

IN THE MATTER OF  
THE BOARD OF INQUIRY INTO  
THE HOTEL QUARANTINE PROGRAM

**STATEMENT OF RACHAELE ELIZABETH MAY**  
EXECUTIVE DIRECTOR, EMERGENCY COORDINATION AND RESILIENCE,  
DEPARTMENT OF JOBS, PRECINCTS & REGIONS

I, **RACHAELE ELIZABETH MAY**, Executive Director, Department of Jobs, Precincts and Regions (**DJPR**), say as follows in response to the Notice to Produce a Witness Statement issued by the Board and dated 12 August 2020:

**Q1. What is your title and role within the DJPR?**

1. My current title is Executive Director, Emergency Coordination and Resilience. I have held this position since September 2019, initially on an acting basis and then as incumbent.
2. In this role I am responsible for overseeing the emergency management responsibilities of DJPR.
3. DJPR has over 30 responsibilities under the Emergency Management Manual Victoria (**Manual**), which is available here: <https://www.emv.vic.gov.au/policies/emmv>. The Manual contains policy and planning documents for emergency management in Victoria, and provides details about the roles different organisations play in Victoria's emergency management arrangements.
4. I am responsible for ensuring that DJPR enacts all of those emergency responsibilities, and for coordinating into whole of State Government emergency management forums and committees.

**Q2. What is your relevant professional background and work history?**

5. Prior to acting in the role of Executive Director, Emergency Coordination and Resilience, I was the Director for Regions and Emergencies, Agriculture Victoria; a role I held for about 20 months. Prior to that, I was the Assistant Chief Fire Officer/ Operations Director for the Grampians Region at the Department of Environment, Land, Water and Planning (**DELWP**), for a period of around two years. Before that, I held the position of Regional Fire Manager, DELWP.
6. There were two parts to my role as Director of Regions and Emergencies. The first was to ensure we had a regional leadership presence for Agriculture Victoria, across all of Agriculture Victoria's responsibilities, so that there was one point of contact for any kind of agricultural matter. The second part of my role was to oversee the emergency management responsibilities of Agriculture Victoria. Agriculture Victoria is a control agency for biosecurity emergencies for animal and plant diseases, and is the lead support agency for animal welfare during natural disasters such as bushfires. It was my responsibility to oversee biosecurity emergency structures, procedures and operations, in line with the whole of Government approach to emergency management.
7. In my role as Assistant Chief Fire Officer/ Operations Director, I was responsible for everyday public land management planning and operations, including forest management, firewood, roads, planned burning, recreational facilities, compliance, and for bushfire emergency response. I was the DELWP Agency Commander in the multi-agency Regional Control and Emergency Management teams. In respect of emergency management, I was responsible for, among other things, seasonal readiness. This included ensuring that our seasonal firefighters and permanent firefighting force were physically and medically fit and trained, and overseeing their deployment to fires. I also oversaw public land recovery processes, not only in relation to bushfires, but also for other emergencies in respect of which DELWP provided assistance.

## GENERAL

### **Q3. What were the reasons for your selection for appointment as DJPR Hotel Quarantine Agency Commander in the hotel quarantine program (Program)?**

8. In around 8 or 9 April 2020, Claire Febey called to ask me if I could perform the role of DJPR Agency Commander given my understanding of emergency management structures and the functioning of the State Control Centre. I started shadowing Ms

Febey in the Commander role on Sunday 12 April 2020. The Commander role was formally handed over to me in full the following week.

**Q4. At the time you commenced work as the DJPR Hotel Commander was your work being done in the structure of Operation Soteria or under some other structure?**

9. Operation Soteria was one part of the State's overall strategic plan for the management of COVID-19. Operation Soteria pertained specifically to the hotel quarantine program, and was one of a number of operations that comprised the State's strategic plan. Others included, for example, an operation for community compliance with COVID-19 restrictions, an operation for COVID-19 testing, and an operation in relation to the lockdown of the housing commission towers.
10. It was always clear in my mind that, throughout my involvement in the Program, I was operating within Operation Soteria, subject to the command and control structure established for that operation. DJPR, as a Support Agency, was subject to the command and control structure established by the control agency, in this case, the Department of Health and Human Services (**DHHS**).
11. At the time I commenced work as the DJPR Agency Commander, Operation Soteria was being led by the Deputy State Controller – Health, who reported to the State Controller – Health.
12. There was a change to that structure towards the end of April 2020, where leadership transitioned from the Deputy State Controller - Health, operating in the State Control Centre (which was the original structure) to an appointed COVID-19 Accommodation Commander for Operation Soteria (**DHHS Commander**), operating from the DHHS Emergency Operations Centre. I provided the revised command structure to my team on 19 April 2020.

Now shown to me and marked **RM-1** is a true and correct copy of my email dated 19 April 2020, attaching the revised command structure. DJP.104.007.6853 at .6854.

13. When I first joined the Program, it was the Deputy State Controller (performing the function of Deputy State Controller Health, a role that was shared between Chris Eagle and Personal Information both of DEWLP and both Deputy Chief Fire Officers) who brought together all of the agencies working in Operation Soteria for daily inter-agency meetings at the State Control Centre.

14. Following the transition I describe above, interagency meetings were coordinated and chaired by the DHHS Commander, in the DHHS Emergency Operations Centre. That Commander role was shared by two DHHS employees: Pam Williams and Merrin Bamert.
15. This was a typical emergency structure insofar as DHHS (as the control agency) chaired daily Operation Soteria inter-agency meetings, with other agencies participating in the arrangement, generally represented by agency commanders.

**Q5. If under Operation Soteria - (a) what structure was in place for the involvement of DJPR as part of Operation Soteria; (b) who was leading Operation Soteria;**

16. As I describe above, to begin with, Operation Soteria was led by the Deputy State Controller Health (Chris Eagle and [Personal Information], four days on and four days off) and then by the DHHS Commander (Pam Williams and Merrin Bamert, DHHS).
17. It was my understanding that DJPR would work to the directions of the DHHS Commander within Operation Soteria.
18. Consistent with the emergency management framework, DJPR acted as a support agency to DHHS.

**Q5(c) how many staff from DJPR were involved in Operation Soteria;**

19. I am informed by Kait McCann, Deputy DJPR Agency Commander, that around 130 DJPR staff were involved in Operation Soteria. Although it is my understanding that this many staff were involved in the Program across its operation, different staff worked in the Program at different times and for varying periods. Some staff might have worked in the Program for a month or two, to then be replaced so that they could return to their usual roles; new people were brought in as functions expanded, while others left the Program as the functions they were performing were no longer needed. Some staff rotated through the Program for short periods, even for just a week - particularly "back of house" roles such as data analysis and planning, or to assist in making calls to find additional resources.

