WITNESS STATEMENT OF JASON HELPS

Name:	**Jason Helps**
Address:	50 Lonsdale Street, Melbourne, Vic, 3000
Occupation:	Deputy Director of Emergency Operations and Capability, Department of Health and Human Services
Date:	8 September 2020

1. I make this statement to the Board of Inquiry in response to **NTP-133**, the Notice to Produce a statement in writing (**Notice**). This statement has been prepared with the assistance of lawyers and Departmental officers.

2. This statement is true and correct to the best of my knowledge and belief. I make this statement based on matters within my knowledge and documents and records of the Department. I have also used and relied upon data and information produced or provided to me by officers within the Department.

Roles and Responsibilities

Question 1: Please describe your relevant professional experience and qualifications.

3. I have been involved in critical incident and emergency management throughout my career at various levels, and as described below, have obtained the following qualifications or relevant workplace training:

   (a) Emergency Management and Incident Controller Training;

   (b) Australasian Inter-Service Incident Management Systems (**AIIMS**);

   (c) Emergo Train – Health emergency exercising;

   (d) Evacuation Training;

   (e) Chemical Biological and Radiological Training;

   (f) Victoria Police Inspector Qualifying Program, including critical incident and emergency management;

   (g) Victoria Police Senior Sergeant Qualifying Program, including critical incident and emergency management;

   (h) Victoria Police Sergeant Qualifying Program, including critical incident and emergency management; and

(i) Executive Consequence Management.

4. From 1990 to 2003, I worked at Victoria Police as a sworn police member in a variety of roles.

5. From 2003 to 2005, I worked at Melbourne Health, based at the Royal Melbourne Hospital, as an Emergency Management and Contingency Planning Manager. In that role, I managed the emergency planning and response across all Melbourne Health campuses, and represented Melbourne Health on health sector and State level planning and exercising forums. These included planning and response to emergencies such as fire (Code Red), Threats (Code Grey/Black) external emergencies (Code Brown) and Internal emergencies (Code Yellow). I was also involved in internal planning and preparedness for SARS and internal response to, and investigation of, numerous infectious disease outbreaks. In this role, I also assisted in government and health sector planning for the 2006 Commonwealth Games – planning included coordination across health services, increased CBR decontamination capacity, traffic management in health service precincts and coordination of air services (Victoria Police, Ambulance and Australian Defence Force medical transport).

6. I represented Melbourne Health at State level health emergency exercises, including mass casualty exercises 'Heavy Metal' and 'Mercury', along with State Code Brown Emergo-Train exercises.

7. In 2005, I was seconded from Melbourne Health to the Department for a period of six months to review the Code Brown and Mass Casualty emergency plans across Victorian health services.

8. In late 2005, I re-joined Victoria Police. Over the combined period of 25 years with Victoria Police, I performed various roles, up to and including the rank of Inspector, including the roles of Municipal and Regional Emergency Response Coordinator. My substantive position prior to leaving Victoria Police was Senior Sergeant in charge of Tasking and Coordination in Southern Metro Region 3 (Dandenong).

9. In my various roles within Victoria Police, I managed critical incident and major event planning and response operations, along with emergency response to major class 1 emergencies, fires, floods, evacuation, industrial accidents, fatalities, missing person searches and many other emergency responses, including the Black Saturday fires and the Hazelwood mine fire.

10. I managed across numerous complex response and investigations including investigations into major drug activity, Outlaw Motorcycle Gangs, armed and other critical incidents, civil disorder and industrial demonstrations. I led reforms to operational tasking, station management and intelligence analysis. I was also Incident Controller to numerous Police and multi-agency incident responses.

11. In December 2017, I moved to the Department and was appointed to the role of Manager, Emergency Management, Gippsland. In April 2018, I was assigned to Director of Emergency Management and Health Protection (South Division) for a period of 18 months, which was operationally responsive to the 2017/2018 bushfires in Gippsland, the Bunyip Complex fires and initially the 2018/2019 Eastern Victoria bushfires.

12. In this role, I directed two teams of emergency management staff and one team of health protection staff. I led the Regional relief and recovery across the Gippsland and Bunyip Complex bushfires, coordinating across emergency services, government departments and local government to ensure relief and recovery plans – services and funding was effectively managed for and with the community. I led the Regional Health Coordination in response to significant smoke impacts to the community and health services. In that role, I also managed emergencies involving health coordination, including Aged Care fires and evacuations, fires in hospitals and had regional oversight of public health incident response to numerous public health incidents. As part of that role, I was rostered or available 24/7 in the operational roles across two regions, as the Department Regional Agency Commander, Department Regional Relief and Recovery Coordinator and the Department Regional Health Coordinator.

13. During 2019, I was deployed to Townsville as the Victorian State Liaison Manager, leading the Victorian Department deployment in a multi-state response to support the relief and recovery efforts following the monsoonal floods in North Queensland.

14. In December 2019, I was appointed to Deputy Director of Emergency Operations and Capability in the Emergency Management Branch of the Department and was immediately operational in response to the Victorian bushfires. I performed the roles of Department State Agency Commander and State Health Coordinator on a roster, which required me to represent the Department at State level both within the State Control Centre (**SCC**) and in the State Emergency Management Centre (**SEMC**).

15. In response to the COVID-19 pandemic, my initial roles were State Agency Commander or State Health Coordinator, roles which I shared with Andrea Spiteri and Braedan Hogan. My priorities in these roles focused on coordination across the health system of Personal Protective Equipment (**PPE**), health planning, and ensuring effective relief was in place to support people diagnosed as COVID positive or close contacts. This included procuring hotel and serviced apartment accommodation for those that could not self-isolate, coordinating emergency food relief and procuring and coordinating transport options for those required to isolate.

16. On 7 February 2020, in response to the COVID-19 pandemic, I was also appointed a State Controller – Health, also referred to as a Class 2 Controller. I shared this role on roster with Andrea Spiteri. This role is described in my response to question 3.

17. In my business as usual role, I am responsible for directing the emergency operations team, capability team and the business continuity team. My current role is further described below in response to question 2.

Question 2: What is your role within the Department of Health and Human Services (the Department) and what are you and your branch ordinarily responsible for?

18. My current role is Deputy Director of Emergency Operations and Capability, within the Emergency Management Branch of the Department. This role leads three teams: the emergency operations team, capability team and the business continuity team and reports to the Director of the Emergency Management Branch, which is part of the Regulation, Health Protection and Emergency Management Division. As part of this position, I am rostered to perform operational roles within the State Operations roster in response to emergencies within Victoria, and at times in support of interstate and international deployment. I am also a member of the Emergency Management Executive Group which is the governance group for Emergency Management across the Department. I represent the Department on the State Control Team, State Coordination Team, State Relief and Recovery Team, State Health Incident Management Team (**SHIMT**), Health Sector Resilience Network and other forums specifically focused on Health, Relief and Recovery planning.

19. The teams are responsible for operational readiness and response to all emergencies, including updating the emergency management operational doctrine, training, maintaining surge workforce and business continuity planning for the Department. The Emergency Management Branch maintains a 24/7 operational roster to respond to emergencies including a core roster of the Agency Commander, Deputy Commander, State Health Coordinator and State Duty Office, within the Department.

20. From these core positions, the teams have capacity to escalate responses to include additional AIIMS roles and specific functions, both at the SEMC and SCC.

21. In this role, I work closely with many areas of the Department in relation to planning for emergency response, health and human services sector preparedness, relief and recovery planning and business and service continuity. I also engage across agencies and departments in relation to similar priorities. This role also contributes to State level planning and review of emergency operations, including contributing to IGEM and Royal Commission reviews.

Question 3: What role did you play in the Hotel Quarantine Program and for what were you responsible?

22. My role in the Hotel Quarantine Program was a complex one and it is challenging to accurately describe without some background regarding the complex governance and separation of legislative authority and responsibilities.

The Scale of the Emergency

23. The title of State Controller, for those not involved in emergency management, could be confusing in a Class 2 emergency of the scale of COVID-19. There might be a tendency to think that in normal circumstances would give the impression that the role was "in-charge" or "in control" of the State response, which is generally the case in a class 1 emergency.

24. However, because COVID-19 is one of the most significant emergencies that Victoria (and Australia) has faced at least in the last century, there was a far greater input across State and National levels given the wide ranging economic, health and social impacts. Due to the complex nature of the emergency and the tendency for decisions to intersect with human rights, economic impact, international trade, industry and transport, normal emergency management and State Control arrangements and responsibilities were not appropriate as the predominant decision-making authority. Instead there was a multilayered decision-making structure at State and national levels which I describe further below.

