

CHAPTER 11

Correcting the course: the 'pivot' to a health hotel model

1. On 30 June 2020, work was already underway to transfer responsibility for some aspects of the Hotel Quarantine Program away from the Department of Health and Human Services (DHHS) and to make changes to the workforce involved in the Program.
2. On 27 June 2020, a submission prepared for the Crisis Council of Cabinet (CCC) described the Hotel Quarantine Program in the following terms:

DHHS currently has overall accountability for delivery of the hotel quarantine scheme. However, current operations utilise a combination of DHHS staff, Department of Jobs, Precincts and Regions [DJPR] staff, private security contractors, contract nurses and hotel support staff. This model has been built through a series of contractual arrangements across multiple departments, and security subcontracting arrangements.¹

3. The submission identified that there had been 'incidents of non-compliance with infection prevention and control and physical distancing requirements, particularly from security contractors'.² The submission further identified the highest risk activities in hotel quarantine as including inconsistent application and use of PPE, entry and exits of large numbers of quarantined people, goods handling and the provision of fresh air and exercise breaks.³
4. On 27 June, 8 July and 27 July 2020, the CCC approved a series of actions and measures intended to address those high-risk activities and the incidents of non-compliance that had been described.⁴
5. On 27 July 2020, full responsibility for quarantine hotels resided with the Department of Justice and Community Safety (DJCS).⁵ Although the Program, as it related to international travellers, was in abeyance because of the pause on international arrivals, designated hotels were still accommodating a number of COVID-positive persons who, for a range of reasons, were not able to safely self-isolate at home.⁶ Such people remained subject to directions and detention orders issued under the *Public Health and Wellbeing Act 2008* (Vic) (PHW Act), but responsibility for administering certain emergency powers under that Act, insofar as they related to the Hotel Quarantine Program, had been transferred away from the Minister for Health to the Attorney-General.⁷ Information provided to the Inquiry indicated that the plan was for DJCS to be the department responsible for quarantine arrangements if, and when, international arrivals to Victoria were to resume.
6. The transfers and changes that occurred in late June and July 2020 appear to have reflected assessments made by people at a range of levels within government that the model for hotel quarantine, as it stood in late June 2020, was not suitable and required remodelling.⁸

7. As explored in this Chapter, the three most significant elements of that remodelling or 'pivot' from DHHS-led quarantine to a program administered by DJCS were:
 - A. the involvement of Alfred Health as the provider of clinical and infection prevention and control services
 - B. the recruitment of a specialised workforce to work in the hotels, later complemented by a 24/7 Victoria Police presence
 - C. the consolidation of responsibility for all aspects of the Program, including contracts, into one department.
8. The evidence before the Inquiry richly demonstrated the necessity of these elements for a successful quarantine program. It was entirely appropriate that the Government took steps to insert these elements into the program. As set out in the Interim Report, those elements should be central to any future program.

11.1 The involvement of Alfred Health

9. The participation of Alfred Health in the Hotel Quarantine Program commenced in late May 2020, after the Rydges outbreak (see Chapter 9). Pam Williams, DHHS COVID-19 Accommodation Commander, gave evidence that Alfred Health was asked to provide clinical staff and infection control governance and training.⁹
10. Simone Alexander, Chief Operating Officer of Alfred Health, gave evidence of the elements of the model established by Alfred Health and implemented at the Brady Hotel when it became the 'health hotel'.¹⁰ The necessary elements of a facility-based model, including those described by Ms Alexander, are set out in the Interim Report.¹¹
11. At the time of the CCC decision, on 27 June 2020, Alfred Health was in place at the Brady Hotel and DHHS was working towards introducing Alfred Health-led clinical and infection prevention and control services across all quarantine hotels.¹² Subsequent reports to CCC, in July 2020, indicated the model included separate health teams at each hotel being placed on separate rosters, with those in control moving towards having staff not work at more than one quarantine hotel.¹³
12. Ms Alexander gave evidence that, as of 8 September 2020, Alfred Health had clinical responsibility for all hotels that were part of the Hotel Quarantine Program.¹⁴

11.2 The need for an alternative workforce

13. As set out in chapters 6 and 7, and as summarised in the CCC submission of 27 June 2020, the Hotel Quarantine Program was led by DHHS but delivered by a combination of various government departments, agencies, personnel and private contractors.
14. As of late June 2020, the outbreaks were understood, within the Government, to have been due, in part, to the conduct of private security guards or to vulnerabilities caused by the security guard cohort, including limited understanding of infection prevention measures and some difficulties associated with contact tracing. These issues were discussed in more detail in chapters 6 and 9.

