

TRANSCRIPT OF PROCEEDINGS

INQUIRY INTO THE COVID-19 HOTEL QUARANTINE PROGRAM

BOARD: THE HONOURABLE JENNIFER COATE AO

DAY 16

10.00 AM, FRIDAY, 11 SEPTEMBER 2020

MELBOURNE, VICTORIA

**MR A. NEAL QC appears with MS R. ELLYARD, MR B. IHLE,
MR S. BRNOVIC and MS J. MOIR as Counsel Assisting the Board of Inquiry**

**MS J. FIRKIN QC appears with MS S. KEATING for the Department of
Environment, Land, Water and Planning**

**MS C. HARRIS QC appears with MS P. KNOWLES and MR M. McLAY for
the Department of Health and Human Services**

**MS J. CONDON QC appears with MS R. PRESTON and MR R. CHAILE for
the Department of Jobs, Precincts and Regions**

**DR K. HANSCOMBE QC appears with MS H. TIPLADY for the Department
of Justice and Community Safety**

**MR R. ATTIWILL QC appears with MS C. MINTZ for the Department of
Premier and Cabinet**

MS R. WALSH appears for IKON Services Australia Pty Ltd and Mr Michael Girgis

MS A. ROBERTSON appears with MS E. GOLSHTEIN for MSS Security Pty Ltd

MR A. WOODS appears for Rydges Hotels Ltd

MR A. MOSES SC appears with MS J. ALDERSON for Unified Security Group (Australia) Pty Ltd

MR R. CRAIG SC appears with MR D. OLDFIELD for Wilson Security Pty Ltd

MS D. SIEMENSMA appears for Your Nursing Agency (Victoria) Pty Ltd

CHAIR: Good morning, Mr Ihle.

5 MR IHLE: Good morning, Madam Chair. The witnesses to be called today are as I announced at the end of yesterday. The first witness is Michael Girgis who I can see is already on screen with us. I understand he and his company IKON Services Pty Ltd are represented by Ms Walsh. I will ask her to announce her appearance.

MS WALSH: Good morning, Madam Chair.

10 CHAIR: Good morning, Ms Walsh.

MS WALSH: I appear for IKON Services Australia and for Mr Girgis.

15 CHAIR: Thank you. And good morning, Mr Girgis.

MR GIRGIS: Good morning, Madam Chair, good morning, Mr Ihle.

MR IHLE: Good morning, Mr Girgis.

20 Before I call on Mr Girgis in a formal sense, can I tender a statement of Mika Verosaari from AHS Hospitality Pty Ltd. The document ID is WIT.001.0026.0001.

CHAIR: Yes, Exhibit 127.

25

EXHIBIT #127 - STATEMENT OF MIKA VEROSAARI

30 MR IHLE: The board may recall there are a number of relevant documents that were tendered as a bundle yesterday that went in following the tender of Dr Romanes' statement and the annexures thereto, so the list of those six documents, I understand has been disseminated to the Board and to the parties with leave to appear, so unless you require me to announce them formally on the transcript, we will just proceed on the basis of that list being provided.

35

CHAIR: Thank you, Mr Ihle. That's a satisfactory process.

40 MR IHLE: Thank you, Madam Chair. That being the last of the formal matters for this morning, I will call Michael Girgis.

40

CHAIR: Thank you.

45 Mr Girgis, I understand that you wish to take the oath for the purpose of giving your evidence this morning. For that to happen I will hand you over to my Associate whilst that's being done.

MR GIRGIS: Thank you, Madam Chair.

MR MICHAEL GIRGIS, SWORN

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CHAIR: Thanks, Mr Girgis. I will hand you back to Mr Ihle.

Mr Ihle, just bear with me for one minute, will you, just before you start.

10 MR IHLE: Certainly, Madam Chair.

CHAIR: Yes. Thank you.

15 **EXAMINATION BY MR IHLE**

MR IHLE: I take it you can hear and see me clearly?

20 A. Yes, I can.

Q. Thank you. Can you just start by telling us your full name please, sir.

25 A. Michael Girgis.

Q. And am I to understand correctly that you are the General Manager of IKON Services Australia Pty Ltd?

30 A. That's correct.

Q. You were requested to make and subsequently did make a statement to this Inquiry?

35 A. Yes, I did.

Q. And that statement is dated 26 August of this year?

A. Yes. I believe so. Yes, it is.

40 Q. Do you have a copy of that statement there with you, do you?

A. I do have it handy, yes.

45 Q. And have you read that statement recently?

A. Yes, I have.

Q. Are the contents of that statement both truthful and accurate?

A. Yes, they are.

5 MR IHLE: Yes, thank you, Madam Chair. I tender the statement of Michael Girgis dated 26 August.

CHAIR: Exhibit 128.

10

EXHIBIT #128 - STATEMENT OF MICHAEL GIRGIS

MR IHLE: As the Board pleases.

15

Mr Girgis, throughout that statement you've referred to a number of exhibits and you've marked them, as I understand it, MG-1 through to MG-4. I want to make sure I've got the right number there. Are there four exhibits to your ---

20 A. There is five exhibits.

Q. I apologise, MG-1 to MG-5. And they are the materials you refer to in the body of the statement?

25 A. Yes, it is, yes.

Q. As far you are aware, are those statements truthful and accurate?

A. Yes.

30

MR IHLE: I tender as a bundle exhibits marked MG-1 through to MG-5, Madam Chair.

35 **EXHIBIT #129 - ANNEXURES TO STATEMENT OF MICHAEL GIRGIS**

MR IHLE: Mr Girgis, can you tell us what IKON Services Australia Pty Ltd is and what its usual business is?

40

A. So we are a company that currently employs about 1100 staff, so we provide predominantly cleaning services as well as other facility services. So we provide floor honing, we provide a little bit of - well, provide waste management as well, but again our prominent business is cleaning, commercial cleaning.

45

Q. When you say commercial cleaning, you've outlined in your statement at paragraph 11 a range of the clients you provide cleaning services for, and they

include sports stadia, offices, galleries including the National Gallery of Victoria?

A. Yes, that's correct.

5 Q. Is that a fair representative sample of your client cohort?

A. Yes. We have a wide spectrum. So we do provide services in a few fields --- a few sectors, rather.

10 Q. Yes. You also say that prior to the pandemic you were providing infectious cleaning services to a range of clients?

A. Yes, we do. The site I manage --- the company's largest site, and at my site, yes, we did provide infectious cleaning on a frequent basis.

15

Q. Sorry, you just broke up there. Can you say that again?

A. Yes, so I manage the company's largest site and the site that I manage, we do conduct infectious cleaning on a regular basis. Quite frequent, actually.

20

Q. Yes, and so what type of situations would call for you --- outside of the COVID situation, let's leave that to one side for a moment, what situations would call you to conduct infectious cleaning?

25 A. So we service a lot of food service areas, restaurants, kitchens, that type of thing. So there's food poisoning or the last occasion we had a sewage pipe that burst, so we had to go through and do an infectious clean-up of the whole restaurant. That is obviously validated by swab testing which is done by independent contractors, not ourselves, just to validate the cleaning.

