...except when something goes wrong.

Today, asking [REDACTED] [REDACTED] (from Alfred Hospital), the AH person assigned to do walks what his role is and who he reports, I wasn't left with any confidence from his response and the fact he had been watching tv all morning. So I asked for his manager/supervisor to call me. No one called to date.

ITEM 5

ROLES and TASKS

Upon reflection over the past 24 hrs and with this platform to address concerns I suggest we all work on Role Descriptions – a short 3-4 sentences outlining what the role of the person is and who they work with along with contact number and email for on site contact and above property contact

Task Standard Operating Procedures (SOPs) – there aren't any is a common response when I ask for them.

Follow-up / Action: stakeholders (HOTEL, DHHS, DJCS, ALFRED HEALTH) to draft, share and finalize common tasks.

e.g. Delivery contraband and process of inspection – Southern Cross Security arrive onsite Friday morning very early with no one to meet them and explain what they are required to do. Hotel provided some details from the April 3 DHHS document issued to guests on what they can and can't have delivered to the hotel.

e. g. Fresh Air Walks – if there is a SOP can it be shared and include the use of the RED lift

e.g. Think of pretty much every procedure we do in quarantineand if we are moving to a "Business as Usual" model of service delivery these SOPs will cement practices and communicate across the different users and stakeholders better than what we do now

ITEM 6

PUBLIC AREA CLEANING INCLUDING HIGH TOUCH POINTS

Currently, the various stakeholders (DHHS, DJCS) have different approaches and it would be beneficial to **the aim above** to agree to one set for all person/s on property.

Again, please don't hesitate to contact me if needed for clarification.

Regards,
Stephen

Stephen Ferrigno

General Manager

T [REDACTED] O [REDACTED]
[REDACTED]@fourpoints.com | www.fourpointsmelbournedocklands.com

Four Points by Sheraton, Melbourne, Docklands
443 Docklands Drive, Docklands, VIC 3008

Four Points Hotel feedback: standard of cleaning and sanitizing

From: "Ferrigno, Stephen" <[REDACTED]@fourpoints.com>
To: [REDACTED] <[REDACTED]@spotless.com.au>; [REDACTED]@alfred.org.au; Four Points (DHHS) <fourpoints@dhhs.vic.gov.au>; [REDACTED] <[REDACTED]@spotlessau1prod.onmicrosoft.com>
Cc: [REDACTED] (DHHS) <[REDACTED]@vahi.vic.gov.au>; [REDACTED] (DJCS) <[REDACTED]@justice.vic.gov.au>; [REDACTED] (DJPR) <[REDACTED]@global.vic.gov.au>
Date: Fri, 10 Jul 2020 13:34:23 +1000
Attachments: Room Check log.xlsx (1.97 MB); Procedure for cleaning quarantine hotels 06072020_PHC APPROVED.docx (135.05 kB)

Understanding this feedback is already being addressed, however, I write to confirm conversations had with many of you on the Hotel's concerns over the standard of cleaning and sanitizing in the public areas and hotel rooms of departed visitors this week here at the Four Points in Docklands. If I haven't spoken to you and you wish to catch-up please call my mobile.

At this point in time I cannot guarantee the safe re-supply all of the 250 rooms by 14th July and flag that now to DHHS to enable planning for the next wave of arrivals. I will provide an updated estimate of when we can re-supply by COB Monday 13th July.

The reasons are directly linked back to the change of cleaning provider on hotel property.

In a random sample of rooms - from the 132 departures on Wednesday 8th July - the hotel identified 14 rooms with faults – we stopped checking after the first 14. Public area cleaning also lacks in some cases putting people at an unacceptable level of risk.

The Hotel summarizes the key issue under the heading **Attention to detail is not sufficient** to achieve the standard as set out in the Hotel Quarantine Response document (os-SOP-xxx) dated 6th July and attached.

This lack of attention to details is in my opinion caused by:

- * Insufficient skills and/or a complete lack of experience in many cleaning staff
- * Insufficient supervisor numbers to supervise the work/finished rooms
- * Insufficient equipment available – trolleys, vacuum cleaners, caddys to carry, communication tools (phone/radios/pagers)
- * Lack of time/training to the specific Hotel site needs for cleaning/sanitizing
- * The unfamiliar environment
- * Lack of access to Hotel Computer Management System, and other communication tools/systems

As such, the 3 key risks the Hotel has identified:

- * Cross infection to all individuals in the hotel as cleaning falls below standards due to poor practices by contractor cleaning staff (lack of effective training and/or supervision) meaning rooms are not sanitized or public areas are not or HTP are not....
- * Delay the re-supply of clean rooms - rooms are taking too long to get to a clean stage ready for hotel to make-up
- * Additional costs incurred by all stakeholders and in the case of the Hotel to respond to the risks above

Solutions would include:

1. 1. Allowing more time for cleaning contractor to bed down and address the issues above. Address the training, equipment and other issues.
2. 2. Replacing the cleaning contractor in each hotel with the Hotel's existing housekeeping contractors (either hotel holds the contract and rebills DHHS or DHHS to contract direct with Housekeeping Contractors who have met the Hotel Quarantine Response document (os-SOP-xxx) certification for cleaning public areas, HTP and departure rooms). Effectively returning to the old structure in this Hotel and presumably many others – obviously this was changed for reasons I am not privy to.

Recommendation

Option 2, contract the Hotels existing Housekeeping teams to perform deep clean (clean and sanitize) and make-up room steps along with public area, HTP and confirmed positive rooms. In our case, the incumbent contractor is already to go – has the training, expertise, Government COVID-safe certification and processes already and practiced having cleaned positive rooms in Melbourne Hotels across many sites.

OR

DHHS to contract the specialized Hotel Cleaning company of their choice (AHS, Silk, Empire) to perform the Option 2 recommendation across multiple sites (but I am concerned the bedding down issues will still be apparent).

As always, with a view to safety for my people first then the goals of the Operation I trust this helps in assessing this sites concerns.

Regards,

Stephen Ferrigno

General Manager

T [REDACTED] O [REDACTED]
[REDACTED]@fourpoints.com | www.fourpointsmelbournedocklands.com

Four Points by Sheraton, Melbourne, Docklands
443 Docklands Drive, Docklands, VIC 3008

From: [REDACTED] <[REDACTED]@silkhospitality.com.au>
Sent: Thursday, July 9, 2020 4:46 PM
To: Ferrigno, Stephen <[REDACTED]@fourpoints.com>
Cc: [REDACTED] <[REDACTED]@SilkHospitality.com.au>
Subject: Spotless clean Rooms checking Report

Good afternoon Stephen,

Our Supervisors checked some rooms today which are cleaned by Spotless, please find detailed room check report from these rooms as attachment. Main issues with these rooms are vacuum in general especially under beds and sanitising of touch-points. Today morning Silk Supervisors spend some time with Spotless staff and supervisors to give training in room cleaning and expectations.

Thank you

Warm Regards

[REDACTED]
2IC | Fourpoints Docklands
m: [REDACTED] | p: [REDACTED]
a: 443 Docklands Dr, Docklands VIC 3008

The logo for Silk Hospitality, featuring the word "silk" in a lowercase, grey, sans-serif font.

7/9/2020

Room No

Issues



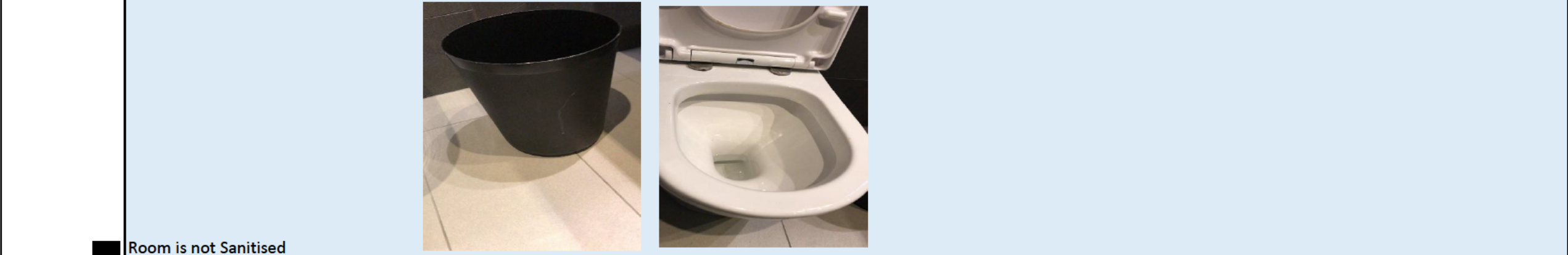
Room is not Sanitised



Under Beds are not vacuumed Properly



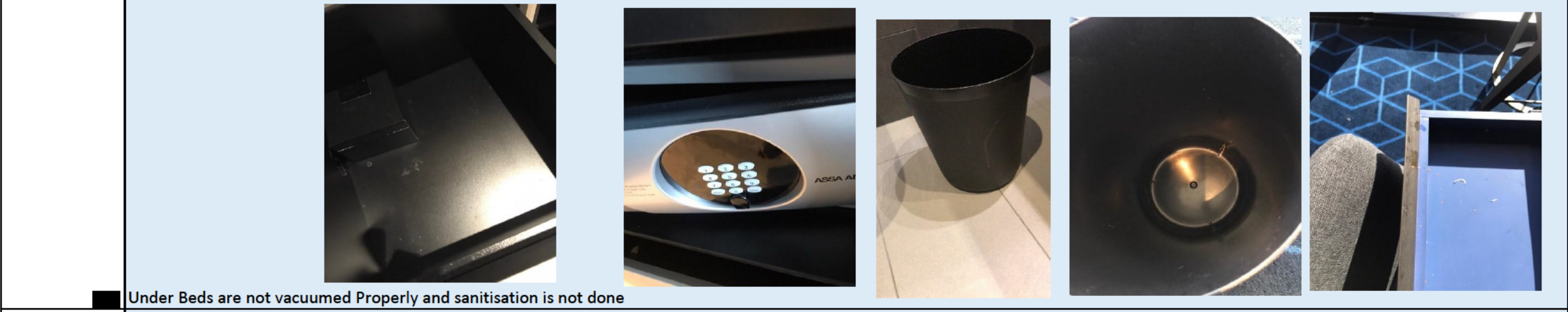
Vacuum under beds not done Properly



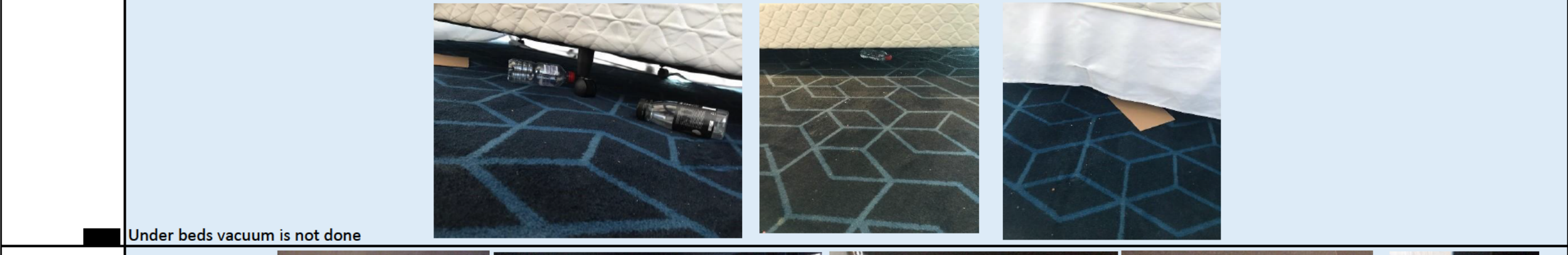
Room is not Sanitised



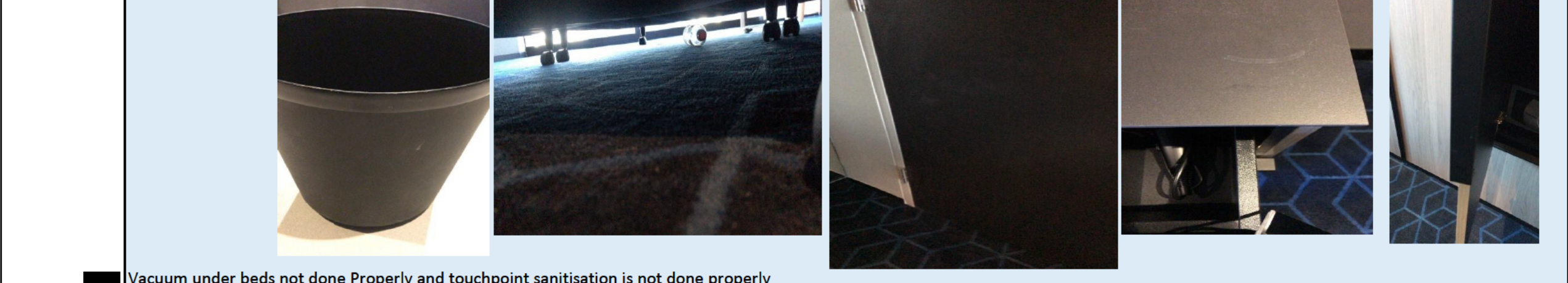
Under Beds are not vacuumed Properly and sanitisation is not done









Under Beds are not vacuumed Properly and sanitisation is not done



Under beds vacuum is not done



Vacuum under beds not done Properly and touchpoint sanitisation is not done properly

	<p>■ Dusting and touchpoints sanitisation is not done properly</p>	
	<p>■ Vacuum, Dusting and touchpoints sanitisation is not done properly</p>	
	<p>■ Vacuum, Dusting and touchpoints sanitisation is not done properly</p>	
	<p>■ Vacuum in general and touchpoints sanitisation is not done properly</p>	
	<p>■ Vacuum under beds and touchpoints sanitisation is not done properly</p>	
	<p>■ Vacuum in general and touchpoints sanitisation is not done properly</p>	



Hotel Quarantine Response

Cleaning requirements for hotels who are accommodating quarantined, close contacts and confirmed COVID-19 guests

Document details

Doc ref: OS-SOP-XXX
 Ver. 2.1
 Last updated: 06 July 2020
 Approved by: Public Health Commander
 Approved on: 6 July 2020

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Operation Soteria Quarantine Hotel Cleaning Procedure

1. Overview

Operation Soteria manages the mandatory quarantine of international arrivals, diagnosed persons and close contacts who are self-isolating at a hotel to reduce the potential spread of coronavirus (COVID-19). To reduce the risks of transmission of COVID-19 within the hotels, guests confirmed as COVID-19 positive will be moved from their allocated quarantine hotel and accommodated in quarantine positive hotels.

COVID-19 spreads through respiratory droplets produced when an infected person coughs or sneezes. A person can acquire the virus by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

1.1 Purpose

The purpose of this document is to inform all staff involved in the Hotel Quarantine operation including hotel general managers, cleaning contractors and agencies, of the general requirements for quarantine hotel cleaning.

To protect all staff, contractors and guests in Operation Soteria program from the risk of exposure to COVID-19, appropriate cleaning and disinfection measures are required. A combination of cleaning and disinfection is most effective in removing the COVID-19 virus.

1.2 Quarantine hotel cleaning scenarios

There are four general categories of hotel cleaning requirements depending on surrounding circumstances. An overview is below.

Specific cleaning requirements and required PPE is explained in further detail in the sections below.

Type	Occurrence	Hotel Areas	Minimum requirements
Routine cleaning	<ul style="list-style-type: none"> Daily After staff shift changes 	<ul style="list-style-type: none"> All communal areas in use – eg. staff break out rooms, lobbies, corridors, common rest rooms, kitchens. 	<ul style="list-style-type: none"> 2 x clean and disinfection of touch points 1 x floors As needed, communal rubbish disposal
Exit Clean and Disinfection	After exit of all quarantined guests	<ul style="list-style-type: none"> Non-COVID positive confirmed guest rooms Communal areas 	<ul style="list-style-type: none"> 1 x clean and disinfection Spot cleaning of soft furnishings and HEPA vacuuming Soiled linen laundry Guest room waste disposal
Pathogen clean	After exit of confirmed COVID-positive and transiting guests	<ul style="list-style-type: none"> Confirmed COVID positive and transiting guest rooms Communal quarantine contact points and guest departure areas 	<ul style="list-style-type: none"> Clean and disinfection HEPA vacuuming Steam cleaning carpets and soft furnishings (guest rooms only) Soiled linen laundry

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			<ul style="list-style-type: none"> • Guest room waste disposal
Outbreak clean	<p>After exit of guests where there has been a confirmed outbreak</p> <ul style="list-style-type: none"> • cross infection between guests and staff or • unidentified source of transmission to staff and/or guests 	<ul style="list-style-type: none"> • All guest rooms • Communal areas 	<ul style="list-style-type: none"> • Pathogen clean

2. Planning and responsibilities

Hotel managers, cleaning supervisors and cleaning staff are responsible for compliance with this Procedure and COVID safety.

A. Hotel Cleaning Plan

Hotel Management must ensure that cleaning activities are supervised, meet requisite standards and that other compliance requirements are met (eg. OH&S).

Hotel Management must also ensure that hotel cleaning staff are appropriately trained and able to meet the cleaning requirements, observe COVID-19 safety protocols and appropriate Personal Protective Equipment (PPE) use.

Hotel Management must develop a **Quarantine Hotel Cleaning Plan** that sets out responsibilities and to ensure compliance with the Procedure.

The Cleaning Plans must include at a minimum:

- List of training undertaken by cleaning staff
- Runsheet of cleaning activities
- Schedule identifying contact surfaces/objects by scenario
- Specifications of each guest room type, including total number of bedrooms, living areas, (amenities, eg whether there are kitchenettes) and total square meters.
- List of relevant equipment (eg. # laundry trolleys, rubbish trolleys)
- Chemical SOPs / safety data sheets (SDS) and instructions
- Equipment storage instructions
- Waste disposal instructions by type
- Contact list identifying Hotel Management contacts and emergency contacts.

This should be reviewed following each Exit clean and on an as needs basis.

It is recommended that all hotels should remove all soft furnishings (chairs, desks, tables, lamps) in hallways to allow guests unimpeded access for exercise, medical treatment and evacuation and so the items are not touched and contaminated unnecessarily.

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To minimise scope of cleaning, it is also recommended that hotels consider removing any excess furnishings or decorative objects from rooms and putting them in storage when during the Hotel Quarantine program.

3. Cleaning and disinfection standards

Cleaning should be performed by cleaning staff who have been appropriately trained and is in line with their position/role description.

Cleaning means physically removing germs, dirt and organic matter from surfaces. Cleaning alone does not kill germs, but by reducing the numbers of germs on surfaces, cleaning helps to reduce the risk of spreading infection.

Disinfection means using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs that remain on surfaces after cleaning, disinfection further reduces the risk of spreading infection. Cleaning before disinfection is very important as organic matter and dirt can reduce the ability of disinfectants to kill germs.

3.1 Recommended cleaning and disinfection methods & products

Cleaners may undertake cleaning and disinfection using either the 3-step clean if using chlorine-based products or 2-step clean using a combined cleaning/disinfection solution as detailed below.

A. Cleaning with a chlorine-based product (three-step-clean)

The three-step chlorine disinfection process involves first cleaning of surfaces with a neutral detergent and water, disinfection by wiping with a chlorine-based solution and final wiping off the solution (see Figure 1).

Disinfection with a chlorine-based product following the manufacturer's instructions or made using the chlorine dilutions calculator (see [Table 1](#)) to achieve a 1000ppm dilution should be used. Note that prediluted bleach solutions lose potency over time and on exposure to sunlight and as such needs to be made up fresh daily.

Household bleach comes in a variety of strengths. The concentration of active ingredient – hypochlorous acid – can be found on the product label.

Figure 1: 3-step cleaning process

3-Step Clean procedure

- Step 1: Clean all surfaces first with a neutral detergent and water.
- Step 2: After cleaning surfaces with a neutral detergent, apply the bleach solution using disposable paper towels or a disposable cloth. Ensure surfaces remain wet for the specified contact time.
- Step 3: Wipe the disinfectant off surfaces to prevent damage.

Table 1: Chlorine dilutions calculator to achieve a 1000 ppm (0.1%) bleach solution

Original strength of bleach		Disinfectant recipe		Volume in standard 10L bucket
%	Parts per million	Parts of bleach	Parts of water	
1	10,000	1	9	1000 mL

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2	20,000	1	19	500 mL
3	30,000	1	29	333 mL
4	40,000	1	39	250 mL
5	50,000	1	49	200 mL

For other concentrations of chlorine-based sanitisers not listed in the table above, a dilutions calculator can be found on the <https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/chlorine-dilutions-calculator>.

B. Alternative cleaning products: ARTG product clean/disinfection (2-step clean)

Only listed cleaning disinfectant products that are effective against SARS-CoV-2 virus that have been registered on the Australian Register of Therapeutic Goods (ARTG) are to be used.

A list of ARTG products are available on the Therapeutics Goods Administration website; <https://www.tga.gov.au/disinfectants-use-against-covid-19-artg-legal-supply-australia>.

Combined detergent/disinfectant cleaning products require to be used following a 2-step cleaning procedure (see Figure 2).

Figure 2: 2-step cleaning process

2-Step clean procedure

Step 1: Directly apply the detergent/disinfectant solution to surfaces using a cloth or wipe. This can be with a pre-made ARTG detergent/disinfectant wipe product or by applying the solution to a cloth. **It is not recommended to use fogging or a spray to disinfect.**

Step 2: After cleaning the surface, leave surface wet for the required **contact time**, then remove using a damp cloth. All disinfectant cleaning products need to be applied for the specified contact time, as per manufacturers' Instructions, before the product is removed. If no time is specified, leave for **10 minutes**.

For surfaces that are unable to be cleaned with a chlorine-based product or disinfectant product from the ARTG list, such as fabric or leather, follow the guidance in Table 2.

Table 2: Recommended cleaning procedure by surface type

(adapted from SafeWork Australia – COVID 19 - Recommended cleaning: Supplementary information, 26 May 2020).

Surface type	Method
Soft plastics	Detergent + Disinfectant
Hard plastics	Detergent + Disinfectant
Metal surfaces (stainless steel, uncoated steel, zinc coated steel, aluminium)	Detergent + Disinfectant NB: Uncoated steel is more susceptible to rust when disinfected with bleach. After contact time is complete, there is a need to wipe off the disinfected metal surface with water.
Painted metal surfaces	Detergent + Disinfectant
Wood	Detergent + Disinfectant
Laminate	Detergent + Disinfectant
Glass	Detergent + Disinfectant

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Concrete (rough or polished)	Detergent + Disinfectant
Leather	Clean and disinfect according to manufacturer's recommendations
Fabric – Guest rooms (includes cushion covers, window drapery, carpets)*	<ul style="list-style-type: none"> • If launderable, wash on warmest possible setting according to manufacturer's recommendations with laundry detergent. • If not launderable, remove dirt or soil with warm water and detergent. • Vacuum carpets with a vacuum cleaner that contains a HEPA filter <p>*For Pathogen & Outbreak Cleans – mattresses, carpet, window and room furnishings must be steam cleaned)</p>
Fabric – Common areas**	<ul style="list-style-type: none"> • Vacuum carpets with a vacuum cleaner that contains a HEPA filter • Damp dust + Detergent <p>**For Pathogen and Outbreak cleans - includes window drapery, carpets and upholstered furniture in all accessible areas.</p>
Eating utensils (glassware, cutlery, crockery, utensils)	Clean in dishwasher using dishwashing detergent on highest setting

3.2 How to clean and disinfect

Cleaning supervisors are responsible for training staff on how to use cleaning equipment and products and how to appropriately clean and disinfect surfaces in line with this procedure.