15. The evidence of former Minister for Health, the Hon. Jenny Mikakos, was that, from the time of the Stamford Plaza outbreak, she had formed the view that private security was not the appropriate workforce for the Program, and that she asked her department to investigate other options.¹⁵ It was this view that led to the preparation of an options paper, a request (later rescinded) for Australian Defence Force (ADF) support as a temporary workforce¹⁶ and the decision to use Corrections Victoria staff in the first stage of what became a transfer of the whole Program away from DHHS.
16. It should be noted here (as has been discussed earlier, in Chapter 5) that an email exchange, produced in response to a compulsory notice from the Inquiry, revealed that, in early April 2020, an email was sent from Phil Gaetjens, Secretary to the Department of Prime Minister and Cabinet, to his Victorian counterpart, Chris Eccles AO, the then Secretary to the Department of Premier and Cabinet.¹⁷ Mr Eccles gave evidence that he had requested that the Commonwealth assist with the cost of private security at hotels.¹⁸ Mr Gaetjens responded that New South Wales had been provided with support in the form of ADF personnel and that the same support might be available to Victoria if it were to reconsider its model of operating the Hotel Quarantine Program.¹⁹
17. Mr Eccles did not, so far as the documentary evidence reveals, respond other than by return email to say 'thanks'.²⁰ His oral evidence was that he could not recall taking any other action in response to this email.²¹ He did not pass on this information to the Premier.²² This was an opportunity lost to reset the model insofar as the use of private security was concerned. I cannot make a finding about the outcome had those responsible for Operation Soteria or the Minister for Health or the Premier been made aware of the specific potential for ADF support as security in hotels. What I do find is that, given the issue he sought to address by making contact with the Commonwealth (the significant cost to the public purse), it was a most unfortunate and inexplicable oversight on the part of Mr Eccles not to pass on this significant information to the Premier and Minister for Health.
18. In late June 2020, the Government revisited the availability of the ADF to provide support. After a discussion on 23 June 2020, Melissa Skilbeck, a deputy secretary at DHHS, was asked by the then Secretary of DHHS, Kym Peake, to prepare an options paper setting out alternatives to the use of private security.²³ One option was the increased use of ADF, although the preferred option was to use police and Protective Services Officers.²⁴
19. Also on 23 June 2020, the Premier had a conversation with the Prime Minister during which the possibility of additional ADF resources was discussed.²⁵ The following day, Mr Eccles sought, and received, information from Ms Peake about the forms of ADF assistance that Victoria required. Ms Peake's email identified a number of different forms of support unrelated to the Hotel Quarantine Program but included a request for 50–100 people for 'ADF security support for passengers entering and exiting hotel quarantine'.²⁶ Mr Eccles then sent an email to Mr Gaetjens giving a 'heads up' that the request would be made.²⁷
20. As the Emergency Management Commissioner for Victoria, it was Mr Crisp's role to make formal requests to the ADF.²⁸ He gave evidence that, after a meeting on 24 June 2020 with Ms Skilbeck, he was asked to make a request for 850 ADF officers, that being the number needed to replace private security in full (rather than the smaller number of 50–100 that had originally been identified in the options paper).²⁹ He made that, as one of a number of requests, having been asked by DHHS to do so.³⁰ The request was approved by the Commonwealth.³¹
21. On the morning of 25 June 2020, Commissioner Crisp exchanged text messages with Rebecca Falkingham, Secretary of DJCS, and the Hon. Lisa Neville MP, Minister for Police and Emergency Services, regarding the request that had been made the previous day.³² Ms Falkingham and Ms Peake exchanged emails suggesting their view that Minister Neville would have a strong reaction to the use of the ADF.³³ Minister Neville, herself, said she had been surprised to learn of the ADF request via media reporting, rather than being informed.³⁴
22. In the course of the day, Commissioner Crisp spoke to Ms Falkingham, who told him that other options to replace private security were being investigated.³⁵ At the request of Ms Falkingham, Commissioner Crisp rescinded the request for the 850 ADF personnel.