30

Q. Yes. Thank you. You were engaged at some point to provide services to hotels in the Hotel Quarantine Program; is that right?

A. Yes, we were.

35

Q. Can you talk us through how that approach was made and what that ended up in as far as the services you were providing?

40 A. Yes. So I was contacted on about 11 April by the Managing Director, said that he was contacted by DJPR, that they required some infectious cleaning of rooms and the Government rep was going to be in touch with me. Subsequently I was contacted the next day, on the 12th, by Katrina Currie. She asked for a quote and I provided her a quote the same day, and about four days later we commenced our cleaning, so we did our first clean for the government.

45

Q. During those discussions over the 11, 12 April period, were you provided any information about the nature of the Hotel Quarantine Program in general?

A. No. Not specifically. Just that they would clean --- need fixtures cleans done within hotel rooms. It was really brief, wasn't really in detail.

5 Q. Was there any direction or instruction specifically given to you as to how you were meant to be performing those cleans?

A. No. Just sanitise and disinfect the rooms and fogging as well, at the time.

10 Q. What is fogging?

A. Fogging is a system we use, it's a machine that releases a mist with a chlorine-based agent chemical. It's basically there to kill the germs, anything that's lying on the surface.

15

Q. Okay. And were you told what rooms you were going to be cleaning in particular?

20 A. Not from the start, no. So we just provided a quote, and then the hotels or DJPR reps would be in touch with us, which happened throughout the program to provide these cleans. But not the first, the first day we weren't given hotels or rooms or any of that information.

25 Q. So is it the case that DJPR contacted you or did you contact them in the first instance?

A. I can't answer that because I was contacted by the Managing Director, so I believe he was contacted by DJPR or the Government.

30 Q. Given that that wasn't you that had that initial discussion, did he ever report to you what the substance of the discussion that he'd had with the DJPR rep was?

A. No. No.

35 Q. So are you able to say one way or another whether anyone from IKON, whether it be yourself or that other person told DJPR of the range of services that you could provide and how you would provide them?

40 A. Yeah, it wasn't me. Again, I'm not sure. I would be speculating if I give you that information.

Q. No, I don't want you to do that.

A. Yes.

45

Q. So as this process continued from 11 and 12 April through to when you first started working, and we will come to that in a moment, were you ever given any

instruction or guidance about how you were to perform the cleans?

A. No, we weren't.

5 Q. Were you ever told specifically what areas of the hotel you would be cleaning?

A. The rooms. It was rooms at the time. Only rooms. So we were engaged to only do hotel rooms.

10 Q. Was there anything significant or particular about the rooms that you were cleaning or were you doing all of the rooms?

A. No, it wasn't always all the rooms within the hotel, so we would be sent a list
15 prior, and we would have an idea, and we would obviously structure our team according to how many rooms we had to clean.

Q. Were you ever told how that list was compiled?

A. No. No.
20

Q. The board has received, through a number of witness statements and some
evidence of witnesses that there were cleaning guidelines that had been developed
from time to time through the Hotel Quarantine Program. Was IKON, as far as you
were aware, ever given any guidelines or policies about how cleans were to be done?
25

A. Yeah, there was a guideline that was sent to me in an email, which was again a
basic guideline by the government just to say the protocols at work site, which was in
line with what we were doing anyway. So there was no issues there.

30 Q. When you say it was in line with what you were doing, do you recall what the
specific elements of that cleaning were to be?

A. Yeah, it's just the type of chemicals we had to use, the process and again it was
exactly what we were doing. So PPE and that type of thing as well.
35

Q. You detail in your statement at paragraph 49 a number of work instruction
policies that IKON has developed for its own use.

A. Yes.
40

Q. At 49(a) there is the --- is it WI or W1?

A. WI, work instruction.

45 Q. Yes, work instruction 1102, "Sanitising (Disinfecting) Cleaning"?

A. Yes.

Q. "W1100: Infectious Area Cleaning --- PPE Pre & Post Clean" and "WI-1104: Forensic Cleaning." Are these work instructions that had any particular application in the work that you subsequently did in the Hotel Quarantine Program?

5

A. Yeah, they are infectious area cleaning. That is probably the most suited. Yeah.

Q. When you say that what you were doing was in line with the guidelines you were sent attached to that email, is that Infectious Area Cleaning the guideline that was internally guiding you --

10

A. Yes.

Q. -- and you said it was roughly synonymous?

15

A. Yes. Yes. It covers basically all the guidelines provided by the Government.

Q. Yes. Thank you. Now, just in respect of how IKON goes about cleaning, say, a hotel room. First of all, the hotel rooms that IKON cleaned, I take it, given your role, you weren't doing the cleaning yourself; is that right?

20

A. No, that's correct, yeah. My manager who runs the food services which I mentioned earlier, he's the one that was at the forefront of the operation and on the floor with the team.

25

Q. Yes. And your understanding, this might be one of those obvious questions, but you were cleaning rooms that had been previously occupied by people?

A. Correct.

30

Q. Yes. Can you talk us through, from your perspective and on behalf of IKON, the steps or the stages involved in an infectious clean of a hotel room?

A. Yes. So we --- obviously going in, we would have to have the full PPE on, from head to toe. We would go in, do, run the fogger, so we would run the machine, the mist which I mentioned earlier. That's obviously to run it over all the surfaces because we don't know if there is any pathogens, obviously it's very hard to tell. So we'd run it over all the surfaces, let it sit for about 10 minutes, once it's done then we go through and then we'd and wipe everything manually, again with a chlorinated chemical or based chemical, and once that's done, we'd wipe everything down manually, we would fog again with the mist, and that was the last stage of the process.

35

40

Q. That sounds like what you've described as a disinfecting type process. What about the more ordinary or run-of-the-mill cleaning type things? Would you, for example, ensure that there's no rubbish left around?

45

A. Yes.

Q. Would you vacuum the floor, do those types of things?

5 A. Yes, so if there was any rubbish on the ground or that type of thing, yes, we would pick it up and it would go to bio-waste bags. Any cutlery and that type of thing --- anything that has been used would go into the bio-waste bags but yeah, we didn't do vacuuming. So that wasn't part of our scope.

10 Q. When your cleaners attended these hotels was there, for example, linen on the bed and towels in the bathroom, do you know?

15 A. Yeah, some there was. And we were --- some hotels did ask us to put linen in bags and leave them outside in the corridor, which we did. Again, it wasn't part of the scope but it's something we did assist with on the occasions we were requested to do so.

20 Q. You said that you didn't vacuum. Did you have any understanding as to whether the floors would be vacuumed or had been vacuumed before your arrival?

A. No.

25 Q. Was it any part of your cleaning process to specifically treat any of the soft furnishings, whether they be chairs, drapes, curtains, those types of things?

A. No, the treatment they got was with the fogging machine when we went over the surfaces, but nothing specific. That's something that they asked for later, yeah.

30 Q. You say it was something they asked for later. Can you talk us through when that started?

35 A. Yeah, it was later, like end of June they changed their scope, right at the end of June, early July thereabouts, but it wasn't part of --- our scope was to disinfect and sanitise and fog. So, specifically what they asked for later was steam cleaning of carpets and, yeah, steam cleaning of drapes and curtains, which wasn't part of the original scope.

