WITNESS STATEMENT OF MS JEN [redacted]

1. This statement is about my experience in working as part of Victoria's COVID-19 Hotel Quarantine Program.

2. I am a Registered Nurse and I hold a Masters in Nursing Science.

3. This is my third year working as a Registered Nurse. My usual place of employment is a Melbourne public hospital.

Joining "Your Nursing Agency"

4. In around April 2020, Victorian hospitals were very quiet. I am employed casually and I did not have enough shifts at that time. A shortage of shifts had never been a problem for me before.

5. A friend mentioned that she was working for "Your Nursing Agency" (**YNA**) and said that there was lots of work for nurses in quarantine hotels.

6. I sent a request to join YNA at 4.44pm on 17 April 2020 and someone from the agency telephoned me at 4.55pm on the same day.

7. I also signed up to another agency, named Health Care Australia, at around the same time.

8. When I joined YNA, I went through an onboarding program. The onboarding seemed standard to me.

9. As part of the onboarding, I completed extensive online training. It took around 8 hours. It covered topics like drug calculations, how to administer medication and fire and evacuation procedure. An outline of the training is **Annexure A** to my statement.

10. I was required to provide YNA with a copy of my degree, as well as copies of up to date training certificates for life support and resuscitation. I also needed to provide details of two referees. I believe that the agency contacted my referees.

11. YNA required me to undertake a specific training about COVID-19 and personal protective equipment (**PPE**). The training was an online Australian Government Department of Health resource. The information about the course provided by YNA is **Annexure B** to my statement.

12. I found that training really useful.

13. On 14 August 2020, I received an email from YNA outlining mandatory PPE competency training.

14. YNA interviewed me over the phone. In nursing interviews, it is typical to be given clinical questions (that is, questions where a scenario is put to you and you are asked what decisions you would make and how you would respond). I was not asked any clinical questions in the YNA interview. The YNA interview was more like going through a checklist of required documents.

15. My first shift for YNA was on 27 April 2020 at the Park Royal hotel, at the Melbourne Airport.

Work at the Park Royal Hotel

16. I worked at the Park Royal between 27 April 2020 to 3 June 2020.

17. Many of the staff engaged by YNA were Irish nurses living in Australia temporarily. Because those nurses usually relied on public transport, it was more difficult for YNA to find people to work at the quarantine hotels located at the airport. I had a car, so was often given shifts there.

18. During my first week, I worked 6 shifts in a row, which meant that I was rostered for 60 hours. The shift times were afternoon (2pm to 10pm), night (9pm to 7:30am) and morning (7am to 3pm).

19. My impression was that the program was short-staffed.

20. My first shift at the Park Royal was a night shift. When I arrived, another nurse showed me around the Park Royal and explained what to expect. I was not given any formal explanation of my role or duties and the agency had not provided much information about what to expect before I started.

21. When I walked into the hotel, there were 5 or 6 security guards standing near the entrance. I went up some stairs to the main reception area. There was a large corridor with board rooms on either side.

22. There were three floors of the hotel where people in quarantine were staying. There were around 300 people in quarantine at the hotel. The very top floor of the hotel was still being used for the general public.

23. At the Park Royal, there was a board room on the mezzanine level for nurses to use. When I first started at the hotel, there were 4 nurses and 1 mental health nurse rostered on each shift. Later, that was reduced to 3 nurses and 1 mental health nurse.

24. The hotel provided meals and fruit to nursing and Department staff. Nurses ate in our board room. There was a designated toilet for nurses to use, on the same floor as the board room.

Department Staff

25. Opposite the PPE store was another board room, which was used by staff from the Department. Between 2 and 6 people from the Department were at the hotel during my shifts (there were fewer staff overnight). As far as I could tell, the Department staff were Authorised Officers and Team Leaders.

26. Their roles were never explained to me and I could not tell the difference between Authorised Officers and Team Leaders. I think that the Department staff were meant to be the contact point between the nurses, the hotel and the guests. My understanding was that that an Authorised Officer has a certain role within the public service which meant that they were needed to sign off on documents like detention notices.

27. Some of the Department staff seemed to have no health background or training. For example, there was a Department staff member whose previous experience was working at the education department - they were in charge of organising the arrival of quarantined guests at the hotel.

Security Guards

28. Another board room (down the corridor) was used by security staff.

29. There were 2 kinds of security guards at the Park Royal hotel; those employed by the hotel and those who were employed externally. The external security guards worked up on the floors.