**Q6. If under a different structure - (a) what was that structure; (b) who was leading it; and (c) how many DJPR staff were involved?**

20. Not applicable.

**Q7. What were your duties and responsibilities in the role of DJPR Hotel Commander?**

21. As Agency Commander I was responsible for overseeing DJPR's involvement in the Program as a support agency to DHHS. DHHS had been appointed as the control agency, consistent with the Emergency Management Manual Victoria (Part 7 of the Manual provides that DHHS was to be the control agency for all human disease epidemics). It is the role of a support agency to provide essential services, personnel or material to support or assist a control agency in the fulfilment of its mandate. It was my role, and the role of DJPR, to support DHHS.
22. Broadly as an Agency Commander, I followed the guidance in the Manual regarding the expectations of an Agency Commander (Part 3, Appendix A, p. 38). I was to support the directions of the State Controller - Health via the DHHS Commander, establish a DJPR command structure, lead DJPR resources, participate in operational team meetings, ensure the timely flow of information to the DHHS Commander, and work within the control structure for the emergency.
23. DJPR's role was primarily to ensure that it undertook its designated functions of providing accommodation for quarantined travellers, ensuring and facilitating their entry into hotels and facilitating their exits out of the hotel, providing for their basic needs while in quarantine (such as meals, essential items like groceries, sanitary items, baby products), and also to procure and manage contracts for other required services such as security and specialised cleaning. DJPR's role was signed off in the Operations Plan, originally as approved at the end of March 2020, and subsequently revised at the end of April 2020.
- Now shown to me and marked **RM-2** is a true and correct copy of the March 2020 Operations Plan. DJP.101.002.9268, attaching DJP.101.002.9269.
- Now shown to me and marked **RM-3** is a true and correct copy of the revised Operations Plan, April 2020. DJP.103.006.1904, attaching DJP.103.006.1907.
24. In my role I was required to take direction from DHHS in relation to matters of policy and procedure, particularly those relating to infection control and containment, and also which hotels to use to accommodate quarantined travellers. I could only act on the directions of DHHS in relation to these matters.
25. DJPR had the responsibility for selecting the contractors it used in the Program, but the processes under which those contractors worked (beyond merely logistical matters), and the procedures with which they were required to comply, were the

- responsibility of DHHS as the control agency. As I describe below, DHHS was also the only agency that had an ongoing site presence at hotels during the Program.
26. In addition, I had some capacity to make basic logistical decisions that did not require direction from DHHS. Examples include the decision to provide baby food in packages for families with babies for their initial arrival, sourcing cots when hotel managers called to say that they had run out (given the numbers of babies in quarantine) and purchasing clothes for families who arrived with no luggage. I did not need to confer with DHHS in making these sorts of decisions.
27. By way of contrast, when I started as Agency Commander, I was advised by the DJPR Hotel Acquisition Team that, when setting up the Program, DHHS had specified that DJPR were to provide hotels that had no opening windows, no balconies and no ability to prepare food (that way there were no dangerous items in the room, including knives). Towards the end of our involvement in the Program, the demographics of arriving travellers had changed and hotels were housing families with very complex health and wellbeing needs. DHHS began to direct DJPR to procure microwaves and blenders, or to find rooms that had small kitchenettes so that families could prepare meals. We would only make these sorts of arrangements under the direction and instructions of DHHS.
28. Quite often some people would, either before or after arriving at the hotel, request larger rooms, or rooms with balconies, citing claustrophobia or other health and wellbeing concerns. Again, we would pass these issues on to DHHS, so that DHHS could conduct a health assessment and instruct us as to what needed to be done – which might be to transfer the person to a bigger room at the same hotel, or to a different hotel altogether. DHHS had protocols in place for the management of such issues, and DJPR acted as directed by DHHS.
29. Similarly, quarantined people could only ever come out of their room as authorised by DHHS – whether for an onsite exercise break, or to attend a medical appointment, or to visit a sick relative off site or to transfer between hotels. Again, those decisions were entirely the domain of DHHS, including the processes that would apply.
30. The same applied for daily onsite staff briefings. We relied on DHHS to provide those briefings and pressed for those to occur. We relied on DHHS to provide information around infection control, and it was DHHS that performed that function, including by placing signage around hotels and by instruction – which occurred variously by written guidance (albeit only provided in respect of authorised officers and security, and only

some time into the Program), informally by DHHS team leaders and nurses on site, and by onsite briefings.

31. The different mandates of DHHS and DJPR are exemplified in correspondence between Ms Williams and myself in April 2020, concerning issues requiring input from and resolution by the other agency.

Now shown to me and marked **RM-4** is a true and correct copy of the emails between Ms Williams and myself, DJP.103.007.9086.

32. [Personal Information], Paul Stagg and [Personal Information], all of Global Victoria, held on rotation the role of Hotel Operations Manager (**Operations Lead**) (which role was initially performed by Gönül Serbest). In this capacity, they oversaw the DJPR hotel site leaders, and reported to me. The DJPR hotel site leaders (also known as site managers) (**Site Leaders**) were located onsite for entries and exists, as I describe below. The Operations Leads would work directly with Site Leaders to plan for entries and exits, to ensure everything was ready from a logistical perspective. They were also responsible for ensuring adequate resourcing and staff support, and for managing fatigue across their team. A pairing system was established such that there would be one primary Site Leader allocated per site, and a second Site Leader who would be the support manager, assisting onsite as required and becoming the point of contact for issues at various times.

33. If DHHS raised matters with me that needed to be addressed, I would forward the email (if raised by email) to both the DJPR Site Leader and the Operations Lead. Sometimes, depending on the issue and how experienced the Site Leader was, I would contact the Operations Lead and ask them to manage the response, or to support the Site Leader to ensure that the issue was addressed. I would do this by phone or by email. By way of example, a complaint regarding hotel food quality may have been received. If, after action by the Site Leader, the quality of meals had not improved, the Operations Lead would step in to resolve the matter with hotel management directly.

34. Issues raised within DJPR from a DJPR Site Leader were initially escalated to the Operations Lead, and if required, further escalated to myself or to my Deputy. Such issues included those that required further escalation to DHHS.

35. I managed functions such as the overall planning and staff safety (including fatigue management) specific to DJPR operations. I was very clear that I was reporting to

and working for, initially, the Deputy State Controller (Mr Eagle and [Personal Informa]), and then the DHHS Commander (Ms Williams and Bamert).

**Q8. In your role as DJPR Hotel Commander - (a) to whom did you report within DJPR?**

36. I reported to Ms Serbest, as she was the Deputy Secretary overseeing the Program for DJPR. Under the Crisis Council of Cabinet Missions, the Program aligned to Mission 3. Accordingly, I would keep Ms Febey up to date with the Program, in her capacity as Mission 3 Coordinator.