- Wear appropriate PPE as outlined in the section 3.3 below.
- Clean and disinfect surfaces using the 2-step or 3-step method.
- Ensure surfaces remain wet for the period of time required to kill the virus (contact time) as specified by the manufacturer. If no time is specified, leave for 10 minutes.
- Wipe disinfectant off surfaces with a damp cloth to prevent damage.
- Remove and discard PPE after each clean into a leak proof plastic bag. Avoid touching the face with gloved or unwashed hands.
- Wash hands with soap and water and dry or use an alcohol-based hand rub immediately after removing gloves.

3.3 Personal Protective Equipment (PPE) requirements

Cleaning contractors are responsible to ensuring staff are trained on how to wear PPE in accordance with DHHS PPE donning and doffing protocols (see [How to put on and take off your PPE https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe](https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe)).

- Always follow the manufacturer's advice regarding what PPE should be used for cleaning products such as detergents and disinfection solutions. This may include the use of gloves, apron and eye protection.
- Where possible, disposable PPE should be used such as gloves, gowns, masks and eye protection.
- PPE should be changed after performing an exit discharge clean and disinfection of a guest room, after completing a clean of each communal area (i.e. bathrooms, kitchen areas, staff areas, shared lounge areas), and before going on a break. In addition, gloves should be changed when they are damaged or visibly soiled.

Refer to [Table 3](#) for required PPE to clean communal areas, confirmed COVID-19 guest rooms and quarantined/close contact guest rooms in quarantine and quarantine positive hotels.

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Table 3: PPE requirements for the different types of cleaning in quarantine positive and quarantine hotels

Type of clean	Mask	Gown/Apron	Gloves	Eye protection	PPE changed	PPE Disposal
Routine cleaning of communal areas	No	Consider if cleaning product will damage clothing	Yes ²	No	PPE to be discarded/ changed after cleaning each communal area: <ul style="list-style-type: none"> Bathrooms Kitchen area Staff rooms Shared lounge area Other as identified in cleaning plan 	Clinical waste
Exit clean and disinfection of guest room	No	Consider wearing if cleaning product will damage clothing	Yes ²	No	PPE to be removed and discarded into waste bin before exiting room	General Waste
Pathogen & Outbreak clean	Yes	Yes – surgical gown	Yes	Yes	PPE to be removed and discarded into waste bin before exiting room	Clinical waste

¹ For cleaning requirements for particular types of surfaces refer to [Table 2](#).

² Use of gloves for this cleaning is to protect hands from chemicals

2.3 Cleaning equipment management & storage

A. Disposable cleaning equipment

- Where possible, disposable cleaning equipment should be used, such as cleaning cloths, mops and PPE (i.e. gloves, gowns, masks and eye protection).
- A fresh cloth and mop to be used for each room where a Pathogen Clean is completed and for each communal area, for example, kitchen, bathroom, lounge.
- All disposable cleaning equipment should be placed into a tied, leak proof plastic bag and disposed of in the appropriate waste stream.

B. Re-usable cleaning equipment

All reusable equipment (i.e. cloths and mops) should be placed into a bag to be transported to the laundry.

- Reusable cloths and mops are to be laundered separately from other cleaning equipment on the hottest wash cycle before re-use and allocated to only be used at the quarantine or quarantine positive hotel.
- Reusable gloves are to be washed in hot water and dried and only be used at the quarantine or quarantine positive hotel.
- Re-useable equipment such as vacuum cleaners, buckets, should be cleaned and disinfected after each room and communal area. Hotel equipment should be stored at the quarantine or quarantine positive hotel site, separate from other cleaning equipment.

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Cleaning equipment brought in by contractors should be cleaned and disinfected after use and before it leaves the quarantine hotel site.

3.4 Ensuring workplace safety

- When cleaning on or around electrical equipment/fittings, isolate electrical equipment and turn off power source if possible before cleaning with liquids.
- Read the label for the detergent or disinfectant and follow the manufacturer's recommendations.
- Obtain a copy of the Safety Data Sheet (SDS) for the detergent or disinfectant and become familiar with the contents.
- Wear the appropriate PPE that is identified on the label and the Safety Data Sheet.



4. Detailed cleaning requirements for quarantine hotels

Hotels should develop detailed **Cleaning Schedules** for communal areas and guestrooms identifying:

- all items and surfaces that require cleaning by room type
- frequency of cleaning,
- method/cleaning solution for each item/surface.

An example cleaning schedule listing frequently touched surfaces in communal areas is at [Table 4](#).

The following 4 types of cleaning protocols should be developed and followed for hotel floors that are accommodating quarantined, close contact and confirmed COVID-19 guests:

1. Routine cleaning of communal areas
2. Exit clean and disinfection for quarantined guests
3. Pathogen clean – confirmed COVID-19 positive and transiting guest rooms
4. Outbreak clean

All staff should be informed and briefed on the treatment and cleaning requirements, regardless of whether cleaning is to be undertaken by hotel staff or contracted specialist cleaners.

4.1 Routine cleaning of communal areas in quarantine hotels

The following actions should generally be taken every day and in some instances at shift changes where appropriate:

a) All staff briefing on COVID safety protocols and PPE use.

b) Daily floor cleans:

- Carpets in common areas of quarantine and quarantine positive hotels are to be vacuumed with a vacuum cleaner that contains a HEPA filter.
- Laminate, concrete and/or tile flooring in common areas of quarantine and quarantine positive hotels are to be mopped with a detergent and disinfectant solution daily.

c) Frequent Surface clean and disinfections:

Clean and disinfect all frequently touched surfaces/items in all common areas at a minimum twice daily and after shift changes (see [Table 4](#)).

Additional surface cleans and increased frequency of cleaning may be required in areas of high use by guests or staff.

d) Spot cleans: Visibly dirty surfaces may require additional cleaning.

Table 4 is an example of common area cleaning schedule identifying key area types, surfaces/items and the recommended **minimum** frequency of cleaning.

Hotels should adapt this table according to its specifications and services. Frequency should also be scaled up to meet the hotel's requirements/services.

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Table 4 - Example communal area minimum frequency cleaning schedule

(Adapted from SafeWork Australia, COVID 19 - Recommended cleaning: Supplementary information, 26 May 2020).

Area	Item ¹	Minimum Frequency
All	Alcohol-based hand sanitiser dispenser	Twice daily/shift changes
	Call bell / doorbell	Twice daily
	Ceiling	Spot cleaned
	Curtains and Blinds	Spot clean
	Door handles, push-pull doors	Twice daily
	Door frames	Daily
	Drinking Fountains	Twice daily
	Floor - soft (eg carpets, rugs)	Daily (unless visibly soiled)
	Floor - hard (eg tile, non-slip vinyl, linoleum, concrete)	Daily
	Furniture - non-upholstered (e.g. Desks, tables, chairs, non-padded chairs)	Twice daily – hard surfaces
	Furniture - upholstered (e.g. fabric padded chairs, sofas, office chairs)	Twice daily – hard surfaces Soft furnishings – spot cleaned
	Handrails, stair rails	Twice daily
	Lift buttons & interface	Twice daily
	Light switches and power point switches	Twice daily
	Vending Machines	Daily
	Walls	Spot clean
	Windows / ledges	Weekly
	Window frames (sliding servery window types)	Twice daily
Bathrooms/Toilets	Dispensers/fixtures	Twice daily
	Showers (if in use)	Daily
	Sinks	Twice daily
	Toilet	Twice daily
	Toilet doors and locks	Twice daily
Equipment	Air conditioning or heating unit interfaces & remote controls	Twice daily & shift change
	Clipboard / Folders	Twice daily & shift change
	Communication devices (walkie talkies/ mobiles)	Shift change
	Computer, Keyboard, Mouse Headsets	Twice daily & shift change
	Keys and locks and padlocks	Twice daily
	Mobile phone/ electronic device charging and docking cables	Twice daily & shift change
	Security console/ interfaces	Twice daily & shift change
	Telecomm interfaces	Twice daily & shift change
	Telephones	Twice daily & shift change

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Area	Item ¹	Minimum Frequency
	TV & remote controls	Twice daily & shift change
Kitchen & break out areas	Appliances (microwave, toasters, kettles, sandwich presses, ovens)	Daily
	Counter tops/ stove tops/ prepping surfaces	Twice daily
	Cutlery/crockery	As needed on highest setting
	Fridge	Daily
	Shelves (and items on shelves)	Daily
	Sink (hand washing & kitchen)	Twice daily

¹Other frequently touched surfaces may be identified during an initial walk through that will need to be added to this list.

4.2 Exit clean and disinfection for quarantined guests

Following quarantine guest departures, guest rooms that have accommodated a close contact or quarantined case (that is, that have never had a confirmed COVID-19 test result) should have an **Exit Clean and Disinfection** performed.

(a) Surfaces:

- All frequently touched surfaces in the Guestroom Cleaning Schedule should be cleaned and disinfected.
- Soft furnishings or fabric covered items (for example, fabric covered chairs, mattresses or window furnishings) that are visibly dirty and cannot be washed in a washing machine, should be spot cleaned with warm water and detergent to remove any soil or dirt.

(b) Carpeted floors to be HEPA filter vacuumed.

(c) Dispose of rubbish in general waste stream

(d) Remove and launder linens in clinical laundry stream

4.3 Pathogen clean (confirmed COVID-19 positive and transiting guest rooms)

Any rooms that have accommodated a confirmed COVID-positive guest or transiting guest should be cleaned and disinfected, be cleared of rubbish and soiled linens, and steam cleaned. Full PPE (surgical gowns, masks, goggles, gloves) must be worn in these rooms.

Communal touch point surfaces, equipment used for guest exit/transit (eg luggage trolley) and the exit pathway floors should be cleaned and disinfected immediately following the exit of the COVID positive or transiting guest.

(a) Surface clean + disinfection – Clean and disinfect all frequently touched surfaces in the hotel's Guestroom Schedule

(b) Dispose of rubbish in clinical waste stream

(c) Remove and launder linens in clinical laundry stream

(d) Carpeted floors: HEPA vacuum and steam clean. Use steam cleaners which reach a minimum of 70°C and release steam under pressure to ensure appropriate disinfection.

(e) **Additional soft surface steam clean:**

- Soft furnishings or fabric covered items (for example, fabric covered chairs, mattresses, window furnishings) that cannot withstand the use of bleach or other disinfectants or be washed in a washing

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machine, should be cleaned with warm water and detergent to remove any soil or dirt then steam cleaned. Use steam cleaners which reach a minimum of 70°C and release steam under pressure to ensure appropriate disinfection

- If mattress and pillow protectors are used, these may be removed and laundered instead of steam cleaning.

4.4 Outbreak clean

A terminal Outbreak clean and disinfection will be performed when cross infection between guests and staff or an unidentified source of transmission to staff and or guests has been identified to have occurred at the hotel.

All rooms and communal areas that were used for quarantine purposes should be cleaned using Pathogen clean protocols.

- Communal areas** - in addition to meeting the routine cleaning requirements, all floor surfaces and soft furnishings will be cleaned following the requirements for a **Pathogen Clean**, including all carpeted floor surfaces and soft furnishings to be steam cleaned.
- Guest rooms** – Cleaning should follow procedures for Pathogen clean whether or not the guest was confirmed COVID positive.

4.5 Management of linen, crockery and cutlery

A. Laundry

If items can be laundered, launder them in accordance with the manufacturer's instructions using the warmest setting possible. Dry items completely. Do not shake dirty laundry as this may disperse the virus through the air.

B. Crockery and cutlery

Wash glassware, crockery and cutlery in a dishwasher on the hottest setting possible.

If a dishwasher is not available, hand wash dishes in hot soapy water, rinse and dry.

4.6 Waste management

Waste generated from an exit deep clean and disinfection (Pathogen clean), communal area cleaning and outbreak cleaning should be placed into the **clinical waste stream**.

Waste generated from an exit clean and disinfection may be placed into the **general waste stream**.

4.7 Guest cleaning

There should be a process in place to allow guests to access cleaning equipment and products in order to clean their own rooms, as required.

References

- [Cleaning and disinfecting to reduce COVID-19 transmission: Tips for non-healthcare settings](https://www.dhhs.vic.gov.au/business-sector-coronavirus-disease-covid-19), 20 March 2020, <https://www.dhhs.vic.gov.au/business-sector-coronavirus-disease-covid-19>
- [Coronavirus \(COVID-19\) – Infection control guidelines](https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines) <https://www.dhhs.vic.gov.au/covid19-infection-control-guidelines>
- [Directions issued by Victoria's Chief Health Officer](https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19) <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19>

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- [Environmental cleaning and disinfection principles for health and residential care facilities](https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf), Version 3, 13 May 2020. <<https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf>>
- [Guidance on how to clean and disinfect your workplace](http://www.swa.gov.au) - COVID-19 – Recommended cleaning: Supplementary information, 26 May 2020 <www.swa.gov.au>
- [How to put on and take off your PPE](https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe) <<https://www.dhhs.vic.gov.au/how-put-and-take-your-ppe>>

RE: Four Points Hotel feedback: standard of cleaning and sanitizing

From: "Ferrigno, Stephen" <[REDACTED]@fourpoints.com>
To: [REDACTED] <[REDACTED]@spotless.com.au>; [REDACTED]@alfred.org.au; [REDACTED] <[REDACTED]@spotlessau1prod.onmicrosoft.com>
Cc: [REDACTED] (DHHS) <[REDACTED]@vahi.vic.gov.au>
Date: Mon, 13 Jul 2020 11:23:28 +1000
Attachments: Room Check log.xlsx (1.26 MB)

Hi All,

Further to the topic I attach the rooms checked this morning images (from a random sample performed by my team).

It seems apparent that the cleaning is below par and sanitization is not being met.

Feel free to call if any questions.

Regards,
 Stephen

Stephen Ferrigno

General Manager

[REDACTED] <[REDACTED]@fourpoints.com | www.fourpointsmelbournedocklands.com

Four Points by Sheraton, Melbourne, Docklands

443 Docklands Drive, Docklands, VIC 3008

From: Ferrigno, Stephen
Sent: Friday, July 10, 2020 1:34 PM
To: [REDACTED]@spotless.com.au>; [REDACTED]@alfred.org.au; Four Points (DHHS) <fourpoints@dhhs.vic.gov.au>; [REDACTED]@SPOTLESSAU1PROD.onmicrosoft.com>
Cc: [REDACTED] (DHHS) <[REDACTED]@vahi.vic.gov.au>; [REDACTED] (DJCS) <[REDACTED]@justice.vic.gov.au>; [REDACTED] (DJPR) <[REDACTED]@global.vic.gov.au>
Subject: Four Points Hotel feedback: standard of cleaning and sanitizing
Importance: High

Understanding this feedback is already being addressed, however, I write to confirm conversations had with many of you on the Hotel's concerns over the standard of cleaning and sanitizing in the public areas and hotel rooms of departed visitors this week here at the Four Points in Docklands. If I haven't spoken to you and you wish to catch-up please call my mobile.

At this point in time I cannot guarantee the safe re-supply all of the 250 rooms by 14th July and flag that now to DHHS to enable planning for the next wave of arrivals. I will provide an updated estimate of when we can re-supply by COB Monday 13th July.

The reasons are directly linked back to the change of cleaning provider on hotel property.

In a random sample of rooms - from the 132 departures on Wednesday 8th July - the hotel identified 14 rooms with faults - we stopped checking after the first 14. Public area cleaning also lacks in some cases putting people at an unacceptable level of risk.

The Hotel summarizes the key issue under the heading **Attention to detail is not sufficient** to achieve the standard as set out in the Hotel Quarantine Response document (os-SOP-xxx) dated 6th July and attached.

This lack of attention to details is in my opinion caused by:

- * Insufficient skills and/or a complete lack of experience in many cleaning staff
- * Insufficient supervisor numbers to supervise the work/finished rooms
- * Insufficient equipment available - trolleys, vacuum cleaners, caddys to carry, communication tools (phone/radios/pagers)

- * Lack of time/training to the specific Hotel site needs for cleaning/sanitizing
- * The unfamiliar environment
- * Lack of access to Hotel Computer Management System, and other communication tools/systems

As such, the 3 key risks the Hotel has identified:

- * Cross infection to all individuals in the hotel as cleaning falls below standards due to poor practices by contractor cleaning staff (lack of effective training and/or supervision) meaning rooms are not sanitized or public areas are not or HTP are not....
- * Delay the re-supply of clean rooms - rooms are taking too long to get to a clean stage ready for hotel to make-up
- * Additional costs incurred by all stakeholders and in the case of the Hotel to respond to the risks above

Solutions would include:

1. Allowing more time for cleaning contractor to bed down and address the issues above. Address the training, equipment and other issues.
2. Replacing the cleaning contractor in each hotel with the Hotel's existing housekeeping contractors (either hotel holds the contract and rebills DHHS or DHHS to contract direct with Housekeeping Contractors who have met the Hotel Quarantine Response document (os-SOP-xxx) certification for cleaning public areas, HTP and departure rooms). Effectively returning to the old structure in this Hotel and presumably many others – obviously this was changed for reasons I am not privy to.

Recommendation

Option 2, contract the Hotels existing Housekeeping teams to perform deep clean (clean and sanitize) and make-up room steps along with public area, HTP and confirmed positive rooms. In our case, the incumbent contractor is already to go – has the training, expertise, Government COVID-safe certification and processes already and practiced having cleaned positive rooms in Melbourne Hotels across many sites.

OR

DHHS to contract the specialized Hotel Cleaning company of their choice (AHS, Silk, Empire) to perform the Option 2 recommendation across multiple sites (but I am concerned the bedding down issues will still be apparent).

As always, with a view to safety for my people first then the goals of the Operation I trust this helps in assessing this sites concerns.

Regards,

Stephen Ferrigno

General Manager

T [REDACTED] O [REDACTED]
[REDACTED]@fourpoints.com | www.fourpointsmelbournedocklands.com

Four Points by Sheraton, Melbourne, Docklands
443 Docklands Drive, Docklands, VIC 3008

From: [REDACTED]@silkhospitality.com.au>

Sent: Thursday, July 9, 2020 4:46 PM

To: Ferrigno, Stephen <Stephen.Ferrigno@fourpoints.com>

Cc: [REDACTED]@SilkHospitality.com.au>

Subject: Spotless clean Rooms checking Report

Good afternoon Stephen,

Our Supervisors checked some rooms today which are cleaned by Spotless, please find detailed room check report from these rooms as attachment. Main issues with these rooms are vacuum in general especially under beds and sanitising of touch-points. Today morning Silk Supervisors spend some time with Spotless staff and supervisors to give training in room cleaning and expectations.

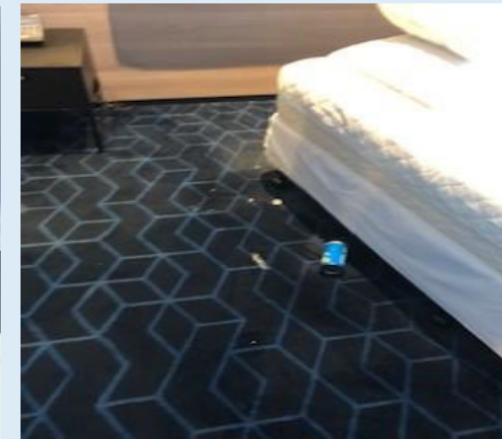
Thank you

Warm Regards

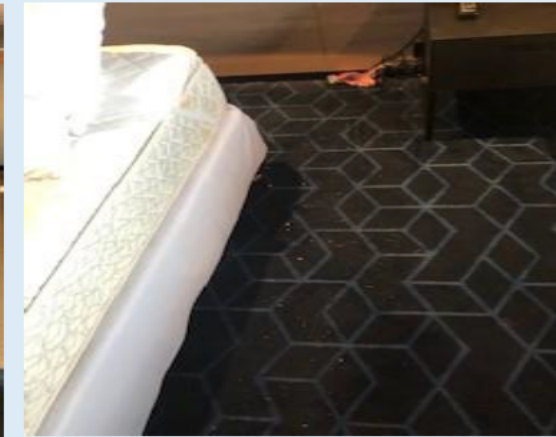
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m: [REDACTED] | p: [REDACTED]
a: 443 Docklands Dr, Docklands VIC 3008

silk

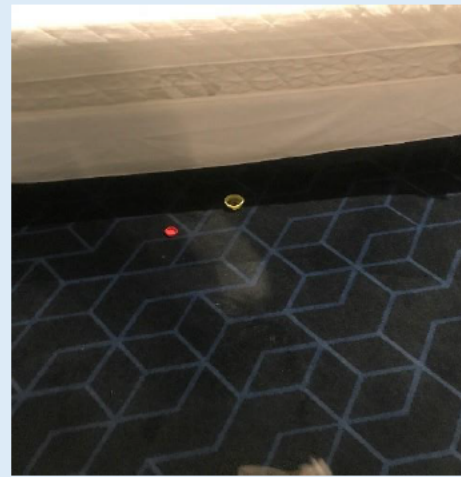
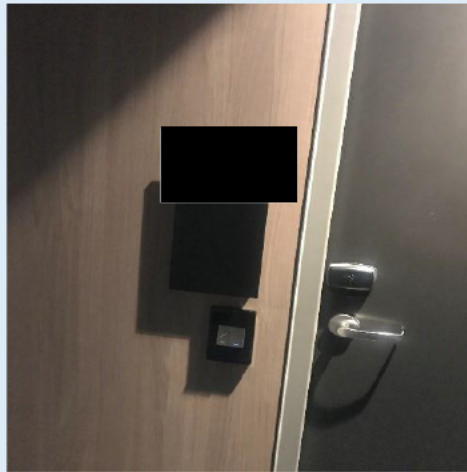
Issues



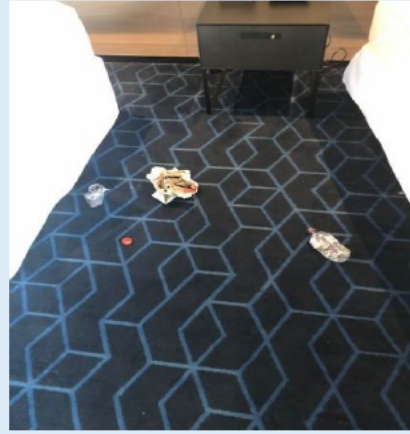
Room is not Sanitised And Vacuum under beds not done



Under Beds are not vacuumed Properly



Vacuum under beds not done Properly



Vacuum under beds not done Properly



Vacuum under beds not done Properly



Vacuum under beds not done Properly



Vacuum under beds not done Properly and touchpoint sanitisation is not done properly



Vacuum under beds not done Properly

RE: Four Points Hotel feedback: standard of cleaning and sanitizing

From: "Ferrigno, Stephen" <stephen.ferrigno@fourpoints.com>
To: [REDACTED]@spotless.com.au; [REDACTED]@alfred.org.au; [REDACTED]
 [REDACTED]@spotlessau1prod.onmicrosoft.com>
Cc: [REDACTED] (DHHS) <[REDACTED]@vahi.vic.gov.au>
Date: Mon, 13 Jul 2020 11:23:28 +1000
Attachments: Room Check log.xlsx (1.26 MB)

Hi All,

Further to the topic I attach the rooms checked this morning images (from a random sample performed by my team).

It seems apparent that the cleaning is below par and sanitization is not being met.

Feel free to call if any questions.