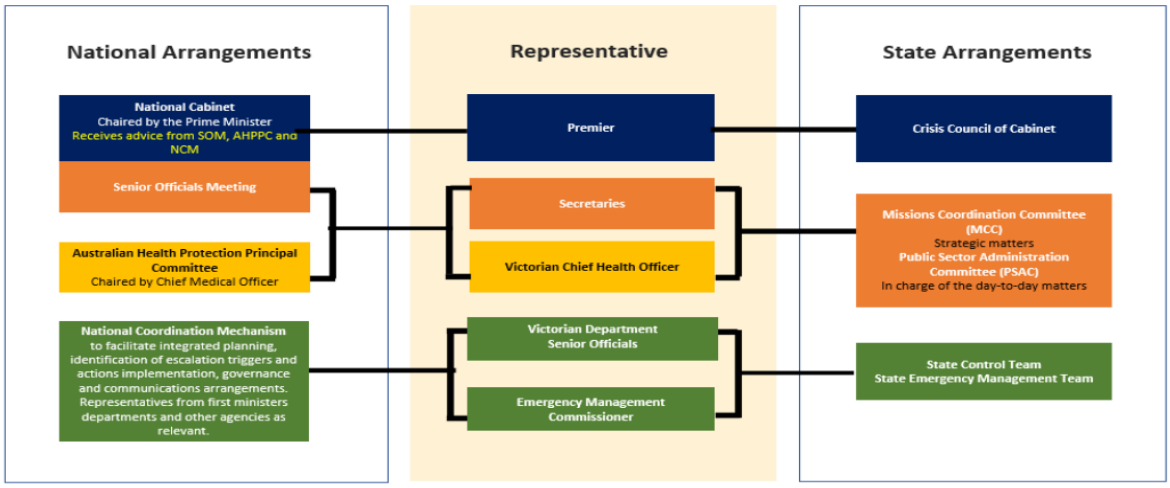
National and State Government Response

25. In this emergency, unlike any I have known, there was thorough analysis, funding and decisions made at a National and State cabinet level which directly affected the emergency response. National and State Cabinet were informed directly in relation to the health recommendations through the role of the Chief Health Officer (**CHO**) and the Australian Health Protection Principal Committee (**AHPPC**).

26. Those decisions and that input was required to address the COVID-19 response and to ensure National coordination, where possible, to control the spread of COVID-19. This means that, in effect, the decisions of National and State Cabinet are the predominant control strategies for COVID-19.

27. Decisions of the National and State Cabinet were enacted through a combination of 'normal' government department functions and portfolio responsibilities and, at times, through the emergency management arrangements. The State Controller – Health did not generally inform National and State decision making, rather some of the planning and intelligence produced from the SCC may have contributed to analysis and situational awareness. The State Controller – Health coordinated the emergency management sector and, at times, some government departments to operationalise elements of the decisions made by National and State Cabinet.

28. The National and State governance structure is depicted in the below structure, extract from the **State Operational Arrangements COVID-19** (available at DHS.5000.0032.1850).



Incident Control – Public Health Control

29. Generally, Incident Control is exercised in response to control of a geographical incident, a single control agency and Incident Controller control a multi-agency response to a specific threat and have a designated control 'footprint'. In relation to fires for example, a large fire or group of fires may be controlled across multiple geographic 'footprints', meaning multiple incident controllers (and control teams) control their own 'footprint'. This is then supported by Regional and then State Control, in a hierarchical or tiered arrangement.

30. Incident Control for the COVID-19 response was the responsibility of the CHO and Public Health Commanders role as Incident Controller. This control was exercised across the entire State, effectively meaning the Incident Control had the same single 'footprint' as State Control. Given the powers and authority of the CHO exist in the *Public Health and Wellbeing Act*, and the footprints were the same, there was no hierarchy or tier between Incident and State Control.

31. The exercise of control for COVID-19 is best described in the below extract from the **State Operational Arrangements COVID-19** (available at DHS.5000.0032.1850).

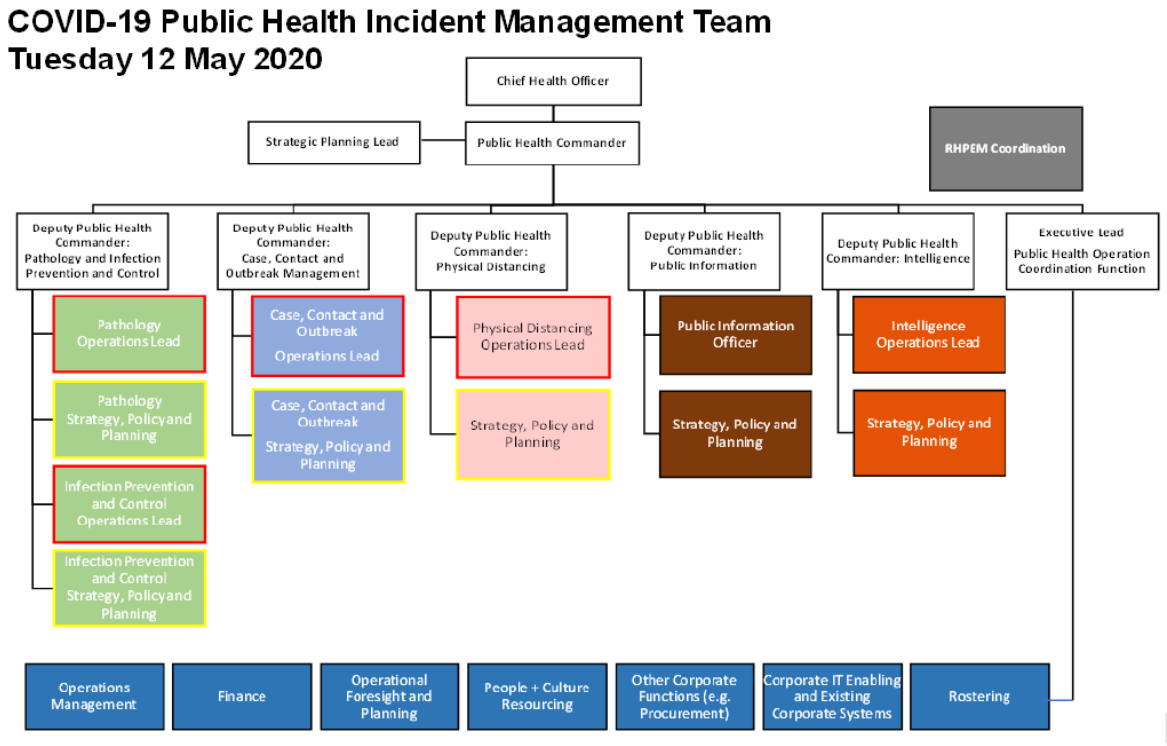
Incident Management for a state-wide Health Emergency will be managed by a single Incident Management Team (IMT) that brings together Public Health Command Operations (Case and Contact Management, Laboratories, Ports of Entry, Specialist Advice), Planning (Health Service, Public Health and other services), supported by Intelligence, Public Information. The incident footprint is the State of Victoria. The Incident Controller is the Public Health Commander.

The Public Health Commander reports to the Chief Health Officer, Victoria's health response is working in conjunction with other States and National response, with Governance arrangements at a National level leading key National policy.

The State Controller – Health, where appointed, will manage impacts of COVID-19 across the broader community that require the coordination of agencies in response to the consequences. It is difficult to predict precisely where or when specific COVID-19 impacts are going to occur, so it has been determined that a state level response is the best method to manage these emergencies.

Management of the impacts and consequences of COVID-19 on the affected community will be undertaken by emergency management agencies and government departments. This management of consequences requires agencies and government to work together in a coordinated way, therefore, a coordination centre (remote or in a facility) may be established, to facilitate identification and manage the response to the consequences rather than to control the emergency.

The COVID-19 Public Health Incident Management Team is reflected in the below structure, extract from the **State Operational Arrangements COVID-19** (available at DHS.5000.0032.1850).



State Controller – Health COVID-19 Role

32. The role of State Controller – Health for COVID-19 was developed specifically to recognise and compliment the National and State governance and the CHO and Public Health

Commander responsibilities. The role was one of multi-agency coordination for specific elements of the COVID-19 response, rather than control.

33. This role supported the National and State Cabinet decisions and then decisions following the establishment of the Crisis Council of Cabinet in Victoria (and the missions reporting to them). In recognition of the coordination role rather than control, the role is now reflected in the current State arrangements, with control exercised across the Secretaries of Departments. The SCC now operates as a State Coordination Team (**SCoT**) rather than a State Control Team (**SCT**) and the practical role I performed is now referred to as Deputy State Emergency Management Coordinator which is the title that better reflects the role.