**Q8(b) to whom (if anyone) did you report within Operation Soteria?**

37. Initially, Mr Eagle and [Personal Informa] and then Ms Williams and Bamert.

**Q8(c) who (if anyone) was your point of liaison within DHHS?**

38. My points of liaison with DHHS for the Program generally were Ms Williams and Bamert. Authorised Officers appeared to be managed by a different team in DHHS. The person leading the authorised officers was Meena Naidu of DHHS. Ms Naidu and her team directed and deployed all of the authorised officers. I would generally speak to Ms Naidu directly if there was something I wanted to discuss about authorised officers, the release of people from quarantine or detention notices.

39. When there were outbreaks at Rydges and Stamford, we had a lead person in the DHHS outbreak investigation team who would work with us – for example, by giving us instructions regarding DJPR and any requirements to isolate, and also to assist with contact tracing. It was determined that DHHS (and specifically the Public Health team), and not DJPR (who had no knowledge or experience in the area) should communicate directly with DJPR's contractors about these matters.

Now shown to me and marked **RM-5** is a true and correct copy of correspondence in relation to outbreak communications, DJP.103.002.9838, DJP.103.007.4292, and DJP.103.008.1896. Another point of liaison within DHHS was the Health Coordination and Infection Prevention teams. I was directed to these teams by the DHHS Commander when seeking clarification on cleaning protocols in May and June 2020.

**Q8(d) what lines of communication were in place between DJPR and other agencies?**



40. The primary formal means of communication were the Operation Soteria inter-agency meetings. Originally those meetings were daily, which then reduced to three times a week and then to once a week.

41. In addition to the Operation Soteria inter-agency meetings, I am aware there were regular (weekly, sometimes daily) meetings between aligned functions within DHHS and DJPR. Some examples include meetings between the two data analysis teams and a DHHS-hosted Liaison Officer meeting. Regular meetings were held between DJPR and DHHS at key points in the Program, such as consideration of hotel contract renewal. Informal communication with DHHS occurred as required, between officers of each department.

42. Besides DHHS, which I also address later in this statement, DJPR would separately liaise with identified leads from other agencies (being those who attended the inter-agency meetings). Most commonly DJPR would be in contact with the Department of Transport (**DoT**), Victoria Police and the Department of Premier and Cabinet (**DPC**).

#### **DoT**

43. DoT oversaw the SkyBus contract. DJPR provided flight and passenger information to DoT so that SkyBus had information ahead of time as to the number of people arriving at the airport, and how many hotels to transport them to. This enabled DoT to plan the number of buses and drivers required, and for what times.

#### **Victoria Police**

44. During my time as Agency Commander, we liaised with Victoria Police on a number of matters.

45. To begin with, liaison with Victoria Police was to clarify the powers of security guards to search luggage and pursue any person who absconded.

46. In early to mid-April 2020, Victoria Police raised concerns about the implementation of exercise/fresh air breaks pursuant to DHHS's policy for the physical and mental wellbeing of quarantined travellers, as can be seen from an email now shown to me and marked **RM-6**. DJP.110.001.3917.

47. The obvious tension that fell to DHHS to navigate was the need to restrict movement from the perspective of infection control, and the welfare of people in detention. This is reflected in correspondence now shown to me and marked **RM-7**. DJP.103.005.2459.

48. On 16 April 2020, Victoria Police chaired a meeting in relation to the above, and other security and containment related issues, the agenda for which is now shown to me and marked **RM-8**. DJP.110.001.1908, DJP.110.001.1913 and DJP.103.006.5311.
49. This meeting was attended by Victoria Police, DHHS and all of the security companies.
50. At that meeting on 16 April, Victoria Police also clarified to everyone what the powers of security guards were in relation to searching bags to identify and remove prohibited items.
51. Victoria Police also made clear that security guards did not have the power to pursue or restrain if someone absconded.
52. As to their other involvement in the Program, Victoria Police also attended in the event of incidents with quarantined persons. Security would call police, who would either physically detain the person or get them back into their room safely. I would often get an incident report from police or security or both. Such incidents ranged from quarantined travellers becoming verbally aggressive or threatening to DHHS staff, to breaking items in their hotel rooms. In one incident, in mid to late June 2020, Victoria Police attended a particularly serious incident where two people had become violent and were taken away by police.
53. DJPR would always contact Victoria Police before standing up a new hotel, and I understand that Victoria Police would attend these site meetings, along with security and DHHS. I was informed by staff who were onsite at the time, that when a new site was stood up, the number of security guards and where they would be positioned would be agreed with the hotel, but ultimately decided by Victoria Police.
54. In formulating implementation plans at each site for exercise/ fresh air breaks, it is my understanding that Victoria Police would assess the suitability of safe areas for this purpose.

#### **DPC**

55. We worked with DPC primarily to provide information about logistical matters such as the number of rooms and hotels that were available, to assist DPC to understand how many more flights Victoria could receive, as part of the national coordination effort. Early in the Program, in April, DPC required information about the ultimate destinations in Australia of people in quarantine, to assist other states in the planning for domestic flight resumption and any further domestic quarantine requirements.

**Q8(e) how did communication occur?**

56. Communication with other agencies occurred at regular inter-agency meetings. Aside from the meetings, communications were ad hoc by emails, text messages and phone calls.
57. Additionally, DJPR sent out two formal notifications each day. The first email notification contained the DHHS-approved flight allocation into hotels for the next day or two. That was distributed to a broad audience that included various DHHS officers, Australian Border Force, Australian Federal Police, SkyBus, Victoria Police, and hotels and security contractors. This notification enabled these agencies and bodies to activate appropriate resources to facilitate the entry of people into quarantine. The second was our daily report on the carrying capacity of hotels. This was sent to various State Government agencies including DHHS, DPC, State Control Centre, Victoria Police and DoT, and included information about which hotels were full; when the next entry was to occur; and when the next exit was to occur.
58. As I say above, I am also aware there were regular (weekly, sometimes daily) meetings between aligned functions within DHHS and DJPR, with regular meetings held between DJPR and DHHS at key points in the Program.
59. Later in the Program, DHHS set up an additional meeting attended only by DHHS and DJPR representatives, on a weekly basis, to discuss operational matters more broadly, which were not relevant to other agencies. Otherwise, meetings between DJPR and DHHS were held on an ad hoc basis, in addition to regular phone calls and emails between agencies.
60. During the Program, escalations were to Mr Eagle and Personal Inform initially, and subsequently to Ms Williams and Bamert. The sorts of things I would escalate were normally questions that I needed answered or incident related issues.
61. I would, for example, bring to the attention of DHHS serious incidents involving quarantined travellers which had been reported to me by security contractors, by hotel management, or through the call centre that DJPR had established (operated by contractors), known as the "Government Support Service" (**GSS Call Centre**). Quarantined travellers were given the details of the GSS Call Centre and rang with complaints, queries and requests. DHHS was usually already aware of these incidents from the DHHS team leaders or authorised officers, given that they were based onsite.