Regards,
 Stephen

Stephen Ferrigno

General Manager

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 [REDACTED]@fourpoints.com | www.fourpointsmelbournedocklands.com

Four Points by Sheraton, Melbourne, Docklands

443 Docklands Drive, Docklands, VIC 3008

From: Ferrigno, Stephen
Sent: Friday, July 10, 2020 1:34 PM
To: [REDACTED]@spotless.com.au; [REDACTED]@alfred.org.au; Four Points (DHHS)
 <fourpoints@dhhs.vic.gov.au>; [REDACTED]@SPOTLESSAU1PROD.onmicrosoft.com>
Cc: [REDACTED] (DHHS) [REDACTED]@vahi.vic.gov.au; [REDACTED] (DJCS) <[REDACTED]@justice.vic.gov.au>; [REDACTED]
 (DJPR) <[REDACTED]@global.vic.gov.au>
Subject: Four Points Hotel feedback: standard of cleaning and sanitizing
Importance: High

Understanding this feedback is already being addressed, however, I write to confirm conversations had with many of you on the Hotel's concerns over the standard of cleaning and sanitizing in the public areas and hotel rooms of departed visitors this week here at the Four Points in Docklands. If I haven't spoken to you and you wish to catch-up please call my mobile.

At this point in time I cannot guarantee the safe re-supply all of the 250 rooms by 14th July and flag that now to DHHS to enable planning for the next wave of arrivals. I will provide an updated estimate of when we can re-supply by COB Monday 13th July.

The reasons are directly linked back to the change of cleaning provider on hotel property.

In a random sample of rooms - from the 132 departures on Wednesday 8th July - the hotel identified 14 rooms with faults - we stopped checking after the first 14. Public area cleaning also lacks in some cases putting people at an unacceptable level of risk.

The Hotel summarizes the key issue under the heading **Attention to detail is not sufficient** to achieve the standard as set out in the Hotel Quarantine Response document (os-SOP-xxx) dated 6th July and attached.

This lack of attention to details is in my opinion caused by:

- * Insufficient skills and/or a complete lack of experience in many cleaning staff
- * Insufficient supervisor numbers to supervise the work/finished rooms
- * Insufficient equipment available - trolleys, vacuum cleaners, caddys to carry, communication tools (phone/radios/pagers)

- * Lack of time/training to the specific Hotel site needs for cleaning/sanitizing
- * The unfamiliar environment
- * Lack of access to Hotel Computer Management System, and other communication tools/systems

As such, the 3 key risks the Hotel has identified:

- * Cross infection to all individuals in the hotel as cleaning falls below standards due to poor practices by contractor cleaning staff (lack of effective training and/or supervision) meaning rooms are not sanitized or public areas are not or HTP are not....
- * Delay the re-supply of clean rooms - rooms are taking too long to get to a clean stage ready for hotel to make-up
- * Additional costs incurred by all stakeholders and in the case of the Hotel to respond to the risks above

Solutions would include:

1. Allowing more time for cleaning contractor to bed down and address the issues above. Address the training, equipment and other issues.
2. Replacing the cleaning contractor in each hotel with the Hotel's existing housekeeping contractors (either hotel holds the contract and rebills DHHS or DHHS to contract direct with Housekeeping Contractors who have met the Hotel Quarantine Response document (os-SOP-xxx) certification for cleaning public areas, HTP and departure rooms). Effectively returning to the old structure in this Hotel and presumably many others – obviously this was changed for reasons I am not privy to.

Recommendation

Option 2, contract the Hotels existing Housekeeping teams to perform deep clean (clean and sanitize) and make-up room steps along with public area, HTP and confirmed positive rooms. In our case, the incumbent contractor is already to go – has the training, expertise, Government COVID-safe certification and processes already and practiced having cleaned positive rooms in Melbourne Hotels across many sites.

OR

DHHS to contract the specialized Hotel Cleaning company of their choice (AHS, Silk, Empire) to perform the Option 2 recommendation across multiple sites (but I am concerned the bedding down issues will still be apparent).

As always, with a view to safety for my people first then the goals of the Operation I trust this helps in assessing this sites concerns.

Regards,

Stephen Ferrigno

General Manager

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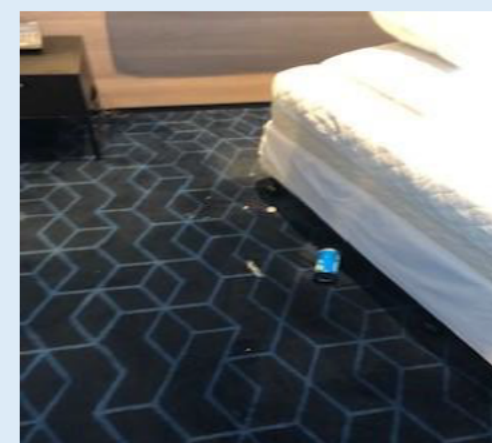
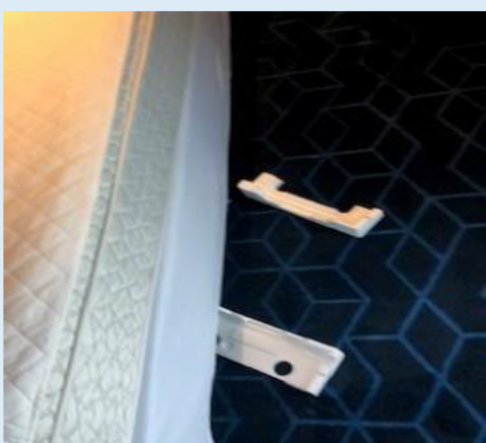
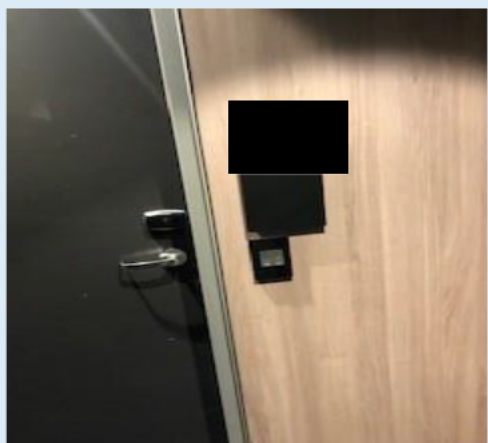
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m: [REDACTED] | p: [REDACTED]

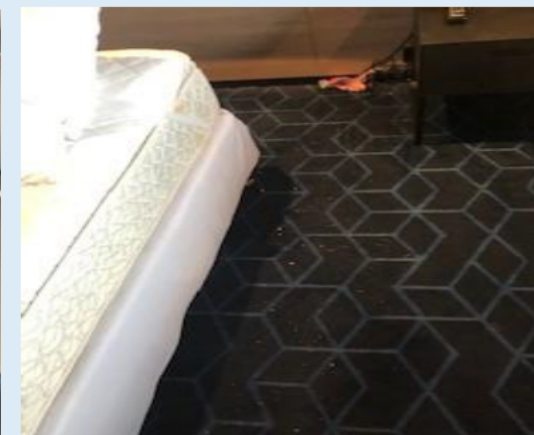
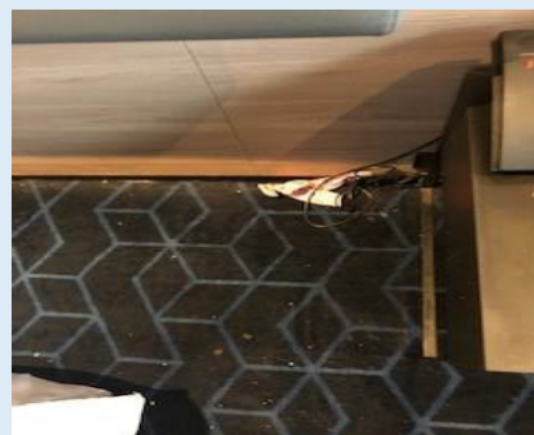
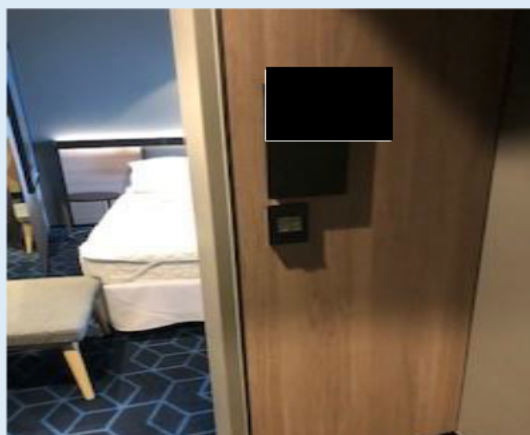
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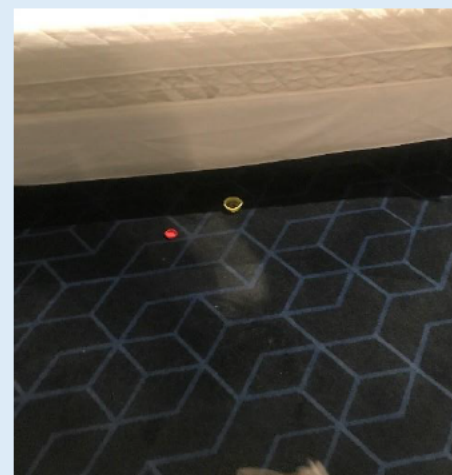
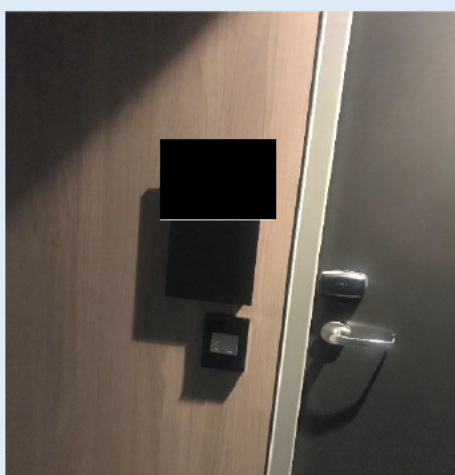
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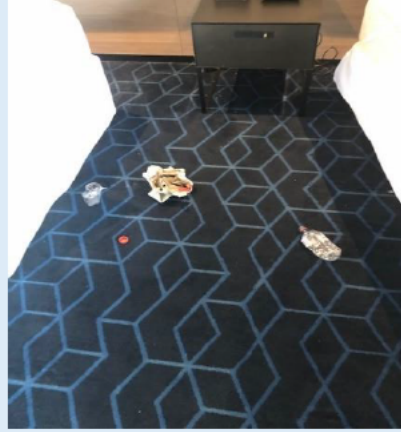
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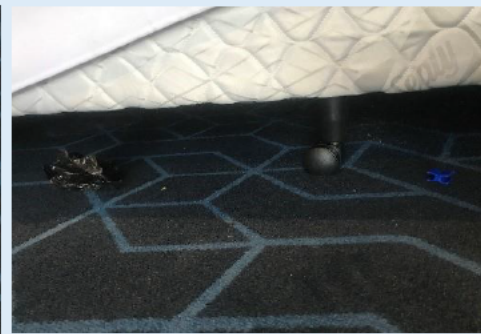
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Vacuum under beds not done Properly



Vacuum under beds not done Properly and touchpoint sanitisation is not done properly



Vacuum under beds not done Properly

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Duty Manager mobile: [REDACTED]

Hotel Address is: 443 Docklands Drive

Email: [REDACTED]

Hotel Duty Manager Handover Information

19th April

DUTY MANAGER

AM: [REDACTED]

PM: [REDACTED]

OVERNIGHT: [REDACTED]

ARRIVALS TODAY: N/A

HOTEL STATUS: 250 contracted to VIC Government of those

207 rooms occupied, 206 by GOV & 1 HOUSE USE

16 rooms Out of Service – tested +/- - Room moves / Early Departures

28 rooms available include VCI on red zone rooms used to relocate +ve people/spilt couples

10 House Availability

12 Level 7 OOS.

273 TOTAL – 273

Everyday @ 14.45 GM/DM/DHHS & AO will have a meeting to discuss the issues and plans. PM handovers will be delayed.

326 adults and 6 children under 12 and 1 infant under 2

RED ZONE is level 4 and once full up to level 5

INFORMATION TO SHARE WITH AUTHORIZED OFFICER ON DUTY

AUTHORIZED OFFICER ON DUTY/ DHHS

AM IS: [REDACTED]

PM IS:

HOTEL WELFARE GUESTS / PATIENTS

Refer to attached update from DHHS 12.4.

Room [REDACTED] – Guest will depart 8 AM on 16.4 (Refer email from DHHS [REDACTED]) System updated. Bills settled.

Room [REDACTED] - Female occupant taken to hospital yesterday will return today. (AO to handle) 13.4

Room [REDACTED] - Guest complained to AO hotel staff are rude. She is a care in watchlist, please pass on to AO for any issues. 13.4

Rooms [REDACTED] – Are on watchlist for alcohol. Please check with AO before confirming order. 13.4

Room [REDACTED] and [REDACTED] –Nursing Team advised do not process any alcohol order 13.4

Room [REDACTED] – [REDACTED] was taken to the hospital at around 4PM on 13.4

Room [REDACTED] – DHHS has bought and sent a vacuum cleaner to the guest. Guest is asthmatic. DHHS notified they will not be giving this to any other guests. 16.4

Room [REDACTED] – Early check-out at 5 PM 16.4

Room [REDACTED] – Smoke detector went off at 9.32am. AO [REDACTED] spoke to the guest. Verbal warning given. Can order alcohol (1 bottle of wine or 6 pack beer). Confirmed by AO [REDACTED] 13.4

Room [REDACTED] – due to loud noise coming from the bathroom vent – guest have been moved to [REDACTED] 16.4

Room [REDACTED] – DHHS requested if guest can be given extra chair similar like in the room and they are [REDACTED] and both need to sit. DM borrowed from room [REDACTED] (out of order) , traces has been placed to put back the chair to [REDACTED] once guest check out 17.4

MARRIOTT PROPRIETARY AND CONFIDENTIAL INFORMATION

SECURELY DESTROY AFTER USE

DO NOT SHARE

DOCUMENT OWNER

HOTEL DUTY MANAGER [REDACTED]

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Hotel Address is: 443 Docklands Drive

Duty Manager mobile: [REDACTED]

Email: [REDACTED]

Room [REDACTED] - [REDACTED] was room moved to [REDACTED] - (only [REDACTED] at the hospital) 18.4 She complained her aircon is too cold and needs to be shut. I have put hardlock to her aircon. 19.4

Room [REDACTED] - guest was moved to Room [REDACTED] due to toilet issue in room [REDACTED] - 18.4

Rooms [REDACTED] - Both room checked out 19.4

AM TEAM

- **EARLY DEPARTURE ROOMS FOR TODAY**

[REDACTED] has checked out. [REDACTED] positive tested.

? [REDACTED]

? [REDACTED]

AO to advise PM shift

- Nurses room is 724 and double beds x 2 so they can rest. HK to service every second day – DM to co-ordinate service so it gets done, sheets, towels etc.
- [REDACTED] Checked out of the hotel. Rooms placed OOO.
- Multiple complaints were received by DHHS regarding no milk in room. I have informed them that we will be delivering milk tonight for guests. (we provide 1tlr every 3 days) see update below
- [REDACTED] - DHHS notified me that guest is upset because he does have butter. He was quite abusive over the phone towards DHHS staff. I have given him 4 pcs of butter to calm him down. He wants 4 pcs of butter tommorw too.
- [REDACTED] Guest was angry because her aircon keeps turning on. I have placed hardlock on it to her preference.
- A small box of orange hydralyte is placed in the freezer in level 1 kitchen, please give nruses from DHHS when they need it. Its for room [REDACTED]
- Everyday @ 14.45 GM/DM/DHHS & AO will have a meeting to discuss the issues and plans. PM hanovers will be delayed.
- [REDACTED] is allowed to order uber eats just today because hotel did not have fries. Alternative option onion rings is offered but she declined.

PM TEAM

O/N TEAM

INFORMATION TO SHARE DO NOT DELETE

HOTEL SUPPLIES – as a rule of thumb anything that was in the room at the start of the stay is what the Hotel is required to replenish during the stay. This applies to Tea & Coffee and Milk.

- TEA and COFFEE – replenished upon request via Hotel or DNATA/PSAs who also have been given a supply. Please limit it to 2 sachets/bags per person per day.
- MILK – replenished every 3 days. If they run out within the 3 days they can receive the UHT milk poppers available from the bar and DHHS.

DEPARTURE & CHECKOUT

If one positive and one negative

MARRIOTT PROPRIETARY AND CONFIDENTIAL INFORMATION

DO NOT SHARE

SECURELY DESTROY AFTER USE

DOCUMENT OWNER

HOTEL DUTY MANAGER [REDACTED]

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Duty Manager mobile: [REDACTED]

Hotel Address is: 443 Docklands Drive

Email: [REDACTED]

If need to stayover one or two nights

DIETARY PREFERENCES AND HOTEL FOOD MENU – The meal provided is a nutritionally balanced meal produced onsite by our chefs, they are a mix of plant & meat based meals and portioned to reflect the lack of everyday movement guests would normally have. We are providing a low carb portion and high vegetable based portion along with protein from both plant & animal sources. Should any of these meals not meet their requirements they can

1. Order from the IRD menu - if ordering during a meal delivery period it will be brought up after 1pm for lunch or 7pm for dinner
2. Order from Woolworths
3. Have a care package delivered
4. Talk to DHHS about Uber options

We are unable to cater to food preferences and only able to cater for medically diagnosed food allergies, intolerances and medical conditions.

Exception : Vegetarians & Vegans will receive a relevant meal as of 14/04/20. GM confirmed with kitchen.

ALCOHOL – Hotel has a General License and can be provided packaged liquor for consumption on/off the premises. Red line is perimeter of Hotel and all levels above from Ground to 15 inclusive including outdoor on level 7.

ALCOHOL Nursing team are still doing the welfare check to every room , as per discussion with AO and Nursing Team 12.4, **every person is limited to 1 bottle of wine or 6 pack beer**. Anything over please consult AO. Stricly no bottled spirits served as of 13/04. & NO RTD's as per DHHS as of 14.04.

STRUCTURE OF PARTNERS AND HOW TO REFER COMPLAINTS

Referring complaints to the right department depends on the issue/s

DHHS – responsible for general operation of the isolation

Nurses and Doctors – health concern

AO – legal person responsible for the well-being of the detainees upstairs

DNATA - [REDACTED] – the role of DNATA is to help handle on site complaints, feel free to use them

ALCOHOL ORDERING - a limited range of products is available via the minibar menu, call Guest Services, and charge to their account. They need to provide credit card when ordering. 1100 to late. Responsible service of alcohol applies. 13th April bottles of spirtis discontinued.

BOTTLED DRINKING WATER – Hotel has advised AO that as the water in Melbourne is potable (safe to drink) and as people asking for bottled water would normally buy this for home use the Hotel will not be providing bottled water for guest consumption. Suggests the guest use the Woolworths voucher.

TEA AND COFFEE – the Hotel will replenish T&C on demand and concierge nurses will deliver. Stocks have been provided to them. Guests can purchase espresso coffee via the in-room dining menu call Guest Services and charge to their account. They need to provide credit card when ordering. 0800 to 2000.

IN ROOM DINING - PAY FOR ORDER ENHANCED MENU – available from 1100 - 2000 see end of document for menu, order by calling Guest Services, and charge to their account. They need to provide credit card when ordering.

MARRIOTT PROPRIETARY AND CONFIDENTIAL INFORMATION

SECURELY DESTROY AFTER USE

DO NOT SHARE

DOCUMENT OWNER HOTEL DUTY MANAGER [REDACTED]

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Duty Manager mobile: [REDACTED]

Hotel Address is: 443 Docklands Drive

Email: [REDACTED]

MINIBAR MENU – from 1100 to late hrs - see end of document for menu, order by calling Guest Services, and charge to their account. They need to provide credit card when ordering.

TOILETS FOR VISITING AGENCIES DHHS, AO, SECURITY and NURSES/DOCTORS Toilets on ground floor and level 1 will be serviced through the day and cleaned twice per day.

NURSES SHOWER FACILITY on PM shift 19.4 this was reinstated to 724 so they can rest and shower. Keys with nurses..

GUEST RUBBISH from their rooms – to be bagged and placed outside their door once per day for collection overnight.

GUEST LINEN CHANGEOVER

Completed - Tuesday 14th April – clean linen for the room will be placed in a bag on the day and the guests to change their linen and place the dirty linen in the bag and then outside their door for collection that evening.

GUEST LAUNDRY – available through contractor to inhouse guests. Please note if the guest departure date is within 48 hrs or over weekend advise guest not to use.

OUTDOOR WALK – accessed via level 7. Hotel is not involved and decision is made by AO, all requests must go through the AO on duty.

CLINICAL WASTE BINS – DHHS have arranged and 10 yellow clinical waste bins have been delivered and then to be placed on guest floors arranged by DHHS. **These bins are ONLY for clinical waste.**

Collection days every Monday, Wednesday and Friday morning Bins will be dropped off empty and full ones need to be taken by DHHS arranged staff to the Hotel loading Dock.

REQUESTS FROM AGENCY PARTNERS

MORE TELEPHONES FOR LEVEL 1 USE – numerous requests for nurses etc for more phones, unfortunately there are limited numbers of extensions and we cannot get more in this space. Have invited them to use phones on ground floor at reception desk and Doctors (Cassie and Alex) have been there since Saturday 11.4.

SHREDDER – Hotel has provided shredder from Executive Office for them to use. Must be sanitized before re-use by Hotel and remains in Level 1 function rooms until then.

PHOTOCOPIER, SCANNER, PRINTER – requested by AOs and DHHS staff.....the hotel does not have spares and the IT manager advised all our IT equipment is set up on a network and configured to be used, it cannot be simply disconnected and re-used on another device (I wish it could). DHHS, nurses etc will need to supply their own printer.

COPIER – Hotel has allowed all to use the copier on ground floor as they need.

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Duty Manager mobile: [REDACTED]

Hotel Address is: 443 Docklands Drive

Email: [REDACTED]

In Room Dining Menu

Please call Room Service to order, this will be charged to your room at your personal expense.

In Room Dining Available from 11am to 8pm

Bowl of Fries – GF, VG \$5

Shoestring fries served with tomato sauce

Vietnamese BBQ Chicken – GF, DF, NF \$20

Served with green rice, ~~Asianslaw~~ & ~~nouc cham~~ dressing

Beef or Vegan Chickpea & Lentil Burger – GFO, DFO, VGO \$16

Served on a milk bun with lettuce, tomato, pickles, mustard & Ketchup with fries

Thai Yellow Seafood or Vegan Curry – GF, DF, NF, VG \$25/\$18

Served with green rice and seasonal vegetables

Caesar Salad – GF, VGO \$15

Cos lettuce, tossed with bacon, parmesan, garlic croutons in an anchovy dressing

Fish & Chips – DF \$18

Tempura battered whiting, garden salad & fries with aioli

To charge to your room account please ensure you have called

Guest Services and provided your credit card details

*GF – Gluten Friendly / GFO – Gluten Friendly Option Available
DF – Dairy Friendly / NF – Nut Friendly / VGO – Vegan Option Available*

Mini Bar Menu from 1100-late

Please call Room Service to order and charge to your room account.

If there is something that you would like that isn't on our list, please let us know and we will try to arrange it for you.