23. At 12.21pm on 25 June 2020, Mr Eccles received an email from Ms Peake that referred to 'multiple conversations yesterday ... to scope options to replace hotel security, which is a priority, and the RFA [request for assistance] is being rescinded as further options are being developed'.³⁶
24. A document summarising an alternative model was circulated by Ms Falkingham on 26 June 2020.³⁷ She noted that because of 'capacity issues with using VicPol we are using primarily Corrections [Victoria] staff'.³⁸ The model was described as a multi-agency response that would not change governance arrangements but that would 'phase out reliance on private security providers and ensure a more disciplined approach to infection control in hotel quarantine'.³⁹ In essence, it proposed leaving health services with DHHS, provided by DHHS workers and Alfred Health, and making supervision of those in detention the responsibility of DJCS, led by Corrections Victoria.
25. The following day — 27 June 2020 — CCC was presented with a submission inviting a decision to give effect to the alternative model.⁴⁰ Consistent with the document circulated by Ms Falkingham, the submission retained DHHS as the agency in overall control but advocated for DJCS as being well placed to 'quickly mobilise an effective, disciplined and well-trained workforce to deliver the supervision function'.⁴¹ That workforce was to comprise Residential Support Officers (RSOs), who were to be drawn from the existing DJCS workforce and from contracted agencies, and to be built up over time to gradually replace the private security workforce.
26. As of 9 July 2020, the RSO role involved:
 - A. supervising entry and exit points
 - B. monitoring entry and exit of guests
 - C. escorting and supervising guests for outdoor exercise as directed by the Authorised Officer
 - D. escalating issues to the hotel's Team Leader.⁴²
27. RSOs reported to the Team Leader at each hotel, who was responsible for working with the relevant Authorised Officer.⁴³
28. The proposal to use the Corrections Victoria workforce was based on its staff having skills in supervision, communication, de-escalation and conflict management, and on them being bound by the Victorian Public Service Code of Conduct, and skilled at maintaining professional boundaries.⁴⁴
29. Use of that workforce necessitated engagement with the Community and Public Sector Union (CPSU) regarding its likely concerns about workplace health and safety and the need for robust risk assessment and management processes.⁴⁵ As was noted in subsequent CCC submissions, there was a risk that DJCS staff would contract COVID-19 as private security guards had, and there were information and briefing materials developed by Alfred Health and the DHHS Infection Prevention Cell, and statewide operating procedures designed to minimise that risk.⁴⁶
30. The planning for this new workforce included 'robust recruitment processes, clear communication of expectations and roles, operating model design, high quality supervision and swift consequences for any misconduct and unacceptable behaviour'. These measures were intended to 'manage the risk of RSOs failing to provide more effective supervision than private security contractors, leading to more outbreaks'.⁴⁷
31. Those proposing the model were alive to the risk that use of Corrections Victoria staff might create the perception that those in quarantine were being treated too forcefully and might raise issues with the *Charter of Human Rights and Responsibilities Act 2006* (Vic).⁴⁸