62. I would flag with DHHS if we had forecast that the number of hotel rooms was becoming tight, based on the number of flights forecast to arrive over the next couple of days or weeks, and together we'd do some strategic planning around that. I would also escalate issues where DJPR was receiving conflicting advice on the ground. Once such example early in the Program was to seek clarification on the time for release from the Program on the 'exit day', so DJPR could arrange the onward travel accordingly. DJPR officers had been advised that release must occur after midday but the authorised officers onsite were releasing people in the morning. My escalations within DHHS resolved this matter quickly.
63. I would also escalate questions that came up, primarily raised with me by DJPR Site Leaders, on policy and procedure.
64. One example concerned the exiting of people from quarantine who had not yet received the results of their COVID-19 test. This issue was being raised through the GSS Call Centre. We sought instructions from DHHS as to the course that was to be followed, and sought that a script be provided to the GSS Call Centre, so the call centre could be responsive to people who called wanting to understand the process. Now shown to me and marked **RM-9** is an example of such an escalations, DJP.103.002.3115.
65. Other escalations concerned the requirement for DHHS to conduct onsite briefings about matters including applicable policies and procedures, and roles and responsibilities, some examples of which can be seen in the documents now shown to me and marked **RM-10**, DJP.119.003.1939 at .1941; DJP.111.001.0547 at .0549; DJP.103.008.0887; DJP.103.007.9086; DJP.103.005.2534.
66. I also escalated issues around cleaning protocols, including to seek clarification as to how requirements should be operationalised. The Board of Inquiry has now sought an additional statement from me in relation to cleaning contracts and I will address these issues in that statement.
67. Often small issues would come to us, including from DHHS Commanders, about, for example, quarantined travellers being unhappy with their meals. For such matters I would contact the DJPR Site Leader and ask them to work with the hotel and the individuals concerned to try to resolve the issue.
68. I also asked if the DHHS team leader could conduct a briefing each day for all the staff who were onsite.

69. If the issues were internal to DJPR - for example, that we required more people, or that people currently involved in the Program had to return to their usual roles, I would escalate through Ms Serbest and Febey.

## STAFFING

### **Q9. How many staff from DJPR were allocated to work as part of the hotel quarantine system between April and June 2020?**

70. As stated in my answer to question 5(c), approximately 130 DJPR staff were variously involved in Operation Soteria.

### **Q10. Were staff also seconded from other government or independent agencies such as Global Victoria and Jarrah Integrated Services? If so - (a) which agencies; (b) how many people from each agency; and (c) how and why were those arrangements made?**

71. Global Victoria is part of DJPR, it is not a separate agency. I understand that Global Victoria holds a contract with Jarrah Integrated Services, which provides staff for the Government investment centre, which is run by Global Victoria. I understand that Jarrah Integrated Services did provide four staff to perform the role of Site Leader, because further resources were required for this role.
72. Staff from other DJPR portfolio agencies were seconded by Global Victoria to supplement the Site Leader roles. I am informed that these agencies were the Melbourne Convention and Exhibition Centre (two staff) and the Arts Centre (nine staff).
73. In addition, one staff member was seconded from the Department of Justice and Community Safety to perform the role of Site Leader.
74. Otherwise, the Site Leader role was performed by staff from Global Victoria, DJPR. I understand that Global Victoria was given this role to play in the Program because of their strong logistical and stakeholder management expertise (they are responsible in the usual course for organising trade delegations).
75. Finally, one staff member from the National Gallery of Victoria was seconded to perform the function of Public Information, which included tasks such as developing and updating information packs and newsletters for people in quarantine.

### **Q11. Who was responsible for the supervision of DJPR staff involved in the hotel**

**quarantine program?**

76. Ms Serbest and myself.

**TASKS****Q12. What were the roles and functions performed by DJPR as part of the hotel quarantine program?**

77. DJPR's roles and functions were logistical in nature. DJPR managed the accommodation, specialised cleaning and security contracts, prepared for the allocation of flights into hotels, arranged reception parties to facilitate entry into hotels, reconciled passenger data with hotel check-in data, managed services to quarantined travellers throughout their detention period including meals, groceries, deliveries, and facilitated the exit of quarantined travellers upon their release from the Program.
78. To begin the process, DJPR would receive flight information in order to understand the number of people arriving in Melbourne and when they would be arriving. Once travellers were allocated to hotels (which was the decision of DHHS, using information provided by DJPR), DJPR would communicate that allocation to all partner agencies involved in transiting travellers from the aeroplane into the airport, from the airport onto SkyBus, and from SkyBus to the hotel (because the chain of custody changed throughout that process). We informed other agencies of the flight details and allocated hotels, and those agencies then prepared and resourced accordingly. DJPR provided a snack and bottle of water for people on arrival at the airport (because it could take an hour or two from disembarkation to get to the hotel).
79. DJPR then assisted with receiving arrivals at the hotel, by facilitating the movement of travellers off buses and through reception to check-in, under the direction of DHHS. The flight manifest details did not always arrive in a timely fashion, so we often did not know how many couples or families or babies needed accommodation until shortly before they arrived. Then appropriate rooms needed to be organised.
80. DJPR's role was to facilitate the check-in process and to ensure that when quarantined travellers arrived at the hotel they had a sufficient initial supply of essential items waiting for them to start their 14 day detention (for example, cleaning spray, laundry detergent for those who wanted to do hand washing, shampoo, nappies, nicotine patches, sanitary items, etc.).

81. It was also DJPR's role to provide basic services to people while they were in quarantine – for example, to ensure that they could order simple grocery items for themselves, or could receive care packages from family and friends. The provision of these services was always within a policy and procedure framework that had been authorised by DHHS. By way of example, now shown to me and marked **RM-11** is correspondence, and authorisation, in relation to food delivery, DJP.103.007.8598.
82. DJPR was responsible for ensuring the provision of security, and held and managed those contracts. Over time the role of security changed and numbers were scaled up as policies changed - for example when people in quarantine could start ordering their own meals through Uber Eats/ Deliveroo. This required more resources to deliver more frequent packages from the hotel entrance up to hotel rooms. Then, when exercise/ fresh air area implementation was agreed, extra security staff were required to escort people from their rooms, on their break, and back up to their rooms. This all occurred within the policy framework set by DHHS and any breaks from the hotel room were only with the authorisation of the authorised officer.
83. It was also DJPR's role to provide a call centre function for people in quarantine, as I have mentioned above: the GSS Call Centre. This was a number all quarantined travellers could ring, 24 hours a day, to ask questions, request deliveries or raise concerns. The scripts for the call centre staff were always approved by DHHS. DJPR also had an internal website for quarantined travellers to access. The information was approved by DHHS.
84. It was also DJPR's role to physically put together hard copy information such as newsletters for people in quarantine which contained information on online food ordering, further information around what the stay would be like, and some useful phone numbers. The content of these publications was also always approved by DHHS.
85. It was also DJPR's role to help facilitate the exit process. People might exit on a particular day as authorised by DHHS, but due to social distancing not everyone could leave their rooms at once. DJPR would again assist with the logistics, for example, booking taxis to take people home or to the nearest train station.
86. It was also our responsibility to organise the cleaning of COVID-positive rooms, under the direction of DHHS. The hotels would undertake standard cleaning as per the DHHS cleaning protocols at their own cost, but DJPR would arrange and pay for COVID-positive cleans according to standards set by DHHS.