30. The hotel security guards wore black clothing and the external security guards had red crests on their shirts. I am not sure which company the security guards with the red crests worked for.

31. A man called [redacted] called the shots, security-wise. He was a hotel security guard and seemed to be the "main guy". [redacted] always sat in a particular spot in the hotel.

32. The security guards on the quarantine floors sat on chairs. The chairs were spaced about 10 metres apart so the guards were naturally distanced from each other. I noticed that the number of guards on the hotel floors reduced over time.

Role on shift

33. Nurses spent most of their shift in the board room, making phone calls to people in quarantine.

34. When I started, it was explained to me (by another nurse) that if there was a reason to visit a person in quarantine, we needed to let the Department staff know.

35. I came to know that the process for visiting a person in quarantine was tell the Department staff that you were going up to see a quarantined guest, let the security guards know and then don personal protective equipment (**PPE**) before taking the elevator up to the floor where the patient was staying.

36. As far as I knew, there was no documentation about that process.

37. Two nurses would go to visit a person in quarantine. We would stand back from the door when we spoke to the person.

38. Sometimes hotel security guards came up to the floor with nurses, to ensure that we felt supported. I think whether they came up with us depended on their personality, rather than any policy.

39. Nurses on a regular shift would only conduct a COVID-19 test if a person was symptomatic or had requested a test. I do not recall ever doing a COVID-19 test on an ordinary shift

40. When I finished a shift, I would give a handover to the incoming nurses (the handover would take between 5 and 20 minutes).

Personal Protective Equipment (PPE)

41. The board room next door to the nurses' boardroom was used to store PPE. As far as I could tell, there was never a shortage of PPE. There was always plenty of hand sanitizer. There were gowns, gloves, N-95 masks, surgical masks and goggles. The PPE in the storeroom was available for use by nurses, Department staff and security guards. The Department was responsible for ordering PPE.

42. In the nurses' board room, I generally did not wear any PPE.

43. When we went to see a person in quarantine, I donned a gown, gloves, mask and goggles.

44. Each quarantine floor had its own yellow waste bin. I would dispose of my gown and gloves in that bin, before stepping into the elevator. Then I would return to the nurses' boardroom and dispose of my mask in a yellow bin there. Goggles are reusable, so I would keep my goggles with me, and wash them or wipe them down after use.

45. When new quarantine guests arrived at the hotel, Department staff would put on masks. They may have also worn gloves. As far as I could tell, Department staff rarely wore PPE at other times (because they rarely interacted with people in quarantine, other than when those people arrived).

46. I noted that Department staff would dispose of their PPE in regular waste bins, rather than the yellow bins.

47. Nurses generally wore full PPE when new quarantine guests arrived.

48. Security guards wore masks and gloves, but I noticed that they wore them inconsistently. I also noticed that security guards were using PPE improperly. It was obvious to me that they had not been given proper education about infection control.

49. I saw security guards with masks slung under their chins or tucked under their noses. It seemed that guards did not change their gloves during their shifts.

50. There was a shared water cooler, tea urn and coffee machine on the first floor, near the nurses' boardroom. Those facilities were used by Department staff, nursing staff and security guards. Disposable cups were provided. The guards would wear their gloves when they used those facilities (I assume they were the same gloves that they wore on the quarantine floors).

51. In around my third week working at the hotel, I raised my concerns about security guards and PPE with Department staff. I said that they needed to give proper training to the security guards. I suggested that nurses could provide training or the guards could undertake the online training I had done. As far as I know, my suggestion was not acted on.

Phone calls to people in quarantine

52. All guests received a phone call from nursing staff once a day. We would ring them and explain that the purpose of the call was to check in on them. We would ask them whether they had any COVID symptoms – cough, fever, shortness of breath or any other cold or flu-like symptoms. We also asked whether there was anything that they needed.

53. There were about 300 guests who required these phone calls each day. The nurses on the morning shift got through the calls pretty quickly. The afternoon shift might make follow up calls, and the night shift would generally only respond to calls. Nurses were often unoccupied during night shifts.

54. There was a range of responses to my daily calls. Some people who had been in quarantine for the previous 10 days would just say *"Yep I'm fine"* and hang up.

55. The majority of people would answer us politely and say something like *"I don't have any symptoms but thanks for checking"*. Some people were more anxious about having COVID-19 symptoms and would give me a detailed explanation of how they were feeling.