40 Q. Would that disinfecting process, Mr Girgis, involve your cleaners needing to move items of furniture to get to surfaces?

A. Yeah, potentially.

Q. Is that something that they would ordinarily do?

45 A. Well, we didn't do it, so it wasn't part of what we did. So even though they changed the scope later, it never went ahead.

Q. I just want to come back to this.

A. Yes.

5 Q. At the start when you started doing the infectious cleaning, you said you would fog on all of the surfaces.

A. Yes.

10 Q. If there were surfaces that were obstructed by furniture, whether it be the floor or the wall, even the underside of a table or the wall behind a table, would your cleaners be expected to move those items of furniture so they could access and fog the surfaces?

15 A. Yes. Anything that was easily accessible, yes. Not an issue. Unless it was a very heavy cabinet or something of that nature. But yeah, small items, chairs, and that type of thing, not a problem.

20 Q. What about a bed that is on castors or wheels, would they push that aside and fog behind and underneath that?

A. I'm not sure, to be honest. I can't answer that one.

25 Q. Okay. After you've gone through that process that you've described, fogging, wiping, fogging again, do you have, built into your own systems, any quality control? Is there a fresh set of eyes, for example, that comes into the room?

30 A. Well, we had our management supervision on site with these cleans, so they always checked. So after every room that was cleaned, it was checked. That is something again that we do on our own site, and it's something that we adopted throughout the program.

35 Q. So do we take from that answer, Mr Girgis, the manager on site would actually physically enter every room after it had been subjected to the fogging, wiping and fogging again?

A. Yes, correct. So once the final cleaning was done, yes, a final check would be done.

40 Q. In relation to infectious cleaning, we've heard some evidence earlier this week from the Chief Operating Officer of Alfred Health, she talked about the infectious cleaning that their contractors do, and she talked about the use of an ultraviolet light to check over surfaces. Is that something that IKON does?

45 A. We don't do that. So we do swab testing. Not ourselves, again it's done by an independent contractor.

Q. Okay, just talk us through that swab testing. What happens there?

A. So again, once we do our infectious cleaning, again on our side an independent contractor would go through, swab areas just to make sure, to verify the area is clean.

5

Q. Who was it that - first of all did IKON engage any contractors to do any swab testing in relation to its role the Hotel Quarantine Program?

A. Sorry, you cut out there for a moment. Can you ---

10

Q. I don't know if it's my end or your end. That is, did IKON engage --- you said you don't do the swab testing, a contractor does that?

A. Yes.

15

Q. Did you engage a contractor in relation to your role in the Hotel Quarantine Program to swab test?

A. I want to make something clear as well, just on the swab testing, the contractor is engaged by the client, not us --

20

Q. Yes.

A. -- so we didn't engage any contractors at all throughout the program. We actually don't engage contractors in general, that's not --- all our services are self-delivered, and all our staff are actually our staff, so they are employed by us.

25

Q. Okay, so when you talk about swab testing during infectious cleaning, is that something that happened in the Hotel Quarantine Program as far as you are aware or is that something that happens in other infectious cleaning that IKON does?

30

A. Yes, and again to be clear, that's something that happens in our normal environment where we operate. Within the hotel program, no, I believe there was no swab testing done.

35

Q. So as far making sure everything is clean, you've got your protocols and standards, specifically the one you've taken us to.

A. Yes.

40

Q. You've got your manager who goes into the rooms and makes sure everything has been done.

A. Yes.

45

Q. How can your manager, when he goes into the room, be sure that all the surfaces have been wiped and fogged?

5 A. Well, we can't. You can't see these things. That's why something like a swab testing is important. He will go in there to do his visual checks, make sure it's up to scratch, but that's all we can do. With something like infectious control, you do need to have something like swab testing to verify that.

Q. Are you aware as to whether IKON ever raised the possibility or suggestion of swab testing to DJPR as part of the Hotel Quarantine Program?

10 A. No. No, we didn't. Again, it's not something we do. It's not within our scope, so.

15 Q. But in your experience, when other entities ask you to do infectious cleaning, is it your evidence that you understand they undertake that quality control measure themselves, and independently?

20 A. I can only speak for my site, yes, and they are pretty stringent, so they do the swab testing once the infectious cleans are done. Again, I can't speak for other sides. I can only speak for my side.

Q. Yes, just before we close out on swab testing, is that something --- leaving aside hotel quarantine but on your side is that something that's done in respect of infectious cleaning sometimes, most times or all the time?

25 A. If there's a big breakout or food poisoning with food service areas, it's done. It's always done, that's mandatory.

30 Q. Right. Okay. I'm going to ask that MG-2, that's the document at WIT.001.0027.0047 be brought up. Mr Girgis, this is the table that you've provided with your statement which, as I understand it, details what services IKON Services Australia provided to the Hotel Quarantine Program, where, or the sites at which they were provided, the dates at which they were provided. Is my understanding correct?

35 A. That's correct.

Q. Yes. Hopefully that is being brought up.

40 Now, we will zoom in on that so if you can't see that at the moment, Mr Girgis, don't worry. I just want to ask you this question.

A. Yes.

45 Q. I see that at least from this table about two-thirds of the way down, we see Rydges on Swanston appear for entries for 15 May and 18 May. Perhaps if we can zoom in on those. I think it's up a little bit higher. About two-thirds or three-quarters down the list we see two entries for Rydges on Swanston. There we go. Now, they're going to be expanded for us. Maybe they will. That might be the

best we're going to get. Have you got a copy that you can ---

A. I do.

5 Q. -- see there?

A. Yes.

10 Q. Do you see those entries to which I'm referring dated 15 and 18 May, Rydges on Swanston?

A. Yes, I do. So yes, the 15th and 18th. Yes, I see that.

15 Q. Yes. And on the 15th as I understand it, IKON cleaned 11 rooms?

A. Yes. That's correct.

Q. And on the 18th they cleaned 18 rooms, both at the Rydges?

20 A. Yes, that's correct.

Q. And we have in the far right column the room number specifically identified, don't we?

25 A. Yes, that's correct.

Q. And they're room numbers that were provided to you by the DJPR?

30 A. Yes, they are.

Q. Yes. Now, when IKON went in to clean those rooms on 15 and 18 May, had IKON been told that the Rydges Hotel had been designated as a COVID-positive hotel?

35 A. No. No we weren't, we weren't informed.

40 Q. Is that from your perspective as the agency or organisation going into clean and the agency or organisation sending your staff in, is that relevant information for you to know?

A. Yeah, absolutely. For the safety of our staff, yes. Absolutely.

45 Q. So I understand that IKON knew it was cleaning rooms where there may have been COVID-positive people who had stayed in those rooms, but when it comes to process of so-called donning and doffing, going through common areas of a hotel which has been designated COVID-positive is a not insignificant matter, is it?

A. Sorry, can you repeat that question, please, Ben.

Q. Sorry, it was a bit of a garbled mess.

5 When your cleaners go in to clean rooms that may be - go in to clean rooms that have had COVID-positive people staying in them, there is a process of donning and doffing to go into the room, isn't there?