**Q13. Were all of those roles and functions accountable to you? If not, to whom were those roles and functions accountable?**

87. I was not around when contracts were established, for example, in relation to Dnata, security and hotels, or for the cleaning suppliers initially approached. [Personal Information] and Unni Menon managed and were responsible the hotel contracts and [PPO] reporting to David Clements, managed and was responsible for the security contracts (as distinct from the onsite conduct of contractors which I address below). Otherwise, I was accountable for the above DJPR-specific functions.
88. Operationally, on my rest days, accountability sat with the Deputy DJPR Agency Commander.
89. In an operational sense, security incidents and performance issues were relayed to me, and I would then pass on any issues to Mr [Personal Information]
90. On rare occasions I would speak to the security companies directly that is, not through [PPO] but never the guards themselves. An example of this is set out in the correspondence now shown to me and marked **RM-12**, DJP110.002.7411, DJP.114.002.6257.
91. I worked together with [PPO] on requests to increase staffing numbers and also on issue resolution. It was my responsibility, working with [PPO] to ensure that issues of poor performance/ misconduct that were raised with us were addressed by contractors. I would also rely on [PPO] understanding of the contractual arrangements that were in place. For example, I would check with [PPO] as to whether the response actions of security providers to issues raised, fitted with their contractual obligations.
92. Issues with contractors were raised in various ways, but primarily by escalation from DHHS staff, who were the only staff consistently present onsite, or from quarantined travellers through the GSS Call Centre.
- Now shown to me and marked **RM-13** are examples of correspondence between DJPR and security providers in relation to guard misconduct, DJP.103.006.8048; DJP.103.002.8888; DJP.110.001.1488 at .1491; and DJP.112.003.0951 at .0957.
93. I also understand that some issues were addressed onsite - by the DJPR Site Leader if they were present and made aware of an issue, and by the DHHS team leader (who oversaw the site as a whole) or DHHS nurses. For example, if security was needed to



assist with an incident at a room, DHHS would directly request the assistance of security staff onsite. When it was considered that security guards were using too much PPE, DHHS addressed this directly with security onsite and also raised the issue with DJPR, including directly with me. Victoria Police was also involved in various security matters, as I explain above.

**Q14. Did DJPR have a physical presence at each of the hotels being used in the hotel program? What form did that presence take?**

94. DJPR had a physical presence at all hotels other than the red hotels (that is, COVID-positive hotels, namely Rydges and, subsequently, the Brady Hotel) – but only, consistently, for entries and exits. For entries and exits DJPR would have at least the DJPR Site Leader onsite. Sometimes there would be another DJPR representative in attendance who was shadowing or learning, or assisting with a particularly large number of quarantined travellers. Where demand was great, for example, where many people were arriving at once, or on a number of flights over extended hours (say, over a 12 or 14 hour period) we might have a second Site Leader present to manage fatigue and workload.
95. As I have said above, beyond entries and exits, sometimes a DJPR Site Leader would attend the hotel to which they had been allocated on the first day or two of the quarantine period, but otherwise attendance was very much ad hoc to attend meetings as required.
96. Under the operational planning it was never the role of Site Leaders to run the Program. Although the DJPR Site Leader role was also referred to as a “site manager”, this does not accurately reflect the nature of their role, given that the Site Leaders did not “manage” anything, but rather performed a lead liaison role. The nature of this role was better reflected in the Operations Plan (April) (see DJP.103.006.1907 at .1931 to .1932) than it was in the position title.
97. It was the role of the DHHS team leader to oversee the onsite functioning of the Program. The DHHS team leader did not have any legislative powers to release people from their rooms, only authorised officers did. But the DHHS team leader had oversight of authorised officers, nurses and others who were onsite, day to day. Team leaders were present onsite all day, every day. DJPR Site Leaders were not. DJPR Site Leaders were present onsite for the days of entry and the days of exit, and sometimes a day or two after entry, while people in quarantine acclimatised to their

rooms. Otherwise they would return to site only when necessary and, specifically, to attend onsite meetings to discuss any issues that needed to be raised in person.

**Q15. What were the responsibilities of those persons who were designated as site managers at hotels?**

98. As described above, the role of DJPR Site Leaders was to facilitate entry and exit of people into hotels and to liaise with hotel management and others from time to time as issues were raised which required action.

**Q16. What were the responsibilities of those persons designated as safety managers in the hotel quarantine program?**

99. DJPR had its own Safety Advisors who were engaged in mid-April 2020 to provide advice on the safety of DJPR staff and contractors and to ensure the Hotel Operations component of the Program had a strong safety overlay. The intended role of the DJPR Safety Officer was limited to the operations that DJPR was carrying out.
100. The role of DJPR Safety Advisors was to make observations, identify safety risks, and escalate concerns to me and to assist in addressing those risks. DJPR's Safety Advisors were not based at hotels, but would visit sites from time to time – particularly when a hotel was stood up, and when an incident had been reported. They would work in partnership with the DHHS Safety Officer.
101. It was never the intention that DJPR Safety Advisors would have broader responsibilities in relation to the Program or in relation to infection control. It was not their role, for example, to assess health risks in relation to COVID-19. It was not their role to assess policies relating to the release of people from quarantine, or infection control (including around the movement of people within and out of quarantine). They were not responsible for providing advice on the wellbeing or medical needs of people in quarantine. Nor did they have the necessary knowledge or expertise to do any of these things.
102. As a support agency resource, it was expected that the DJPR Safety Advisor would be integrated into DHHS's overall safety plan, working together with the DHHS Safety Officer.

Now shown to me and marked **RM-14** is correspondence between the DHHS Commander and myself in relation to the role of the DJPR Safety Advisor.

DJP.103.006.1430.

Now shown to me and marked **RM-15** is an email from one of the DJPR Safety Advisors seeking advice on PPE requirements, as actioned by me, DJP.111.001.0055.