56. My impression was that if people were tech-savvy and had no particular health needs, they usually did okay in quarantine. But those with existing concerns or vulnerabilities (even minor physical or mental health concerns) had a much more challenging time.

57. Some of the calls raised serious concerns.

Unclean room

58. One time, a guest complained that that they had been placed in a room which was not clean. The guest arrived at around 11pm that night and notified us quite quickly that the room was dirty. They said that they had a shower when they arrived and noticed that the room was dirty after they got out of the shower.

59. I went to the room with another nurse. We were wearing full PPE.

60. It was obvious to me that the room had not been cleaned. Food from a previous guest had been left in the fridge in a plastic takeaway container. White liquid was sprayed behind the door and in the bathroom.

61. Hotel staff insisted that the room had been cleaned and said that the person was *"making it up"* because they were a *"mental health guest"*. The hotel insisted that if the person was moved, the Department would have to pay for two rooms for the whole of the person's stay.

62. The nursing staff advocated for hours and the person was moved to a new room at around 4am.

63. Department staff recorded the guest's name on a whiteboard that was used to keep track of people of concern, or guests who they saw as "problematic".

Concerns about children and babies

64. During one of my shifts, a six-week old infant was in quarantine, travelling with their parents. The hotel had bought a fold out crib from K-Mart, but the baby's parents did not feel that the crib was safe.

65. The crib was labelled as being suitable for infants aged "zero to 1", but the parents were concerned that it was unsafe for a six-week old.

66. The Department refused to provide alternative bedding. Nursing staff spent several hours overnight trying to source something suitable.

67. When a child or young person in quarantine was not accompanied, the usual process was for a nurse (on shift) to sit in an adjoining room with the door closed. The child or young person would be told that there was a nurse in the next room and that they could knock on the internal door connecting the rooms, if they ever needed anything.

68. During one of my shifts, an unaccompanied person aged under 18 was staying in the hotel. A Department staff member told me that there would not be a nurse on shift in the adjoining room. They said words to the effect that *"I have spoken with the young person and they are really mature, so they don't need the nurse."* I believe that the young person was 16 or 17 years old.

69. I refused to accept that the young person was fine to be left alone. The Department staff member would not show me anything in writing that allowed them to depart from the usual approach.

70. After I challenged the Department staff member, they changed their decision and a nurse was required to be present in the adjoining room.

71. I was sent to the room myself, for the last 30 minutes of my shift (because the nurse who had been rostered to perform that role had already been sent home).

72. I was not wearing any PPE when I sat in the adjoining room.

Physical health incidents

73. Sometimes I received complaints of people with nut allergies receiving meals with nuts in them. It did not happen all the time, but I felt that it happened too often.

74. I cared for a person in quarantine who had type-2, diet-controlled diabetes. They started measuring their blood glucose because their food was constantly giving them high blood sugar. They made a request for a doctor to review their condition or for their food to be changed.

75. The Department staff member pushed back saying something like *"They're not that unwell, they should just be managing this themselves"*. I thought that was wrong because the person could only eat the food that they were given.

76. I also cared for a guest who suffered from endometriosis. She usually managed her symptoms using traditional Chinese medicine, which she needed hot water to prepare.

77. In her hotel room, there was no hot water facility (no kettle and no microwave). Department staff refused to provide a kettle because anything electronic that went into her room needed to be tagged and tested. The patient did not want to take western pain relief medication because she had had bad experiences in the past.

78. Because she was unable to use her usual pain management strategy, her pain became excruciating. When I was speaking to her on the phone, she was sobbing.

79. I went up to her room to see her. She was bowed over, struggling to get her words out because she was in so much pain. If I was working at a hospital and a person was in that much pain, I would call a medical emergency to get them pain relief as quickly as I could.

80. I spoke with her and persuaded her to take some Naprogesic, to help with her pain. It was not stocked at the hotel, and I was worried about delays, so I walked to the pharmacy at the airport and bought it myself for the patient.

81. I also organised a telehealth consultation with a Chinese medicine doctor, so that he could provide her the medicine that she usually used, but in tablet form. We put a plan in place for the Chinese medical doctor to deliver the medicine to the hotel by taxi or Uber.

82. However, the Department refused to allow her to receive any packages.

83. The patient was young, in pain and quite frustrated. Because nurses work in shifts, she had to explain herself to multiple health professionals.