11.3 Transfers of accountability

32. From 2 July 2020, Corrections Victoria assumed progressive responsibility for the first tier of enforcement at quarantine hotels (re-named 'supervision services'), while responsibility for the overall program remained with DHHS.⁴⁹
33. On 9 July 2020, CCC was asked to approve a general shift in accountability, from the Minister for Health to the Attorney-General, for delivery of the Hotel Quarantine Program.⁵⁰ The Chief Health Officer was to advise the Minister for Health on all matters related to the COVID-19 response and the Attorney-General in relation to the Hotel Quarantine Program. The Chief Health Officer, Deputy Chief Health Officers and Authorised Officers would be subject to the directions and control of both the DHHS Secretary and the DJCS Secretary so far as the Hotel Quarantine Program was concerned.⁵¹
34. As part of that shift, DJCS assumed responsibility for:
 - A. detention oversight
 - B. management of health services through a contract with Alfred Health
 - C. management of hotel services (including any incidents at hotels)
 - D. coordination of the enforcement function provided by Victoria Police.⁵²
35. This meant the transfer of contracts previously held by DJPR, which had been in the process of being transferred to DHHS,⁵³ went to DJCS.⁵⁴
36. The three private security firms originally contracted by DJPR (all of whose contracts had expired on 30 June 2020)⁵⁵ were transitioned out by 11 July 2020,⁵⁶ and all returned travellers were consolidated to a reduced number of sites.⁵⁷ As of 10 July 2020, there was a pause on international arrivals into Victoria, so numbers in hotel quarantine were reducing, but other COVID-related accommodation needs were supplementing those numbers.⁵⁸
37. On 27 July 2020, further changes were reported to CCC and a decision was made to transfer overall administrative responsibility for Operation Soteria from DHHS to DJCS.⁵⁹ This meant that the whole of the Program would lie with DJCS, with relevant administrative changes to make the Attorney-General responsible for relevant sections of the PHW Act. The change was part of the transfer of responsibility for all COVID-19 emergency accommodation to DJCS.
38. The Commissioner for Corrections was appointed as the Deputy State Controller Health — Soteria to report to the State Controller — Health and the Emergency Management Commissioner, and to be a member of the State Control Team.⁶⁰
39. A feature of the new model was a different level of police presence when compared to the quarantine hotels prior to this pivot or remodelling. A request was made on 16 July 2020 by DHHS to Victoria Police to provide a 24/7 on-site enforcement presence.⁶¹ This followed the assessment that the security services subcontracted by Alfred Health had demonstrated some of the same vulnerabilities identified in the private security guards contracted by DJPR, including insufficient training, poor communication, inappropriate subcontracting and a lack of understanding of infection control practices.⁶²
40. Victoria Police agreed to the request. Noting that Victoria Police had never been formally asked to provide a 24/7 presence at the quarantine hotels, Chief Commissioner of Police (CCP) Shane Patton said that the decision to provide such a presence at the 'hot' or 'health' hotels was influenced by the fact that those in the hotels presented with particular vulnerabilities and a range of risks that elevated the requirement for police presence.⁶³ That presence took the form of controlling access and egress, having a presence in the foyer and having a mobile presence patrolling the floors in support of the customer support officers.⁶⁴

41. At the request of the Inquiry, CCP produced and described, in evidence, the documentation developed to support the police presence.⁶⁵ He said that there had been a full risk assessment, which had led to the creation of detailed procedures to ensure member safety. They included a Senior Sergeant taking the role of Safety Officer, briefings for all members, written instructions for different roles and the delineation of 'green' and 'red' zones with training for contamination events and specific locations for decontamination.⁶⁶

11.4 Implications of the pivot

42. Commissioner Crisp's evidence was that the pivot to allocate control functions for the Hotel Quarantine Program to DJCS reflected the overall scale of the required COVID-19 response rather than any suggestion that DHHS was not the right agency to have been given initial control.

We got to a point with all these operations that one State Controller could not sit above so many Deputy State Controllers with a whole range of different operations. Some of them were escalated to the Secretary that DHHS has taken on. So part of that control piece is that span of control and, in my opinion, the Secretaries could not sit over all those operations.⁶⁷

43. The Premier agreed, in evidence, that the three significant shifts made to the Hotel Quarantine Program reflected some of what had gone wrong in the Program as it was initially established.⁶⁸ It did not have a sufficient clinical focus. It did not have an appropriate workforce. Although under the control of DHHS in emergency management terms, its reliance on private contracts held by DJPR meant there was no single point of accountability.
44. However, instead of consolidating responsibility for all aspects of the Program in DHHS, the department responsible for public health and communicable disease, the decision was made to transfer it all to DJCS.⁶⁹ An initial decision to replace private security guards with Corrections Victoria workers became,⁷⁰ within the month, the wholesale removal of the Program from DHHS to DCJS as part of the transfer of all COVID-19 accommodation programs.⁷¹
45. That the Program was removed from DHHS, the department with public health expertise, and given to DJCS, a department with no such expertise, including relevant accountabilities under the PHW Act, leads me to conclude that there was a view within government that DHHS was not capable of running the Program on its own, at least at that time. References in CCC submissions to DJCS being the department best placed to have sole accountability and operational control of the Hotel Quarantine Program⁷² underpins the inference I draw that the CCC formed a view that DHHS was not best placed to hold those functions.
46. Former Minister Mikakos, in effect, seemed to share this view in her evidence, commenting that the multi-agency response to the Hotel Quarantine Program meant there were 'too many cooks spoiling the broth'; that DHHS lacked the contractual levers with either the hotels or security contractors, which was a significant weakness in how the Hotel Quarantine Program had been structured. She provided support for the transition of the Hotel Quarantine Program to a single agency (DJCS) that would be responsible for running all aspects of the Program.⁷³
47. Mr Eccles, when asked whether the pivot suggested that the Program should not have been placed with DHHS under the emergency framework, resisted that suggestion. His answer particularly related to workforce issues.