A. Correct.

10

Q. In respect of that and your policies, where do your cleaners don and doff before they enter the room?

A. So generally it's a room that's a designated room close to where the action is.

15

Normally the hotels would give us a room within the vicinity so we don't want to walk too far, obviously, once we've put on all the gear, so always somewhere within the vicinity.

Q. Yes. So it's not the case that they enter the hotel with the PPE already donned?

20

A. No. Just the standard PPE, so just mask and gloves, but not the full kit.

Q. Yes. Okay. Thank you, Mr Girgis.

25

I just want to go down then. The only services you had provided, at least at the Rydges, prior to 28 May, was in relation to rooms, not common areas of the hotel, wasn't it?

A. Correct. Correct.

30

Q. If we can go down to the second last entry on that page and we will see if we can do a better job of expanding that. It's the response to Rydges on Swanston on 28 May.

35

A. Yes.

Q. Not much better, unfortunately.

A. I have it here.

40

Q. Yes. Do you recall being asked on behalf of IKON to arrange a clean of areas that were not hotel rooms at the Rydges on Swanston?

45

A. Yes. Yes. So again 95 per cent of our work was all rooms, so, yeah, on this occasion I was contacted by Matthew Knight, one of the DJPR reps, and asked to do a common area clean.

Q. Was it explained to you why you were being asked to do a common area clean which was a difference to the cleans you previously provided?

A. No, it wasn't. No. No.

5

Q. Sorry, it wasn't, in that it wasn't explained or it wasn't different?

A. No. Well, it was different but it wasn't explained why, so he just asked us to do the common areas. Same process that we did in the rooms and, yes, we agreed to do it.

10

Q. So do you know whether there was a specific donning and doffing station that was set up in relation to that common area cleaning, or did one have to enter through the common area to then go to a donning and doffing station and then clean the common area you walked through?

15

A. No, I don't believe there was an area right there at the entry because that morning they were actually testing everyone that entered the facility. So we only found out by chance when our team got there.

20

Q. The board has heard some evidence about the events that triggered this clean, and that is that one of the staff members at the Rydges Hotel returned a positive test on about 26 May. Have you followed that evidence at all, Mr Girgis?

25

A. No. Sorry, no, I haven't seen the evidence, but I've read some of the documents. So I'm aware of it now.

Q. Okay. And when was the first time that you became aware that prior to that 26 May clean there had been at least one positive case of a staff member working at the Rydges testing positive?

30

A. Well, it was actually that morning. Our manager, who was obviously on top of this operation, he noticed, well, being tested that morning so he realised something was different, so he spoke to the hotel manager at the time, and the hotel manager said that potentially one of their staff had contracted the virus. So that is the only way we found out, just by chance that morning when we asked the question.

35

MR IHLE: I'm going to pause. I see Ms Walsh with her hand in the air, Madam Chair.

40

CHAIR: Yes.

MS WALSH: I beg your pardon, Madam Chair. Mr Ihle misspoke. He asked about a clean on the 26th. He had already established it was the 28th, I just didn't want the record to become confused.

45

MR IHLE: I'm indebted to my learned friend. In fact I did misspeak. The clean of

course was on the 28th. The notification of the positive test was on the 26th.

A. Yes.

5 Q. Mr Girgis, when was IKON first contacted to do that clean which was done on the 28th?

A. The afternoon of the 27th, so the day before at around 4.30 pm.

10 Q. Okay. So this Board has heard evidence that the decision was made for there to be a so-called "bio clean" or "deep clean". Are they terms that you would understand to be the same as your infectious clean?

A. Yeah, "bio clean", "infectious clean", same thing, yeah.

15

Q. Okay. Now, the Board has heard evidence the decision to do that in the common area at the Rydges Hotel was made in the afternoon or early evening of 26 May. Are you saying that the request was only relayed to IKON on the afternoon of 27 May?

20 A. Correct. Correct.

Q. And was there any timeframe requested of IKON in which it was to conduct this clean?

25 A. I don't recall, but we agreed to do it the next day. Looking at my schedule, I can see that we had a big job locked in that day, so potentially we couldn't have done it that same night and I think that's why at the time we agreed to do it the next morning.

30 Q. If we can just go over to the next page. We will take the document down given you have it there, Mr Girgis, and I will go through it with you there. This has now been tendered.

35 After the clean that was undertaken in those common areas on 28 May, it's the case, wasn't it, IKON were recalled to the Rydges to clean a large number of rooms on both 3 and 4 June?

A. Yes. Sorry - yes, I can see that. Yes.

40 Q. Yes, so on 3 June, for example, 23 rooms required cleaning?

A. 3 June? Yes, that's correct.

45 Q. And we see them in the far right column, each of the rooms specifically identified by number.

A. Yes.

Q. And then on 4 June, an additional 31 rooms again identified in the right-hand column by number?

A. Yes.

5

Q. Now, were any particular circumstances conveyed to you as to that work that was required of IKON, which is the standard request to clean rooms?

A. Yeah, just the usual cleans again, same as what we did throughout the whole program. So they would give us a list, and we would go in and do their infectious clean.

10

Q. Had anyone from DJPR or anyone associated with the Hotel Quarantine Program relayed to you, prior to those cleans on 3 and 4 June, that first of all there were no guests in the hotel at that time?

15

A. No. No. We weren't aware of that, no.

Q. Did anyone convey to you that the hotel was effectively closed for taking passengers?

20

A. No. We weren't made aware of that. No.

Q. Did anyone make you aware of the fact that by that stage, 3 and 4 June, there had then been six or seven people who had been working at the Rydges who had returned positive tests for COVID?

25

A. No. We weren't made aware of that as well.

Q. Were they relevant things for you to know as far as you're concerned?

30

A. Yeah, it's good to know. First and foremost, the safety of our staff. As we mentioned earlier, so if we go in to do a clean, we have a designated area, but if it is within the common areas, we need to make our staff aware of that, for their safety.

35

Q. So the evidence before the board indicates that as at about 1 June, there were no guests staying in the hotel at the Rydges and it didn't take any more guests or detainees until about 27 June. Were you aware that the Rydges was closed for that period?

40

A. No, I wasn't. No.

Q. Are you aware of a report, and this is for the Board's benefit, DHS.0001.0004.1650_R, that a report dated 13 June, that is a site report that had gone through and looked at the Rydges and the state that it was in, concluded that the site was not ready for opening, proper and effective clean needs to occur and correct signage needs to be placed on all floors?

45

Did IKON ever receive any feedback from anyone about the quality of the cleaning services it was providing and told it was not up to scratch?

5 A. Never.

Q. Was IKON called back to the Rydges at any time after those dates that we've just covered, the 3rd and the 4th?

10 A. Sorry?

Q. I will take you to it. 10 June, IKON did all common areas in the hotel?

A. Yes.

15

Q. Yes. So we've got a total of 54 rooms being cleaned on 3 and 4 June, all common areas being cleaned on 10 June, and I can take you to the report if you like, Mr Girgis, but documents before the board will indicate that, as I said, on 13 June it was recommended that the site was not ready for opening, proper and effective clean needs to occur and correct signage needs to be placed on all floors prior to occupation.