84. The next day, I was not working at the hotel and the situation escalated.

Mental health incidents

85. Mental health concerns were sometimes raised with nurses during the daily check-in call.

86. Sometimes, people in quarantine threatened to commit suicide.

87. Once person was twice taken to the Emergency Department at the Royal Melbourne Hospital because of serious mental health concerns. They stayed there for two or three days each time, only to be sent back to hotel quarantine. At the hotel, we could not see the patient (unlike in a hospital, where you are able to keep an eye on patients).

88. For me, the worst thing that happened while I was working in the hotel related to concerns about suicide.

89. Between ourselves, the nursing staff agreed that we would place a single order to the pharmacy each day at 3pm. That way we would avoid making multiple requests throughout the day.

90. As part of working out what was needed, I checked over the mental health nurse's notes from the morning. When I read over a guest's note, I found a

record that a person in quarantine had threatened suicide that morning. The incident was properly documented in her notes and mentioned that the mental health nurse had escalated their concerns.

91. I spoke with the doctor who was on shift and he was unaware of the incident. None of the general nurses knew about it.

92. I went to speak with the Department staff immediately. A team leader or authorised officer told me that they knew about the incident. They said that they had phoned the person in quarantine to follow up and told them something like they should *"stop threatening suicide when they want a cigarette"*.

93. The doctor and I tried to telephone the person in their room. They did not answer. We tried to phone again 5 minutes later and they still did not answer.

94. We donned personal protective equipment and went to the person's room. The person was anxious and distressed, but they had not harmed themself.

95. After that, I did not want to be a nurse in hotel quarantine anymore. I took a week off from working at that hotel.

Record-keeping and administration

96. It seemed like the Department had a lot of trouble tracking who was in the hotel. On two consecutive days, I was sent to a room to do a COVID-19 swab when there was no guest in the room. Once, a family had been in quarantine for one week without receiving any phone calls due to inconsistencies in guest lists.

97. The lists that the Department staff used seemed to always be a day or two old.

98. Because of my concerns about patient information not being accurate, I developed my own excel spreadsheet to track who was in the hotel. I set the spreadsheet up on the Department laptop that was in the nurses' boardroom, and I taught other nursing staff how to use and update it.

99. I was aware that guests were able to get emergency exemptions to allow them to leave quarantine (for example, to attend a funeral or because a parent was in palliative care). My understanding is that there was a delay between the extension being granted and formal email confirmation being sent.

100. There was one time where Department staff at the hotel knew that a person had been granted an extension but held off on giving it to the person for 1 or 2 days (making them wait until they got email confirmation). The exemptions were only ever granted in extreme circumstances and I felt livid about the delay.

101. Sometimes, I was worried that directions that I was given by Department staff conflicted with my duties as a nurse or might cause harm. At those times, I told Department staff that I would do what they asked if they put it in writing or could point to a procedure or guideline that they were working from.

102. I would make nursing notes about quarantined guests, which is standard practice for nurses.

103. On one of my afternoon shifts, I noticed that there were torn up nursing notes in a waste bin used by Department staff. The nursing notes were not mine.

104. The Department staff did not have proper waste bins for confidential information, so they used cardboard boxes with the word *"confidential"* handwritten on them.

105. After seeing the torn-up notes, I gathered together the other nursing staff and the doctor in our board room.

106. Together, we double-checked the relevant patient's file, to see whether the torn-up nursing notes had been transcribed onto another page. I could not find any record of the nursing notes anywhere.

107. I called my manager at YNA, with the other nursing staff and doctor in the room.

108. My YNA manager agreed that nursing notes definitely should not be torn up. She said that she would escalate the issue and follow up.

109. I did not speak with Department staff about this incident. I felt that the Department staff member who was in charge would have been dismissive.

110. I never heard anything from YNA or the Department about it.

Transit Guests

111. Sometimes, people at the Park Royal hotel were in quarantine for a short period of time, while they were in transit between flights.

112. On one occasion, transit guests spent around 8 hours in a board room down the corridor from the board room used by nurses. I believe that they were on a stop-over and had either flown from New Zealand or were flying to New Zealand. Those guests used the toilet that nursing staff used.

113. Some nursing staff continued to use the toilet without realising that it was potentially contaminated by the transit guests.

114. I was not on shift while the transit guests were there. But I understand that one of the nurses who was on shift advocated to have the toilet closed and cleaned (and an alternative toilet made available for nursing staff). The hotel resisted, but eventually conceded after Department staff agreed to pay for the deep clean.