I don't think it's as simple as saying everything would have been ... everything would have been better if originally Corrections [Victoria] had been responsible for the program. I mean, it emerged over time what the particular complexities were with the cohorts of people who were being detained and the supervisory arrangements, and I think the skill set of Corrections Victoria staff, it became apparent that private security was facing particular challenges, the sort of skill set that Corrections Victoria staff have in managing complex individuals with vulnerabilities, their ability to de-escalate particular situations, which is a feature of the hotel quarantine experience, so it's less about Corrections Victoria per se and more about the skill set of the workforce that is fit for a contemporary purpose. I wouldn't want to go back and use that as the basis for saying that there was an error in the original ... the original arrangement.⁷⁴

48. Inconsistent with this answer was the fact that Corrections Victoria recruited significant numbers of new staff for the Hotel Quarantine Program rather than using existing workers.⁷⁵ As of 9 July 2020, only 100 of the estimated 1,000 workers needed had come from inside Corrections Victoria, with recruitment from furloughed airline workers and other COVID-affected workforces also in train.⁷⁶ This suggested that it was not, in fact, a specific Corrections Victoria skill set that was required.
49. The decision to replace private security guards with RSOs⁷⁷ — a change in title while leaving the duties largely unchanged — reflected the extent to which the role played by private security guards had been well outside the scope of usual static guarding.
50. As set out in Chapter 6, the role creep that occurred in the duties assigned to security guards, plus the range of other issues identified in Chapter 6, meant that the roles they ultimately performed, in the absence of a clear supervisory structure and proper training, were not suited to such personnel. It was not reasonable to assume, with the tasks they had gradually thrust upon them, that those trained as static security guards would have the skill set and training necessary to work in this complex and dangerous environment. The submissions in June and July 2020 to CCC recognised the true nature of the role and the skill set required.⁷⁸
51. A clear conclusion to draw from the pivot is that it was designed to provide for a greater degree of direct supervision and control exercised by the responsible department (DJCS) over those working in the Program. With RSOs being government employees, and Alfred Health providing services pursuant to a contract administered by DJCS,⁷⁹ none of the issues of subcontracting or contract management by different departments would arise. The Government, through DJCS, retained direct control over service delivery and was directly accountable for the safety of those in quarantine.⁸⁰ Whereas, in the initial model, security guards, nurses and cleaners were hired by and, in the first instance, accountable to external contractors, the model after the pivot created a line of control within government; for instance, there were team leaders for all RSOs, who were, themselves, government employees, rather than team leaders being security contractors or subcontractors.
52. The anticipated and actual involvement of unions in the planning of the new model — there were multiple references in the CCC submissions to the importance of consultation with the CPSU, the Transport Workers Union and the Police Association⁸¹ — reflected the greater degree of concern attached to workplace health and safety for those government employees than appeared to have been the case when planning for workplaces that were to be largely staffed by private contractors.⁸² Rather than contracting out responsibility for training and PPE, the Government retained that responsibility. The hotel environment, after the pivot, became a safer workplace for those working in it, and this was, in part, attributable to the higher expectations — enforced where appropriate by union engagement — that government employees have of their employers.