20

Specifically after 10 June, did IKON ever return to the Rydges to conduct any cleaning? After 10 June, Mr Girgis.

25

A. Sorry?

Q. The question was did IKON --- [audio disruption]

30 A. Were we asked to do another clean?

Q. Yes.

A. No. No. No. So the last clean from the list of ---

35

Q. Do you know whether there was - sorry, I spoke over you, Mr Girgis. Can you say that again?

A. No, no. That's okay. If you just want to repeat the question please, Ben.

40

Q. Sure. I was just saying, you said that IKON was never asked to go back to the Rydges and repeat the clean after 10 June. Just asking whether you were aware as to whether anyone went back after 10 June?

45 A. No. Not to my knowledge. No, Ben.

Q. As I said before, the material before the Board indicates that the Rydges on

Swanston commenced receiving passengers, guests, detainees, however they might be described, again on 27 June. And for a document to that effect, Madam Chair, DOJ.504.001.1581 indicates that to be the case. And other evidence before the Board, Mr Girgis, from a passenger who was one of those passengers received in on
5 27 June, indicates that he had some concerns about the state of the room that he had been assigned. Are you aware of that evidence?

A. Yes. I've seen it this morning, yes.

10 Q. Yes.

I might just ask that those photographs be brought up, Madam Chair. They're the photographs that are referred to in the evidence of Mr de Kretser, WIT.0001.0009.0013. Exhibit 17 before the Board.

15

A. Yes.

Q. Now, Mr Girgis, first before we go through these, evidence before the Board indicates that Mr de Kretser and his family were assigned rooms 223 and 224.

20 Firstly, if we go back to that table which you have a copy of ---

A. Yes.

Q. -- rooms 223 and 224 at Rydges on Swanston were cleaned, according to your
25 records, on 3 June 2020?

A. Yes. Yes, they were. 223 and 224 on the 3rd of the 6th, yes.

Q. Yes. So Mr Girgis, you described the process that IKON undertakes in relation
30 to an infectious clean, as I understand it, there's the fogging, the wiping and the fogging again of every surface?

A. Yes.

35 Q. Yes. You've seen these photos this morning, I think you said?

A. Yes.

Q. Is the state of the room as depicted in these photos, and we can go through them
40 one by one if you like, but given that you've recently seen them, we might be able to do it a bit quicker?

A. Yes.

45 Q. Is this a room in the type of condition that you would expected IKON to have left it?

A. Absolutely not. This is not indicative of the work that we produce. So, yeah, I was a bit surprised to see that this morning. Definitely not our work.

5 Q. We see what appears to be used PPE, large amounts of gathered dust?

A. Yes.

Q. Rubbish strewn on the floor including gloves and mask?

10 A. Yes. I can see. I've seen all those photos, yes.

Q. Yes.

15 A. Definitely not to our standards. So that's not the standard that we left the hotels in. We've done over a thousand rooms and we've never had anything of that nature. For the hotel program, that is.

20 Q. I take it from that answer too, and given what we know about the timeline, that you're at a loss to explain how that room, which had on the evidence been vacant since 1 June and cleaned by IKON on 3 June, presented in that way on 27 June?

A. Well, that's correct. So we don't have any control of what happens after we've cleaned the rooms. So there is obviously a time lapse there after we've cleaned it. But yeah.

25 MR IHLE: Yes, thank you, Mr Girgis. Those photos can come down.

30 They're the questions that I have for Mr Girgis, Madam Chair. I don't have notification that anyone else seeks to ask questions but I again see Ms Walsh who might have matters of clarification.

CHAIR: Yes. Yes, Ms Walsh, are there some matters you want to put to your client?

35 MS WALSH: Yes. I just wanted to follow up on two of the matters that my friend took the witness to, really relating to cleanliness issues, if I may.

CHAIR: Yes. I will grant you that leave.

40

CROSS-EXAMINATION BY MS WALSH

45 MS WALSH: Thank you. Mr Girgis, you told my friend that commonly when you conduct cleans, not in the hotel environment but I think you were talking about the food services environment, that other clients will arrange to have the work swabbed after you've completed. Is that correct?

A. That's correct, yes. That's what happens on my side.

5 Q. Yes. Now, could I just ask, how long have you been doing these cleans for as a company?

A. Quite a few years.

10 Q. In all that time, what is your record of results when those swabs are returned?

A. They've always come back negative.

15 Q. Now, how many rooms did you clean as part of the Hotel Quarantine Program, approximately?

A. It was over a thousand rooms. So, yeah, for that period.

20 Q. In respect of those rooms, did you receive any complaints or negative feedback about the quality of the work or the cleanliness of the work?

A. No. No, we didn't. No.

MS WALSH: Thank you, Madam Chair. I have nothing further.

25 CHAIR: Thank you, Ms Walsh. Thank you, Mr Girgis. Thank you for your attendance at the Board. You are excused, which means you can turn your camera and microphone off.

A. Thank you.

30 MR IHLE: Thank you, Mr Girgis.

A. Thank you, Mr Ihle.

35 **THE WITNESS WITHDREW**

40 MR IHLE: Madam Chair, the next witness that I will call is Ms Pam Williams. I don't know whether the Board would be interested in a short break to allow that to occur.

45 CHAIR: Yes. It's probably a good idea, Mr Ihle. We will take a 15-minute break now whilst the next witness is being made ready. Thank you.

MR IHLE: If the Board pleases.

ADJOURNED

[10.47 AM]

5 **RESUMED**

[11.02 AM]

CHAIR: Yes, Mr Ihle.

10 MR IHLE: Thank you, Madam Chair. I call Pam Williams.

CHAIR: Yes.

15 Ms Williams, are you able to see and hear me? You just need to unmute your microphone, Ms Williams. Are you able to hear and see me now, Ms Williams?

MS WILLIAMS: I am.

20 CHAIR: I understand that you wish to take the affirmation for the purpose of giving your evidence?

MS WILLIAMS: I do.

25 CHAIR: Thank you. I will hand you over to my Associate whilst that's being done. Thank you.

MS WILLIAMS: I can't hear the Associate, I'm sorry.

30 CHAIR: We will try that again, Madam Associate.

MS PAMELA JEAN WILLIAMS, AFFIRMED

35 CHAIR: Thank you, Ms Williams. I will hand you over to Mr Ihle now.

Thanks, Mr Ihle.

40 MR IHLE: Thank you, Madam Chair.

EXAMINATION BY MR IHLE

45 MR IHLE: Good morning, Ms Williams. Can you see and hear me clearly?

A. I can.

Q. Can you please provide us with your full name.

A. Pamela Jean Williams.

5

Q. And your current job title?

A. I'm the Director for Barwon area for the Department of Health and Human Services in Victoria.

10

Q. Yes. Thank you, Ms Williams. You were sent a request via the Inquiry to provide answers to a number of questions in the form of a statement and you've subsequently provided a statement. Is that the case?