34. The typical role statement for the Class 2 Controller is described in the Emergency Management Manual Victoria (**EMMV**), Part 3 State Emergency Response Plan (**SERP**) Appendix A. Due to the complex National and State arrangements and the role of the CHO and Public Health Commander, I was not able to, nor was it appropriate for me to, effectively meet many of the role functions described. For example, it was not possible for me to keep the EMC informed of the *"effectiveness of control arrangements"*, I had no vision of National or State Cabinet control decisions, nor did I have authority to overide with decisions of the CHO or the control arrangements supporting the Public Health Commander and the authorities under the *Public Health and Wellbeing Act*, these are, rightly, decisions for the CHO given their expertise and experience.

35. Nor was it possible for me to "lead and manage the response to a class 2 emergency" - as previously described the control was exercised between National and State Cabinet and the Public Health Command.

36. As a result of the complex arrangements and in consultation with the Emergency Management Commissioner (EMC), the role of State Controller – Health in relation to COVID-19 was articulated in the document State Control Arrangements COVID-19 (available at DHS.5000.0032.1850) and described as follows:

The State Controller - Health is to ensure via the state governance teams (SCT, SEMT, SRRT and EMJPIC) that the following key actions are undertaken to:

- *ensure all agencies provide consistent messages and information to the community, particularly regarding the health of vulnerable community members*
- *confirm agencies have resources and surge capacity in place to fulfil their responsibilities, including positioning Emergency Management Liaison Officers (EMLOs) from the key agencies in the SCC, where appropriate*
- *confirm agencies with call-taking responsibilities (e.g. Triple 000, Nurse on Call, VicEmergency Hotline etc) have resources and contingency plans in place for a surge in call load*

- *communicate strategies relating to known community impacts and social distancing actions, including school, transport and mass gathering impacts and known cancelation of high priority services provide whole-of-government situation reports to the Emergency Management Commissioner and Government Ministers with relevant portfolio responsibilities.*

37. My key operational priorities as State Controller -Health at the time of Hotel Quarantine establishment are outlined in the **State Strategic Operations Plan, dated 30/03/2020 v1.5**, (available at DHS.5000.0131.5853) as follows:

> **Key operational priorities specific to the upcoming period**
> 1) Reduce risk to life through accurate, timely and coordinated communication supporting COVID-19 containment strategies.
> 2) Reduce risk to critical health services by establishing all government services to meet demands as reasonably practicable, focusing on the supply of critical personal protective equipment and medical consumables for hospitals and health services
> 3) Reduce risk to life by supporting the community, particularly at-risk and vulnerable groups.
> 4) Maintain essential functions that are the foundation for the social, economic and environmental wellbeing of the Victorian community.

38. At a practical level this meant that some of my responsibilities included:

(a) chairing the daily State Control Meeting;

(b) chairing the SHIMT;

(c) participating in the State Emergency Management Team;

(d) approving all communications (media, key messages and warnings) from the SCC;

(e) having oversight of DHHS coordinated relief and accommodation support;

(f) coordinating the response to questions in regards to CHO directions from critical infrastructure and essential services;

(g) having oversight of mortuary management planning;

(h) reviewing and endorsing operational plans; providing guidance to DHHS branches and divisions supporting elements of non-public health response;

(i) having oversight of broader State level relief planning;

(j) having oversight of State level consequence planning;

(k) having oversight of State Intelligence;

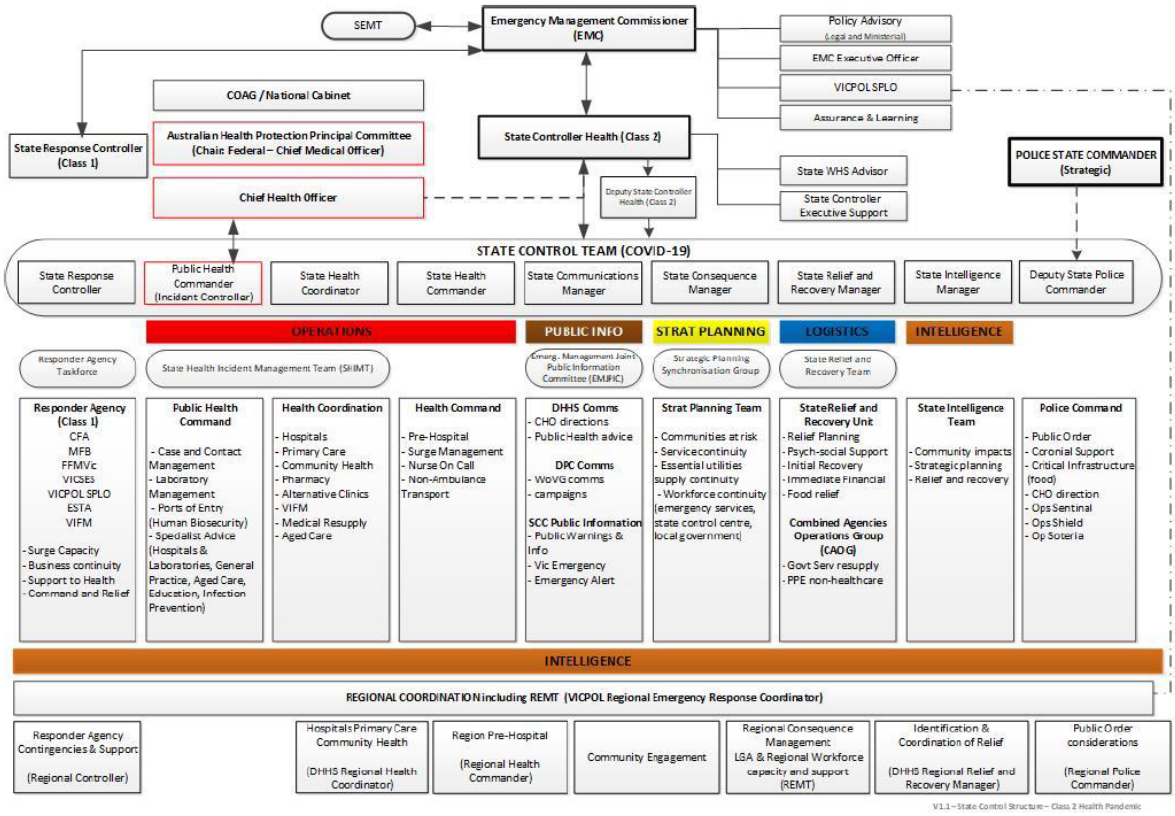
(l) having oversight of the Logistic functions of the Combined Agency Operations Group (CAOG); and

(m) a significant amount of work in planning and preparing our health services for what, at that stage, based on international experience, was a likely scenario where our health services would be overwhelmed.

39. I also had the role of coordinating across key SCC roles and functions including State Strategic Communications Manager, State Consequence Manager, State Relief Coordinator and State Intelligence Manager. I also coordinated across roles which were not reporting to me but had defined areas of responsibility. These included the State Response Controller (Class 1), Public Health Commander, State Health Coordinator, State Health Commander and Deputy State Police Commander

40. The **State Operational Arrangements – COVID-19** below reflect the structures at the time (available at DHS.5000.0032.1850).

Diagram 3: State Governance Structure



41. The complex structure did at times raise challenges as State Controller – Health with navigating the various governance structures and establishing if a response activity was tasked through the emergency management arrangements, Public Health Command or through other National and State government departments 'business as usual' arrangements.

At times because of this structure it was difficult to track the origin of a decision, the role or position responsible and information, data or plans.

Hotel Quarantine Role

42. I first became aware of the decision to quarantine returning Australians into hotels for 14 days at approximately 2.30 p.m. on 27 March 2020 - on this date I was the rostered State Controller – Health and in place at the SCC. I became aware through a conversation with Braedan Hogan and it is my recollection that Braedan became informed through a conversation with someone in our existing emergency hotel accommodation area.

43. At that stage, I was not aware of any tasking to other departments. At that time, I assumed as per the emergency management arrangements in the EMMV that the coordination of pulling together the multi-agency operational aspects of the Hotel Quarantine would fall under the SCC and myself as State Controller – Health.

44. Shortly after learning of the National Cabinet decision I had a conversation with the EMC to discuss the structure of, and arrangements to commence planning for Hotel Quarantine. It was agreed we would call a meeting at the SCC at 5 p.m. to bring all agencies together to plan for Hotel Quarantine. I also discussed with the EMC that the legal framework for Hotel Quarantine was under the Public Health and Wellbeing Act and that the CHO and Public Health Commander at Incident level had overall responsibility for the detention of returned travellers.

45. It was agreed that the SCC would coordinate the planning for the logistical and 'on ground' roles of agencies and departments that would have a role in supporting Public Health Command. That operational and logistical coordination was later given an operational name of Operation Soteria. It was further agreed that given the complexity and span of control, the State Controller – Health had in the overall COVID-19 response, a dedicated Deputy State Controller – Health would be appointed to coordinate Operations Soteria.