115. As far as I know, the nurse who had insisted on the clean was never worked another shift at the hotel.

Fresh air breaks for guests

116. When I first started at the Park Royal, there was no process for allowing guests to go for walks. Sometimes, exceptions were made. For example, one

woman with a very young child and bad jet lag was allowed outside (with security guards) a couple of times during the evening.

117. I believe that the hotel initially resisted giving quarantined guests fresh air breaks because they did not think that there was an appropriate area for them to walk. After a while, it was agreed that an area of their car park would be set aside and guests would be able to walk there.

118. Security guards escorted guests who went outside for a fresh air break. From what I saw, guests would wear a face mask when they came down for a break.

Work at the Holiday Inn

119. During the same period that I worked at the Park Royal Hotel, I worked around 3 shifts at another quarantine hotel at the airport, the Holiday Inn.

120. Nurses preferred to work at the Holiday Inn because it was managed better than the Park Royal. I think that the quality of the management depended on the Department staff members who were working at a particular hotel.

121. Were never short of PPE at the Park Royal, but at the Holiday Inn, their PPE was really well stocked.

122. Fresh air breaks seemed to be managed better at the Holiday Inn. The Department staff there established a set process and a list to make sure that they could fit in walks for everybody in an organised way.

123. The Holiday Inn also had more nutritious food options. At the Park Royal, two lunches each week consisted of a sausage roll and a pie.

Swabbing shift at the Grand Chancellor

124. On 26 May 2020, I did one shift at the Grand Chancellor Hotel in the City. That was a "swabbing shift".

125. Swabbing shifts were 8-hour shifts. We worked in teams of 3: two nurses and one Personal Care Assistant. Our job was to swab people so that they could be tested for COVID-19. I wore full PPE on that shift.

126. Were given a list of everyone who was in the hotel who needed to be swabbed and we would go from room to room with a trolley.

127. At that time, COVID-19 testing was voluntary and people were offered tests on day 3 and day 11 of their time in quarantine.

128. Swabbing was done through the doorway, not inside people's rooms. We would change our gloves after swabbing each patient, but we would not otherwise change our PPE.

End of involvement in the Hotel Quarantine Program

129. After the incident with the endometriosis patient escalated, Department staff made a rule that nursing staff were not allowed to give their name to the patient or tell them who we worked for. I was also told not to give the patient the names of people working for the Department.

130. I challenged the Department staff about this. As a nurse, I am always allowed to tell my patients my name. I felt that, if people were trying so hard to hide their identity, then I needed to question why.

131. The Department made a complaint about me to YNA, over that issue. My YNA manager called me to talk about the situation and I told her honestly about everything that had happened.

132. My manager said that I should have raised my concerns with her, rather than pushing back on Department staff.

133. I was never offered a hotel quarantine shift again, although I have been offered other shifts by YNA. A couple of weeks ago, I worked a shift for YNA on a hospital ward with patients who were known to have tested positive for COVID-19.

Mental Health Nursing

134. Mental health nurses have particular qualifications and experience. Some nurses specialise in mental health during their graduate year and some nurses specialise in mental health later.

135. I believe that YNA initially had a contract to provide mental health nurses, as well as other nurses.

136. I am aware that, some Enrolled Nurses were provided by YNA to work as mental health nurses, even though they did not have any particular training or experience in mental health.

137. This issue first came to my attention when an Enrolled Nurse who was rostered as a mental health nurse referred to a patient as *"crazy"* (which is not language that I would ever expect from a mental health professional).

138. Sometimes, on shifts, nurses would ask each other *"who is the mental health nurse?"*

139. I know that one of my nursing colleagues contacted the Department to tell them that nursing staff without mental health qualifications or experience were being rostered as "mental health nurses".

140. I believe that a different provider was later used just to provide mental health nurses to quarantine hotels.

Other observations

141. I felt that the Department staff at the Park Royal hotel treated guests who were vulnerable or had health needs as "problematic".

142. I told YNA that many nurses working in the Hotel Quarantine Program were worried about losing our registration.

143. At the Park Royal hotel, things were siloed – there was a sense that everything was nobody's job. The Department staff were in charge, but nobody really reported to anyone.

144. As a nurse, I was taught to advocate for my patients. I was taught about the "Swiss cheese" model. Sometimes nurses are the end of the line. We have a duty prevent harm to patients (and others) by speaking up when we notice risks.

Signature [redacted]

Print name Jen [redacted]

Date 17/08/2020