**Q17. What contact did site and safety managers have with authorised officers?**

103. DJPR Safety Advisors interacted with DHHS Authorised Officers only when they attended onsite at a hotel by way of introducing themselves, or in the course of an incident investigation that involved a DHHS Authorised Officer.
104. Site leaders would have had more interactions with authorised officers. For the entry (check-in) into hotels, DJPR Site Leaders likely assisted in discussions to align room check-in information with that on the Detention Notice. DJPR Site Leaders also worked closely with DHHS Authorised Officers on the day 14 release from quarantine. On these days, the authorised officers authorised the release of people from quarantine, following which the DJPR Site Leader would facilitate the smooth exit from the hotel.
105. A third occasion that a DJPR Site Leader would have had contact with authorised officers was in the resolution of onsite issues relating to the release of quarantined travellers (authorised by the authorised officer) for either exercise breaks, or for day release to visit dying relatives or to attend medical appointments.

**Q18. To what extent did authorised officers direct the work done by DJPR staff?**

106. On entry and exit days authorised officers would have given DJPR staff directions around which travellers were coming into the hotel next, and how they should be taken up to their rooms. Authorised officers were responsible for approving the exit process. Any interactions or directions with authorised officers would have been around facilitating the movement of people in (and out) of quarantine.

**CONTRACTS WITH SECURITY, HOTELS AND OTHER AGENCIES**

**Q19. At the time you took the role of DJPR Hotel Commander, what contracts were in place for the purposes of the hotel quarantine program with - (a) hotels; (b) security; and (c) other agencies?**

107. When I took on the Agency Commander role, I knew that DJPR had in place three contracts with security providers, two contracts with Dnata (one to provide snack packs at the airport and one to provide onsite concierge at hotels) and two contracts with companies to run the GSS Call Centre. I also knew there were contracts in place with various hotels.

**Q20. Who was responsible for entering into further contracts or arrangements for the establishment of hotel quarantine locations other than those already in place as identified in your previous answer?**

108. Unni Menon and [Personal Information] of DJPR were responsible for entering into hotel contracts, on the instructions of DHHS. The one exception to this was when a new hotel for COVID-positive quarantined travellers was stood up to replace Rydges as the COVID-positive hotel in early June 2020 (the Brady Hotel). DHHS independently contracted with and stood up that hotel. I was not involved in this process and have not seen the contract. The process was run entirely by DHHS. Everything at the Brady Hotel site was organised and contracted by DHHS: security, Dnata, cleaning, meal provision. There was no DJPR contractual or other involvement at the Brady Hotel.

**Q21. Were you party to any discussion about whether DJPR was the appropriate department to be entering into and managing contracts relating to the hotel quarantine program? If so, what were those discussions?**

109. In early June Ms Febey and I initiated a discussion with DHHS about future contractual arrangements for the Program. This was following a discussion between the Secretaries of DJPR and DHHS about these matters. DJPR proposed a staged transition of all DJPR functions to DHHS, with all contracts and functions transferred by 30 June 2020. The catalyst for this discussion was that DHHS was looking to procure a new hotel for all COVID-positive travellers and DJPR proposed that DHHS manage all contracts associated with that site.

## LIAISON AND SUPERVISION OF CONTRACTORS

**Q22. Who within DJPR had responsibility for liaison with and supervision of hotel managers? How did that liaison and supervision occur?**

110. DJPR did not supervise hotel staff as such (and was generally not onsite to do so), but it was the key liaison for hotel management.
111. On a day to day basis the DHHS team leader would oversee all of the activities happening in the hotel on that day. If the DHHS team leader saw a hotel staff member doing something, or not doing something, of concern, they would work directly with the hotel staff member then and there.
112. More fundamental or ongoing issues would be raised with the DJPR Site Leader, who would address issues with hotel management, with or without the assistance of the Operations Lead. This would occur either by phone or in person in a liaison capacity.
113. Further liaison with hotel management would occur through the Hotel Acquisition Team (Personal Information and Mr Menon) to relay any contract-related matters, such as provision of meals, reimbursement for costs associated with room damage.

**Q23. Who within DJPR had responsibility for liaison with and supervision of security companies? How did that liaison and supervision occur?**

114. Personal Information had day to day contract management responsibility, and was responsible for acting as the conduit of information to the three security companies.
115. The DHHS team leader was responsible for supervising operations within the hotel as a whole – including in relation to security – on a day to day basis, acting in conjunction with authorised officers. Authorised officers were the only people who could approve any exit from a hotel room, and they would have directed security staff onsite regarding escort requirements and processes. That all occurred under the direction of the authorised officer.
116. I otherwise refer to my response to question 13 above.

**Q24. Who within DJPR was responsible for receiving and paying the invoices from hotels and security companies? What proof of service was required for those invoices to be paid?**

117. Personal Information was responsible for receiving and paying hotel invoices. Personal Information or Mr Menon could provide further information regarding the proof of services required for these invoices to be paid.

118. PPO [REDACTED] was responsible for receiving and paying security invoices. Personal Inform [REDACTED] could provide further information regarding the proof of services required for these invoices to be paid.

**Q25. What process was in place for the receipt and investigation of complaints or concerns about - (a) hotels; (b) security companies; and (c) other contractors?**

119. Complaints in relation to hotels were received by DJPR through a number of channels: people in quarantine contacting the GSS Call Centre, complaints escalated through local MPs or Minister's offices, emails to DHHS, or raised through DHHS staff onsite. Complaints or concerns regarding hotels would be addressed through the DJPR Site Leader working directly with hotel management. By way of example, if a complaint about the quality of meals provided by the hotel was received by DJPR, the site manager would work with hotel management to seek to ensure meal quality was improved immediately.
120. Complaints in relation to security were received by DJPR through a number of channels: through DHHS staff onsite, through the DHHS Commander, directly from people in quarantine via the GSS Call Centre or from hotel management. Complaints or concerns regarding security companies were addressed by immediately raising these concerns with the security company, via the contract manager Personal Inform [REDACTED]. Some more minor concerns were addressed by DHHS staff onsite. An example of this would be the misuse of PPE by security personnel. More serious complaints, such as the inappropriate behaviour of guards towards quarantined travellers or staff, would be raised with the security company and an investigation initiated.
121. Complaints in relation to the service provided by the GSS Call Centre were raised through people in quarantine or through other agencies such as DHHS. By way of example, a quarantined person may have been dissatisfied with the response from the call centre operator. In such cases these concerns were raised with the contract manager Felicia Cousins. Ms Cousins DJPR, would in turn speak to the call centre contractor and request the call recording to substantiate the complaint, and take appropriate action as required.
122. Complaints regarding the delivery of specialised cleaning were provided to DJPR from DHHS. Concerns were either addressed immediately onsite by DHHS staff with the cleaning staff, or raised with me. In such cases DJPR would raise these issues directly with the cleaning contractor for resolution.