46. Prior to the 5:00 p.m. meeting I had conversations with the DHHS Agency Commander, Braedan Hogan, and the Deputy CHO Annaliese van Diemen to obtain as much information as I could about the legal framework, decisions of National Cabinet, Public Health Command plans, objectives and guidelines. At this stage Public Health Command were very busy working through many aspects of the program, with further public health advice and guidance was provided to me and becoming clearer during that evening and over the following days as it was developed or approved through Department of Premier and Cabinet (DPC).

47. I was present at the 5:00 p.m. meeting at the SCC chaired by the EMC and attended by all key agencies with assumed operational responsibilities for the program. It was at this meeting I became aware that DJPR had been tasked to put together the 'end to end' program for Hotel

Quarantine and saw themselves as the lead agency. It was also at this meeting that DJPR were tasked to discuss security arrangements with Victoria Police and to establish the role Victoria Police would play in Hotel Quarantine.

48. Following this meeting I sought to clarify the lead department/agency for Hotel Quarantine. During 27 March and 28 March I had a number of conversations with Claire Febey of DJPR in relation to the emergency management arrangements and the role of Public Health Command as the lead and having the authority under the Public Health and Wellbeing Act. It was clear to me during these conversations that DJPR staff had been tasked by their Secretary and they worked extremely hard to put together the basis for a viable hotel quarantine plan. It was also clear that DJPR staff did not understand the emergency management arrangements and, having been tasked by their Secretary, were not in a position to hand over the lead responsibility without a formal direction from me or the EMC.

49. Concurrent to the conversations with Claire Febey, I held conversations with the EMC in relation to the emergency management arrangements and their role, versus the role of contradicting departmental instructions. It was agreed that the emergency management arrangements would be followed and that I would work with DJPR to establish a transition plan and establish roles and responsibilities of all agencies and departments.

50. As a result of the SCC meeting on 27 March and the plans DJPR had already developed, one my priorities, for the first two days (27 and 28 March) was to coordinate the existing planning of DJPR and bring this together with Public Health planning and the support of a multi-agency approach. I worked together with DJPR to seek agreement to transition elements of the program across to other agencies and departments and clarify roles and responsibilities. This culminated in me sending an email to Claire Febey on 29 March 2020 titled DJPR – DHHS role clarity, (available at DHS.5000.0072.9646), clarifying that DHHS was the control agency and the CHO was leading the public health response under the Public Health and Wellbeing Act. I reinforced in this email that we would work on a transition plan, commencing the next day and I requested DJPR continue to provide support in the procurement of hotels and services required to support people under the CHO directions. The transition of roles and responsibilities evolved over the next few days and with some roles several weeks and continued to be refined as we learnt more about the program.

51. On 29 March 2020 the Deputy State Controller – Health position commenced and that role took on some of the day to day coordination for Hotel Quarantine/Operation Soteria, however I maintained an active role in supporting and assisting the Deputy State Controller – Health, particularly in navigating across to Public Health Command and other areas of DHHS. Particularly in the early stages, all decisions made by the Deputy State Controller – Health were made in consultation with me when I was rostered. The Deputy State Controller chaired

the daily Operation Soteria meetings and coordinated across the various agencies and plans evolved and to resolve issues.

52. Along with the priorities and responsibilities I had during this period, I also continued to actively support the DHHS Agency Commander and a small team of five DHHS emergency management staff based at the SCC to develop plans, resolve issues, deploy DHHS staff into hotels and the airport and operationalise aspects of the program that DHHS emergency management was responsible for, including emergency accommodation for close contacts and other relief needs.

53. By 31 March 2020 it was identified that the requirement for Hotel Quarantine would be in place in one form or another for 12 to 18 months, and the emergency response and staffing to Hotel Quarantine would quickly need to transition from an emergency operation to a funded and resourced departmental program. Pam Williams was appointed as the first DHHS COVID-19 Accommodation Commander. At that stage Pam was a team of one, on my shifts I worked with Pam over the next few weeks to transition the program to her, recruit staff to fill roles and continue to work with Public Health Command to develop plans, guidelines and policy.

54. On 16 and 17 April, 2020 I took on the role of COVID-19 Accommodation Commander to enable Pam to have two days of leave. To this date the DHHS Operation Soteria elements of the program had continued to be managed by the team of five DHHS emergency management staff in the SCC. A 'shadow team' that had grown to 35 staff had been established in the Fitzroy DHHS office (Fitzroy EOC) to transition the program from SCC to the team at Fitzroy EOC. On 16 April I worked with both teams and other agencies to transfer Operation Soteria operational functions to the EOC. On 17 April 2020, I remained at the EOC to monitor transition and ensure all functions, plans, key contacts and systems were in place at the EOC. At the conclusion of this shift I handed the role back over to Pam and returned to the State Controller – Health role.

55. The Deputy State Controllers – Health continued to support Pam (and Merrin Bamert) with Operation Soteria for another two weeks, particularly to ensure multi-agency coordination. As of the end of the day on 1 May 2020 the Deputy Controller – Health position was discontinued. This was a planned decision and consistent with Operation Soteria transitioning from an emergency response to a more sustainable program. The State Controller – Health continued to have oversight of Operation Soteria to support the emergency management coordination, whilst the business reporting moved to the Deputy Secretary RHPEM.

Responsibility for the Program

Question 4: What was the initial role of the Department in the Hotel Quarantine Program? Did its role of change over time? If so, how and when did it change? Please provide details.

56. The role of the Department in the Hotel Quarantine Program was complex and multifaceted.

57. I believe that the Department's role ultimately could be divided into three categories: as initially defined in the Operation Soteria Operations Plan Version 1 dated 28 March 2020 (available at DHS.0001.0001.1475). According to Version 1 of the Operations Plan, these categories are as follows:

Public Health

58. The Department's Public Health Command was responsible for outlining and endorsing policy and processes relating to public health including the use of Personal Protective Equipment and quarantine requirements for positive and non-positive passengers from repatriation flights. It also was responsible for providing public health advice to key stakeholders involved in their care. The Public Health Incident Management Team included Directions, Compliance, Operations and Welfare functions which contributed to the planning and execution of the Operation Soteria response.

Health Coordination

59. The Department's Health Coordination function was responsible for maintaining situational awareness of impacts to health services and supported the appropriate implementation of the model of care for those in isolation.

DHHS Command

60. The Department's Commander – Accommodation was responsible for the DHHS concierge support to passengers at the airport and receiving hotel. The Department's Agency Command also ensured that appropriate relief and welfare support was provided to returning passengers.

61. In my view, the roles and responsibilities of the Department did not materially alter over time. However, the Operation Soteria Operations Plans significantly evolved as one would expect it to, throughout the course of the Hotel Quarantine Program to reflect the increasing complexity of the situation.

62. To my knowledge, the only significant change which occurred was in relation to the resources available to the various areas of the Department. For example, at the start of the Hotel Quarantine Program there were approximately five staff members from the Emergency

Management Branch (DHHS Command) working on the operational and logistical aspects and to support Public Health Command.

63. However, by 16 April 2020, the Department had redeployed 35-40 staff members to undertake this work (and this has continued to grow over time). This redeployment enabled the Department's Accommodation Commander to appoint Deputy Commanders to the specific roles of, welfare, ports and hotels. It also increased the staff available to perform functional AIIMS roles and create team leaders to lead teams of four or people to undertake tasks that had previously been undertaken by one person.

64. Further, the redeployment allowed for fatigue management. Prior to the redeployment, staff had been working 16-hour days for extended roster cycles in order to get the program up and running, and were required to manage incredibly complex welfare and logistic issues that arose each day in the process. These highly stressful and demanding roles therefore required an element of fatigue management when it could occur.

65. I believe that structural and resource changes also occurred within Public Health Command and Health Coordination. However, I am unable to provide further detail on these changes on the basis of my own knowledge.

Question 5: What was the role of each other government agency or department involved in the Hotel Quarantine Program? Did their roles change over time? Please provide details.

66. There were several government agencies and departments involved in the Hotel Quarantine Program. The roles of each agency/department differed depending on the phase of the operation.