Selection	Price
Coffee – cappuccino, latte, flat white, mocha, long black	Small \$3.5 Large \$4.5
Juice – apple, orange, pineapple Min order 6 x 250ml	3 pack \$10 6 pack \$17
Soft Drink – Coke, Coke No Sugar, Sprite, Fanta Min order 375ml	3 pack \$10 6 pack \$17
Standard Beer – Cascade Light, Pure Blonde, Carlton, Crown Larger Min order 6 pack	\$17
Premium Beer – Asahi, Little Creatures, Heineken, Corona, Mountain Goat, Bulmer's Cider Min order 6 pack	\$21
Wine – 750ml Bottle Vivo Sav blanc, Vivo Cab Sav Down the Lane Rose Morgan's Bay Sparkling Wine	\$15
Premix RTD's – Min order 6 pack Bundy & Cola, Gin & Tonic Vodka Lime & Soda, Scotch & Dry Bourbon & Cola	\$29
Red Rock Sour Cream & Chilli Potato Chips 45g	\$3.5
Pringles Original Potato Chips 42g	\$3
Tim Tams Biscuits 200g	\$4
Oreos Biscuits 274g	\$4
Nobby's Nuts Salted Peanuts 500g	\$3

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FOUR POINTS BY SHERATON HOTEL

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Duty Manager mobile: [REDACTED]

Email: [REDACTED]

Hotel Duty Manager Handover Information

21st May

DUTY MANAGER	AM: [REDACTED]	PM: [REDACTED]	ON: [REDACTED]			
Date	Thu 21	Fri 22	Sat 23	Sun 24	Mon 25	Tue 26
ARRIVALS	83/TBA	0	0	0	0	0
STAYOVERS	122	122 + TBA	122 + TBA	122 + TBA	122 + TBA	122 + TBA
DEPARTURES	0	0	0	0	0	0
HOTEL STATUS						
122	OCC	Rooms Occupied				
1	OO	1 Carpet issue				
125	VI	250 Govt Contract				
3	VD	3 room moves (out of orders)				
22	HVI	Hotel Inventory				
273	TOTAL					

189 adults (34 kids – 3 to 12 years old) + 22 infant

RED ZONE is level 4 and once full up to level 5

INFORMATION TO SHARE WITH AUTHORIZED OFFICER ON DUTY

AUTHORIZED OFFICER ON DUTY/ DHHS

AM IS: [REDACTED]

PM is: [REDACTED]

TELEPHONE DIRECTORY

ID	Position	Extensior	Email	1st Contact	Phone
AO	Authorised Officer	[REDACTED]			[REDACTED]
DHHS	DHHS	[REDACTED]	[REDACTED]@dhhs.vic.gov.au (Emergency only)		[REDACTED] (Emergency only)
DNATA	Dnata	[REDACTED]			[REDACTED]
DR	Doctor	[REDACTED]			[REDACTED]
HOTEL	Four Points Hotel	[REDACTED]			[REDACTED]
HOTEL	Hotel GM	[REDACTED]	[REDACTED]@fourpoints.com	[REDACTED]	[REDACTED]
HOTEL	Duty Manager	[REDACTED]	[REDACTED]@marriott.com	[REDACTED]	[REDACTED]
HOTEL	Guest Services	[REDACTED]	[REDACTED]@fourpoints.com	[REDACTED]	[REDACTED]
HOTEL	Bar	[REDACTED]			[REDACTED]
NURSE	Nurse	[REDACTED]			[REDACTED]
SECURITY	Security Manager Office (Bolte Room)	[REDACTED]			[REDACTED]
SECURITY	Security Lobby	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 3	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 4	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 5	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 6	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 7	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 8	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 9	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 10	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 11	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 12	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 13	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 14	[REDACTED]			[REDACTED]
SECURITY	Lobby phone level 15	[REDACTED]			[REDACTED]

To dial a guest room dial 2 first then the room number.

WELFARE GUESTS / PATIENTS

MARRIOTT PROPRIETARY AND CONFIDENTIAL INFORMATION

DO NOT SHARE

SECURELY DESTROY AFTER USE

DOCUMENT OWNER

HOTEL DUTY MANAGER [REDACTED]

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Hotel Address is: 443 Docklands Drive

Duty Manager mobile: [REDACTED]

Email: [REDACTED]@marriott.com

DATE	ROOM #	LAST NAME	COMMENT

****PLEASE NOTE: BREAKFAST FOR GUESTS WILL BE DELIVERED EVERYDAY BETWEEN 4-5 AM BY SECURITY ON SHIFT. EFFECTIVE 03.05. CONFIRMED BY [REDACTED] FROM DJPR.****

AM TEAM

- [REDACTED] parked with us (partner stays) , Fixed charged set up for \$5 a day.
- [REDACTED] room moved to [REDACTED] Inventory updated

PM TEAM

- [REDACTED] complaint through AO his room is dirty specially on the carpet, guest requesting for room move or HKP to clean the room. After discussion he is happy to stay in the same room. Vacuum cleaner from DHHS was sent to be used until tomorrow
- Very busy night , with a lot of request about specific foods requirement. Apologies were extended, guests were informed we will be serving meal based on the dietary requirement **starting tomorrow**

ON TEAM

- Room [REDACTED] called and complained that aircon is not working. NM went to ENG and resolved.
- At 2:10 AM, AO [REDACTED] called and requested NM to come down at Reception and wants to pass on the information that seven (7) people without a copy of Direction and Detention Notice, as follows:
 - 1) Room [REDACTED]
 - 2) Room [REDACTED] – Not Listed
 - 3) Room [REDACTED]
 - 4) Room [REDACTED]
 - 5) Room [REDACTED] – Not Listed
 - 6) Room [REDACTED]
 - 7) Room [REDACTED] – Not Listed
- Collected the rubbish from 12 to 15 floors; Level 1 and Ground floor, too. Put the bins in the Loading bay for collection.
- At 4:50 AM. AO [REDACTED] called and informed us that he retrieved the Detention Notice of 2 guests, namely:
 - 1) Room [REDACTED]
 - 2) Room [REDACTED]

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Duty Manager mobile: [REDACTED]

Hotel Address is: 443 Docklands Drive

Email: [REDACTED]@marriott.com

- At 6:50 AM, Guest from Room [REDACTED] requested to switched off the aircon in the room. Refer the matter to ENG [REDACTED] who is available to handle it.

INFORMATION TO SHARE DO NOT DELETE

FIRE SAFETY & EVACUATION

As per instructions from MFB, all staff/guests are required to follow the instructions as announced via the speaker. In case the evac alarm is triggered all staff/guests are required to evacuate the building. If the standby alarm is triggered please remain in the area you are in and await instructions. **ALL MUST LISTEN TO THE ANNOUNCEMENTS AND ACT ACCORDINGLY. (STAFF INCLUDES DHHS/SECURITY/NURSES & ALL IN LEVEL 1 and back of house areas)**

DIETARY PREFERENCES AND HOTEL FOOD MENU

The meal provided is a nutritionally balanced meal produced onsite by Hotel chefs, the menu items are a mix of plant & meat-based meals and portioned to reflect the lack of everyday movement guests would normally have. We are providing a low carb portion and high vegetable based portion along with protein from both plant & animal sources. Should any of these meals not meet their requirements they can:

- Order Uber eat according to new Government regulations – guest to pay account
- Order from the IRD menu - if ordering during a meal delivery period it will be brought up after 1pm for lunch or 7pm for dinner
- Order from Woolworths – guest to pay account
- Have a care package delivered

We are unable to cater to food preferences and only able to cater for medically diagnosed food allergies, intolerances and medical conditions.

Exception: Vegetarians & Vegans will receive a relevant meal. GM confirmed with kitchen.

ALCOHOL a limited range of products is available via the minibar menu, call Guest Services, and charge to their account. They need to provide credit card when ordering. 1100 to 2000. Responsible service of alcohol applies. Nursing team are still doing the welfare check to every room , as per discussion with AO and Nursing Team 12.4, **every person is limited to 1 bottle of wine or 6 pack beer**. Anything over please consult AO. Strictly no bottled spirits served as of 13/04. & NO RTD's as per DHHS as of 14.04.

STRUCTURE OF PARTNERS AND HOW TO REFER COMPLAINTS

Referring complaints to the right department depends on the issue/s

DHHS – responsible for general operation of the isolation (24/7 Emergency Escalation contact [REDACTED] / [REDACTED]@dhhs.vic.gov.au - use this if you cannot contact Hotel team leader for any emergency

Nurses and Doctors – health concerns and requests to speak to them

AO – legal person responsible for the well-being of the detainees upstairs

DNATA - [REDACTED] – the role of DNATA is to help handle on site complaints, feel free to use them

WALK and FRESH air – Any enquiries please divert to AO on shift. They facilitate this along with security.

PPE : PPE for hotel staff are provided by DHHS

MARRIOTT PROPRIETARY AND CONFIDENTIAL INFORMATION

SECURELY DESTROY AFTER USE

DO NOT SHARE

DOCUMENT OWNER HOTEL DUTY MANAGER [REDACTED]

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Duty Manager mobile: [REDACTED]

Hotel Address is: 443 Docklands Drive

Email [REDACTED]@marriott.com

RAMADAN will start on Friday 24th April until 23rd May 2020, Muslim guests will need to have breakfast before sunrise around 5:25 AM and have dinner after Sunset around 17:45, the meal time will be adjusted for those who do the fasting. Lunch will be dropped off starting from 12 mid-day and dinner plus breakfast has been pushed back starting from 18:00 onwards.

DJPR Staff – DM to provide access to Meals, shower, and drinking facilities during their shift

BOTTLED DRINKING WATER – Hotel has advised AO that as the water in Melbourne is potable (safe to drink) and as people asking for bottled water would normally buy this for home use the Hotel will not be providing bottled water for guest consumption. Suggests the guest use the Woolworths option and pay on consumption.

MILK, TEA & COFFEE – Hotel has provided 10 Coffee/Tea packets to all rooms. The Hotel will replenish T&C on demand and F&B will deliver it. Stocks can be found behind bar. Orders should be sent with a 0 cost through micros as an IRD order. Deliveries are between 0800 – 2100.

- TEA /COFFEE & Milk – Delivered on demand by F&B. Please limit it to 2 sachets/bags per person per day.
- MILK – replenished every 3 days. If they run out within the 3 days, they can receive the UHT milk poppers available from the bar and DHHS. Ordered through Micros.
- EXPRESSO – Guests can purchase espresso coffee via the in-room dining menu call Guest Services and charge to their account. They need to provide credit card when ordering. 0800 to 2000

MICROWAVE AND TOASTER – Toaster is strictly not allowed due to burnt toast may cause smokes that will sets off evacuation, Microwave is only allowed if guests has infant staying with them. – Preferably brand new to avoid electrical issue.

IN ROOM DINING - PAY FOR ORDER ENHANCED MENU – available from 1100 - 2000 see end of document for menu, order by calling Guest Services, and charge to their account. They need to provide credit card when ordering.

MINIBAR MENU – from 1100 to 2000 hrs - see end of document for menu, order by calling Guest Services, and charge to their account. They need to provide credit card when ordering. Coffee can ordered from 8 AM.

TOILETS FOR VISITING AGENCIES DHHS, AO, SECURITY and NURSES/DOCTORS Toilets on ground floor and level 1 will be serviced through the day and cleaned twice per day by PA on Duty.

NURSES SHOWER FACILITY – Nurses will be allowed to use one room from the Govt contract to rest and refresh. Room [REDACTED] has been allocated. Keys have been provided to nurses and will be handed over in-between shifts. The room will be cleaned every 2 days.

GUEST RUBBISH from their rooms – to be bagged and placed outside their door once per day for collection overnight.

GUEST LINEN CHANGEOVER – Guest linen will not be changed on the 7th day. They may request new towels/linen and will be delivered on demand. Old linen need to be double bagged left outside door for collection.

GUEST LAUNDRY – Guests need to drop off laundry prior to 9 AM and laundry will be returned the following day. Monday to Saturday only. Laundry picked up on Saturday will be returned on Monday. NO LAUNDRY WILL TAKEN FROM GUESTS ON THE 12th DAY OF THEIR STAY.

Guests also receive a credit of \$40 for room with 2 PAX and \$80 for rooms with 3-4 PAX. This is 1 off for the entire stay.

MARRIOTT PROPRIETARY AND CONFIDENTIAL INFORMATION

SECURELY DESTROY AFTER USE

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DOCUMENT OWNER HOTEL DUTY MANAGER [REDACTED]

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Duty Manager mobile: [REDACTED]

Hotel Address is: 443 Docklands Drive

Email: [REDACTED]@marriott.com

CLINICAL WASTE BINS – DHHS have arranged and 10 yellow clinical waste bins have been delivered and then to be placed on guest floors arranged by DHHS. **These bins are ONLY for clinical waste.**

Collection days every Monday, Wednesday and Friday morning Bins will be dropped off empty and full ones need to be taken by DHHS arranged staff to the Hotel loading Dock.

HOTEL has ordered and received 2 Clinical Waste bins and these need to be used for any clinical waste generated from departure rooms.

REQUESTS FROM AGENCY PARTNERS

TELEPHONES FOR LEVEL 1 USE – New phones lines are given for DHHS/Nurses & AO for their use.

SHREDDER – Hotel has provided shredder from Executive Office for them to use. Must be sanitized before re-use by Hotel and remains in Level 1 function rooms until then.

PHOTOCOPIER, SCANNER, PRINTER – DHHS is given the ground floor copier machine for scanning and copying. If they need printing to be done they need email DM's.

In Room Dining Menu

Please call Room Service to order, this will be charged to your room at your personal expense.

In Room Dining Available from 11am to 8pm

Bowl of Fries – GF, VG \$5

Shoestring fries served with tomato sauce

Vietnamese BBQ Chicken – GF, DF, NF \$20

Served with green rice, Asianslaw & nuoc cham dressing

Beef or Vegan Chickpea & Lentil Burger – GFO, DFO, VGO \$16

Served on a milk bun with lettuce, tomato, pickles, mustard & Ketchup with fries

Thai Yellow Seafood or Vegan Curry – GF, DF, NF, VG \$25/\$18

Served with green rice and seasonal vegetables

Caesar Salad – GFO, VGO \$15

Cos lettuce, tossed with bacon, parmesan, garlic croutons in an anchovy dressing

Fish & Chips – DF \$18

Tempura battered whiting, garden salad & fries with aioli

To charge to your room account please ensure you have called

Guest Services and provided your credit card details

GF – Gluten Friendly / GFO – Gluten Friendly Option Available
DF – Dairy Friendly / NF – Nut Friendly / VGO – Vegan Option Available

Mini Bar Menu

Please call Room Service to order and charge to your room account.

If there is something that you would like that isn't on our list, please let us know and we will try to arrange it for you.

Selection	Price
Coffee – cappuccino, latte, flat white, mocha, long black	Small \$3.5 Large \$4.5
Juice – apple, orange, pineapple Min order 6 x 250ml	3 pack \$10 6 pack \$17
Soft Drink – Coke, Coke No Sugar, Sprite, Fanta Min order 375ml	3 pack \$10 6 pack \$17
Standard Beer – Cascade Light, Pure Blonde, Carlton, Crown Larger Min order 6 pack	\$20
Premium Beer – Asahi, Little Creatures, Heineken, Corona, Mountain Goat, Bulmer's Cider Min order 6 pack	\$27
Wine – 750ml Bottle Vivo Sav blanc, Vivo Cab Sav Down the Lane Rose, Lawson's Gewurztraminer Quartier Pinot Gris, Bella Riva Pinot Grigio Leeuwin Estate Riesling, Cooper Burns Riesling Yering Station Chardonnay, Emilia Chardonnay	\$20
Red Rock Sour Cream & Chilli Potato Chips 45g	\$3.5
Pringles Original Potato Chips 42g	\$3
Tim Tams Biscuits 200g	\$4
Oreos Biscuits 274g	\$4
Nobby's Nuts Salted Peanuts 50g	\$3

To charge to your room account please ensure you have called

Guest Services and provided your credit card details

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000
 Duty Manager mobile: [REDACTED]

Hotel Address is: 443 Docklands Drive
 Email: [REDACTED]@marriott.com

OPERATION SOTERIA:

In Greek mythology, Soteria (Ancient Greek: Σωτηρία) was the goddess or spirit (daimon) of safety and salvation, deliverance, and preservation from harm (not to be mistaken for Eleos). Soteria was also an epithet of the goddess Persephone, meaning deliverance and safety.

HOTEL DUTY MANAGER HANDOVER INFORMATION Wednesday, July 9th 2020

	AM		PM	ON
DUTY MANAGER	[REDACTED]		[REDACTED]	[REDACTED]
AUTH OFFICER			[REDACTED]	-
NURSING TEAM LEAD			-	-
DHHS TEAM LEADER			[REDACTED]	-
DJCS TEAM LEADER			[REDACTED]	[REDACTED]
HOTEL STATUS	Rooms	Status	Adults	Children & Infants
DJPR	79	OCC	108	3
250 ROOMS	29	VCI	VCI = Vacant Clean Inspected	
	TBC	VDI	1 X 000 [REDACTED]	
			3x Covid +ve [REDACTED]	
HOTEL	22	VCI		
23 ROOMS	1	OTHER	1 x Nurse	
TOTAL	273			

Next Arrival scheduled for: N/A
 Next Departure schedule for: Wednesday, 8 July 132 Rooms
 Friday, 10 July 84 Rooms
INCIDENT LOG

FO Handover notes

DATE	COMMENT
30/06/20	DHHS advised rooms [REDACTED] are tested POSITIVE
29/06/20	Reminder to complete the Commitment to Clean training online.
30/06/20	We have started using Elite again for guest laundry. Same procedure as SPL, please call in the morning whenever we have laundry to be collected. (MON-FRI) Phone No. [REDACTED]
30/06/20	All meal breaks to be consumed in the canteen.
01/07/20	Associates to start arriving via the front entrance to get their temperature tested prior to starting their shift. Should we have arrival/departure Q-guests, associates are required to enter via the bar door.
04/07/20	Contact details for IKON contractors over till Monday AM Shift ([REDACTED]) 08:00am to 16:00pm PM Shift ([REDACTED]) 14:00pm to 22:00pm
06/07/20	DHHS advised [REDACTED] both guests are positive covid19
07/07/20	DHHS advised to contact the Team Leader Escalation phone number [REDACTED] if AO will not be on site during overnight.

FOUR POINTS BY SHERATON HOTEL

Hotel phone number is: 8578 0000

Duty Manager mobile: [REDACTED]

Hotel Address is: 443 Docklands Drive

Email: [REDACTED]@marriott.com

AM TEAM

- Tomorrow lunches will be sent up with the dinner service this evening.
- 29 rooms are on standby for any confirmed arrivals.
- Reminder for all stake holders that if the lift doors are forced open for too long they can go into an error mode which will place the lift OOO till a technician arrives. Call out charges to be applied if this occurs.
- DHHS TL to brief all stake holders prior to the group departure tomorrow so that any new people onsite are aware of this hotels procedures.
- Spotless are still working through the departure rooms from 08/07/20. Once [REDACTED] (Spotless TL) confirms rooms have been cleaned please update the status in opera to Pick Up. Silk will inspect on Monday.
- New storage area has been made available for DHHS to use. All cleaning supplies have been placed into the banquet office on level 1.

PM TEAM

- IT manager updated windows today for DM PC. Please check if Opera, Printing & Visionline are working as usual in your respective logins.
- Archive boxes for future use hotel operation made and kept in concierge store room.
- Lost property box for OPERATION SOTERIA created and kept in concierge store. All lost property from quarantine guests must be stored in them by DM for collection.
- DHHS TL inquired regarding some hotel equipment for a survey she is filling in for her headoffice and needed answers asap. I have informed I can only provide rough numbers and mentioned 12 vaccums, 12 HSK trolleys & we have steam cleaning machine in the hotel. She said it was for general info relating spotless taking over cleaning.
- Keys from spotless retrieved and stored in DM desk drawer.
- All charges settled for tomorrow departures.
- Level 1 mens toilet is blocked again. Tried cleaning out and no luck. ENG to check tomorrow.

ON TEAM

- Reception are has been set up for departures on 10/07/20.
- Sine App iPads have been moved to the bar area.
- All guest bills have been cleared.

WELFARE GUESTS & ROOM MOVES

DATE	ROOM #	LAST NAME	COMMENT
04/07	[REDACTED]	[REDACTED]	Guest was taken to [REDACTED]
24/06	[REDACTED]	[REDACTED]	Guest was moved to [REDACTED] as the guest wanted to be allocated away from the lift.
25/06	[REDACTED]	[REDACTED]	Guest is rude and had been in contact with media. Please handle with care.
26/06	[REDACTED]	[REDACTED]	[REDACTED] was moved to [REDACTED] as the guest was arguing with family, decided to be quarantined alone away from family members. [REDACTED] is only occupied by [REDACTED]
27/06	[REDACTED]	[REDACTED]	Early departure on 27/06/20 – Room to be placed OOO till 08/07/20
29/06	[REDACTED]	[REDACTED]	Guest moved into [REDACTED] to be with another family member.

ROOMS TO BE ASSISTED DURING EVACUATION (TO NOTIFY MFB)

[REDACTED] – [REDACTED]

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Wednesday, July 9th 2020

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AUTH OFFICER	[REDACTED]		[REDACTED]	-
NURSING TEAM LEAD	[REDACTED]		-	-
DHHS TEAM LEADER	[REDACTED]		[REDACTED]	-
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DOCUMENT OWNER

HOTEL DUTY MANAGER [REDACTED]

FOUR POINTS BY SHERATON HOTEL

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ROOMS TO BE ASSISTED DURING EVACUATION (TO NOTIFY MFB)

[REDACTED] – [REDACTED]

GENERAL HOTEL INFORMATION

We understand this period of quarantine may be a challenge, especially if you are used to going out to work every day, to school, university, college or just staying fit and healthy in the outdoors or the gym. In these following pages the Hotel aims to provide information to assist you in navigating the next two weeks.

WHO DO I CALL?

- GOVERNMENT Support Service: [REDACTED]
- NURSE to call a nurse, please press: Guest Services button to transfer your call
- Department of Health and Human Services (DHHS), Hotel Team Leader: please press the Guest Services button to transfer your call
- HOTEL: for matters relating to the Hotel, please press Guest Services on your room telephone. This includes food and drinks orders and requests for items routinely supplied by the hotel including, tea, coffee, soap, towelings etc.

GOVERNMENT SUPPORT WHILE IN QUARANTINE

- If you begin to feel unwell during your quarantine period, you must call the nurses (on site 24/7) please call Guest Services to be connected to the Nurses.
- A Government support service is also available and will be available to discuss questions and assist the reasonable requirements of returned travelers. This service can be contacted on [REDACTED]
- Please ensure you have read the Victorian Government Mandatory Quarantine fact sheets.

HOTEL EMERGENCY EVACUATION

Please familiarize yourself with the evacuation instructions on the back of the door in your room.

In the event you hear the recorded "**Evacuate Now**" announcement over the loudspeaker in your room proceed to the closest fire stairwell and exit the building to the assembly point in the park adjacent to the Hotel.

Do not use the lifts.

Do not take your luggage or personal belongings.

You must always wear your mask and gloves during the evacuation.

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999

HOTE QUARANTINE AND SELF ISOLATION

As you already know, the quarantine conditions are in place to prevent the possible spread of the virus in the community and require you to:

- Remain in quarantine in your room for the next 14 days
- You are not allowed to receive visitors
- Deliveries may only be made by authorized drivers. Please read the Fact Sheet provided by the Victorian Government.
- You cannot leave your room unless instructed to do so by the Hotel or Emergency Service personnel (Police, Government Agency, Fire Brigade, Ambulance).
- You must avoid all contact with other passengers/guests or Hotel staff

RESPECT FOR OUR WORKERS

Throughout the pandemic, the hotel staff, the nurses, security, transport providers and call center 1 800 staff are working hard to respond to your needs and requests.

Like all frontline workers, they are serving the community to keep Australians safe during these unprecedented times.

Please be patient and respectful of these workers – they are someone's mother, someone's father, a brother, a son, a sister, a daughter and they here to help you.

Aggressive or threatening behaviour is taken seriously and will be reported to authorities.

ROOM CHARGES

All charges will be processed as a sale at the time incurred and a hotel receipt is available upon departure from the hotel or request at the time of sale. Please call the Hotel Operator or Guest Services to arrange this charge back option and have your credit card ready.

PHONE PRICING

Outgoing phone calls are chargeable at the following rates:

- \$1.00 for local calls, \$3.00 per minute for international calls.
- \$1.00 per minute for calls to Australian Mobile Numbers.

You will not be charged for any calls to the 1 800 Government Support Hotline.