53. The decision to place Victoria Police in a 24/7 role in the health hotels occurred in the context of the hotels housing COVID-positive people from a range of community locations, including public housing towers, which were locked down in early July 2020 as the pivot in the Hotel Quarantine Program was taking place.⁸³ In fact, any cohort of future returning travellers and international arrivals going into quarantine will be a diverse cohort and will, as the evidence of expert trauma psychologist, Dr Rob Gordon, suggests (see Chapter 12.2) include a substantial percentage of people with additional needs or vulnerabilities.⁸⁴ This suggests a role for Victoria Police in any future iteration of a Hotel Quarantine Program.
54. Whether enforcement in any future model is provided by police members or not, the model of operating instructions used for Victoria Police members provides a guide to the level of detail required in the operating procedures for a future enforcement workforce. That degree of detail and rigour ought to have been present in the instructions provided to private security guards. As set out in chapters 6 and 7, the Government took inadequate steps to ensure the safety of contractors working in the Hotel Quarantine Program, with heavy reliance on contractors to supervise themselves and obtain their own advice and develop their own safe systems of work. Whether a future quarantine model uses private contractors or not, there should be no departure from the principle that it is for the State to set, and to enforce, proper training and infection prevention and control measures for all those working in the system. This must be done to provide the safest system possible for workers at quarantine hotels, the people in quarantine and, thereby, the entire community.
55. The changes made to the Hotel Quarantine Program in June and July 2020 reflected deficiencies in the operating model that were apparent from much earlier than June 2020. The changes indicated that those deficiencies, once identified, were capable of being addressed.
56. DHHS had identified the need for a greater clinical focus but was slow to bring that focus to all of the hotels.⁸⁵ By late June, after the second outbreak, only one hotel — the Brady — was operating under the Alfred Health model.⁸⁶ An approach to Alfred Health could have been made sooner and the training and clinical governance developed by Alfred Health implemented more broadly than at one hotel.
57. In particular, the decision made by DHHS, in late June, to seek an alternative workforce to replace private security⁸⁷ indicated that DHHS had the power and authority to make that decision and could have done so earlier, either by consultation with DJPR or by having the contracts transferred to DHHS.

11.5 Conclusions

58. Notwithstanding the various explanations and justifications given in evidence, the Government's decision to remove the operation of this public health program (Hotel Quarantine) away from the department responsible for public health, DHHS, leads me to conclude that the Government formed a view by July 2020 that a single department needed to run the Program, and that it did not have confidence that DHHS was capable of running the Program on its own at that time.
59. The pivot created a governance framework whereby DJCS had clear and direct supervision and control over — and accountability for — those working within the Program, compared to the fragmentation and obfuscation of responsibility in the earlier iteration of the Program.
60. DHHS was slow to realise it needed to bring a greater clinical focus to the Hotel Quarantine Program. It was aware of, at least, some of the deficiencies in the Hotel Quarantine Program well before June 2020; it could and should have remedied them sooner.

61. By late June, after the second outbreak, only one hotel — the Brady — was operating under the Alfred Health model. An approach to Alfred Health could have been made sooner and the training and clinical governance developed by Alfred Health implemented more broadly than at one hotel.
62. The decision made by DHHS, in late June, to seek an alternative workforce to replace private security indicated that DHHS had the power and authority to make that decision and could have done so earlier, either by consultation with DJPR or by having the contracts transferred to itself.
 - A. Replacing private security guards with RSOs employed, trained and supervised by Corrections Victoria reflected and confirmed that privately contracted security guards were not the appropriate cohort to provide the roles that had expanded over time in the complex environment of the Hotel Quarantine Program.
 - B. Whereas, in the initial model, security guards, nurses and cleaners were hired by and, in the first instance, accountable to external contractors, the model after the pivot created a line of control within one government department rather than a structure that conceived of each on-site contractor or agency supervising itself.
 - C. The hotel environment after the pivot was a safer environment in which to work, due, in part, to greater attention to workplace safety following the engagement of a cohort with higher expectations of workplace rights and safety.
63. The 24/7 police presence at the health hotels recognised the value of a trained, salaried security presence that had supervised occupational health and safety operating procedures as required by a strong industrial advocate in the Police Association, and a recognition by Victoria Police of the need for worker safety operating procedures.
64. In the development of this 'health' model, there were multiple references in the CCC submissions to the importance of consultation with the CPSU, the Transport Workers Union and the Police Association. The involvement of unions and industrial advocates in the planning of the new model reflected the far greater degree of concern attached to workplace health and safety.