67. At the inception of Operation Soteria, the roles of the various agencies and departments for each phase were as described in Version 1 of the Operations Soteria Operations Plan dated 28 March 2020 (available at DHS.0001.0001.1475). These roles were as follows:

> ***3.2 Preliminary Phase***
>
> - *Information is developed, distributed and executed as per communications plan.*
> - *All resources (physical and human) are identified and in position ready to execute phases as required. This includes the identification of, and contractual arrangements with receiving hotels (in conjunction with DHHS Accommodation and Public Health – Food Safety).*
> - *The Public Health Commander is responsible for the development of guidance, policy and advice to support the health and well-being of travellers whilst in detention.*
>
> ***3.3 Phase 1 – Reception***
>
> Redacted *, the Department was the State-side lead.*
>
> ***3.3.1 Public Information and Communications***
>
> - *DHHS will manage communications according to the DHHS Public Information and Communications Plan for Coronavirus (COVID-19).*

3.3.2 Airside Operations

3.3.2.1 AFP/ABF

- *Melbourne airport security and customs liaison*
- *Provide passengers with required information about Direction/requirements*
- *Collection of entry data (manifest)*
- *Marshall passengers in an area that is secure and be able to facilitate health screening*

3.3.2.2 DHHS

- *Overseen via Ports of Operation lead (Public Health Incident Management Team)*
- *Detention notice issued by Authorised Officers (see Appendix 1) – DHHS Directions*
- *Provision of and conduct of health screening and other well-being services (including psycho-social support) – DHHS Accommodation*
- *Provision of personal protective equipment for passengers – DHHS Accommodation*
- *Registration and initial needs identification of passengers for State-side use/application – DHHS Accommodation*
- *Provision of information pack and food/water to passengers [Joint contributions: DHHS Accommodation/Department Jobs, Precincts and Regions (DJPR)/VicPol]*

3.3.2.3 AFP/ABF

- *Establish arrivals area for transport*
- *Marshall Passengers for boarding*
- *Assist boarding of passengers onto bus transport airside*
- *Escort bus transports to accommodation*

3.3.2.4 Department of Transport (DoT)

- *Manage bus transport State-side to accommodation*

3.3.2.5 VicPol

- Redacted
- Redacted

3.3.3 State-side Operations

3.3.3.1 DHHS and DJPR

- *Reception parties established and coordinated at identified accommodation – DHHS Accommodation*

3.3.3.2 VicPol

- Redacted

3.4. Phase 2 – Transport

Note: *DoT are the lead*

3.4.1 Communications

- *DHHS will manage communications according to the Communications Plan*
- *DPC provide authorisation to overall Communications Plan*

3.4.2 DoT

- *Skybus and other DoT solutions tasked in accordance with projected arrivals*
- *Ensure transport of passengers between point of entry and accommodation*

3.4.3 AFP

- *Escort passengers to assigned accommodation*
- *Transfer manifest to VicPol on arrival at accommodation*

3.4.4 VicPol

- *Security and management of passenger disembarkation*

- *Marshalling and security of incoming passengers*
- *Receive manifest and passengers from AFP on arrival at accommodation*

3.4.5 DHHS and DJPR

- *Prepare for incoming passenger accommodation registration – DHHS Accommodation*

3.5 Phase 3 – Accommodation

3.5.1 Communications

- *DHHS will manage communications according to the Communications Plan*
- *DPC provide authorisation to overall Communications Plan*

3.5.2 DJPR

- *Manage accommodation contracts*
- *Manage private security contracts to enforce quarantine requirements at accommodation*
- *Reception parties established to coordinate movement of passengers from transport into accommodation (with DHHS Accommodation)*
- *Passenger data reconciled with airside entry data*
- *Detailed identification of, capture and management of special/social needs (with DHHS)*
- *Management of services for all passengers including food and amenities*

3.5.3 DHHS

- *Detailed identification of, capture and management of welfare needs (with DJPR) – DHHS Accommodation*
- *Establish access to 24/7 medical and nursing support at accommodation points to support passengers with medical and pharmaceutical needs - DHHS Accommodation*
- *Provision of regular welfare calls to all quarantined passengers and support to meet identified needs, such as psychosocial, mental health, family violence - DHHS Welfare*
- *Assessment of inquiries and requests relating to directions – DHHS Directions*

68. *Enforcement of mandatory detention directions – DHHS Compliance via authorised officers*
On or around 26 April 2020, Version 2 the Operation Soteria Operations Plan was circulated (available at DHS.5000.0079.0864). Version 2 of the Operations Plan details the roles of the various agencies and departments as at 26 April 2020. At this time, roles had been further established to include specific leads within the various departments.

69. On 8 May 2020, Version 2.1 of the Operation Soteria Operations Plan was circulated (available at DHS.0001.0008.0517). Version 2.1 of the Operations Plan details the roles of the various agencies and departments as at 8 May 2020. At this time, roles had been further established to include specific leads within the various departments. For example;

2.4 Department of Health and Human Services (DHHS)

DHHS, as the control agency for the COVID-19 pandemic Class 2 public health emergency, has responsibility for the oversight and coordination of Operation Soteria.

2.4.1 Airside operations - biosecurity

- *Oversee as instructed by the Human Biosecurity Officer -* ***Ports of Operation lead, Public Health Incident Management Team***

2.4.2 Airport Operations - reception

- *Detention notice issued by Authorised Officers (see Appendix 1) –* ***DHHS Compliance (AOs)***
- *Provision of and conduct of health screening and other well-being services (including psycho-social support) –* ***DHHS Ports of Entry – Reception (EOC)***
- *Arrangement of patient transport services –* ***DHHS Ports of Entry - Reception (EOC)***

- *Provision of personal protective equipment for passengers –* ***DHHS Port of Entry - Reception (EOC)***
- *Registration and initial needs identification of passengers for State-side use/application –* ***DHHS Ports of Entry - Reception (EOC)***
- *Provision of information pack and food/water to passengers -* ***joint contributions: DHHS Ports of Entry - Reception (EOC)/Department Jobs, Precincts and Regions (DJPR)/VicPol***

2.4.3 Public Health Directions

- *Assessment of inquiries and requests relating to directions –* ***DHHS Directions***
- *Enforcement of mandatory detention directions –* ***DHHS Compliance (AOs)***
- *Policy and processes relating to public health including use of Personal Protective Equipment and quarantine requirements for positive and non-positive passengers from the repatriation flight and provide health advice to key stakeholders involved in their care -* ***DHHS Public Health Command***

2.4.4 Health Coordination

- *Maintenance of overall situational awareness of impacts to health services and support for the appropriate implementation of the model of care for those in isolation -* ***DHHS Health Coordination***

2.4.5 Health and Wellbeing of passengers at accommodation

- *Prepare for incoming passenger accommodation registration –* ***DHHS Detention Hotels (EOC) with DJPR***
- *Reception parties established to coordinate movement of passengers from transport into accommodation -* ***DHHS Ports of Entry – Reception (EOC) with DJPR***
- *Detailed identification of, capture and management of welfare needs –* ***DHHS Detention Hotels (EOC) with DJPR***
- *Reception parties established and coordinated at identified accommodation –* ***DHHS Detention Hotels (EOC) with DJPR***
- *Detailed identification of, capture and management of welfare needs at hotels –* ***DHHS Detention Hotels (EOC) with DJPR***
- *Detailed identification of, capture and management of special/social needs -* ***DHHS Detention Hotels (EOC) with DJPR***
- *Establish access to 24/7 medical and nursing support at accommodation points to support passengers with medical and pharmaceutical needs -* ***DHHS Health Coordination (EOC)***
- *Provision of regular welfare calls to all quarantined passengers and support to meet identified needs, such as psychosocial, mental health, family violence -* ***DHHS Welfare (EOC)***
- *Arrangements for any health and welfare needs including ongoing psychosocial support –* ***DHHS Detention Hotels (EOC)***
- *Permissions for temporary leave from place of detention –* ***DHHS Compliance (AOs)***
- *Conduct of voluntary health reviews to allow release back into the community –* ***DHHS Detention Hotels***
- *Advise DoT and VicPol on numbers of passengers scheduled to exit quarantine –* ***DHHS Detention Hotels***
- *Issuing of release documents and legal release of detainees from detention* ***DHHS Compliance (AOs)****.*

2.4.6 Communications including public communications

- *DHHS will manage communications according to the Operation Soteria Communication Plan.*

2.10 Victoria Police (VicPol)

- *Victoria Police provide support to AFP, DHHS and DJPR for enforcement and compliance issues.*

- *Provision of support to private security as required*
- Redacted
- Redacted
- Redacted
- *Security and management of passenger disembarkation from transport to accommodation*
- *Marshalling and security of incoming passengers*
- *Receive manifest and passengers from AFP on arrival at accommodation*

2.11 Department of Jobs, Precincts & Regions (DJPR)

DJPR has responsibility for sourcing appropriate accommodation contracts (including food, concierge and security) to support mandatory passenger isolation and providing ongoing support to passengers for these needs.