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999

HOTEL SERVICE APPROACH

Throughout the pandemic, the Hotel is following Government advice and practicing physical distancing and contactless service.

All hotel deliveries will be placed at your door with a “knock-and-go” service. The staff will knock, and we request that you wait 10 seconds before opening the door. Please do not interact with the delivery staff. If you need assistance dial Guest Services.

With the changes existing in this quarantine environment the usual expectations and services provided by the hotel have been disrupted or eliminated. You may find some regular hotel services, benefits and facilities are not available to you because of the terms of the quarantine and we apologize for any inconvenience you may encounter.

MEALS

Lunch is delivered from approximately 12 midday onwards and dinner from 6pm onwards. To complement this menu the Hotel will also provide additional items from an enhanced room service menu that you can charge back to your room for payment.

FOOD DELIVERY

If you do not like a menu item, drink etc. or would like more food in keeping with your preferences and likes etc., please consider supplementing your diet via the option to purchase from a local restaurant via a food delivery service (Uber etc.) Alternatively, purchase Woolworth’s stock per the Government guidelines provided when you arrived. For example, specific milk options, a Brand of tea/coffee etc.

You can also order and charge to your room from the enhanced In Room Dining menu. Alternatively, a family/friend may bring a care package for you, please ensure this is aligned to the Government guidelines (tip: no frozen food, no alcohol, no perishable, no tobacco – you must align with the Government guidelines).

ALCOHOL

The Hotel provides room service delivery for a list of basic alcohol items per the menu in your room. These include beers and wine only and are limited in line with Responsible Service of Alcohol guidelines. To order, please press the Guests Service button on your room telephone.

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999

COFFEE, TEA & MILK SUPPLIES

The hotel provides black tea bags and coffee sachets in your room, to re-stock the supplies please call Guest Services. A litre of full cream milk is provided every 3rd day for all your breakfast and drinks. If you need to supplement this supply, the Hotel can deliver UHT milk upon request. To order more milk, please press Guests Service button on your room telephone. Extra Milk is chargeable at \$5 per litre.

ESPRESSO COFFEE can be ordered for delivery upon request from 0800 onwards and charged to your room, please press the Guest Service button on your room telephone.

DIETARY NEEDS

Dietary needs including those observed in religious practices and food allergies identified in medically diagnosed conditions or physical reactions causing discomfort/distress are managed by the Hotel and an appropriate diet will be provided to you.

If you are Diabetic, Low/High FODMAP, Coeliac, Crohn's, Lactose Intolerant or have Anaphylaxis to specific food/supplements please let us know via Guest Services and we will call you back in your room to discuss.

FOOD PREFERENCES

Catering to food preferences, including likes and dislikes is not possible in these current circumstances and we thank you for your understanding.

Meals ordered from the enhanced Hotel In Room Dining Menu will be delivered after each meal period service has concluded or on demand between meal periods.

HOUSEKEEPING SERVICE and RUBBISH COLLECTION

We apologize in advance, however, due to the nature of the stay our usual daily housekeeping in-room services are not included and we ask that you keep the room tidy as you would your home. A change of toweling can be provided on day 8 upon request.

Rubbish must be placed in the black rubbish bags provided, tied up and left outside your door each night for collection. If you require more rubbish bags, please contact Guest Services. Do not place single items or rubbish not in bags outside your door.

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999

DEPARTURE PLANNING AND INFORMATION

Refer to the Victorian Government document on Onward Travel after mandatory quarantine or call the 1 800 number for enquiry on this departure point.

WELL-BEING CHECK

The Victorian Government staff will conduct wellbeing calls to your room, however, should you feel ill or develop any flu-like symptoms please immediately notify the Nursing staff by pressing Guest Services button on your room telephone.


AIR CONDITIONING


The air-conditioning system in your room allows you to control the temperature in your room.

The LCD display screen shows the current ambient temperature in your room.

Changing the temperature up/down will let the system know what temperature you desire. Once selected, the display will then return to the ambient temperature and then as it changes (up/down) it will move to the temperature you have selected.

The range of selection is 18 to 24 degrees.

For heating, select the sun icon 

For cooling, select the snowflake icon 

You can choose the fan setting as well to suit your preference.

PERSONAL LAUNDRY ITEMS

The Government will provide an allowance for Laundry charged to your room account of **\$40 per stay** (2 persons per room) and **3+persons receive an \$80 allowance per stay**. For the sake of clarity this is a per stay allowance and NOT per person nor per day.

To use this allowance, please fill in the laundry slip and place it in the laundry bag provided. Should any damage occur, or an item be returned faded, missing button, shrinkage etc. the Carriers and Innkeepers Act applies as can be reviewed as shown on the back of the door.

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999

Additional amounts beyond the laundry allowance will be charged to your credit card. Laundry list and bags are in your wardrobe. Laundry bags must only be used for Laundry and not rubbish or towels, linen etc.

Laundry will be collected by 9:00am and returned the next day. There is no Weekend pick-up or drop off service. Do not submit laundry after day 12 as it may not be back in time for your departure. **Call Guest Services for Laundry pick-up.**

ATTENTION SMOKERS INCLUDING VAPORIZING DEVICES

A gentle reminder that the hotel is 100% non-smoking and fines of \$300 per day apply should you be found to have smoked in your room. Contact the government support line for assistance (patches etc.) with this matter. Note, the costs for fire alarm (false) evacuations will be passed onto the room occupants along with the \$300 daily fee.

HOTEL Wi-Fi

1. Connect your device to “Four Points” network, if using Windows, check the box “Connect Automatically”
2. The log in screen will automatically appear. If not, launch Internet Explorer, Firefox, or Safari and go to www.marriottwifi.com
3. Select the “Complimentary” button, accept the terms and conditions, and you are connected!

Regards,

Stephen Ferrigno
General Manager

Television Remote Control



Updated 24th June

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999



7th April 2020

Hotel Services & Facilities Update

Dear Hotel Guest,

On behalf of my team, a warm welcome to the Four Points by Sheraton Melbourne Docklands.

CONTACTING THE HOTEL | REQUESTING ASSISTANCE & INFORMATION

If you need to contact the Hotel for information and requests, please email as the volumes of telephone calls expected exceed our resources during this pandemic.

Email contact: [REDACTED]@fourpoints.com

If you need to reach me please email me at: [REDACTED]@fourpoints.com

If you do wish to speak to the Hotel Operator press Guest Services. Note that during periods of peak demand there may be some delays in answering your call.

HOTEL Wi-Fi

1. Connect your device to the wireless network "FourPoints"
2. If using Windows, check the box "Connect Automatically"
3. The log in screen will automatically appear. If not, launch Internet Explorer, Firefox, or Safari and go to www.marriottwifi.com
4. Select the "Complimentary" button, accept the terms and conditions, and you are connected!

On the day of arrival please note priority service will be given to those who require immediate, physical assistance including the elderly/parent/s with babies and children under 5 and then to all other guests.

The Hotel is acutely aware that the next 14 days in quarantine is going to be challenging. Please be assured we will assist as best we can during this time and look forward to serving you. We have approached this time imagining "if we were in your shoes, what would we like the Hotel to do" and aligned our planning with what we are required to do per the Australian and State Government directives.

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999



We would very much like to know if you are celebrating a birthday, anniversary or special occasion so we can support these special moments in these strange circumstances. Please let us know via Guest Services or email if that is the case.

For those with young children please connect with us separately to discuss how we can support you in these circumstances.

By law the Hotel must exercise a Duty of Care to our Staff and this priority governs many of the restrictive conditions you will read in this document. I thank you for understanding these are in everyone's best interests despite the personal negative impact any one individual may experience.

Some more details to assist you during your stay....

SUPPORT WHILE IN QUARANTINE

A government support service is also available and will endeavor to meet reasonable requirements of returned travelers. This service can be contacted on [REDACTED]

If you begin to feel unwell during your Hotel stay you must call this service.

HOTEL QUARANTINE AND SELF ISOLATION

As you already know, these conditions are in place to prevent the possible spread of the virus to other people and they require you to:

- Remain in quarantine / self-isolation in your room for the next 14 days
- You are not allowed to receive visitors
- Deliveries may only be made by authorized drivers. Please read the Fact Sheet provided by the Victorian Government regarding the delivery of care parcels from family and friends and ordering additional supplies
- You cannot leave your room unless instructed to do so by the Hotel or Emergency Service personnel (Police, Government Agency, Fire Brigade, Ambulance).
- You must avoid all contact with other guests or Hotel staff

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999



HOTEL SERVICE APPROACH

Throughout the pandemic the Hotel is following Government advice and practicing physical distancing and contactless service.

Please assist us and use email to communicate with the Hotel and understand that all deliveries will be placed at your door with a “knock-and-go” service.

MEALS

The Hotel will provide a menu aligned to the government guidelines for Breakfast, Lunch and Dinner. To complement this menu the Hotel will also provide additional items you can charge back to your room.

Meal Delivery Times

Lunch from 12pm, Dinner from 6pm Breakfast will be delivered each night with dinner

Where possible we will try our best to cater to specific health needs and food allergies however lifestyle choices such as Paleo, Atkins or food dislikes cannot be catered for. If you are Diabetic, Low/High FODMAP, Coeliac, Lactose Intolerant or have Anaphylaxis to a specific food please let us know upon first registration or email per above and we will call you in your room to discuss.

Meals ordered from the enhanced Hotel In Room Dining Menu will be delivered after each meal period service has concluded or on demand between meal periods.

ROOM CHARGES

Pay per view movies, Phone call from guest room to external numbers, Enhanced Hotel In Room Dining Menu and Minibar on Demand services are available with your credit card registered with Guest Services. Please call the Hotel Operator or Guest Services to arrange this charge back option.

HOUSEKEEPING SERVICE

We apologize in advance, however, due to the nature of the stay our usual daily housekeeping in-room services are not included and we ask that you keep the room tidy as you would your home. A change of all linen will be provided on Day 7. Rubbish must be placed in the bags provided and left outside your door each night for collection.

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999



WELL-BEING CHECK


The Hotel will conduct wellbeing calls to your room, however, should you feel ill or develop any flu-like symptoms please immediately notify the Duty Manager.

HOTEL ASSISTANCE

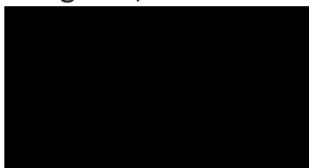
Our guest service team is available 24/7 to support you. As we expect congestion and delays on our telephone system our preference is that you email enquiries and requests to: Email contact: fourpoints.melbournedocklands@fourpoints.com

ATTENTION SMOKERS INCLUDING VARORIZING DEVICES

A gentle reminder that the hotel is 100% non-smoking and fines of \$300 per day apply should you be found to have smoked in your room. Contact the government support line for assistance with this matter. Costs for fire alarm (false) evacuations will be passed onto the room occupants.

Once again, please do not hesitate to reach out at any time should you require any assistance or further clarification on the above. If you wish to speak with me directly please contact me via email @ @fourpoints.com

Regards,



Stephen Ferrigno
General Manager

Penalties for smoking or tampering with a detector are \$300 per day

The Hotel Emergency telephone number is 999

Frequently Asked Food Related Questions

To assist you on this topic the Hotel has compiled a list of the most Frequently Asked (Food Related) Questions FAQs. Should you have further enquiry please call Guest Services.

1. I suffer from Anaphylaxis/Severe food Allergies.

Upon arrival the Department of Health and Human Services (DHHS) asked you to notify them of any risk or allergy and this information is shared with the Hotel so they can cater to your specific condition. A Hotel representative will call you within the first 24 hrs to discuss this information and assist in answering any questions you may have.

2. I have not received my meals / When will my meals be delivered?

Meal delivery times for lunch are from 12pm to 2pm and dinner from 6pm to 8pm. The Hotel aims to have your meals delivered around the same time each day. However, due to circumstances outside their control they sometimes may deliver later than usual. Should this occur please wait until the end of meal delivery service period to call reception.

Dietary meals are delivered separately to the regular meal deliveries.

3. I have specific food/dietary needs, will they be catered for?

If you have a medically diagnosed condition such as Crohn's disease, diabetes, Celiac's disease, lactose intolerance and so on we will cater to your dietary needs. A Hotel representative will call you within 24 hours of check in to talk to you regarding your diet.

If you identify as Vegetarian, Vegan you will be catered for. If you identify as vegetarian but eat chicken/fish then on the days we are serving these meals you will receive a chicken or fish meal, all other days you will receive a vegetarian meal by default.

4. I need religious specific meals, will I be catered for?

As above, where you have nominated this on the DHHS form a Hotel representative will contact you within 24hours to confirm this and discuss options.

5. I do not like/eat the food the Hotel has delivered.

Due to the large number of guests in quarantine at the hotel we are unable to cater to each guest's individual food preferences. Should you choose not to eat the meal provided you may choose from these alternatives:

- Order meals from a local restaurant via a meal delivery service e.g. Uber eats
- Order from the hotels In Room Dining Menu
- Order non-perishable food from Woolworths or Coles and have it delivered to the hotel.

All of these options are at your own cost. We encourage you to exercise your right to use these services if you do not like/eat what is being provided for you and remind you to review the Government conditions relating to these delivery options before ordering from external providers.

Frequently Asked Food Related Questions – Continued

6. This food does not meet my standards/diet that I normally eat.

Refer to question 5.

7. What food will my children receive?

Food for children under 3 years of age will be provided by Department of Health & Human Services (DHHS) in the form of infant pouch/jar food. Contact DHHS via Guest Services to discuss your needs.

Children over 3 years of age will be delivered an adult meal. Should your child not like or eat the meal provided please refer to your options in question 5.

8. You are not providing me enough food.

Refer to question 5.

9. Please do not deliver “x” (insert the delivered item here) to my room, I do not want it.

Due to the amount of deliveries the Hotel is not able to remove specific items for specific rooms. Whilst we understand you may not want to waste some items, again, we are unable to accommodate this preference and ask that you please dispose of these items in your black rubbish bag.

10. When is milk delivered I prefer non-dairy milk?

Milk is delivered in the afternoon every 3rd day, should you require more milk outside of these times you can purchase it through In Room Dining. The milk delivered is for your cereal. If you have identified as lactose intolerant you will be provided a non-dairy alternative. If you prefer non-dairy milk you can purchase it from Woolworths/Coles at your own cost.

11. My In Room Dining order has not been delivered.

In Room Dining is delivered on the hour e.g. you ordered at 10:15am it will be delivered at 11am. During meal delivery service periods In Room Dining will not be delivered until after the service period ends e.g. if you ordered at 6:00pm it will be delivered after 8pm. To avoid disappointment please order well before 6pm for dinner to allow for it to be delivered before dinner service starts.

12. I only want bottled water with my meals.

Refer to question 9.

We understand this period of quarantine for some can be a challenging time and that we may not be meeting all of your expectations. Please be aware that this guide and decisions made by the Hotel in relation to food are final, please do not call the government hotline in an attempt to alter or change the decisions made by the hotel as they will only contact us to contact you again at which point we will give you the same answer.

Best medical advice around serving quarantine passengers means the Hotel staff will not engage with you during delivery periods. Please do not engage the team delivering your meals as they are advised to not to engage and will ignore your verbal requests. Please call Guest Services should you have any enquiry.

**Initial Response - Four Points by Sheraton, Melbourne Docklands.
Prepared 17th July by Stephen Ferrigno, General Manager**

1. Has your organization identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?

To the best of our knowledge, we have not identified any shortcomings on our organization's part, or on any of our contractors' and subcontractors' part.

We have identified shortcomings on the part of the Government's contractors and sub-contractors, as set out below.

2. If so,

a. what were those shortcomings;

SHORTCOMING 1

Security Contractor, MSS Security

- Failed to execute their role to secure quarantine passengers in their room. Refer to document titled MELFP-20-G-240656 attached.
- Had no written standard operating procedures for the key tasks they were required to perform; when asked to provide such standard operating procedures 25th June, they were unable to provide at the time despite numerous requests and escalation to MSS management. Subsequently, after approximately 1 weeks, they provided these on 2nd July, 2020 in paper form.
- Did not appear sufficiently vetted, trained and supervised in their roles of security officer and supervisor. Examples of this include their behaviours when on duty – many appeared distracted by their mobile phones for extended periods watching movies, browsing the net and were stationary for hours at a time i.e. did not patrol the corridors. In the Supervisor, [REDACTED] he was not trained or capable to supervise security officers.

b. when were they first identified; April onwards; such shortcomings were particularly evident on the incident on 25th June, 2020

c. how were they identified; Refer to incident report MELFP-20-G-240656 attached and based on observations of their behaviours and anecdotal information conveyed to the General Manager of the Hotel (GM) by hotel associates observing their behaviour as the Hotel associates went about their work

d. how (if at all) have their causes been addressed? MSS Security were replaced by the Dept of Corrections staff.

SHORTCOMING 2

a. what were those shortcomings; DHHS did not appear to have procedures in place for the tasks at hand in the initial March/April/May period; for example, they did not appear to have processes in place for dealing with the arrival process for managing dietary needs and communicating this to the Hotel

b. when were they first identified; From early April to May, 2020

c. how were they identified; Hotel received information from arrivals that they had provided answers to the dietary questions (refer to DHHS Dietary form attached example). These dietary requirements were not shared with the Hotel, until the Hotel asked DHHS what form the complaining guests were referring to, after which the form was shared with the Hotel. Prior to that the form went straight to the DHHS/Nurses who would then call hotel to advise on dietary risks etc.

When the Hotel began to receive them first, the Hotel discovered that there were guests with dietary needs, specifically anaphylaxis and allergy needs; however, had the Hotel not asked DHHS for these forms, these may not have been communicated to the Hotel; this is due to the fact that there were no requirements of consultation with the Hotel in the design of the procedures. After this, DHHS did provide the forms to the Hotel upon arrival, however, no infection control procedures were in place and no direction on how to handle the forms provided by DHHS. As these forms were coming straight from the hands of people who were entering quarantine and presumed infected with COVID-19 the hotel was left to manage this infection control tasks ourselves. Additionally, these forms were only available in English and no second language or assistance provided.

d. how (if at all) have their causes been addressed? The problem of communication across different DHHS staff on different days was addressed by instituting the hotel Handover Form and insisting on the daily communications meeting and the attendance of the DHHS Team Leader, the Authorized Officer, Security Supervisor and sometimes a Nurse representative. The Hotel further pursued this via direct request for the same staff to be rostered in the same roles for consecutive days – rather than have different staff, who were not familiar with the property and the processes, be in attendance. Refer to email titled “Four Points by Sheraton, items for review and follow-up” sent to DHHS.

SHORTCOMING 3

a. what were those shortcomings; Changing the cleaning responsibility. The “old” way saw the Hotel clean the rooms and DJPR would sub-contract to Ikon Cleaning Company, the cleaning of COVID-19 positive rooms. This changed when DHHS took control and the “new” way saw DHHS contract to Alfred Health who to the best of my knowledge, sub-contracted this to Spotless Cleaning re: the cleaning of all rooms. Spotless arrived on site, had very little idea what to do and obviously no idea where to go, had not enough equipment and no planning appeared in place. When it came to the task to strip clean and sanitize the Hotel assisted in getting them started and after they had done around 26 rooms after 1 day the Hotel housekeeping management checked them to find they were not properly stripped, cleaned and sanitized. This changeover was poorly planned and poorly executed, it caused operational problems and unnecessary risk to the health and safety of staff on site because the Spotless employees:

- were not properly experienced in hotel cleaning to perform the tasks required
- were not able to provide standard operating procedures during the initial period, however, subsequent to the request did provide examples in draft form.
- were not sufficiently supervised
- did not have enough stock of chemicals and cleaning equipment available
- did not appear sufficiently vetted, trained and supervised in their roles of public area cleaning and room cleaning for dirty hotel and positive hotel cleaning

b. when were they first identified; when they first set foot on property, refer to email titled “Four Points Hotel feedback: standard of cleaning and sanitizing” sent to DHHS following discussions on site and concerns observed in their work product.

c. how were they identified; Refer to emails and photo detail of shortcomings in work product

d. how (if at all) have their causes been addressed? They have not been addressed as at 16th July, 2020. Serious concerns about the quality of cleaning were observed and then raised in person on the Wednesday 8th with the Alfred Health [REDACTED] and Spotless leaders [REDACTED] and [REDACTED] Supervisor on site) and copied to [REDACTED] of DHHS.

Following these concerns, the Hotel at its own cost, employed their own contractors (Silk Cleaning Company) to come in and supervise, train and support the Spotless team with a view to getting to a standard that was acceptable for the handover of rooms from Spotless to Hotel.

Unfortunately, up to 16th July, this baseline standard has not been attained and the Hotel email sent to Spotless on 10th (noted above) and 13th July, 2020 (follow-up email attached titled “RE: Four Points Hotel feedback: standard of cleaning and sanitizing” highlights the concerns. No email response received; however, Spotless supervisor did call to say he would address the issues that were raised on the 10th and when repeated on the 13th Spotless did send people back again to re-clean and sanitise.

To provide some comparison to this concern, it took Spotless 5 days to perform tasks (albeit, below the standards they set). Had the Hotel done it through the Hotel’s cleaners, the tasks would likely have been completed in 2 to 3 days.

3. Irrespective of your answers to question 1 and 2, if your organization is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:

a. communications;

Yes.

- The Hotel Duty Manager Handover form has evolved over time - see examples titled “DM Handover [date] ON shift....” from April, May and June and July to identify evolution and changes.
- The Guest letter (attached titled “June 24th version Guest Arrival letter....”) has evolved over time - see examples from April and June to identify changes.
- The Hotel Guide to Assist Operators - internal document for hotel associates to use in response to quarantine enquiries regarding food preferences (attached and titled “Hotel Guide to Assist Operators....xls”)
- The Hotel FAQ Food Related - (internal distribution only) was instituted to support all Government and Contracted staff in Hotel F&B operations and procedures (attached and titled “FAQ Food Related final....”).

b. conduct; and

Yes, the Hotel has instituted physical checking of the cleaning standards of the Government-supplied cleaning sub-contractors in public areas of the Hotel and Hotel guest rooms occupied by quarantine persons.

c. decisions (including its processes for making decisions),

Yes, during the week of 29th June, the Hotel included the new Government departments (DJCS), contractors (Alfred Health) and sub-contractors (Spotless Cleaning) in the decision-making process in respect of executing the tasks for departing quarantine guests and cleaning the hotel public areas and guestrooms in preparation for the arrival of new quarantine passengers.

When the Hotel Quarantine Program resumes the Hotel will insist on a consultation processes between the Hotel and the controlling entity (DHHS presumably) for all hotel related tasks.

in respect of the Hotel Quarantine Program since its initial involvement?

4. With reference to your answer to Question 3 (above) why has your organization made such changes?

Communication: effective communication was a challenge when the experience and skills across a variety of people was a risk best managed using the documents the Hotel created and the meetings we conducted.

By creating a standard set of meetings and forms for the sharing of details and data in the Hotel amongst Hotel stakeholders we reduced the risks involved towards infection control and managing the tasks in a quarantine hotel.

In addition, due to the absence of any single Government entity taking initiative and control for the key departments on site, the Hotel arranged for a meeting with Government stakeholders to be conducted twice a day from June.

Conduct: during the week of 29th June, the Government (DHHS) engaged a new cleaning company (Spotless) for the cleaning of the public areas and guestrooms of the Hotel. In order to ensure that the newly engaged cleaning company would be able to maintain high standards of cleanliness, the Hotel instituted a check process and having identified areas of poor cleaning and sanitizing standards further checks and follow-ups occurred. The reasons behind the shortfalls may have been due to a lack of training and experience, tools and equipment, and knowledge of the site along with limited access to software on site to perform the tasks to clean and sanitize public areas and guestrooms to the standard required by the Hotel.

Ends....