15 A. Yes.

Q. That's a statement which you've signed and dated 9 September?

A. Correct.

20

Q. Just so that we're all looking at the same document, it's 43 pages and has 116 paragraphs of evidence?

A. Yes.

25

Q. Yes. Have you had a chance to read that statement recently?

A. I have.

30 Q. Yes. And are the contents of that statement both truthful and accurate?

A. Yes.

MR IHLE: I tender the statement, Madam Chair.

35

CHAIR: Exhibit 130.

EXHIBIT #130 - STATEMENT OF PAM WILLIAMS

40

MR IHLE: As the Board places.

Ms Williams, in your statement you refer to a number of documents by reference to their document ID?

45

A. Yes.

Q. Those are documents that you have had an opportunity to consider in the preparation of your statement and you refer to them and insofar as necessary adopt their contents in providing your answers to the Board?

5

A. I do.

Q. And as far as you're aware, are the contents of those documents that you've referenced both truthful and accurate?

10

A. They are.

MR IHLE: Yes, thank you.

15 Madam Chair, I tender as a bundle the documents referred to in Ms Williams statement.

CHAIR: Exhibit 131.

20

EXHIBIT #131 - ANNEXURES TO STATEMENT OF PAM WILLIAMS

MR IHLE: As the Board pleases.

25

Ms Williams, in your statements between paragraphs 3 and 5 you detail a number of positions that you've held, that you say are of particular relevance to the current position that you hold and the position that you've held within Hotel Quarantine Program. Is that a fair overall summary?

30

A. I would include also paragraphs 6 to 8 where I talk about my current role.

Q. Yes. That's a role that you held or have held since before the Hotel Quarantine Program and have held throughout and since?

35

A. Correct.

Q. Yes. Thank you for that clarification. Is it fair, do you think, as a summary to say you've held a number of government and consulting positions?

40

A. I have.

Q. Yes. And as far as formal education is concerned, you have a Bachelor of Economics with Honours, first class, from Monash University?

45

A. Correct.

Q. And you've referred to a number of other certificates and accreditations at paragraph 5?

A. Correct.

5

Q. Is it a fair observation to make, Ms Williams, that you don't really come from a health background?

A. I do not.

10

Q. In the context of the Hotel Quarantine Program you've had a role that evolved over time. Do I understand that correctly?

A. Yes.

15

Q. Can you just describe your first involvement, what that progressed to and then when it ceased?

A. So initially the Department had, and still does or --- in the time I was involved, had a number of areas where it was providing accommodation. So there was accommodation in relief. So members of the Victorian community who could not be accommodated safely in their homes if they were under self-isolation directions, it also was setting up a program for healthcare workers which at the time was called Hotel for Heroes, and also it was facing the quarantine accommodation requirement.

25

So at the time when I became involved, which was around 3 April, there was a view that we needed a senior person to oversee those three elements of the accommodation program. And because I have had quite a deal of operational experience in the Department, which I've detailed in my statement, and in particular had spent two years as the Director of Bushfire Recovery Services after Black Saturday, and had also been involved in a number of other emergencies including helping with the establishment of Bushfire Recovery in Victoria just before I took up this role, the view was that my experience would be helpful in managing and overseeing those three programs.

35

Fairly quickly we recognised that the Hotel Quarantine Program, Operation Soteria would require much more attention than perhaps had been initially considered, so I fairly quickly moved to a role of overseeing Operation Soteria. So that happened over a period of a few weeks.

40

Q. So just to get that timeline clear, on 3 April, as I understand it from your statement, you were appointed the Accommodation Commander?

A. Mm-hm.

45

Q. You had oversight over those three streams of accommodation the Department were providing in response to the pandemic?

5 A. I wouldn't say that I had oversight at that stage. We were pulling together a team. So there were teams --- the State Control Centre was looking after relief accommodation, and there were people within the Department working on the Hotel for Heroes and some other elements around vulnerable people. So I was really just getting into the understanding what those roles were over the first two weeks.

10 Q. Yes, and then by 16 April Operation Soteria moved into an Emergency Operation Centre, didn't it?

A. Yes. So in the week leading up to that, I increasingly had a role in attending the State Control Centre meetings and generally picking up the responsibilities.

15 Q. So from when you first came onboard with this aspect of the program, 3 April, it morphed very quickly away from the State Control Centre into a designated Emergency Operation Centre in mid-April?

A. Yes.

20 Q. And then on about 1 May your title changed from "Accommodation Commander --- Operation Soteria" to "Operation Soteria Commander"?

A. Yes. Although I continued to use the other title. They were interchangeable.

25 Q. Another thing that changed on or about 1 May was Ms Bamert came on to share the role, though, with you, didn't she?

30 A. It was earlier than that. So Ms Bamert had been involved from the commencement of the Program, the Hotel Quarantine Program, and had done a range of roles in helping to assist, set up the program. When the Emergency Operation Centre was established, she was one of four Deputy Commanders that I was working with, or actually there was another, but there were sort of - they were sharing various roles. It became clear that the Commander role, if it was to be 24/7 and cover the requirements of the role, we needed it to be twinned, as the expression is, and Merrin started doing that role probably I think it was written in her statement something like the 23rd, I think. So we were all working together but it became clear that I couldn't do it just all on my own.

40 Q. Because it was such a huge job?

A. Correct.

45 Q. Ms Bamert says at paragraph 18 of her statement that she comes into that role on or about 30 April. Does that accord with your memory?

A. Look, that may be correct. I was having Deputy Commanders, you know, go on duty for me. So it went through a range of the Deputy Commanders going on duty

for me whilst --- whenever I was taking some time off. So she is probably correct.

5 Q. Yes. So you continued to use the title "Accommodation Commander - Operation Soteria", but the title "Operation Soteria Commander" was interchangeable in or at the time you were performing those roles?

A. Yes. So were the functions that you performed in that role the same function, whether it was that pre-late April period or post when Ms Bamert came onboard?

10 A. Yes.

15 Q. You have provided us through your statement with those titles, that is Accommodation Commander --- Operation Soteria, Operation Soteria Commander, and you've also identified that one of your functions was to chair State Control Centre meetings. Now, that was before it moved to the EOC. Did you continue to chair Operation Soteria meetings after it moved to the Emergency Operation Centre?

20 A. I didn't chair them until it moved to the emergency - so I didn't start chairing them until 1 May, so it remained, the inter-agency meetings, as they became known, were chaired by the State Controller.

Q. Yes. Okay.

25 A. The Deputy State Controller, my apologies. The Deputy State Controller, and then when that role was stood down I took up the role of chairing those meetings.

Q. Yes. I'm sorry, I confused that around. There's lots of control centres and commanders.

30 A. There is.

35 Q. So insofar as your function is concerned, do I understand that one duty that you did not have before the operation moved to the EOC from the SBC was the chairing of those meetings?

A. Correct. They continued to be chaired by the Deputy State Controller until 30 April and I took over from 1 May.

40 Q. Yes. So can you describe for us - we've talked about the title. What was the actual substance of your role? What did you actually do?

A. My role was to coordinate, in conjunction with Merrin Bamert as my twin, was to coordinate and lead the Operation Soteria program, the Hotel Quarantine Program.

45 Q. Okay. That might make a lot of sense to people that are familiar with emergency management, but "coordinate" and "manage", what do those terms actually mean in a tangible sense?