- *Manage accommodation contracts*
- *Manage transport arrangements/contracts for deliveries (ie: Commercial Passenger Vehicles)*
- *Manage private security contracts to enforce quarantine requirements at accommodation*
- *Reception parties established to coordinate movement of passengers from transport into accommodation- with DHHS Accommodation*
- *Reception parties established and coordinated at identified accommodation –with DHHS Accommodation*
- *Prepare for incoming passenger accommodation registration –with DHHS Accommodation*
- *Passenger data reconciled with airside entry data*
- *Detailed identification of, capture and management of welfare needs- with DHHS Accommodation*
- *Detailed identification of, capture and management of special/social needs (with DHHS)*
- *Management of services for all passengers including food, amenities and transport for deliveries.*

70. Version 3 of the Operation Soteria Operations Plan was circulated on 26 May 2020 (available at DHS.0001.0001.2245). Version 3 of the Operations Plan details the roles of the various agencies and departments as at 26 May 2020.

71. As the Operation Soteria plan evolved, additional annexes were added particularly in relation to the health and welfare of those on hotel quarantine.

Question 6: Was there any aspect of the Hotel Quarantine Program for which the Department did not have responsibility? If so, which entity was responsible for that aspect of the Program?

72. As discussed above in answer to Question 5, the roles and responsibilities of the various agencies and departments involved in the Hotel Quarantine Program are set out in the four versions of the Operations Soteria Operations Plan.

73. The Operations Plans details the roles and tasks for which the Department was responsible, and those for which it was not.

74. For example, the Department was not responsible for the following roles:

(a) Managing airside operations ([redacted]);

(b) Assessing and approving applications for returned travellers (responsibility of Department of Foreign Affairs and Trade);

(c) Transporting retuned travellers from the airport/maritime port to the quarantine accommodation (responsibility of Department of Transport);

(d) Managing accommodation contracts, managing private security contracts, reconciling returned traveller data with airside entry data and managing services for all returned travellers including food, amenities and transport for deliveries (responsibilities of DJPR).

The Hotel Quarantine Program

Question 7: What did you understand to be the nature of the Hotel Quarantine Program and its purpose? Did your understanding change over time? Please provide details.

75. The nature of the Hotel Quarantine program is best described in the Operation Soteria Plan 28 March 2020 V1.0 (available at DHS.0001.0001.1475).

> It describes the mission as: "To implement the safe and secure enforced quarantine measures for all passengers entering Victoria through international air and sea points-of-entry to stop the spread of COVID-19".

76. In my own words, my understanding was to support National and State Cabinet and Public Health Command to quarantine returning Australian citizens for 14 days in hotels. The purpose was to reduce the risk of COVID-19 imported into Australia spreading to the community.

77. The core mission and nature of the program did not change over time, however operational aspects and our understanding of the complexity of returned travellers, welfare needs, and policy and guidelines changed, as the program matured.

78. My deeper understanding of various aspects of the program developed as new information was provided and policy changes occurred as the demographic of passengers changed.

79. An example of this is the lack of information on passengers available to us prior to passengers landing. I expected that we would have more information for planning, for example family composition and significant health issues, however this proved to be an ongoing issue for a number of reasons, primarily because flight manifests are not designed with quarantine in mind.

Question 8: To the best of your knowledge, was a risk register established in respect of the Hotel Quarantine Program? If so, who was responsible for the:

(a) original drafting;

80. To my knowledge, in the early stages of the Hotel Quarantine Program, a risk register was not created, however I am unaware if individual departments created their own risk registers. Through planning and early implementation of the program, risks and issues were of the kind that required immediate resolution. As such, they were captured as actions through the Operation Soteria meetings and were tasked to be resolved by the relevant agencies or departments.

81. Separately, the SCC strategic planning team had a live risk register in relation to the broader COVID-19 risks. To my knowledge, this register was not used for the Hotel Quarantine Program, as the risks or issues we were dealing with in the early stages were dynamic and required immediate attention.

(b) updating and reviewing; and

82. See answer above.

(c) reporting of the contents (from who and to whom),

of that risk register? Please refer to and produce all relevant documents in answering this question.

83. See answer above.

Question 9: What do you understand to be the meaning, and requirements, of the term "Code Brown" in the context of the Hotel Quarantine Program?

84. I do not understand the meaning or requirements of the term "Code Brown" in the context of the Hotel Quarantine Program.

85. The term Code Brown is a nationally recognised code used by health services to plan, prepare, respond and recover from an external emergency. Activation of a Code Brown by health services triggers the establishment of a hospital Incident Management Team within the health service.

86. The merits of the Department activating a state-wide Code Brown were discussed at SHIMT meetings, however this was not related to the Hotel Quarantine Program, and would not have impacted on any decisions or response in relation to the Hotel Quarantine Program.

Interagency Cooperation

Question 10: What were the processes and procedures for agencies and departments to communicate and coordinate in relation to the Hotel Quarantine Program?

87. Each agency or department would have its own process and procedure for managing the area over which they had responsibility. If there were any issues that arose in their area it would feed up through each individual chain of command to be communicated across leads at interagency meetings. These meetings were the primary process and procedures for agencies and departments to communicate and coordinate in relation to the Hotel Quarantine Program at which issues were able to be discussed and agencies brought together to resolve them. I detail below the process for those meetings.

88. From the beginning of the Hotel Quarantine Program on 27 March 2020, Operation Soteria meetings were convened (**OS meetings**). Due to the need for rapid planning and coordination two meetings were held on 28 March 2020. I cannot comment on the ongoing frequency of the meetings, however I am aware that at times they were not held daily once the Fitzroy Emergency Operation Centre (**EOC**) opened.

89. In the initial two days, the daily OS meetings were chaired by the Emergency Management Commissioner, and then from 29 March to 2 May by the Deputy State Controller - Health.

90. From 2 May the COVID-19 Accommodation Commander was appointed, and the OS meetings were then chaired by those Commanders (the role was twinned). The OS meetings were initially convened at the SCC, and then later at the EOC. The EOC meetings enabled attendance in both person and via telephone.

91. The OS meetings created a forum whereby all agencies and departments could come together to coordinate and communicate with regards to the Hotel Quarantine Program. The meetings were recorded, and issues or risks raised in these meetings were either resolved at the meetings or actioned for resolution. If they were not resolved, they would return as outstanding action items to the OS meetings.

92. All matters relevant to the Hotel Quarantine Program were discussed at the OS meetings-, including, but not limited to PPE, infection control, security arrangements, flight allocations, returned traveller welfare and safety concerns.

93. In addition to the OS meetings, there was constant daily dialogue and communications between myself, the Deputy State Controller – Health, the DHHS Agency Commander and the relevant agencies involved in the Hotel Quarantine Program.

94. I also understand that there were daily meetings held by the various team leaders within Operation Soteria.

95. The State Control Team also met daily (**State Control meetings**). This team is attended by members of the State Control Team, which includes myself, the Deputy State Controller – Health, Victoria Police and others. An update on Operation Soteria was provided daily and there was opportunity in those meetings for higher level risks or issues to be tabled.

Question 11: In your view, were those processes and procedures effective?

96. Yes, in my view the OS meetings, the State Control Team meetings and the constant daily dialogue between the agencies were an effective means for bringing departments and agencies together to quickly establish an operational plan. In these forums, the Departments and agencies were able to share concerns, risks and experiences and learnings in a bid to improve the Hotel Quarantine Program.

97. A specific example of the coordination of issues raised at OS meetings and then progressed offline with the opportunity to bring back any unresolved issues to meetings is shown in reference to the issue of police involvement in the program. The role of Victoria Police in the program was initially discussed at the SCC meeting on 27 March. During this meeting, representatives of DJPR and Victoria Police had preliminary discussions and agreed that private security would have the primary role, with Victoria Police as support. There was then an agreement that there would be further discussions regarding specifics of security arrangements after the meeting between the two agencies.

98. The protocols and procedures for the OS meetings then allowed for the issue to be further raised if it had not been resolved or it arose again in a later meeting. This can be shown by the role of Victoria Police being further discussed with DJPR at the SCC meetings on 28 March with representatives of DJPR and Victoria Police in attendance. At this meeting discussions resolved how Victoria Police would assist with passenger reception at hotels and the handling of the passenger manifest and Redacted This example identifies how questions that arose between agencies could be coordinated through the SCC but also that issues could evolve as they were addressed or understood and continue to be discussed in the SCC meetings and then followed up afterward by the relevant agencies.