Holiday Inn Melbourne Airport
10-14 Centre Road, Melbourne Airport, 3045 VIC
T: +61 (03) 9933 5111 F: +61 (03) 9330 3230
Email: reservations.melcr@ihg.com

holidayinnmelbourneairport.com.au or 1800 40 50 60



To: Solicitors Assisting Quarantine Enquiry, (lawyers@quarantineinquiry.vic.gov.au)

Please find our initial response below

(b) Request for Initial Response

1. *Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?*

No

2. If so,

a. *what were those shortcomings; N/A*

b. *when were they first identified; N/A*

c. *how were they identified; and N/A*

d. *how (if at all) have their causes been addressed? N/A*

3. *Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel*

Quarantine Program, has it made any, and if so what changes in its:

a. *communications;*

b. *conduct; and*

c. *decisions (including its processes for making decisions), in respect of the Hotel Quarantine Program since its initial involvement?*

4. With reference to your answer to Question 3 (above) why has your organisation made such changes?

Throughout the Hotel Quarantine Program the hotel has evolved its communications and processes in- line with Government Departments (DJPR, DHHS) requests and advice. All Victorian guidelines in relation to COVID 19 management have been adopted as they became available and the relevant management team members have completed the Operating a hospitality business in a COVID-19 environment training and we have ensured

all our staff are familiar with the Hospitality Industry Guidelines for coronavirus (COVID-19).

We have introduced new social distancing signage and barriers and PPE (ie. sneeze guards over counters, more sanitizer stands etc) as well as Health Questionnaires and temperature checks before starting shifts. We have also conducted extensive internal training for all management and team members on new company guidelines for Hygienically cleaning our Hotels in a COVID 19 environment which were introduced to ensure the ongoing safety of our guests & staff and meet their new expectations.



NICK HENDERSON

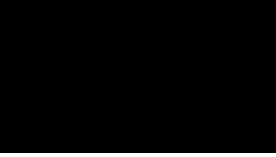
General Manager

HOLIDAY INN MELBOURNE AIRPORT
10-14 Centre Road, Melbourne, VIC, 3045



Name

Nick Henderson



Job Title

- General Manager
- Human Resources Manager
- Front Office Manager
- Food Beverage Manager
- Housekeeping Manager

Role/Responsibility/Expertise

Day to day responsibility for Management & Leadership of the hotel

Hotel Lead for Human Resources

Coodinates front office staff for the function of check ins check out and guest service

Over sees the food and beverage operation

Over sees the Housekeeping operation for rooms and public areas

Reference

Operational/ Hotel Policy /Hotel Communicatioon

Hotel Policy / Training / Hotel Communication

Operational

Operational

Operational

From: Penny Sena
Sent: Fri, 17 Jul 2020 13:28:12 +1000
To: 'lawyers@quarantineinquiry.vic.gov.au'
Subject: MSS Security Pty Ltd ("MSS Security") - Initial Response and List of Key Personnel
Attachments: MSS Security - Attachment 1.pdf, MSS Security - Attachment 2.pdf

Dear Solicitors Assisting,
We refer to the letter from the Board of Inquiry dated 11 June 2020 addressed to Mr Donald Burnett (**Inquiry's Initial Letter**).

MSS Security is conscious of the limited time the Board of Inquiry has in which to conduct its work under the terms of its reference and furnish its report.

We appreciate the opportunity to assist the Board of Inquiry with its important task.

We extend our thanks to the Board of Inquiry for the advance notice provided of some of the steps that are expected. In the light of that notice, and despite the demands of current business conditions, we advise that we have allocated management and other resources to assist with the conduct of those steps.

The following items are attached:

- Attachment 1 contains MSS Security's Initial Response to the questions raised in the Inquiry's Initial Letter.
- Attachment 2 contains a list of the Key Personnel as sought in the Inquiry's Initial Letter.

If we can be of any further assistance, please contact us.

Yours sincerely

Penny Sena

Penny Sena

General Counsel

Level2, Gateway Business Park,
63-79 Parramatta Road Silverwater New South Wales 2128
t 02 9737 6563 | m 0401 989 542 | e Penny.Sena@msssecurity.com.au





Attachment 1 MSS Security's Initial Response

- 1. Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?**

MSS Security's involvement in the Victorian Hotel Quarantine Program came about rapidly and required a speedy implementation. Thereafter, circumstances associated with its role also continued to evolve rapidly.

MSS Security has commenced making inquiries in relation to matters concerning its role and the role of its subcontractors in the Victorian Hotel Quarantine Program.

At this time, those inquiries are at a preliminary stage. Accordingly, MSS Security has not yet formed any concluded views as to whether there are, and if so the nature of, any shortcomings in relation to its own role, or in the role of any of its subcontractors' roles, in the Victorian Hotel Quarantine Program.

MSS Security is progressing its inquiries as a priority. There are, however, factors that affect the ability of MSS Security to progress its inquiries more speedily, including current business demands and conditions.

MSS Security would welcome the opportunity to provide a further, supplementary response to this request in due course. If that would be of assistance to the Board of Inquiry, please let us know.

- 2. If so, (a) what were those shortcomings; (b) when were they first identified; (c) how were they identified; and (d) how (if at all) have their causes been addressed?**

See item 1 above.

- 3. Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its: (a) communications, (b) conduct, and (c) decisions (including its processes for making decisions), in respect of the Hotel Quarantine Program since its initial involvement.**

MSS Security no longer remains involved in the Victorian Hotel Quarantine Program.

MSS Security does, however, continue to remain involved in the Hotel Quarantine Programs in Western Australia and South Australia

- 4. With reference to your answer to Question 3 (above) why has your organisation made such changes?**

Not applicable.



Attachment 2 MSS Security – List of Key Personnel

Full Name	Job Title	Role/Responsibility/Expertise in relation to the Victorian Hotel Quarantine Program	Terms of Reference in respect of which they can give evidence about and the nature of their evidence (e.g. expert, operational, policy, strategy etc)
Geoffrey Alcock	Managing Director	<p>As the Managing Director, Mr Alcock is responsible for:</p> <ul style="list-style-type: none"> • protection of shareholder interests; • strategy and policy setting, with Board approval, in relation to the business including those regarding: <ul style="list-style-type: none"> o the direction and oversight of business operations; o legal, ethical and operationally effective business practices and protocols; o client and staff relationship management; and o staff health, safety and well-being <p>with respect to the operations of MSS Security Pty Ltd across Australia, including the role of MSS Security as it relates to the Victorian Hotel Quarantine program</p>	<p>With respect to the Terms of Reference, Mr Alcock should be able to provide high level strategic/policy information with respect to the following:</p> <ul style="list-style-type: none"> • the decisions and actions of MSS Security with respect to its role in the COVID -19 Quarantine Containment; • communications between Victorian government agencies and MSS Security in relation to the COVID -19 Quarantine Containment; • the contractual arrangements in place to the extent they relate to MSS Security and the COVID -19 Quarantine Containment; and • within his remit, any other matters necessary to assist the Board of Inquiry to satisfactorily resolve the matters set out in the Terms of Reference.
Jamie Adams	General Manager – Victoria & Tasmania	<p>As State General Manager, Mr Adams is responsible for:</p> <ul style="list-style-type: none"> • high level oversight of day to day operational matters including service delivery; • high level client liaison; 	<p>With respect to the Terms of Reference, Mr Adams should be able to provide high level operational and some day to day information with respect to the following:</p> <ul style="list-style-type: none"> • the contractual arrangements in place to the extent they relate to MSS Security and the COVID-19 Quarantine Containment;

		<ul style="list-style-type: none"> • escalation of contract-related matters including quoting and contract negotiation and execution; and • high level subcontractor selection and subcontractor management. 	<ul style="list-style-type: none"> • communications between Victorian government agencies and MSS Security in relation to the COVID -19 Quarantine Containment; • the information, guidance, training and equipment provided for the COVID -19 Quarantine Containment as relevant/applicable to MSS Security; • the policies, protocols and procedures applied by MSS Security with respect to the COVID -19 Quarantine Containment; and • within his remit, any other matters necessary to assist the Board of Inquiry to satisfactorily resolve the matters set out in the Terms of Reference.
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Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?

No shortcomings identified on the hotel, or any of the contractors in respect to the Hotel Quarantine program.

2. If so,

- a. what were those shortcomings;**
- b. when were they first identified;**
- c. how were they identified; and**
- d. how (if at all) have their causes been addressed?**

3. Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:

No changes made since inception of the programme. The hotel has been following the state government guidelines, and implemented protocols as requested by onsite DHHS representatives for both internal hotel operations processes and specifically the check in and check out processes for quarantined guests as coordinated by DJPR and DHHS.

All employees have also completed the Australian Infection Control Training – Covid 19 as well as all department managers completed the Victorian government course on Operating a hospitality business in a COVID-19 environment.

- a. communications;**
 - b. conduct; and**
 - c. decisions (including its processes for making decisions),**
- in respect of the Hotel Quarantine Program since its initial involvement?**

4. With reference to your answer to Question 3 (above) why has your organisation made such changes?

No changes made

We ask that your organisation:

- 1. Note that the Inquiry will be issuing a Notice to Produce requesting information relevant to the Terms of Reference in the coming days;**
- 2. By 11:00am, Wednesday 15 July 2020, advise the Inquiry who will be your organisation's key contact(s) corresponding with this Inquiry on behalf of your organisation; and**
- 3. By 2:00pm, Friday 17 July 2020, provide:**
 - a. your organisation's Initial Response of no more than 10 written pages; and**
 - b. a list nominating key personnel within your organisation who have knowledge of the matters being investigated by the Inquiry, including each person's:**
 - i. Name; Mr Cameron Mead**
 - ii. Job title; Hotel Manager**
 - iii. Role, responsibility or expertise in relation to the COVID-19 Hotel Quarantine Program; Hotel Operations and**
 - iv. Terms of Reference in respect of which they can give evidence and the nature of their evidence (e.g. expert, operational, policy/strategy etc).**

Victorian Board of Inquiry into the COVID-19 Hotel Quarantine Program

Response to questions from the Board of Inquiry

Rydges Hotel on Swanston

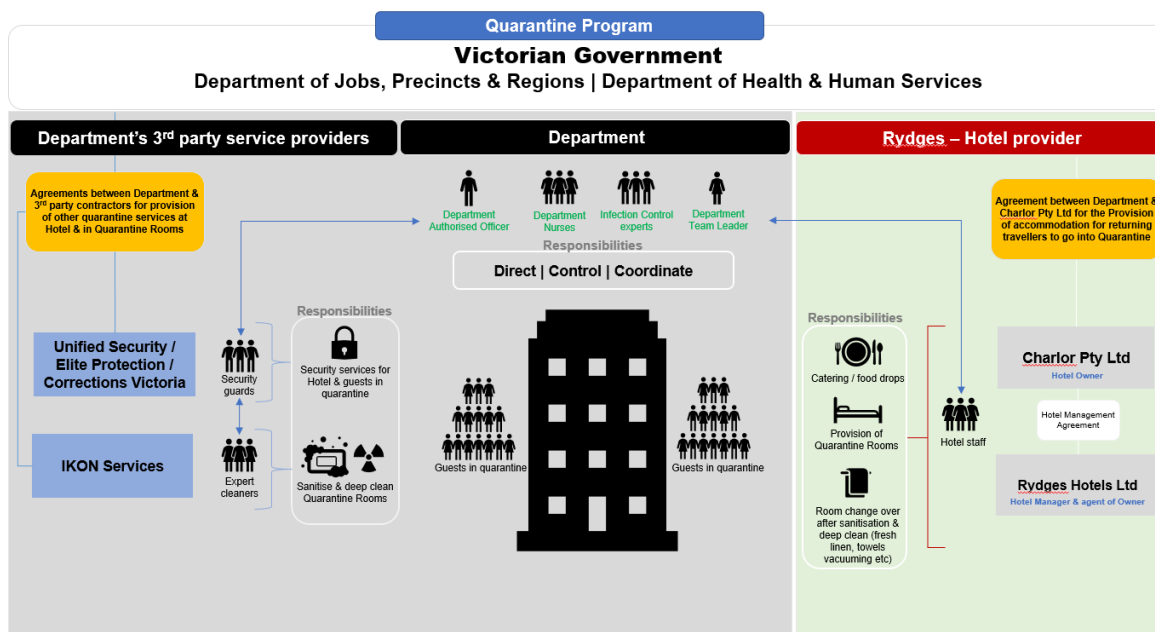
17 July 2020

PART 1 | INTRODUCTION

- 1 This is a response to the request for information dated 11 July 2020 (the **Request**), which has been issued by the Board of Inquiry into the COVID-19 Hotel Quarantine Program (the **Board**) to Mr Rosswyn Menezes in his capacity as General Manager of Ryldges on Swanston Hotel in Melbourne (the **Hotel**). Ryldges Hotels Limited (**Ryldges**) operates and manages the Hotel on behalf of and as agent for Charlor Proprietary Limited (**Charlor**) who owns the Hotel. This response is provided on behalf of Ryldges and Charlor.

PART 2 | THE HOTEL'S ROLE IN THE QUARANTINE PROGRAM

- 2 The Hotel was pleased to be able to participate in the Quarantine Program to support the significant and urgent need for accommodation for returning overseas travellers, particularly at a time when the Hotel was in a position to provide that assistance. While the Hotel has been operating for more than 50 years, its participation in the Quarantine Program has involved it operating in a completely different manner to its standard operations. At its core, this new manner of operation has required the Hotel building to become a Quarantine facility operated at the direction of the Victorian government.
- 3 The diagram below sets out each of the entities and persons involved in the Quarantine Program at the Hotel, and their respective roles and responsibilities as understood by the Hotel.



- 4 The Quarantine Program has been run by the Government,¹ and it directs, controls and coordinates its contractors, including the Hotel and other third parties, to provide services in support of the program. Those third-party contractors include entities such as security contractors, cleaners and nurses. The Hotel's core functions in the Quarantine Program have been far more confined as compared to the range of services it supplies under ordinary hotel operations. The Hotel's core functions under the Quarantine Program are as follows:

- (a) **Facilities:** to make the Hotel's rooms (**Quarantine Rooms**) and facilities available generally for the exclusive use by the Department for the purpose of placing returning overseas travellers into quarantine. This includes the provision of exclusive use of the hotel rooms to quarantine guests,

¹ Initially the Department of Jobs, Precincts and Regions, and then from early July the Victorian Department of Health and Human Services. Hereinafter referred to as "the **Department**".

and the Department staff and its contractors using other common areas at the Hotel such as conference rooms;

- (b) **Catering:** preparing meals in the Hotel kitchen and then delivering those meals in disposable packaging to the hallway outside of the Quarantine Rooms. The rubbish is double bagged by the quarantine guest and then collected by Hotel staff and disposed of; and
- (c) **Change-over of Quarantine Rooms (after sanitisation and deep clean):** After the Department's third-party cleaning contractor has cleaned and sanitised the Quarantine Rooms, the Hotel staff conduct room change over tasks, such as making the beds with fresh linen, vacuuming and providing fresh towels and toiletries. The change-over of the Quarantine Rooms by the Hotel staff occurs only after it has been cleaned and sanitised by the Department's third party cleaning contractor.

For convenience, we refer to these services collectively as the "**Hotel Services**". The Hotel Services are delivered by the Hotel's employed staff. The Hotel does not use contractors or sub-contractors to deliver the Hotel Services.²

- 5 How the Hotel Services are provided is (a) informed by contractual arrangements with the Department, and (b) subject to direction and advice provided by specialist independent nurses, infection control experts (appointed by the Department) and other Department experts who are located at the Hotel on a day to day basis. For example, the following tasks are performed by the Department, or Department contractors:
 - (a) the management of the arrival and departure of guests into and out of the Quarantine Rooms;
 - (b) the movement of guests to the Hotel's rooftop outdoor area for exercise;
 - (c) the sanitising of Quarantine Rooms, the corridors on which the Quarantine Rooms are located, and other public areas of the Hotel (for example, the reception area, bar and kitchen);
 - (d) any activities inside each of the Quarantine Rooms whilst guests are in attendance, for example rendering of medical attention; and
 - (e) security.
- 6 There have been Department briefings at the Hotel, generally occurring on a daily basis at 9.30am in the morning and again at 3.30pm in the afternoon. These briefings are called and coordinated by the Department's Team Leader, and are usually attended by a representative from the Hotel, along with other representatives and contractors of the Department, including the authorised officer, nursing staff, and the security officers. The daily briefings are the primary forum by which Hotel staff communicated with the Department, security personnel and other contractors in relation to operational and other matters. These matters are discussed at the briefings and if necessary, decisions are also made to seek to ensure the risks of virus transmission at the Hotel is minimised and any operational issues are resolved. The Department has final say at these briefings.
- 7 The Hotel staff have always sought to work cooperatively and productively with those involved in the Quarantine Program at the Hotel, to meet the challenging circumstances of the pandemic, and to achieve the important community-wide goal of containing the virus. While the Hotel considers it has consistently acted in this way in performing its limited role in the program, it was regrettable that a number of the Department's security contractors, one mental health nurse and one staff member of the Hotel became infected with COVID-19 in late May 2020.

² The Hotel notes that it uses some third party providers for dry cleaning clothes and washing linen, but they are not involved in the delivery of the Hotel Services on location.

PART 3 | ANSWERS TO THE BOARD OF INQUIRY'S QUESTIONSQuestion 1

Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?

Question 2

If so,

- a. what were those shortcomings;
- b. when were they first identified;
- c. how were they identified; and
- d. how (if at all) have their causes been addressed?.

- 8 The Hotel's employed staff deliver the Hotel Services. The Hotel has reflected (and continues to reflect) on its role in the Quarantine Program thus far, and has not identified any shortcomings on its part in the Quarantine Program. That is not to say that actions taken by the Hotel could not be modified or improved. During the life of the Quarantine Program, Hotel staff have worked with other participants to continuously enhance the Hotel's operations. This includes taking advice from the expert officers, such as the Department's nurses and infection control experts. As noted above, Hotel staff have sought to work co-operatively and productively with all those participating in the Quarantine Program at the Hotel.
- 9 As noted above, in late May 2020, a member of the Hotel's staff became infected with COVID-19. The Hotel is not in a position to conclude how he came to be infected, however it has not identified any shortcomings in its systems or non-compliance with protocols that may have resulted in this infection. The Hotel also understands that the Department was unable to trace the source of the infection. The Hotel has provided ongoing support to that staff member.
- 10 Whilst there have been incidents at the Hotel involving the Department's security contractors, those contractors were not contractors of the Hotel, and the Hotel is not in a position to provide any substantiated comment on any shortcomings in respect of their role under the Quarantine Program. On 10 May 2020, when issues regarding the inappropriate conduct of security guards towards the Hotel's staff was drawn to the attention of Hotel management, it was formally notified to the Department. The Department's security contractors were replaced on 11 May 2020.

Question 3

Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:

- a. communications;
- b. conduct; and
- c. decisions (including its processes for making decisions),

in respect of the Hotel Quarantine Program since its initial involvement?

Question 4

With reference to your answer to Question 3 (above) why has your organisation made such changes?

- 11 The Hotel continues to participate in the Quarantine Program. The Hotel has made the following changes since its initial involvement:
- (a) **Support service for Hotel staff.** After the Hotel staff member became infected with the virus (in or around late May 2020) the Hotel introduced an additional support service to all Hotel staff. This role is performed by the General Manager of People and Culture, and it allows Hotel staff to directly contact and communicate with the General Manager of People and Culture, to discuss any issues or concerns they have. The aim of the additional service is to ensure Hotel staff have a direct point of contact, for support, if required. Shortly after the new support service was implemented, the General Manager of People and Culture made direct contact with each Hotel staff member, to explain the new service and its purpose, and to gauge staff sentiment; and
 - (b) **Standard Operating Practices:** As outlined above, the Hotel's role was limited to certain aspects of the Quarantine Program and its participation in that program resulted in a significant shift in its ordinary business practices. To facilitate safety of the Hotel staff, standard operating practices were prepared to guide staff in performing their limited functions under the Program. For example, in respect of its catering function, a standard operating practice was prepared to allow for meals to be delivered to the hallway outside rooms with instructions to staff about hand sanitising, social distancing and the use of gloves and masks and their disposal.
- 12 One change in the Department's operations at the Hotel, which occurred following feedback from the Hotel, was the Department's procedure of accepting arriving quarantine guests at the Hotel. Based on information obtained by the Hotel in relation to procedures adopted at hotels in other parts of the country, and following feedback by the Hotel to the Department, the Department adopted a procedure where guests could by-pass the lift lobby and head straight from transport in the basement to the Quarantine Rooms.



Date:17/07/2020

Place: Melbourne

Subject: The Security Hub Pty Ltd response to the Board of Inquiry into the COVID-19 Hotel Quarantine Program

Our organisation was engaged by **Head Security Contractor** to provide labor hire services at the onset of the Hotel quarantine program introduced in Victoria to manage returned overseas travellers to be quarantined for at least 14 days in certain hotels following their arrival in Australia as part of the Victorian government's COVID-19 hotel quarantine program (Quarantine Program).

As a labour hire business, we were required to provide Security staff at Hotels as per the rosters issued by the **Head Security Contractor** on regular basis and we were instructed that the staff hired should have completed Infection control online training program stipulated by the **Head Security Contractor** to supply for Quarantine program.

Please see below our response each of questions asked in the letter Dated 11 July 2020 pertaining to the terms of reference shared with us.

1. Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?

As this was the first of its kind of operation anywhere in Australia and in global context there were learnings along the way as the program evolved and some of the learning as the Quarantine Program evolved were as below:

2. If so,

a. what were those shortcomings;

- As per the initial deputation of the security personnel and the onsite briefing from the Security Contractors were clear that the security staff was not to engage directly with Hotel guests and were not to provide any assistance to the quarantining guests in terms of luggage handling, dirty linen handling and food handling but only to ensure that the guest were not stepping out of the rooms and were following the directives laid down by the DHHS on ongoing basis. These instructions were changed as the program evolved and security staff at the later stages were asked to handle food and luggage of the quarantine guests.
- As the program evolved security staff onsite were requested to take quarantine guests for fresh air to the designated zones identified and ear marked by DHHS and Head Security contractor. These walks were conducted by the onsite security personnel and the security staff was required to ensure that guest were escorted out for walks and in doing so we believe it would have been hard to control the spread of the Covid 19 as the guest and staff might be using the same lifts and also spending time in close vicinity that could have been less than the required 1.5 meters social distance due to constraint of the space between guest and security
- We would also like to comment on the frequent changes to instructions by DHHS and in turn the **Head Security Contractors** that were cascaded to our teams in terms of Handling of luggage and guest handling procedures and frequent change in directions to use PPE during the program.

b. when were they first identified;

- These issues were identified during the course of the duration of the program and we informed any concerns from our staff members to the Head Security Contractor Management team on ongoing basis as and when these were reported to us.

c. how were they identified; and

- These were identified by the staff members on site and communicated to us by emails or through regular catch up with our operations and management team attending the site on daily basis.

Level 2, 416-420 Collins Street, Melbourne, Victoria 3000

Ph: (03) 8687 2139

www.thesecurityhub.com.au

ABN 44 615 607 264

d. how (if at all) have their causes been addressed?

As mentioned above that our staff was reporting these issue/concerns to us and we were regularly sharing the feedback with the management team of our Head Security contractor. And on ongoing basis during the course of our deputation we were sent multiple PPE instructions to be shared with our security personnel engaged in the program.

As noted earlier we were only providing labor hire services and any decisions and their implementation was the responsibility of the **Head Security Contractor and DHHS**. We had no role and control in taking any decisions in effect to make any changes at the site or working instruction as we were guided by Head Security Contractor.

3. Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:**a. communications;****b. conduct; and****c. decisions (including its processes for making decisions),****in respect of the Hotel Quarantine Program since its initial involvement?**

- We are currently not engaged in the Hotel Quarantine Program.