5 A. Okay. So the accommodation --- Hotel Quarantine was established, as everyone
knows, I won't go through all the details of how quickly it was established. And
once we had the Emergency Operation Centre established, we had a group of
10 planning and operations staff in there who were coordinating all the functions that we
were responsible for, and that included the - so all the nurses, the welfare cell, so the
nurses and the medical staff, the welfare cell. It included ensuring that we were - had
logistics for everyone involved in the program and then we worked and coordinated
what was happening with the support agencies. So we had support agencies who
15 were providing the DJPR, they had the hotel contracts, they had the security
contracts, they had the cleaning contracts, and also were involved in providing a
Government Support Service, a phone line, so that guests could use the phone line.
And also were involved in providing sort of essential supplies for people who were
in the hotels. They had that sort of logistical part of the function. The Department of
20 Transport looked after our transport arrangements from the airports to the hotels and
we received support from Victoria Police in a sort of response, and also to assist us
with entries and exits.

20 Q. I just want to unpack that a little bit, if we may, because in answer to that
question about what your role involved, you've described what a lot of other people
were doing. But what I'm trying to understand and what I think the Board would
find to be of assistance is what were you doing whilst all those people were doing
those things?

25 A. So our Department had responsibility for the broad, if you like, the broad policy
environment in which Hotel Quarantine was operating, so we were working with our
public health and wellbeing colleagues around the broader policy environment in
which Hotel Quarantine was operating. So we were then operationalising those
policy requirements, and we had staff in all the hotels, and our staff in the hotels
30 were essentially overseeing what was happening in the hotels and helping to support
guests in all their needs and ensuring that the hotels were operating appropriately.
They would feedback to me through the operations leads and the Deputy
Commanders any issues that were occurring. So we were essentially dealing with
quite a complex environment that was changing quite rapidly. We developed a set of
35 procedures and protocols, and the support agencies would refer to us for guidance
and policy advice around the functions that they were performing.

40 Q. Okay. In your statement you provide in answer to the final question that
was - sorry, the second last question that was posed to you, the question was:

45 *What, if anything, do you consider that:
.... the Department;
.... other government departments or private organisations;
should have done differently, in relation to the Hotel Quarantine Program?*

Ms Williams, you provide a number of very insightful observations, if I may say so.
Can we go through them and ask you to speak to those?

The first of those that you identify under the heading of quality the Department", that is what the Department should have done differently, is you say:

5 *[A] more nuanced assessment of the balance between risks of transmission and guest health and wellbeing and human rights*

Can you talk us through your thinking on that?

10 A. So hotel quarantine was based on a really simple premise, and the premise was that you could detain people arriving from overseas for 14 days in a hotel room and that would reduce the transmission of the virus. It is a very simple concept, but underpinning that is an assumption that detention is possible, i.e., we've got appropriate facilities, and it was determined fairly early that that was hotels as the
15 only thing that would - the only sort of form of accommodation, as far as I'm aware, there are no specific quarantine facilities that we could have accessed. The Commonwealth has some, but the State I don't believe does. It also assumed that people would be compliant and that has proved to be the case. So the guests that we had were by and large very compliant with the Government direction for quarantine.

20 And then it assumed also - underpinning it was we could look after the health and wellbeing of people whilst they were in quarantine. And I think we found ourselves with a fairly complex group of guests. Initially we had mainly people who had been perhaps on holidays or business people who were normally resident in Australia, they
25 were coming back from their holiday, they had probably been staying in hotels, they were reasonably familiar with the environment they were finding themselves in.

As time went on with the program, as the Commonwealth started to organise repatriation flights, we started to get a very different profile. We were now getting
30 lots of families, and often families and people who had been away from Australia for a very long time and many of those were coming from environments that were - had much higher COVID than we had in Australia, so they were in a sense coming home here where they were expecting a functioning health system and a much better environment but did not necessarily have all the supports here in Australia that other
35 people had, nor were they necessarily ready to stay in a hotel. There were many more children. At times, I think I remember at one point we had 600 children and young people under 18 years of age in Hotel Quarantine. So it became a very difficult cohort to manage their health and wellbeing. There was a lot of pressure on us to provide for that health and wellbeing. So we were balancing a public health
40 risk of people staying in their rooms and the need to keep them in their rooms to contain the virus with the pressure to provide people with fresh air, to enable people to have compassionate leave. So, often, people were coming from overseas to attend a funeral or to see a dying relative, and were seeking leave to move out of the hotel room. And there was pressure to provide fresh air breaks. And every time someone
45 left their room, that increased the risk of transmission. And that was dealt with by a whole range of measures but I am aware, through my discussion with colleagues in other States, that other States were less inclined to have people leave their rooms,

and there have been certainly some examples in the press recently around people not receiving permissions for what might seem to the broader community a really fair and reasonable request, but every one of those requests has an implication for protecting the spread of the virus. So we had a very difficult challenge there.

5

Q. There's a lot of information in that answer, Ms Williams, and I want to try to unpack some of that.

10 You started by saying the Hotel Quarantine Program really starts from a number of assumptions, and one of those specific assumptions was that hotels were a suitable quarantine facility. You were asked specifically to answer the question as to whether you thought the hotels were an appropriate place in which to quarantine people and you commenced that answer at paragraph 21:

15 *In relation to infection control, hotels have limitations as quarantine facilities.*

20 You go on to expand on that. Although you don't, with all due respect, answer the question about whether in your view the hotels were suitable and adapted from those perspectives, coming back to what you've identified as an assumption, do you think that that was an appropriate assumption on which the Hotel Quarantine Program was entitled to be based?

25 A. Well, there was a question of what option. So, as I pointed out earlier, there really wasn't another option. So we don't have in Victoria a - the Victorian State does not have a range of bespoke quarantine facilities. In the past there have been, but there isn't now, to my knowledge.

30 Q. You're well aware, from the role you've fulfilled within the Hotel Quarantine Program, that only about 1 per cent of the returned travellers actually tested positive to COVID. You're aware of that statistic, aren't you?

A. I am.

35 Q. Was there any consideration of which you're aware to the idea for quarantine detention to be detention served in people's homes?

40 A. I don't know what the discussion was at National Cabinet. That was where those discussions occurred. I only know that I was given the responsibility to deliver Hotel Quarantine.

Q. Okay. So who directed you in relation to that responsibility?

45 A. So I worked within the Emergency Management arrangements, and that meant that the State Control Centre played a role. But I have to say that as we progressed through April and as we started to bed down the policies and procedures and the approaches, increasingly there was less need for direction from the State Control Centre. I also worked closely with Melissa Skilbeck who was the SHEMC, so the

State Health ---

Q. State Health Emergency Management Coordinator, yes.

5 A. That's it. So I worked closely with her in her role as providing me with advice about the broader policy environment.

Q. From Operation Soteria's perspective of which you were the Commander, who was telling you what you needed to do?

10

A. The broad policies under which Hotel Quarantine was developed, the public health policies were set by the public health team. So we referred to those, and through the State Control Centre the Operation Soteria plan was developed, and that drew on all of the agencies that were involved, including our own, the public health side of it, the health and wellbeing side of it, Operation Soteria and other agencies. So we had a plan. And that plan was revised several times.