99. This is shown again in the 29 March 2020 meeting in which is discussion between DJPR and Victoria Police occurred in relation to evacuation planning. It was again agreed that DJPR and Victoria Police would continue to progress this following the meeting, and this planning was subsequently resolved. Late on the evening of 29 March 2020, DJPR sent an email to the SCC regarding the police presence at hotels and clarity of the role of AOs (and other issues). This request was discussed at the SCC meeting on 30 March 2020 with DJPR and Victoria Police and it was agreed DHHS, DJPR and Victoria Police would discuss this following the meeting. Over the next few days the relevant agencies worked together to develop attendance guidelines for the assistance of Victoria Police. This was done by the Department AO lead, DJPR and Victoria Police and resulted in an escalation plan which was produced by

Victoria Police on 4 April 2020. This again shows how the processes and procedures were effective in allowing a forum issue requiring coordination across agencies to be raised at the SCC and then if they could not be resolved at that meeting, allowed for the coordination of further discussions between the relevant parties and an opportunity to bring back any further issues to the SCC.

100. Some examples of the effectiveness of this process includes:

Date	Subject matter	Concern raised	Response / Action taken
27 & 28 March	OS Meeting Formulation of an initial Operational Plan	Build on DJPR plan to formulate multi-agency plan	Resolved: Operation Soteria Plan V1 28 March 2020
28 March	OS Meeting Escort responsibility airport to Hotel	Responsibility VicPol V. AFP	Resolved: AFB took responsibility
29 March	OS Meeting DJPR and DHHS resources at Hotels	Insufficient resources	Resolved: Both departments increased resources
29 March	OS Meeting Requirement for additional PPE at Hotels	Additional PPE required	Resolved: Additional PPE supplied

Question 12: Were there any instances where you felt that cooperation or support from other agencies or departments was not adequate or forthcoming?

101. I believe all the staff involved from all departments and agencies worked incredibly hard and for extensive periods of time to pull the Hotel Quarantine Program together, particularly without any previous experience in such a program. I felt that all agencies cooperated to the extent of the authority or departmental direction they were operating to.

102. My role required me to have some direct conversations, particularly when I felt that individuals or other agencies did not quite understand the emergency management arrangements, or they did not have a practical understanding of the application of those arrangements. There was often a need to clarify the environment we were working to, by that I mean the emergency management arrangements or government business as usual procedures and practices. I also believe that all involved had good intentions and such conversations are not unusual in a dynamic emergency management context.

103. In a normal departmental or business environment putting a program like this together, with the appropriate resourcing, contractual arrangements, policy, guidelines, training and testing would take many months. This program had to be up and running in less than two days after the announcement. This meant that by necessity the program was built as it was being rolled out, and we would not have pulled this together without cooperation and support and without staff having worked well beyond what should reasonably be expected of them in a normal work setting. I observed staff from all agencies and departments working excessive hours, managing extremely complex situations, in the absence of complete information and mature guidelines or policies. I observed staff operating in high stress environments each day. and it was the support of colleagues from all departments that saw us complete each day and each task having the health and safety of returning passengers and staff in hotels as their number one priority.

Question 13: Did you have any views about the use of:

(a) Australian Defence Force personnel;

(b) Victoria Police officers or Protective Services Officers;

(c) Private Security Contractors; and

(d) others,

in supporting and enforcing the Detention Orders in relation to the Hotel Quarantine Program? If so, what were those views; when did you form them; to whom did you relay them; and what response, if any, was there to your expressing those views?

Australian Defence Force personnel

104. Australian Defence Force (**ADF**) personnel were deployed to Victoria in response to COVID-19. ADF personnel were in the SCC in planning support roles, and provided assistance to the Public Health Command in planning and logistics.

105. I had worked with the ADF personnel in the SCC during the response to the Victorian bushfires and was very familiar with them. In response to COVID-19, I worked with those same ADF personnel. In my role I had regular discussions with them regarding ADF support requests and extensions of existing support requests. My experience with the ADF personnel was that they were very willing to support us in planning and logistical roles, and I found them to be extremely helpful throughout the State's response.

106. It was my understanding at the time of the establishment of the Hotel Quarantine Program, and pursuant to the Australian Government COMDISPLAN 2017, that Defence Assistance to the Civil Community (**DACC**) requests, require the home state to attest that they cannot meet

the desired request through the use of that home state's resources, including both government and commercial resources.

107. A copy of the Australian Government's COMDISPLAN 2017 is publicly available at https://www.homeaffairs.gov.au/emergency/files/plan-disaster-response.pdf

108. In other words, emergency management work towards clear parameters and it is common practice that States must have exhausted local services before going to the ADF for assistance. In my view, this is standard operational procedure, and it is not unusual that the ADF did not have 'boots on the ground' with regards to the Hotel Quarantine Program. This is especially so in circumstances where local services had not been exhausted in Victoria.

109. During the operation of the Hotel Quarantine Program, I was not aware of any specific ADF offer for ADF personnel to work directly in the Program. If the ADF was to increase personnel support for the Hotel Quarantine Program, I understood that such support would be an extension of the support already being provided in the planning and logistical roles.

110. At the SCC meeting at 6.00pm on 28 March 2020 the ADF representative at that meeting made the following statement that confirmed my understanding that ADF would not be patrolling hotels in Victoria.

SCC Meeting 28 March 2020.

56min 20 seconds – Andrew Crisp EMC and ADF Representative

EMC – "ADF, anything further that you might wish to raise?"

ADF – "No Andrew, just noting that the news tonight mentioned that ADF would be patrolling the corridors of hotels, Ah not in Victoria!

111. This statement by the ADF representative reinforced my understanding of the role the ADF was performing in Victoria, and that they were not available for operational roles within the Hotel Quarantine Program.

112. At the time of planning for the Hotel Quarantine Program, on 27 and 28 March 2020, it was my understanding that security arrangements had already been put in place by DJPR, and that DJPR were working with Victoria Police to refine those arrangements and the role of Victoria Police in Hotel Quarantine. In those circumstances, I did not see the need for ADF at that early stage.

113. I believe that it is also important to understand that no one had operationalised hotel quarantine prior to this emergency. In my view, we were putting a model together in a very short space of time, and we could adapt or adjust that model very quickly as issues or risks developed.

Victoria Police officers or Protective Services Officers

114. Based on my previous experience with Victoria Police, it was my view that they were well placed to have a role operationally in the Hotel Quarantine Program.

115. However, I understood that DJPR had put together an 'end to end' program and that planning between DJPR and Victoria Police had occurred and was continuing, which included hotel site visits between DJPR and Victoria Police. As such I was comfortable that the relevant expertise was involved to identify security issues and produce a model suitable for the commencement of the program. Specifically Victoria Police's involvement was raised early on during the OS meeting on 27 March 2020, and I understood that there was to be a further conversation between the representative for DJPR and Victoria Police Command and the Victoria Police planning team regarding exactly how that interface between police and security would translate in the program. Victoria Police were also present each day in the Operation Soteria meetings, as such they had the opportunity to hear issues and bring issues to that meeting, meaning they had the opportunity to continuously review their role in the Hotel Quarantine program.

116. I was also aware Victoria Police Command had been consulted by DJPR, and their preference was to support security. I was comfortable at that stage that DJPR and Victoria Police would come up with an appropriate model of support and if necessary, we could adapt that model to account to any risks or issues that we observed.

117. I also understood that there were ongoing conversations between DHHS compliance and enforcement, DJPR, and Victoria Police over the following days regarding extent of Victoria Police's involvement. Initially there were concerns held that absconding of returned travellers would be an issue, and that was a particular reason why Victoria Police assistance was sought. However, as the program was stood up, it transpired that returned travellers were not absconding and it was not a substantial issue as originally anticipated.

118. Had there been a greater need demonstrated for Victoria Police presence raised with me, I would have requested it. As I understood it, Victoria Police were there to respond to escalated needs. By 4 April, protocols for Victoria Police attendance were formerly put in place through the development of an Operation Soteria – Attendance Guidelines or escalation plan, and as I understood it, Victoria Police adhered to those guidelines.

119. On 16 April 2020, Victoria Police held a security forum chaired by Superintendent Richard Paterson. This meeting had DHHS (Hotel Accommodation Command, Public Health, and Enforcement and Compliance), DJPR and representatives of the security companies. Again, this was a further opportunity for all agencies and Victoria Police to review the security arrangements and Victoria Police role if required.

120. My other consideration in relation to Victoria Police at the time was that they were providing a significant response to support the prevention of the spread of COVID-19 in conjunction with the compliance checks and enforcement operations. At the time these operations were a significant educational and deterrent for the community, and any Police resources that were potentially diverted away from that operation for hotel quarantine may have had a detrimental impact on our capacity to reduce the community spread of COVID-19. As a result, I was comfortable to accept the initial model agreed between DJPR and Victoria Police at the time.

Private Security Contractors

121. I personally expected that private security contractors would have had a role to play in the Hotel Quarantine Program, the exact role depended on the roles and resources taken by other agencies. Other than that, I do not hold any other views about private security contractors.

Others

122. As the program evolved, others that we considered to potentially assist with the Hotel Quarantine Program included staff from Qantas and Virgin for customer service operators to work alongside security.