Endnotes

- 1 Exhibit HQI0177_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0012.0001.0464, DPC.0008.0001.3213.
- 2 Ibid DPC.0012.0001.0464.
- 3 Ibid.
- 4 Exhibit HQI0218_RP Witness statement of the Hon. Daniel Andrews MP, 1 [2], 2 [5]; Exhibit HQI0144_P First witness statement of Commissioner Andrew Crisp, 28 [63].
- 5 Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0012.0001.0835.
- 6 Ibid DPC.0012.0001.0837.
- 7 Exhibit HQI0186_RP First witness statement of Ms Kym Peake, 49 [254]; Exhibit HQI0211_P Witness statement of the Hon. Jenny Mikakos, former MP, 5 [27]; Administrative Arrangements Order (No. 236) 2020, <<https://resources.reglii.com/VGG.2020.79.S347.pdf/>>.
- 8 Exhibit HQI0211_P Witness statement of Hon. Jenny Mikakos, former MP, 5 [26]; Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0012.0001.0464.
- 9 Exhibit HQI0130_RP Witness Statement of Ms Pam Williams, 24 [51].
- 10 Exhibit HQI0099_RP Witness Statement of Ms Simone Alexander, 10–12 [41]–[50].
- 11 Board of Inquiry into the COVID-19 Hotel Quarantine Program (Interim Report, 6 November 2020) 13 <<https://www.quarantineinquiry.vic.gov.au/reports>>.
- 12 Exhibit HQI0099_RP Witness Statement of Ms Simone Alexander, 2 [11]–[12]; Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0001.0001.6545–6546.
- 13 Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0012.0001.0534.
- 14 Transcript of day 14 hearing 8 September 2020, 1042.
- 15 Exhibit HQI0211_P Witness statement of the Hon. Jenny Mikakos, former MP, 5 [25].
- 16 Ibid; Exhibit HQI0212_RP Annexures to the witness statement of the Hon. Jenny Mikakos, former MP, MIK.0144.0002.0001.
- 17 Exhibit HQI0180_RP Annexures to second witness statement of Mr Christopher Eccles, DPC.0014.0001.0004.
- 18 Exhibit HQI0179_RP Second witness statement of Mr Christopher Eccles, 4 [19]; Transcript of day 21 hearing 21 September 2020, 1772.
- 19 Exhibit HQI0180_RP Annexures to second witness statement of Mr Christopher Eccles, DPC.0014.0001.0004.
- 20 Ibid.
- 21 Transcript of day 21 hearing 21 September 2020, 1773.
- 22 Transcript of day 25 hearing 25 September 2020, 2150–2151.
- 23 Exhibit HQI0125_RP Witness statement of Ms Melissa Skilbeck, 10–11 [60]–[65].
- 24 Exhibit HQI0126(1)_RP Annexures to witness statement of Ms Melissa Skilbeck, DHS.0001.0001.2236.
- 25 Transcript of day 25 hearing 25 September 2020, 2152.
- 26 Exhibit HQI0180_RP Annexures to second witness statement of Mr Christopher Eccles, DPC.0018.0001.0002–0003.
- 27 Ibid DPC.0014.0001.0006. See also Transcript of day 21 hearing 21 September 2020, 1778.
- 28 Exhibit HQI0144_P First witness statement of Commissioner Andrew Crisp, 6 [12(j)].
- 29 Ibid 29 [69]; Transcript of day 17 hearing 15 September 2020, 1389.
- 30 Exhibit HQI0144_P First witness statement of Commissioner Andrew Crisp, 29 [69]–[70].
- 31 Exhibit HQI0142_RP Voluntary submission from the Commonwealth of Australia, HQI.0001.0002.0147–0148.
- 32 Exhibit HQI0148_RP Annexures to third witness statement of Commissioner Andrew Crisp, DOJ.515.001.0033–0034, DOJ.515.001.0018–0019.
- 33 Transcript of day 23 hearing 23 September 2020, 1958–1959.
- 34 Ibid 1960.
- 35 Exhibit HQI0144_P First witness statement of Commissioner Andrew Crisp, 29 [71].
- 36 Exhibit HQI0180_RP Annexures to second witness statement of Mr Christopher Eccles, DPC.0018.0001.0006.
- 37 Ibid DPC.0020.0001.0031–0032.
- 38 Ibid DPC.0020.0001.0031.
- 39 Ibid DPC.0020.0001.0032.
- 40 Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0012.0001.0463, DPC.0008.0001.3213.
- 41 Ibid DPC.0012.0001.0468–0469.
- 42 Ibid DPC.0012.0001.0536.
- 43 Ibid DPC.0001.0001.6541.