4. With reference to your answer to Question 3 (above) why has your organisation made such changes?

After identifying the positive cases at the Hotel, we were informed by our **Head Security Contractor** to take the below measures in order to minimise the risk of further spread of the virus and these were duly communicated to our staff members.

- Break Rooms were reconfigured, so the chairs/table are placed 1.5 meters apart.
- Shift timings were changed for day and night officers so there is no cross over.
- All security radios are wiped down and disinfected after every shift.
- Staff members were informed not to Car Pool.
- Onsite wellbeing health assessment and temperature checks, were performed by DHHS nurses at the commencement of every shift.
- DHHS also conducted an onsite training for the staff engaged at the hotel as this was informed to us by our Head Security Contractor.

In conclusion, we would like to thank the Hotel Quarantine Inquiry for giving us opportunity to provide our response and we look forward to work in providing any further assistance that the Inquiry may call upon.

Regards,
Ishu Gupta



Managing Director

The Security Hub



Board of Inquiry into the COVID-19 Hotel Quarantine Program

SPM (1994) Pty Ltd (ABN 46 006 749 702) t/as Stamford Plaza Melbourne

Initial Response

We refer to the letter dated 11 July 2020 from the Honourable Jennifer Coate AO on behalf of the Board of Inquiry into the COVID-19 Hotel Quarantine Program (**HQ Program**) and respond as follows, using the same numbering as in that letter:

1. Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?

- 1.1 Stamford Plaza Melbourne is a trading name registered to SPM (1994) Pty Ltd (**Stamford**), the operating entity of the hotel, which is managed by Stamford Hotel and Resorts Pty Ltd. Stamford engaged in the HQ Program pursuant to an Agreement for Provision of Accommodation executed on 11 April 2020 (**Initial Agreement**), with a commencement date of 12 April 2020 and completion date of 12 May 2020. Stamford agreed to provide 227 rooms under the Initial Agreement.
- 1.2 Various extensions and variations of the Initial Agreement were entered by Stamford on 15 May 2020, 16 June 2020, 26 June 2020 and 3 July 2020, resulting in the Initial Agreement (as varied) being extended to 12 August 2020 (collectively, with the Initial Agreement, **Contract**).
- 1.3 Stamford used its own work force to complete its obligations pursuant to the HQ Program, with the following exceptions:
 - (a) Empire Hospitality Australia Pty Ltd was retained to:
 - (1) Clean and sanitise Stamford's public areas;
 - (2) Clean and sanitise Stamford's public toilets;
 - (3) Provide housekeeping services to guest rooms post-checkout.
 - (b) Sunfresh Linen was retained to:
 - (1) Supply and deliver fresh linen, including guest sheets, towels and tea towels;
 - (2) Pick up dirty linen from hotel operations and guest rooms;
 - (3) Wash and treat all linen.
 - (c) SPL Dry Cleaning was retained to:

2.

- (1) Provide all guest dry cleaning services and the cleaning of staff uniforms;
 - (2) Supply special bags for guest laundry from quarantined rooms; and
 - (3) Deliver cleaned items to guests twice per week.
- (d) Various external catering providers, who did not have formal contracts with Stamford or contact with guests or Stamford employees, other than by socially distanced delivery.
- 1.4 Karl Unterfrauner, the General Manager of Stamford, was responsible for the day to day operation and immediate oversight of the HQ Program, with all chains of command in Melbourne reporting directly or indirectly to him.
- 1.5 Stamford did not have any contractual relationship with MSS Security Pty Limited, the security service providers. MSS were retained directly by the State of Victoria (initially by the Department of Jobs, Precincts and Regions). They are under the direction and control of the Department and Stamford are only able to provide feedback.
- 1.6 The first guests hosted by Stamford pursuant to the HQ Program arrived on 30 April 2020 and the last guests hosted by Stamford departed on 25 June 2020. The delayed commencement of the HQ Program at Stamford is attributable to concerns that Stamford had in sourcing suitable personal protective equipment (**PPE**) for its staff. Stamford only agreed to engage in the HQ Program when it was satisfied about the quality and quantity of the PPE it could obtain and provide.
- 1.7 Stamford always strives to identify any shortcomings in its service provision at an early stage and to act promptly to address any identified short comings. Modest levels of shortcomings were identified by Stamford during the conduct of the HQ Program and they were in each instance addressed efficiently and thoroughly. Stamford's conduct of the HQ Program was very much pro-active in that regard, all the more so given the very limited prescribed requirements that were set out by the Victorian Government in the Initial Agreement. The fact that no staff contracted COVID-19 during the entire HQ Program is an endorsement of Stamford's policies and the high level of observance of those policies demonstrated by its staff.

2. **If so,**

- (a) What were those shortcomings;**
 - (b) When were they first identified;**
 - (c) How were they identified; and**
 - (d) How (if at all) have their causes been addressed?**
- 2.1 Stamford put in place a number of procedures, training and evaluative exercises, including:
- (a) A series of Standard Operating Procedures (**SOP/SOPs**) that were written by Mr Unterfrauner, with the assistance of ██████████ in anticipation of the commencement of the HQ Program. Stamford also conducted research to establish best practice in the market, including but not limited to consultation with the DHHS and with other hotels which had already been appointed to operate in the HQ Program. The SOPs created at the outset are identified below:
 - (1) Food Service;

3.

- (2) Maintenance;
 - (3) Orientation and Induction of Contractors;
 - (4) Room Inspections;
 - (5) In Room Inventory and Presentation;
 - (6) Lift Procedure;
 - (7) Rooms Division;
 - (8) House Keeping/Cleaning; and
 - (9) Workplace Health and Safety.
- (b) In addition to the SOPs produced for each department and work process at Stamford, all staff were required to complete:
- (1) An E3 computer based training module called "*COVID-19 Coronavirus Prevention*"; and
 - (2) Workplace Health and Safety Induction, relevant to the individual's role.

All staff completing the computer based training course on infection prevention and workplace health and safety induction were recorded in a training register upon successful completion of all training as confirmation they were qualified to perform their designated role. Staff were not permitted to undertake their roles until they had completed all required training and signed the training register.

- 2.2 Given the novelty of the HQ Program and Stamford's desire to provide all services safely and efficiently, a review of the HQ Program was planned from the outset and conducted after it had been operating for 5 days. The review was conducted on or about 5 May 2020 by taking verbal feedback from staff and it revealed the following areas for improvement:

- (a) The numbers of security guards in the Hotel were considerable, with 2-3 guards per floor and 20 to 22 floors being utilised at any given time across the two towers that comprise the Stamford Hotel premises. Stamford staff observed that security guards had at times failed to adhere to social distancing directives. Although Stamford had no control over their behaviour, Stamford managers verbally reminded security guards that they should not be closely congregating and to avoid having too many security guards in the same lift.
- (b) The cleanliness of toilets became the subject of some feedback due to the high number of security guards and other contractors frequenting them. Despite having the toilets cleaned every few hours, the DHHS nurses in particular made complaints about the state of Stamford's public toilets.

4.

In response, on or about 8 May 2020 Stamford has separated the contractors and designated different toilets for different contractors in consultation with DHHS nurses.

- (c) In or about late May 2020, at Stamford's own volition, a review was carried out which resulted in Stamford changing its guidelines and adding the requirement for the kitchen to photograph each meal, list all ingredients and place those meals in a special bag to assist staff with recognition of the special meals and minimise the risk of a guest receiving the wrong food and having an adverse health response.
- (d) The security guards were originally allocated to the Edinburgh function room, which is a large function room located on the first floor of the West Tower. The guards requested the provision of a refrigerator, a workstation, a microwave and a printer.

Stamford provided the guards with the requested items but it was never Stamford's responsibility to clean and maintain the room. The security guard's company and the guards are to ensure the cleanliness of the room at their own cost. However, at their request, we agreed to remove all rubbish on a daily basis. The SOPs were also evaluated periodically and refined as required during the operation of the HQ Program to achieve greater efficiencies, address practicalities that emerged in the process and maintain high standards of safety at all times. The variations we have been able to identify in the time available are set out below:

- (e) Food Service v2 (28 June 2020), changed requirements to:
 - (1) Disband the '3 team' approach to food preparation;
 - (2) Mask requirement reduced from 'all times' to when in public areas; and
 - (3) Balmoral Room set up as green room with no PPE allowed.
- (f) Maintenance v2 (28 June 2020), additional requirements to:
 - Minor repairs
 - (1) Allow maintenance staff to understand the problem reported by the guest, prepare and advise solutions that may avoid entry to the guest's room;
 - (2) If a guest's problem requiring maintenance cannot be rectified over the telephone, staff to consider moving guest to another room in preference to any requirement for maintenance entering the room;
 - (3) If 'room move' for guest is not possible and maintenance entry to the room is unavoidable, hotel maintenance staff must wear full PPE (including disposable suit, face mask, goggles and gloves);
 - (4) Maintenance staff to plan entry, tools and materials required in order to avoid multiple entries to the same room;

5.

- (5) DHHS and security to be advised prior to entry so guest can be removed from room during maintenance attendance;
 - (6) Maintenance staff to wash hands as per protocol after disposing of PPE in designated bio-waste bins; and
 - (7) The option to undertake major repairs was deleted from the SOP and such work was not to be performed.
- (g) Rooms Division v2 (28 June 2020), additional requirements to:
- (1) Facilitate better rostering of staff;
 - (2) Changes to PPE requirements from 'at all times' to in accordance with Victorian Government's PPE policy;
 - (3) Installation of clinical waste bins;
 - (4) Allocate rooms by floor and try to keep same flight on same floor;
 - (5) Allocate rooms with consideration to family situations (i.e. interconnecting rooms for families);
 - (6) Limit allocation of interconnecting rooms where possible;
 - (7) Enhance room preparation with additional towels and amenities;
 - (8) Check all equipment is in working order prior to guest arrival;
 - (9) Frequency of rubbish collection increased to daily;
 - (10) Introduction of requirement for security to escort guests to their room;
 - (11) Credit card details to be obtained at check-in, or limitations explained to guests; and
 - (12) At departure, limit guest contact, but assist guest with parcels and stored items.
- (h) Workplace Health and Safety v2 (14 April 2020 - report wrongly dated), additional requirements to:
- (1) Minimise contact with security, nurses, DHHS or other personnel at all times and observe social distancing principles.

2.3 In the event of any injury being sustained within the Stamford property, or a formal complaint being made, an incident report is completed by the relevant supervisor or manager. The only Incident Report of relevance to the Hotel Quarantine Inquiry we have been able to identify in the time available was recorded on 14 June 2020, when a complaint about being checked into a room on 11 June 2020 that had not been cleaned prior to their arrival was logged with [REDACTED] Team Leader at DHHS by a guest. That complaint was passed on by DHHS to Stamford via email at 3.51pm on 15 June 2020 and upon notification, Stamford provided the guest with an alternative cleaned room and conducted an investigation into the circumstances of the error. It was a case of human error in that a member of the house keeping team changed the

6.

room status in Stamford's property management system as having been inspected (and therefore cleaned) on 9 June 2020 (following departure of the previous guest on 7 June 2020), when that was not in fact the case. Following this incident, all rooms are checked before occupancy.

3. Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:

- (a) Communications;**
- (b) Conduct; and**
- (c) Decisions (including its processes for making decisions),
in respect of the Hotel Quarantine Program since its initial involvement.**

3.1 Stamford continues to be involved in the HQ Program, with the term of its contract extension not being due to expire until 12 August 2020. At the time of writing, Stamford is not accommodating any HQ Program guests, the last having vacated on 25 June 2020.

3.2 During the course of the HQ Program, Stamford has changed its communications, conduct and decisions (including its processes for making decisions) as referred to in paragraphs 2.2 to 2.4 inclusive.

4. With reference to your answer to Question 3 (above) why has your organisation made such changes.

4.1 The reasons Stamford has made the changes referred to in paragraph 3 are variable, but include:

- (a) To improve logistics and streamline the service provision;
- (b) Improving work flow and staff effectiveness; and
- (c) To maximise the safety of Stamford staff, guests and others present in the Hotel.

4.2 Stamford otherwise refers to paragraphs 2.2 and 2.4 above.



TFEhotels.com

**Toga Hotel Management
Holdings Pty Ltd**
ABN: 82 162 986 352
Level 5, 45 Jones Street
Ultimo, NSW 2007 Australia

PO Box 1745, Strawberry Hills
NSW 2012 Australia
T +61 2 9356 1000
F +61 9356 1070
W TFEhotels.com

Key personnel (based on initial inquiries)

Name	Job Title	Role / Responsibility in relation to the COVID-19 Hotel Quarantine Program	Relevant Terms of Reference
Ram Bharadwaj	Hotel Manager, Travelodge Docklands	Responsible for day to day management of Travelodge Docklands' participation in the Hotel Quarantine Program, and hotel representative interfacing with other service providers, reporting to Area General Manager	1, 2, 4, 5 Operational
	Assistant Hotel Manager, Travelodge Docklands	Responsible for supporting Ram Bharadwaj in day to day management of Travelodge Docklands' participation in the Hotel Quarantine Program, and hotel representative interfacing with other service providers, reporting to Hotel Manager	1, 2, 4, 5 Operational
	Director of Operations	Involved in overseeing hotel operations and implementation of standard operating procedures across TFE Group, reporting to Chief Operations Officer	2, 3, 5 Operational
	Chief Operations Officer	Involved in securing government business, and escalation point for hotel operations across TFE Group	2, 3, 5 Operational
	Regional Work, Health and Safety Manager	Responsible for direction and implementation of standard operating procedures and COVID-Safe protocols across TFE Group	4, 5 Policy / Strategy

Our Reference: FS:FS102151

17 July 2020

Covid-19 Hotel Quarantine Inquiry

Sent by email only: lawyers@quarantineinquiry.vic.gov.au

Dear Sir/Madam

Board of Inquiry into the COVID-19 Hotel Quarantine Program
RE: RE: ULTIMATE PROTECTIVE SERVICES PTY LTD

We refer to the above matter and confirm we act for Ultimate Protective Services Pty Ltd ("UPS").

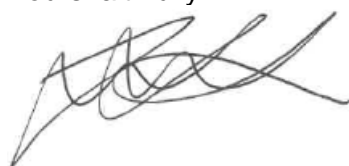
We are instructed as follows:

1. Our client was subcontracted by MSS Security ("MSS") to provide security services.
2. APG was allocated to service the Holiday Inn Hotel from 8 April 2020 until the 10 July 2020 and the Stamford Plaza from 17 June 2020 until 26 June 2020.
3. There has never been an overlap of guards working at the two locations.
4. Following the positive cases at the Stanford Hotel, our client was requested to provide services. They were advised that a through clean up of the site had occurred and they notified all staff that there was a positive case.
5. The staff unlike the other Hotel were provided with Protective Personal Equipment (PPE) by nurses at the commencement of their shifts.
6. MSS provided the online Induction Module, which all staff completed prior to commencement.
7. There were Toolbox Meetings daily and nightly before every shift swap. Security guards were also provided on the job training onsite and PPE training.
8. To the best of their knowledge there were no reported cases of COVID-19 at the Holiday Inn Hotel.
9. At all times staff followed the protocol set out by MSS Group, the Department of Health and Human Services ("DHHS") and the Hotel management.

We anticipate that the Inquiry would be seeking the specific training modules and protocols from the agencies listed above directly.

However, should the response above require further clarification please do not hesitate to contact us accordingly.

Yours faithfully



FATOUM SOUKI
PRINCIPAL SOLICITOR

David Millward

From: [REDACTED]
Sent: Monday, 11 May 2020 1:00 PM
To: David Millward
Subject: URGENT ACTION REQUIRED: Rydges on Swanston - concerns about security

Importance: High

Hi David – As discussed, please see below for issues raised by DHHS and hotel staff at Rydges on Swanston with Unified Security contractors. The issues were raised last night. I would appreciate it if you could follow this up and provide us with an update on action undertaken by COB today.

DHHS are looking to arrange a meeting of all parties tomorrow to discuss a plan going forward. I will provide you with details of this once they have been confirmed.

The following were the issues that were raised:

- Harassment towards staff, repeated comments such as "eat you're skinny"
- Intimidating body language and "leering" comments towards nurses
- Speaking to female hotel staff in ways that are overly friendly and "hitting on" them, [REDACTED] one of the supervisors has been involved in this
- Inappropriate comments towards female staff that are suggestive or 'go too far', including from a supervisor, the attitude is of disrespect towards females
- Feeling like it is a 'dictatorship', the general attitude from security is 'condescending' and staff are feeling 'intimidated'. Security have said to hotel staff that 'nurses need to know their place'
- Security guards raising concerns repeatedly about 'procedures and policy' and requesting nursing staff get in the lift with Covid positive guests when this has not been agreed procedures. Many of these issues have occurred during transfer of guests highlighting importance of transferring guests during DHHS hours.
- Security have accessed the commercial kitchen repeatedly despite being asked not to by hotel. The hotel staff member has taken numerous steps to stop this i.e asking them not to, emailing manager, putting up signs, blocking the door with a table with each of these steps being disregarded and security continuing to access the kitchen. This puts hotel at risk for food safety regulations and is concerning as basic instructions are not being followed
- [REDACTED] a guard last night was involved in the above point towards a nurse last night.
- They are very argumentative and have told multiple nursing staff about PPE procedures
- Inappropriate use of resources including:
 - they have been requested multiple times by hotel not to use the commercial kitchen and have kept entering the kitchen regardless and have 'helped themselves' to food/plates etc
 - PPE is 'walking away' i.e. PPE packs that were distributed in advance that were packed for security with sufficient supply for 24 hours. Staff then approached nurses requesting more saying none had been packed and received more (different nursing staff on shift). We can start looking at a log of these.

We asked if there were any staff that seemed to be respectful and working well at hotel as it is not every staff member involved in this.

- [REDACTED]

Please let me know if you have any queries.

[REDACTED]
 Principal Policy Officer | Inclusion, Employment

Department of Jobs, Precincts and Regions

Level 35, 121 Exhibition Street, Melbourne, Victoria Australia 3000



djpr.vic.gov.au

jobs.vic.gov.au



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Government of Victoria, Victoria, Australia.

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13th of May 2020

PRIVATE AND CONFIDENTIAL

██████████
Regional Work Safety Advisor
Agriculture Victoria/ Business and Finances Services
Operation Safety Adviser – Hotel Soteria
Department of Jobs Precincts and Regions

Dear ██████████,

Rydges Swanston Street

I write to you in relation to the information provided to Unified Security by ██████████, Principal Policy Officer, Inclusion Employment, Department of Jobs, Precincts and Regions, on the 11th of May 2020.

Upon review of this email it contained several concerns in relation to the conduct shown by Unified Security Group representatives, during their duties to support Operation Soteria, at Rydges on Swanston Street.

The email in question contained significant concerns around Bullying and Harassment in the workplace, on various levels to which appeared to escalate on Sunday the 10th of May 2020.

Unified Security Group has taken the gravity of these concerns seriously, and the following has been evoked.

- Full removal of all 42 employees in including Management tasked with Operational overview of Rydges on Swanston Street, who were rostered on shift on the 10th and 11th of May 2020. The removal occurred at 1800Htrs on the 11th of May, a few hours post the receipt of the emailed concerns
- ██████████ shift supervisor, who's name appeared heavily with in email was terminated on the 12th of May 2020 for Conduct unbecoming
- ██████████ Operational Lead, terminated for failing to adhere to Management Direction failing to communicate appropriately to his line Manager, failing to report internal Bullying and Harassment concerns to his line Manager.
- ██████████ Operational Lead, terminated for failing to adhere to Company Directives, failure to report internal staff complaints of Bullying and Harassment, failure to adhere to Management Direction.

I would like to point out that the above personnel had been displaced during the COVID19 pandemic and were offered fixed term positions, within this space to assist with the operational drive and support of this initiative.

However, with that said the continued theme of internal personnel interviewed. was the continued failure of the above-mentioned managers, was the contributing factor to the unacceptable behaviours.

I am unable at this stage with the information on hand to prove behind a reasonable doubt that any other field staff that were rostered at Rydges Swanston Street, are a part of this unacceptable behaviour.

As part of the continuous improvement process the following has been implemented.

- ***A full replacement team including Management leads has been embed at this location moving forward effective 1800Hrs on the 11th of May 2020.***
- ***Mo Nagi Operational lead Manager Unified Security will attend daily.***
- ***Nigel Coppick State Manager Unified Security to become escalation contact for any and all operational concerns.***
- ***All personnel working across the COVID19 operational space to complete Toolbox talk on Bullying and Harassment with a close out date of Wednesday the 20th of May 2020***
- ***Nigel Coppick to be added to all broadcasting of communication from DJPR, to ensure continuity.***
- ***Redeployment of field staff working at Rydges to other locations***
- ***Whistleblower email address has been created for internal staff to communicate concerns confidentiality – email whistleblower@unifiedsecurity.com.au internal broadcast has been communicated to all field staff.***

Unified Security would like to sincerely apologise to all parties working at Rydges on Swanston Street, we hope that these outcomes will provide parties with confidence in our brand, moving forward.

We look forward to ensuring that the customer experience what we have displayed at all other locations during Operation Hotel Soteria, can be experienced by everyone at Rydges.

Please feel free to contact me on 0404490561

Yours sincerely,



Nigel Coppick
State Manager
Unified Security



Clyde & Co

Level 15

333 George Street

Sydney NSW 2000

Australia

Telephone: +61 (0) 2 9210 4400

Facsimile: +61 (0) 2 9210 4599

www.clydeco.com

BY EMAIL

Ms Stephanie D'Rozarisio
Solicitors Assisting
Board of Inquiry into the COVID-19 Hotel
Quarantine Program

Email:lawyers@quarantineinquiry.vic.gov.au

Our Ref
10231086

Date:
17 July 2020

Dear Ms D'Rozarisio

Board of Inquiry into the COVID-19 Hotel Quarantine Program
RE: Unified Security Group (Australia) Pty Ltd – Request for Initial Response

As you know, we act for Unified Security Group (Australia) Pty Ltd (**Unified Security Group**) in relation to the Board of Inquiry into the COVID-19 Hotel Quarantine Program (**Inquiry**).

We refer to the correspondence from the Honourable Jennifer Coate AO dated 11 July 2020 to Mr Benjamin Demnitz of Unified Security Group with respect to the Inquiry.

In particular, we refer to the Request for Initial Response on the four questions identified on page 2 of that correspondence (**Initial Response**) and the request for a list nominating key personnel within Unified Security Group who have knowledge of the matters being investigated by the Inquiry.

Initial Response

We are instructed to advise the Inquiry of the following in relation to the questions for Initial Response.

We confirm that our client will be co-operating with the Inquiry and providing information as best it can.

Shortcomings identified by Unified Security Group

With respect to questions one and two, our client is presently not aware of any shortcomings in its systems or processes that are relevant to the Terms of Reference of the Inquiry. In relation to shortcomings of subcontractors, we are instructed that wherever such shortcomings were brought to our client's attention, it has responded appropriately and reported the relevant conduct and its response to the Department of Jobs, Precincts and Regions (**DJPR**). We set out below the details of one such relevant incident.

We are instructed that Unified Security Group identified shortcomings on the part of one of its subcontractors, Elite Protection Services (**EPS**), in the performance of its role in providing

10231086 6428982.1

subcontracted security services for Unified Security Group at Rydges Swanston Street as part of the Hotel Quarantine Program. On Monday 11 May 2020, Unified Security Group was notified by the DJPR of serious allegations of bullying and harassment by security guards deployed at Rydges Hotel Swanston Street (attached and marked as **Annexure A** to this Initial Response). Those security guards were subcontractors engaged by Unified Security Group through Elite Protection Services (**EPS**).