123. I am not aware of any complaints made in relation to Dnata.

**Q26. Were any contracts with hotels, security companies or other contractors terminated because of a substantiated complaint or concern?**

124. No. DJPR did not terminate any contracts. However, some hotel contracts were not renewed for a range of reasons, including:
- (a) lack of improvement in the quality of meals provided;
  - (b) a gradual shift in the physical requirements DHHS required of hotels, namely opening windows, balconies, kitchenettes, for the welfare of quarantined travellers.

**Q27. Where issues of safety were raised by or with the safety managers, what process was followed to investigate and resolve those concerns?**

125. When DJPR Safety Advisors raised issues of concern, the process for resolution depended on the type of issue raised.
126. Where the issue raised pertained to responsibilities for DJPR, the matters were noted and action taken. By way of example, there were concerns raised by the Safety Advisors early in the Program that some DJPR staff had worked excessive hours for some weeks straight, and fatigue management was of concern. As such, rest days were implemented and further resources found to bolster teams to allow for safe shift and deployment lengths.
127. Sometimes safety advisors raised issues not within DJPR's areas of responsibility- even though these issues were not intended to be part of the role of the DJPR Safety Advisor. In these circumstances, the issue would be escalated to DHHS to address. An example was where no safe area could be found onsite for exercise implementation.
128. Any issues identified regarding PPE or infection control were similarly escalated to DHHS, again, within the knowledge and experience limitations of the Safety Advisors.

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## CHANGES TO THE HOTEL QUARANTINE SYSTEM

**Q28. During the period from April to June [both inclusive] 2020, did the structure and/or operation of the hotel quarantine program change? if so (a) what were those changes; and (b) what if any consequential changes were made to DJPR's role in the hotel quarantine program.**

129. The only structural change of which I was aware during that timeframe was the transition of Program management from the Deputy State Controller – Health to the DHHS Commander. There were many changes implemented after 30 June 2020, and although I am aware that work was done on this transitioning process in June, the changes were not actually implemented until 1 July 2020.

## COMMUNICATION

**Q29. How did you make reports to and communicate with your superiors in DJPR and counterparts in other agencies?**

130. As mentioned above, DJPR provided twice daily reporting. Both of these reports were primarily for the benefit of other agencies but were also circulated internally to relevant DJPR staff including Ms Serbest and Ms Febey.
131. Regarding my communications with my superiors in DJPR, I had a meeting with Ms Serbest at the end of each day, either as part of a daily team debrief or as a specific one on one conversation. I would speak to Ms Febey on an as needs basis.

**Q30. How did you communicate with and receive reports from those DJPR staff who were accountable to you?**

132. Internally at DJPR we had regular pre-arranged meetings as part of the standard daily 'battle rhythm'.
133. Due to social distancing requirements and working from home, a daily face to face briefing of all DJPR staff was not possible. To that end, I circulated a daily briefing to all DJPR staff involved in Operation Soteria.
134. Each morning I hosted a stand-up meeting with my immediate reports, to set the priorities for the day and to discuss other pertinent issues.
135. There was also a twice daily planning meeting which I would try to attend, led by the planning officer (a role filled on rotation by a number of DJPR staff). I would also host a daily end-of-day catch up, attended by staff including my Deputy, Kait McCann, the



relevant safety advisor, a project support officer, a planning officer, an operations lead (Global Victoria) and a representative from the communications function. Other DJPR staff involved in Operations Soteria had the option to participate in these end-of-day sessions.

136. In addition, the Site Leaders would meet daily at 5.30 pm at a debrief chaired by the Operations Lead.

**Q31. Did you [and if so how did you] receive information and updates from DHHS regarding (a) the number of positive cases amongst those in hotel quarantine?**

137. There was no formal process for notifying DJPR of the number of positive cases in hotel quarantine. This information could be gleaned through the updates on rooms occupied at Rydges and Brady hotels when quarantined travellers were transferred from general quarantine hotels upon testing positive. This information was also relayed verbally at the Operations Soteria inter-agency meetings chaired by DHHS Accommodation Commanders. On occasion DJPR would be provided with a copy of the DHHS Operation Soteria Situation Report which contained this information.
138. I also sought guidance from DHHS on the management of COVID-positive travellers as can be seen for example from the document now shown to me and marked **RM-16**, DJP.103.007.5983.

**Q31(b) the work being done by authorised officers?**

139. During my time as Agency Commander, I was aware of the role of authorised officers from the description in the Operations Plan, and the activities described during the Operation Soteria inter-agency meetings.
140. Additionally, DJPR received further information about the work being done by authorised officers when the model changed temporarily. There was a period in mid-April 2020 when DHHS was finding it difficult to source authorised officers. DHHS implemented a temporary model where a group of authorised officers would be responsible for a number of hotels, rather than having authorised officers permanently stationed at each hotel.
141. This change to the model was first advised at one of the inter-agency meetings in mid-April. DHHS subsequently circulated a copy of the new model to all agencies. It was also at an inter-agency meeting that agencies were informed that DHHS was going to

revert to the initial model of one authorised officer per site. No further updates on the work of authorised officers was provided to DJPR.

**Q31(c) recommended practice for infection control and PPE?**

142. In May 2020, DHHS provided a written guideline on PPE for authorised officers and security personnel.

Now shown to me and marked **RM-17** is true and correct copy of the May PPE guideline, DJP.103.005.8810.

143. After the Rydges outbreak, I checked to see if that guideline remained valid.

Now shown to me and marked **RM-18** is a copy of my request to DHHS, DJP.103.004.8385.

144. DHHS responded that the guideline was under review. Ultimately, DHHS reissued the guideline on 11 June 2020.

Now shown to me and marked **RM-19** is true and correct copy of the June PPE guideline and attaching email, DJP.103.007.7844 at .7846, DJP.103.007.7846.

145. These were the only formal written PPE guides that DJPR received during the Program of which I am aware. I did however request that similar guidance be developed by DHHS for all staff working in the hotels, although this was not forthcoming.

146. After the Stamford outbreak, DHHS delivered infection control briefings to each security company and then started to deliver a program of infection control briefings at each hotel.

147. I am also aware of a report that was issued by the DHHS outbreak team following a site visit at the Stamford on 16 June 2020.

Now shown to me and marked **RM-20** is the email chain containing this report of the DHHS outbreak team, DJP.404.001.6100.

148. Otherwise, DJPR was aware of the guidance that was available on the DHHS website around social distancing, PPE usage and handwashing.

149. We also received infection control information from DHHS in relation to cleaning, but the requirements changed over the course of the Program. Again, this is something I will address in my further statement.