- 44 Ibid DPC.0012.0001.0468.
- 45 Ibid DPC.0012.0001.0472.
- 46 Ibid DPC.0012.0001.0545.
- 47 Ibid DPC.0012.0001.0546.
- 48 Ibid DPC.0012.0001.0546, DPC.0012.0001.0548.
- 49 Ibid DPC.0012.0001.0532.
- 50 Ibid DPC.0012.0001.0532; Exhibit HQI0177_RP First witness statement of Mr Christopher Eccles, 13 [51(g)].
- 51 Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0012.0001.0535.
- 52 Ibid DPC.0012.0001.0534.
- 53 Ibid DPC.0001.0001.5282.
- 54 Ibid DPC.0012.0001.0835; Exhibit HQI0195_RP Witness statement of the Hon. Martin Pakula MP, 5–6 [26]–[27].
- 55 Exhibit HQI0184_RP Witness statement of Mr Simon Phemister, 21 [101].
- 56 Exhibit HQI0069_RP Witness statement of Mr David Millward, 13–14 [79]; Exhibit HQI0061_RP Witness statement of Mr Gregory Watson, 25 [102]; Exhibit HQI0065_RP Witness statement of Mr Jamie Adams, 15 [109].
- 57 Exhibit HQI0178_RP Annexures to witness statement of Mr Christopher Eccles, DPC.0001.0001.6542.
- 58 'Information for overseas travellers' Coronavirus (COVID-19) Victoria (Web Page, 4 December 2020) <<https://www.coronavirus.vic.gov.au/information-overseas-travellers#cap-on-international-arrivals>>.
- 59 Exhibit HQI0178_RP Annexures to witness statement of Mr Christopher Eccles, DPC.0012.0001.0835, DPC.0012.0001.0832; Exhibit HQI0177_RP First witness statement of Mr Christopher Eccles, 14 [51(h)].
- 60 Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0012.0001.0838.
- 61 Exhibit HQI0170_RP Annexures to witness statement of Chief Commissioner Shane Patton, APM VPOL.0005.0001.1276.
- 62 Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0012.0001.0842.
- 63 Transcript of day 19 hearing 17 September 2020, 1653–1654.
- 64 Ibid 1657.
- 65 Exhibit HQI0171_RP Victoria Police safety officer instructions.
- 66 Transcript of day 19 hearing 17 September 2020, 1657.
- 67 Transcript of day 17 hearing 15 September 2020, 1392.
- 68 Transcript of day 25 hearing 25 September 2020, 2165.
- 69 Exhibit HQI0195_RP Witness statement of the Hon. Martin Pakula MP, 5 [24].
- 70 Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0008.0001.3213, DPC.0012.0001.0463.
- 71 Ibid DPC.0012.0001.0835.
- 72 Ibid DPC.0001.0001.6538.
- 73 Exhibit HQI0211_P Witness statement of the Hon. Jenny Mikakos, former MP, 5 [26].
- 74 Transcript of day 21 hearing 21 September 2020, 1783.
- 75 Exhibit HQI0178_RP Annexures to First witness statement of Mr Christopher Eccles, DPC.0012.0001.0538–0539.
- 76 Ibid.
- 77 Exhibit HQI0215_RP Initial Responses of Parties, DOJ.516.001.0006–0007.
- 78 Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0008.0001.3213–3214, DPC.0001.0001.6536–6552, DPC.0012.0001.0832–0833.
- 79 Exhibit HQI0099_RP Witness statement of Ms Simone Alexander, 20 [72]–[73].
- 80 Exhibit HQI0177_RP First witness statement of Mr Christopher Eccles, 14 [51(h)].
- 81 Exhibit HQI0178_RP Annexures to first witness statement of Mr Christopher Eccles, DPC.0001.0001.6552, DPC.0012.0001.0854.
- 82 Transcript of day 26 hearing 28 September 2020, 2216.
- 83 Exhibit HQI0169_RP Witness statement of Chief Commissioner Shane Patton APM, 10 [4.6]; Transcript of day 19 hearing 17 September 2020, 1652–1654.
- 84 Exhibit HQI0176_P Witness statement of Dr Rob Gordon; Transcript of day 20 hearing 18 September 2020.
- 85 Transcript of day 14 hearing 8 September 2020, 1040–1041; Exhibit HQI0099_RP Witness statement of Ms Simone Alexander, 2 [12].
- 86 Ibid 2 [10]–[11].
- 87 Exhibit HQI0186_RP First witness statement of Ms Kym Peake, 49 [254], 52 [271]–[272].