Consistent with its policies, procedures and induction information that bullying and harassment will not be tolerated by Unified Security Group, the organisation took immediate steps to remove all 42 personnel including the management personnel tasked with operational management of Rydges on Swanston Street who were rostered on the shift of 10 and 11 May 2020. This action occurred within 5 hours of receipt of the written allegations from the DJPR. On 13 May 2020, Unified Security Group followed that action with a detailed written response to the DJPR regarding the specific and swift actions taken by our client to respond to the allegations (attached and marked as **Annexure B** to this Initial Response). The allegations have resulted in EPS no longer being considered by our client to be a suitable subcontractor for the performance of services on behalf of United Security Group. These actions all occurred well before any allegations of deficiencies involving any Program contracted service provider were published in the media.

Status of involvement in providing services for the Hotel Quarantine Program

With respect to question three, Unified Security Group's involvement in providing services for the Hotel Quarantine Program ended on Saturday 11 July 2020 in accordance with its arrangements with the State of Victoria. Unified Security Group was engaged by the State of Victoria as represented by the DJPR to provide security services for the period from 29 March 2020 to 30 June 2020. The engagement arrangements were formalised through an Agreement for Professional Services between DJPR and Unified Security Group dated 9 April 2020 (**Agreement**).

As you are aware, on 30 June 2020 the Victorian Premier, the Hon. Daniel Andrews, announced an intention to "reset" the hotel quarantine program under the supervision of Corrections Victoria. Under the program reset, staff employed by Corrections Victoria replaced private security services personnel. As a result, Unified Security Group security guards no longer provided security services for the program from Saturday 11 July 2020.

Nominated Key Personnel

With respect to the request for key personnel with knowledge of the matters being investigated by the Inquiry, we provide the relevant details requested in the table below.

Name	Job Title	Role, responsibility or expertise in relation to the Hotel Quarantine Program	Terms of Reference in respect of which they can give evidence and the nature of their evidence (e.g. expert, operational, policy/strategy)
Ben Demsitz	Director – Compliance, Systems and Strategy	Signatory for execution of Agreement on behalf of Unified Security.	TOR 3 as it relates to contracting arrangements for security services TOR 5 as it relates to information about safety management systems and processes generally at Unified Security Group
David Millward	National Operations Manager	Unified Security Group Representative under the Agreement for Professional Services with DJPR.	TOR 1 as it relates to decisions and actions of Unified Security Group as a private service provider TOR 3 as it relates to contracting arrangements for security services

Name	Job Title	Role, responsibility or expertise in relation to the Hotel Quarantine Program	Terms of Reference in respect of which they can give evidence and the nature of their evidence (e.g. expert, operational, policy/strategy)
Nigel Coppick	Victorian State Manager	Key contact to whom agencies and hotels reported issues. Escalation point for any incidents that occurred at hotels during operations.	TOR 1 as it relates to decisions and actions of Unified Security Group as a private service provider TOR 2 as it relates to communication between department representatives and Unified Security Group
Mo Nagi	Victorian Operations Manager	Dealt with issues on the ground at each hotel during operations. Advised Unified Security Group management on issues arising at hotels. Attended to incident response.	TOR 1 as it relates to decisions and actions of Unified Security Group as a private service provider TOR 2, 4 & 5 as it relates to provision of all instructions, protocols and any necessary information to security guards on the ground

We trust the above assists the Inquiry.

Please do not hesitate to contact us should you require any further information in relation to the above.

Yours sincerely



Alena Titterton
Partner
Clyde & Co

Encl.

Annexure A – Email from [REDACTED] of DJPR to David Millward of Unified Security Group dated Monday 11 May 2020 at 1pm

Annexure B – Letter from Nigel Coppick of Unified Security Group to [REDACTED] of DJPR dated 13 May 2020



23 July 2020

The Honourable Jennifer Coate AO
Board of Inquiry into the COVID-19 Hotel Quarantine Program

By email lawyers@quarantineinquiry.vic.gov.au

Dear Justice Coate

**Board of Inquiry into the COVID-19 Hotel Quarantine Program
United Risk Management Pty Ltd**

We refer to your letter dated 11 July 2020.

United Risk Management Pty Ltd (**United**) provides the following Initial Response to the Inquiry in order to assist its timely and focused exploration of matters falling within its Terms of Reference.

This letter is comprised of information within United's direct knowledge and information obtained from one of United's senior security guards, who worked at both Travelodge and the Stamford Plaza Hotels during the COVID-19 Hotel Quarantine Program.

Background

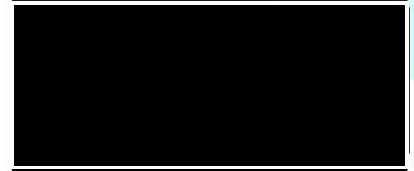
United Risk Management Pty Ltd

United was incorporated in 2013 and is a security and cleaning services company wholly owned and operated by its sole director, Mina Attalah.

United has two part-time employees and calls upon a list of 70-120 security guards, who work on a casual basis, in order to deliver security services at major events in Melbourne, including but not limited to the Australian Open, the Formula 1 Grand Prix, the Melbourne Cup Carnival and the Royal Melbourne Show.

In or about August 2019, United entered into a Services Subcontract with MSS Security Pty Ltd (**MSS**) for the supply of security services by United to MSS (to be specified in a Services Specification or a Service Order issued by MSS from time to time). Prior to execution of the Subcontract, United had been providing security services to MSS for approximately four years pursuant to an arrangement which was not documented in writing.

United receives approximately 90% of its business from MSS.



United's involvement in the COVID-19 Hotel Quarantine Program

Travelodge, Docklands

On or about 7 April 2020, United was approached by MSS for the purposes of gauging its interest in providing security services to MSS, who had been engaged by the Victorian Government to facilitate the COVID-19 Hotel Quarantine Program (**Program**) at various hotels in Melbourne, including the Travelodge Hotel in Docklands (**Travelodge**).

United agreed to provide security guards to MSS for the Travelodge Program, who were to commence their duties on 10 April 2020.

During the Travelodge Program, MSS made requests of United for rosters and provision of additional guards on an ad hoc basis, often with less than 24 hours' notice.

Overall, United supplied 15 guards to MSS for the Travelodge Program.

United's guards ceased working at the Travelodge approximately 3 weeks after commencement of the Program, on 25 April 2020. United was notified by MSS on 25 April 2020 that the Program would be finished that day. United understands that Travelodge cancelled the Program due to complaints it had received regarding the Program, unrelated to the provision of security services.

Stamford Plaza, Melbourne

On 28 April 2020, United was again approached by MSS, who advised that it had been asked by the Victorian Government to facilitate the Program at the Stamford Plaza Hotel in Melbourne (**Stamford Plaza**), due to commence later that week.

On 29 April 2020, MSS confirmed its engagement in relation to the Stamford Plaza Program and asked United to provide a roster of available guards. United understands that another sub-contractor, Security Hub, also provided guards to MSS for the Stamford Plaza Program.

United agreed to provide 30 guards for the Stamford Plaza Project, who commenced their duties on 30 April 2020. Some of the guards provided by United for the Stamford Plaza Program had also worked on the Travelodge Program.

For the duration of the Stamford Plaza Project, the day shift (0700 to 1900) was run by MSS security supervisors, who managed the guards provided by United. The night shift (1900 to 0700) was run by Security Hub. It is United's understanding that all procedures, directions, guidance and protocols in place for the Program were supplied by the Department of Health and Human Services (**DHHS**) via its Authorised Officers.

United's guards ceased working at the Stamford Plaza on 25 June 2020, when the Stamford Plaza Program ended. United has not undertaken any Program work at any other quarantine hotels since that date.

COVID-19

United notes that seven of its guards who worked on the Stamford Plaza Program were diagnosed with COVID-19 as a result of their exposure to coronavirus at the Stamford Plaza. Five of those





guards were close contacts of a Security Hub guard who was working at the Stamford Plaza. The other two guards were direct household contacts of security guards infected with COVID-19.

Response to Inquiry's Questions 1 & 2

United holds significant concerns as to the training and information provided to security personnel by those facilitating the Program.

Training

In respect of training, United can advise the Inquiry that the only formal training its guards were required to undertake prior to commencing work on the Program was in the form of a COVID-19 online induction program, available at <https://covid-19training.gov.au/login>.

Whilst United ensured that each of its guards undertook the online training and provided a copy of the certificate of completion to Mr Attalah, it had an expectation that those facilitating the Program would conduct formal training for security guards regarding matters including COVID-19 infection control and the correct way to wear and dispose of personal protective equipment. United understands that no such training occurred, other than a session mid-way through the Stamford Plaza Program when a nurse was brought in to demonstrate how to properly wear a mask.

Information and briefings

In respect of daily briefings, United notes to the best of its knowledge, there were no written briefings provided by DHHS to security management (MSS, Security Hub or United) regarding relevant matters (for example, policies, procedures or positive tests) throughout the Program, save for a two page document prepared by DHHS which was intended to be reviewed by guards and left at the hand sanitiser stations on each floor in the Stamford Plaza.

United understands that some relevant materials were posted on a noticeboard outside the security lunchroom at the Stamford Plaza, but no directions were given to guards to read material which was posted on the noticeboard.

Throughout United's involvement in the Stamford Plaza Program, its director, Mr Attalah, attended the Stamford Plaza at 0700 each day (end of night shift and commencement of day shift) in order to ensure that all of United's guards were present for duty, in correct uniform and wearing personal protective equipment. Mr Attalah remained on site for a couple of hours each day and then returned at 1900 each day (end of day shift and commencement of night shift) for the same reasons.

United is aware that on each morning during its involvement in the Stamford Plaza Program, a meeting was convened between DHHS staff, representatives of the Stamford Plaza, the security day shift supervisor and other relevant persons. Mr Attalah did not attend these meetings.

However, United understand that following these daily meetings, DHHS representatives on site at the Stamford Plaza would distribute to the security supervisor a list of quarantined travellers who were required to be escorted from their rooms for the purposes of exercise or cigarette breaks that day. United understands that these lists were prepared by DHHS on a daily basis.



United considers that the verbal communications between DHHS staff, security management and guards should have been replaced by regular email briefings, which would have served the purposes of educating, protecting and promoting cohesion for the teams involved in facilitating the Program.

United also notes that it was not advised of the COVID-19 status of quarantined travellers at the Travelodge or the Stamford Plaza. United is concerned that this information was not communicated to security management and that its guards were unwittingly escorting COVID-19 positive persons, or persons who had refused COVID-19 tests, out of their rooms for exercise or cigarette breaks. United considers that this information would have added force to the daily briefings of security staff.

As described above, unfortunately seven United guards ultimately tested positive for COVID-19.

Identification of issues

United notes that throughout its involvement in the Program, COVID-19 was a fluid and developing situation. For the entire duration of the Program, United based its instructions to guards on the directions, guidance and protocols supplied by the DHHS via its Authorised Officers.

However, United was and remains concerned at the lack of information which was provided by DHHS to MSS, United and the guards on site regarding concerns and issues with quarantined travellers. For example, United notes that each quarantined traveller was scheduled for COVID-19 testing on the third day of their stay at the Stamford Plaza, but guards were asked by DHHS to escort travellers from their rooms for exercise or cigarette breaks on the first day of their stay, when it was entirely possible that travellers may have already had COVID-19.

United asked MSS to raise these issues with DHSS at approximately the end of May 2020. Around this time, a DHHS representative spoke with security management to advise that a COVID-19 case had been discovered in the hotel, but would not disclose the floor or room location of that person to security management. United was concerned that its guards had unknowingly escorted that person from his room whilst infectious and therefore potentially exposed themselves to COVID-19.

United considers that the Program constituted a learning process for both security management and staff throughout its duration, as procedures were regularly changed as new information was provided by DHHS (for example, the initial requirement for guards to wear gloves was rescinded and then gloves became optional). Security management had to be dynamic in order to adapt to the various changes and advice provided by DHHS and advise staff of those changes accordingly as new information about COVID-19 became known.

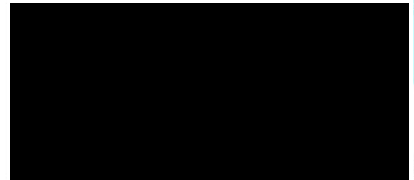
Response to Inquiry's Questions 3 & 4

United is unable to provide any information in response to the Inquiry's questions 3 and 4 as it is no longer involved in the Program.

Thank you for asking United to provide information relevant to the Inquiry. Should your Honour have any further questions, please do not hesitate to contact me.



United
Risk Management



Yours faithfully



Mina Attalah
Managing Director
United Risk Management Pty Ltd



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VICTORIA POLICE

21 July 2020

Board of Inquiry into the COVID-19 Hotel Quarantine Program

Victoria Police initial response

Victoria Police thanks the Board of Inquiry into the COVID-19 Hotel Quarantine Program (the Inquiry) for the opportunity to provide an initial response to the below questions.

The information contained in the initial response is based on information available within the time allowed to prepare this response and is limited to actions from commencement of Operation Soteria on or after midnight on 28 March 2020 until the establishment of the Inquiry on 2 July 2020. Victoria Police is continuing to undertake searches and to collate materials to respond to a Notice to Produce. Should those searches identify information contrary, or additional to that set out in this response, we will update the Inquiry.

Introduction

Victoria Police has conducted various operations to support community safety in response to the COVID-19 pandemic through a range of special police operations. Most relevant to the Inquiry is Victoria Police involvement in Operation Soteria.

Operation Soteria is a multi-agency operation which Victoria Police, as a support agency, assists the management of ingress and egress of international passengers to and from quarantine sites.

Victoria Police's role is to support key partners to prevent and respond to breaches of the peace, respond to reported crime and take enforcement action in relation to any reported attempt to breach or breaches of the directions of the Chief Health Officer (CHO) to quarantine. Victoria Police is also the regulator of the private security industry.

Responses to questions

1. *Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?*

Victoria Police has not engaged, or been involved in the engagement of, contractors or sub-contractors in respect of its role in the Quarantine Hotel Program.

Victoria Police has not identified any specific shortcomings to-date on its part in respect of its role in the Hotel Quarantine Program.

2. *If so,*
 - a) *what were those shortcomings;*
 - b) *when were they first identified;*
 - c) *how were they identified; and*
 - d) *how (if at all) have their causes been addressed?*

See above.

3. *Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:*
 - a) *communications;*
 - b) *conduct; and*

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- c) decisions (including its processes for making decisions),
in respect of the Hotel Quarantine Program since its initial involvement?*

Within the relevant time frames, Victoria Police has not made any material changes to its communications, conduct or decisions in respect of the Hotel Quarantine Program since its initial involvement.

While Victoria Police has adapted to the changing environment to fulfil its role under Operation Soteria, such as adjusting rostering to meet demands from ingress and egress from hotels, it has not changed its approach to its role in the Operation.

- 4. With reference to your answer to Question 3 (above) why has your organisation made such changes?*

See above.

Conclusion

Victoria Police thanks the Inquiry for the opportunity to provide this initial response.

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**BOARD OF INQUIRY INTO THE
COVID-19 HOTEL QUARANTINE PROGRAM**

Response of Wilson Security Pty Ltd to Initial Request for Information

(A) INTRODUCTION

1. Wilson Security Pty Ltd (**Wilson**) provides the following response to the request from the Board of Inquiry dated 11 July 2020 to provide an Initial Response to four (4) key questions.
2. Wilson has been on the Victorian State Purchase Contract (**SPC**) panel as a security service provider for approximately 15 years, and so realised the significance of the engagement by the Department for the 13-week hotel quarantine program. Aside from a short period, Wilson supplied services to only two (2) hotels of the 15 on the quarantine program at any one time.
3. Wilson was required to mobilise services within less than 48 hours from first contact with the Department.
4. Over the course of the hotel quarantine program, Wilson arranged more than 500 security officers on the ground to meet the urgent requests of the Department and respond to changing needs and health advice throughout the program. The circumstances were unique and unprecedented.
5. Wilson developed its service delivery model for the hotel quarantine program by taking a risk-based approach based on internal and external expert advice (operational, medical, health and safety, and corporate risk specialists). Fundamentally, Wilson sought to:
 - protect the safety and wellbeing of its people;
 - adopt the most up to date medical advice on infection control measures; and
 - support the Victorian government in the hotel quarantine program.
6. Wilson's service model included a management and supervision structure, staff briefings and training, personal protective equipment (**PPE**), and various other infection control measures.
7. Wilson is not aware of any COVID-19 cases amongst any of its people as a result of working on the hotel quarantine program.
8. Further detail is provided below on Wilson's involvement in the hotel quarantine program.
9. As to the specific questions posed by the Inquiry, Wilson says as follows:

Question 1: Has your organisation identified any shortcomings on its part, or on the part of any of its contractors or sub-contractors, in respect of its role in the Hotel Quarantine Program?

Wilson has not identified any "shortcomings" in its service delivery.

That said, Wilson continued to adapt and improve processes, in collaboration with the Department, throughout the duration of the program. It was an ever-changing environment, and Wilson continued to refine its procedures accordingly. Wilson's service model was structured in a way to enable it to flexibly adapt because it was anticipated that the services would vary

throughout the program to meet the dynamic pandemic environment and updated information. More detail in this regard follows.

Question 2: If so,

- a. what were those shortcomings;**
- b. when were they first identified;**
- c. how were they identified; and**
- d. how (if at all) have their causes been addressed?**

N/A

Question 3: Irrespective of your answers to question 1 and 2, if your organisation is still involved in the Hotel Quarantine Program, has it made any, and if so what changes in its:

- a. communications;**
 - b. conduct; and**
 - c. decisions (including its processes for making decisions),**
- in respect of the Hotel Quarantine Program since its initial involvement?**

Wilson transitioned out of the hotel quarantine program on 5 July 2020.

Question 4: With reference to your answer to Question 3 (above) why has your organisation made such changes?

N/A

Wilson also takes the opportunity to provide some further information in parts B, C, D and E below.

Response to Board of Inquiry – Further Information

(B) BACKGROUND

10. From February 2020, with the onset of COVID-19 and prior to the hotel quarantine program commencing, Wilson developed a pandemic response plan and governance structure with the primary focus being organisational preparedness for the various complexities impacting staff health and safety, PPE supply and business continuity.
11. A key component of the pandemic response plan was the appointment of an independent, external medical advisor since 21 February 2020. Wilson continues to work closely with its medical advisor to develop the Wilson pandemic response.

(C) WILSON'S APPOINTMENT

12. On Friday 27 March 2020, Wilson was contacted by the Department of Jobs, Precincts and Regions as to Wilson's capacity to provide urgent security service assistance within the coming days as part of the hotel quarantine program.
13. On Sunday 29 March 2020, Wilson's operational, corporate risk and health and safety leads attended its first site inspection together with representatives of the Department and Victoria Police.
 - a. Wilson went on to attend various other site inspections also at other hotels as quarantine services were established.
 - b. The purpose of these site inspections was to evaluate operational requirements, become familiar with the specific hotel layout, and develop a plan accordingly for necessary staffing levels, safety risk assessments, and other site protocols based on what was known at the time.
14. From 30 March to 5 July 2020, Wilson provided security services to four (4) of the 15 hotels used around Melbourne for the quarantining of returned travellers –
 - a. Crowne Plaza – 30 March to 17 April 2020
 - b. Pan Pacific Hotel – 3 April to 24 April 2020
 - c. Mercure Welcome Hotel – 5 April to 5 July 2020
 - d. Pullman Hotel – 16 June to 5 July 2020
15. However, aside from a short period, Wilson supplied services to only two (2) hotels of the 15 on the quarantine program at any one time.

(D) WILSON'S SAFETY AND INFECTION CONTROL FRAMEWORK

16. Wilson's safety and risk-based approach to developing its service model had the input of a number of technical specialists, both internal and external, covering operational and corporate risk, independent medical advice, and health and safety expertise.
17. The primary focus was to identify measures for infection control based on the information available to Wilson at the time, which involved taking into account the changing needs of the quarantine program and developments in health advice as to the management of COVID-19.

18. Wilson's control measures included but weren't limited to –

- a. staff briefings and training;
- b. PPE;
- c. staff declarations;
- d. temperature checks;
- e. provision of meals and refreshments;
- f. limitations on cross-site rostering;
- g. a supervision structure; and
- h. incident reporting process.

19. Briefings and training:

- a. Wilson provided staff shift briefings and guidance materials covering essential safety and infection control measures in line with government and independent medical advice, including:
 - i. the correct use of PPE;
 - ii. "coughing etiquette";
 - iii. hand sanitising practices;
 - iv. hand washing requirements; and
 - v. social distancing requirements.
- b. Briefings were also delivered based on Departmental updates, and on specific matters as needed such as:
 - i. working with special needs guests;
 - ii. guest welfare management including signs of aggression; and
 - iii. quarantine protocols.
- c. Staff were also required to complete the government COVID-19 online training.

20. Provision of personal protective equipment (PPE):

- a. Wilson was able to source and continuously supply the requisite PPE for the entire duration of the program. It developed this PPE framework based on the recommendations of government, the World Health Organisation, and Wilson's external appointed medical advisor.
- b. Specifically, Wilson supplied the following PPE at its expense for all employees and contractors for the full duration of the program –
 - i. Nitrile gloves (over 80,000 gloves were supplied for the hotel quarantine work)
 - ii. Face masks (over 30,000 face masks were supplied for the hotel quarantine work)
 - iii. Safety glasses / goggles (for specific duties)
 - iv. Gowns (for specific duties)
 - v. Hand sanitiser (over 150 litres of hand sanitiser was supplied for the hotel quarantine work)
 - vi. Alcohol wipes

- c. Wilson employees and contractors were required to complete a written declaration at the start of each shift to confirm that they had access to the necessary PPE.
- d. Further, the staff briefings (described above) covered the correct use of PPE.

21. Staff declarations:

- a. Wilson introduced a declaration process whereby, at the start of each shift, the supervisor recorded the confirmed declaration for each individual on various matters (developed over time) such as:
 - i. whether they have any symptoms including a fever, cough or shortness of breath;
 - ii. whether they have access to PPE including a face mask and gloves;
 - iii. whether they have access to hand sanitiser; and
 - iv. their fitness to work.

22. Temperature checks:

- a. From 5 April 2020, Wilson initiated a requirement for its workers to be temperature-checked at its hotel sites.
- b. The Department confirmed that it was looking to mandate temperature checks, and subsequently Wilson was asked to share (and did share) information with the Department about its temperature testing framework including information about the instruments used and training provided to staff.
- c. The Department's nurses subsequently took over responsibility for the testing at Wilson's hotel sites.

23. Further measures: As further infection control measures, Wilson –

- a. provided meals and refreshments to its staff at the hotels to mitigate the risks associated with staff leaving the hotel site during their shift and prevent the breach of infection control measures; and
- b. had in place a dedicated management and supervision structure, and escalation processes at each site including a hazard reporting processes and supervision coverage on each shift.

(E) WILSON'S SERVICES AND STAFFING

- 24. Wilson was engaged to support authorised officers from the Victorian Department of Health and Human Services and Victoria Police to uphold mandatory quarantine directions from the Chief Health Officer.
- 25. The services evolved throughout the program in response to Department directives. For example:
 - a. Decisions regarding deliveries of packages;
 - b. The management of bag searches, bag handling and seizure of items;
 - c. Processes for managing the departure of guests on the expiry of their quarantine period;
 - d. Escort of guests for recreational breaks;
 - e. Transport management for specific guest categories;

- f. Visitor access and record requirements; and
- g. Medical staff entry requirements.

26. Staffing levels were agreed with the Department for each hotel site depending on the particular site layout and requirements. These levels changed throughout the program in collaboration with the Department depending on the vacancy levels in the hotel. That is, floors were opened and closed as guests arrived and departed.

27. Wilson ultimately transitioned out of the hotel quarantine program on 5 July 2020.