123. My personal views with regards to these staff was they were well placed to follow procedures and guidelines and very trainable, they had customer service training and were used to resolving issues and complaints.

124. On 24 June I produced a draft Options Analysis paper which included the potential use of airline staff amongst others [available at DHS.5000.0073.0231].

Welfare Arrangements

Question 14: To your knowledge, what welfare arrangements were in place for people in hotel quarantine? Did those arrangements change over time? Please provide details.

125. I believe that the very initial welfare arrangements were put in place for the first day of operation on 29 March 2020, had limited understanding of the risks or issues that may arise in the Hotel Quarantine Program.

126. We had no passenger health or demographic information, and no experience in how people might react in a quarantine environment, other than to draw a comparison to what people's needs are in other emergency and crisis situations. In the circumstances, we first implemented standard emergency management health and welfare arrangements, which included Field Emergency Medical Officers (**FEMO**) and contract nurses. We also enlisted the assistance of GP's and mental health nurses to complement these emergency arrangements.

127. As the Hotel Quarantine Program progressed, these arrangements were quickly expanded and refined.

128. Details of the welfare arrangements in place for people in quarantine are contained in the four versions of the Operation Soteria Operations Plan. The various versions of the plan outline the changes to these arrangements which occurred between 28 March 2020 and 26 May 2020.

129. As at 28 March 2020 (Version 1 of the Operations Plan), the welfare arrangements included providing regular welfare calls to all quarantined returned travellers.

130. As at 26 April 2020 (Version 2 of the Operations Plan), providing for the health and welfare needs of returned travellers had become a defined objective of Operation Soteria. Version 2 of the Operations Plan described the welfare of returned travellers as one of the "*highest priorities."*

131. I believe the following circulation of Version 2 of the Operations Plan, the Department appointed specific welfare staff to accommodate the health and welfare needs of returned travellers. Further, the Department's Commander - Accommodation worked closely with Public Health Command, the mental health unit, the food safety unit and others to ensure welfare needs were met, and that returned travellers were being detained safely.

132. I believe that the Department's welfare staff cooperated with the DJPR in identifying and documenting the various welfare needs of returned travellers at the hotels, and that they continued to provide regular welfare calls to address psychological, physical and family violence needs.

133. The welfare of returned travellers remained a priority pursuant to Versions 2.1 and 3 of the Operations Plan. I do not believe that the welfare arrangements materially changed between 26 April 2020 and 8 May 2020.

Question 15: What were the rules and policies in respect of "fresh air breaks" for people in hotel quarantine? Did those rules and policies change over time, or differ depending on the location? Please provide details, including relevant documents.

134. I was not personally involved in the development of the rules and policies in relation to "fresh air breaks."

135. However, I believe that initially, there was no specific policy or procedure in place in relation to fresh air breaks and that requests from returned travellers for such breaks could not be accommodated due to capacity constraints.

136. I believe that approximately seven to ten days after the commencement of the Hotel Quarantine Program, fresh air breaks for returned travellers were introduced following discussions with and advice from from Public Health Command that such breaks were required in accordance with the *Victorian Charter of Human Rights and Responsibilities Act 2006.* Public Health Command's policy on these breaks is set out in Annex 1 *COVID-19 Compliance Policy and Procedures – Detention and Authorisation* (**Annex 1**), dated 30 April 2020 (available at DHS.0001.0076.0006 with enclosures at DHS.0001.0076.0009 and DHS.0001.0076.0076).

137. I understand that the policy and procedure relating to fresh air breaks was developed over time and had to be applied on the ground at each individual hotel, which had different areas where returned travellers could undertake their fresh air walks. I believe it was ultimately left to the Authorised Officer on site at each hotel to implement the policy. As I did not work physically at the hotels, I am unable to provide more particularity as to how the policy was specifically implemented at each hotel.

Your reflections on the Hotel Quarantine Program

Question 16: What, if anything, do you consider that:

(a) the Department;

138. I am not aware of all of the actions taken and decisions made across the Department in the course of the Hotel Quarantine Program. However, in my view, the Department responded quickly in a rapidly changing situation to redefine business priorities and to surge staff into critical COVID-19 operations.

139. The Department was forced to redesign its organisational structure very quickly, and recruited many additional staff to deal with the newly developed roles in the context of the Hotel Quarantine Program. At the same time, the Department was still required to maintain critical government functions.

140. I believe that it is inevitable in these complex circumstances that, at times, issues relating to coordination or communication will arise. While it could be said that the Department should have coordinated across operations better at times, COVID-19 has been a very dynamic and unprecedented emergency. In addition to the Hotel Quarantine Program and the Public Health control, the Department has led major operations, including the rapid establishment of testing sites (100,000 tests in 10 days), operations to lock down and support residents in high rise towers, operations to procure and distribute PPE and medical equipment (such as ventilators at times of worldwide shortages). It also led projects in relation to hospital capacity and provided assistance to the commonwealth government in response to the COVID-19 impacts on aged care.

(b) other government departments or private organisations;

141. I am unable to provide any commentary on the decisions and actions of other government departments or private organisations on the basis of my own knowledge and experience.

142. However, I believe that all staff involved in the Hotel Quarantine Program worked incredibly hard to develop and implement Operation Soteria. I have admiration for the efforts of many of those staff and the support they provided me in the course of my work.

(c) you,

143. I believe that my role in the Hotel Quarantine Program was very complex to navigate. Trying to coordinate across very different levels of governance (Public Health Command, Government and Emergency Management) was a constant challenge. I sought the advice of peers, Class 1 State Controllers, Agency Commanders and the EMC at times during this role.

144. I am confident that I navigated these challenges as effectively as possible. If I had to do it again, I think I would push harder to embed a Public Health Liaison officer into the SCC and then into Operation Soteria. However, this was yet another compromise, as doing this would have taken expertise away from vital Public Health roles.

should have done differently, in relation to the Hotel Quarantine Program?

Further Information

Question 17: If you wish to include any additional information in your witness statement, please set it out below.

145. The Hotel Program Quarantine was put together and had to be operational in 34 hours, (31 hours from the first multi-agency SCC meeting). At the inception of the Program, we had no intelligence as to what to expect in terms of passenger demographic, or their reaction to quarantine.

146. I believe that the decisions made by all agencies and departments in the planning phase were sound, and those early decisions were subject to daily review as further information was established.

147. Much has been made of the decisions around ADF and Victoria Police, however the program planning and early decisions intentionally tried to balance humanity and security. Those returning were Australian citizens who had committed no crime and we did not intend to treat them as if crimes had been committed. There is a necessary balance we must always strike when limiting human rights. That balance is not only in the actual limitations but the visual impact on those detained.

148. We anticipated compliance in most cases, and this proved to be the case throughout the Hotel Quarantine Program. Uniformed ADF and Victoria Police may have had a more detrimental effect on the mental health of those quarantined and their acceptance of the program. It also may have stymied some of the good work that our welfare people did with people that were experiencing mental illness, no one could know.

149. Accordingly, we aimed for a compassionate program that had the least impact of mental health of returning Australians, many of whom had been through significant distress, just trying to return home. Some of their stories are distressing, particularly in relation to how they were treated in other countries and the profound impact that this experience has had on their mental health. I believe that these stories and experiences in some ways, informed our decisions and actions. Whether a detention or enforcement-led response rather than a health-led response was more appropriate is a fundamental question of approach. Which of these two approaches would have been more successful depends on the criteria upon which each approach is judged.

150. It is my view that no single decision or action any department agency or private sector organisation resulted in outbreaks, I believe that the outbreaks occurred as a result of a combination of decisions and actions across a variety of government agencies and private sector organisations.

151. Ultimately, the urgency of the Hotel Quarantine Program following the decision of National Cabinet, necessitated very quick decision-making by those operationalising those decisions. In these circumstances it is inevitable that the full and thorough analysis normally afforded to an emergency program is challenged.

152. Whilst emergency response agencies have rigorous emergency management training and role clarity for staff, government departments generally have a limited small pool of emergency management specialists and a small pool of surge staff with basic emergency management training. Many involved in the Hotel Quarantine program, from senior decision makers, to VPS staff on the ground in hotels, had limited or no emergency management training. With no disrespect to the many hard-working staff who supported the program, it is my view that this training, and a stronger understanding of control, command, coordination and agency roles and responsibilities would have assisted staff in their day to day operations. I believe broader emergency management training should be delivered across all government agencies and departments.

153. The complex governance previously described in my statement, in my view, also requires review, specifically in relation to how emergency management arrangements, particularly in a significant class 2 emergency) intersect with the role of government

Signed at Melbourne

in the State of Victoria

on **8 September 2020**

Jason Helps