150. DHHS also provided information about what people in quarantine should do before they leave their rooms and how security guards should conduct themselves when escorting people in quarantine. The involvement of guards in this process, on the instructions of DHHS, can be seen from the document now shown to me and marked **RM-21**, DJP.110.003.6862 at .6864.

**Q31(d) entry and exit arrangements, including travel plans, for those entering and leaving hotel quarantine?**

151. The entry and exit processes were directed by DHHS, including the authorised officer – which included the requirement to socially distance, the maximum number of people that could stand in a particular lobby, and the maximum number of people that could get in a lift together.
152. DHHS also provided information for newsletters and information packs, and approved the script for all of the FAQs for the GSS Call Centre about these issues – for example, whether individuals could get on public transport while they were awaiting their COVID-19 test results.
153. DHHS authorised officers would provide approval for some quarantined travellers to be released from detention for periods during the day to attend medical appointments or on compassionate grounds, such as visiting dying relatives. Most of these arrangements were made by DHHS.

**Q32. Did you experience any difficulty in the timely receipt of information that you needed for the performance of your role? If so, (a) what was that difficulty?**

154. There were a number of occasions in which I experienced difficulty in the timely receipt of information. One such matter related to the release from quarantine of people who were awaiting COVID-19 test results. I sought clarification from DHHS on this matter. DJPR was responsible for arranging the taxis to assist with the exit schedule for day 14 release. On a number of occasions, it was reported to me by DJPR Site Leaders or through the GSS Call Centre that quarantined travellers were confused about their release as they were awaiting COVID-19 test results. This was an issue early in the Program, and again when Day three and Day 11 voluntary testing was introduced in May.
155. Another example relates to the provision of hotel-specific cleaning protocols. The initial direction provided by DHHS was to refer guidance on the DHHS website. Upon

- further queries from DJPR throughout the program, these protocols were adjusted by DHHS a number of times. I will address these matters in my further witness statement.
156. Furthermore, I experienced difficulty in resolving the issue of PPE provisioning by DHHS to hotel and DJPR staff. This issue remained unresolved. This can be seen from the correspondence now shown to me and marked **RM-22**, DJP.103.007.2533; DJP.103.007.6807; DJP.103.003.8081; DJP.103.004.4581; DJP.104.008.0166; DJP.103.008.0674.
157. DJPR also requested, on a number of occasions that the DHHS team leader provide daily briefings to staff and contractors, which I address earlier in my statement.
158. DJPR also experienced difficulty in the timely receipt of flight manifest details from airlines and Australia Border Force. I understand this issue was not unique to Victoria. This affected our ability to plan well ahead and allocate passengers into the appropriate configuration of hotel rooms. For example, it was important to know if the names listed on the manifest were single people, couples, families, young children and babies, unaccompanied minors, or access impaired.

**Q32(b) what impact if any did it have on the performance of your role?**

159. I was concerned about the risks of containment and infection control, for the safety of DJPR staff, contractors and the broader community, but these issues (beyond what was published generally on the DHHS website and other guidance provided by DHHS) were beyond my knowledge, and infection control generally was beyond my expertise and authority. Accordingly, we needed to defer these issues to DHHS and await directions as to the mechanisms for management on a site wide basis. At the same time, DJPR held the contracts, which added substantial complexity. I feel that if DHHS had held the contracts, this would have facilitated the more efficient resolution of issues. At the same time, DHHS was overloaded, so we were trying to do what we could to assist.
160. DJPR staff on the ground felt anxious about facilitating the (DHHS-approved) release of people from quarantine who were awaiting test results. GSS Call Centre staff were speaking to quarantined travellers to arrange their exit timing, but were unable to provide advice on any delays associated with outstanding test results. On some occasions this caused onsite tension as DHHS staff were also concerned about the lack of clarity.

161. The provisioning by DHHS of PPE for hotel and DJPR staff, and that of security contractors was unresolved. DJPR staff reported to me that there was sometimes tension onsite at hotels when they went to use PPE, as DHHS team leaders were also unclear on this matter.
162. On site staff were also confused about applicable policies, procedures, roles and responsibilities, as can be seen for example from the correspondence now shown to me and marked **RM-23**, DJP.119.003.1939 at. 1941.

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**Q32(c) what action was taken to resolve that difficulty.**

163. In all cases I escalated these issues to the DHHS Commander.

**IMPACT ON STAFF****Q33. What training was provided to DJPR staff engaged in the hotel quarantine program regarding infection control and the use of PPE?**

164. I am unaware of any formal infection control training provided to DJPR staff. I understand that instructions were provided by onsite DHHS staff to DJPR staff (and others) as to correct PPE usage, and I reinforced these matters in daily briefings.
165. In addition, the written guidance provided by DHHS for authorised officers and security guards was used to guide PPE standards for DJPR staff, noting that masks became mandatory in line with the Chief Health Officer direction for Melbourne towards the end of the Program.

**Q34. What PPE was available to DJPR staff who attended at quarantine hotels?**

166. Masks, gloves, and hand sanitiser were provided by DHHS at each hotel. At some hotels goggles were occasionally available.
167. DJPR staff were required to wear PPE (masks, gloves) when facilitating the entry of quarantined travellers in hotels.

**Q35. Did any staff from DJPR (including any staff seconded from other agencies) contract COVID-19 from their work in the hotel quarantine program?**

168. No.

**Q36. Were any staff under DJPR's supervision (including any staff seconded from other agencies) required to self-isolate because of potential exposure to COVID-19 in the hotel quarantine program?**

169. Yes. In relation to Rydges, even though DJPR did not have staff at that hotel, there was a meeting held onsite to resolve an incident concerning inappropriate behaviour of security guards at that hotel. The DJPR participant at the meeting was required to self-isolate in accordance with directions from DHHS. Further, there were other DJPR logistics staff who had attended the site to deliver toys and essential items. These staff handed the products to security guards on the outside steps of the hotel. The DHHS advice for Rydges at this time was for people to get tested and self-isolate for

any attendance of more than 30 minutes on specified dates. None of these DJPR logistics staff had attended for more than 30 minutes, but two staff decided to get tested and self-isolate regardless.

170. At the Stamford Plaza, DJPR had two staff members who were required to get tested and isolate. These staff were the paired DJPR Site Leaders for that hotel and had been present onsite facilitating an entry in the time period identified by DHHS.

**Q37. Did any staff from DJPR (including any staff seconded from other agencies) take stress or sick leave for reasons associated with their work in the hotel quarantine program?**

171. Not as far as I am aware. We initiated a "Rest Day" to manage fatigue given most of the roles were seven days a week for extended hours. Staff could ask for a rest day, additional to rostered rest periods.

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print  
name

Rachaele Elizabeth May

date

21 August 2020

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