15

Q. Coming back to your initial answer to the question, you talked about that you were put under a lot of pressure to accommodate a number of things, including fresh air breaks. Who was putting you under that pressure?

20

A. Guests. Primarily guests, and guests used many opportunities to seek assistance for things that they required, and there were many issues that guests had. Initially there was quite a focus on food so people were - they were often unhappy with the choice and the nature of the food provided. People were unhappy about - well, initially, many of them had been on the plane when the decision had been made and they were unhappy with being detained. But in Victoria as opposed to other States, we do have a *Charter of Human Rights* and there was a lot of thinking that went into the plans for Operation Soteria that talked to the requirements of human rights, and that was part of our consideration as well.

25

30

Q. So was some of the pressure coming really by operation of the *Charter* as well?

A. Yes.

35

Q. And was some of the pressure also coming from Public Health Command in respect of welfare considerations?

A. I wouldn't call that pressure. I would say that as part of the development of the Program, the expectation was that we would be able to provide fresh air breaks, and operationalising that was fairly difficult in a Hotel Quarantine context. So I referred in my statement to the fact that there were many hotels that didn't have open areas, and so in one case we actually hired a laneway in Melbourne to allow some open space for people to have fresh air. Melbourne has a hotel system that's based on the things that our city provides, which is lots of wonderful places to go and eat and to get out into the fresh air, our parks and gardens, so our hotels by and large don't provide that within their own footprint.

40

45

Q. I just want to come back to the overall observation that you've made. You've discussed now a number of competing considerations or competing pressures that needed to be factored in, but specifically what you've provided by way of an answer to what should the Department have done differently, you've said a more nuanced assessment of the balance. Does that tend to indicate at least that the nuance of those balances was not ideal?

A. I'm not sure it's up to me to say whether or not it was ideal. It was what we were trying to achieve. I think the nuance I'm talking about is how difficult it is to provide that. So it's the practical implications. So as time went on, we were able to provide more in the way of, ability, for people. So if I use an example relating to people - no, I won't use that example. If we just stick with the fresh air breaks, our capacity to do that required us to have spaces for people, and that was practically difficult. So the nuance I'm talking about is as you develop a program over time, you have time to look at whether or not a policy is implementable. We were operating in real-time. We didn't have months and months. If you were to, under normal circumstances, develop a program like this, it would happen over years. I've had responsibility in my normal roles for disability accommodation, and in that case we've developed over years appropriate procedures and protocols. We were doing this a little bit as it was happening, and so over time we would have come to a view. At the same time, the actual understanding of the transmission risk was changing. So, initial views about the role of droplets versus airborne transmission, all of those things were changing at the same time. So as the program developed, we were getting clearer and clearer. The public health cell was looking at all the research and information coming out internationally and trying to look at, well, what does it say about the transmission risk. And I was sitting there trying to look at what can we do in an environment where we are providing quarantine within hotels. And one of the challenges that we were starting to face at the end of May and into June was that there were more people coming back into the city, and so we were looking at more challenges with people around. Initially there was no one around and so it was much easier to maintain the operations and to ensure that we were quarantining safely. But as more people came back to the city, that was going to be an issue for us. So it's about the interplay between the changing knowledge of transmission risk and the challenges of the operationalisation of the program.

Q. I just want to understand, and perhaps it's my fault here, Ms Williams, what you mean by "nuanced". There's a couple of things you've said which means that term is open to different interpretations or perhaps multiple interpretations.

Where you use "more nuanced" in paragraph 94, do you mean more thought out about guests' health and wellbeing, or are you saying a more tailored assessment of the balance, tailored to the individual rather than this en masse approach? Or is it both or is it neither?

A. It's a little bit of both. It is what you expect to see in a developing program, which is the interplay between what you learn from delivering the program and how

you then adjust. It's about continuous improvement. So at no stage should you develop a policy, implement it and be static. You should always be looking to where you might improve. And in this case, the thing that we were doing was changing. The guests were changing, the transmission risk was changing, and the Victorian environment was changing. All of those things were changing. So "nuance" mightn't be the right word.

Q. No, no, it may well be the perfect word, I'm just trying to understand precisely what it is that was meant by that. In any event, that's your primary or at least your initial response to the question about what the Department should have done differently?

A. Well, perhaps I didn't read the word "differently" in the same way as you. To me, "differently" is we were at a point delivering. You are asking me now what we should have been doing, and I'm saying that now, at this point when I look, I keep thinking "We should have kept doing that." But I ceased my engagement at the end of June and of course overseas travellers ceased coming around that point.

Q. Yes, and I appreciate these answers have been provided necessarily with the benefit of looking back at what happened and how we might learn from that in the future. Is that the way in which we should construe these answers?

A. Yes.

Q. And in that light, the second point that you raise at paragraph 95 is that you say, perhaps with that 20/20 hindsight, the Department should have considered at some time earlier than May using a public health service to provide comprehensive medical, nursing, testing, mental health nursing and infection control services in the hotel. Can you speak to that for a moment for us, please?

A. So at the time when Hotel Quarantine was established, there had been several months of preparation for our health system. And that preparation was as basic as ensuring we had more capacity, if we were going to have the sort of experiences that happened in other places. It was also about ensuring that we were building up the potential for having large numbers of people coming to hospital. So whilst I say that it would have been better to consider earlier, I know that at the time, people were still worried that - so the Department --- was worried that our health capacity could be overrun, and so there was actually spare capacity because we had stopped doing a lot of non-emergency things or non-urgent things, and so there was capacity in the system, but we were still at the point, as a Department, and the health services were at a point where they weren't sure whether or not they would need to immediately be ready to deal with a much larger number of people coming through with COVID, which didn't happen in that first three months.

So whilst I say we could have done it earlier, in retrospect we could have, I can absolutely understand why we didn't, but it would have helped to integrate our work in Hotel Quarantine with the health system. We worked very well with hospitals

within the CBD, so the Children's and Royal Melbourne and other hospitals were there when we needed it.

5 It's also true to say that we weren't running a hospital. People had medical needs, but many people didn't. So there was, you know, a small number of people who had quite significant needs. It wasn't everyone. So in some ways we were managing reasonably well with the contracted services that we had. But I think it would have been - it would have been an appropriate approach and the Inquiry heard from Alfred Health around the sorts of things that they were starting to put in place. We started
10 talking to them in late May. Merrin Bamert and I were talking quite closely with them, I think they were somewhat surprised at the size of the operation at that stage, and so they started working with us at the Brady Hotel which was at that point the COVID hotel, on about I think it was about 16 or 17 June, and they were then
15 planning to do that over a range of all the rest of the hotels. I'm not sure what happened after I left on 30 June. But I think that would have been a very good service. Would it have been available if we had started talking to them in April? Probably not.

20 Q. Well, Ms Alexander has answered that question so we will leave her evidence on that point.

Just going through the rest of them you've identified as other things the Department should have done differently, consideration of cohorting all COVID-19 positive guests in a hospital or a hospital-manage medi-hotel and you cite the example in
25 New South Wales where that did occur, that's at paragraph 96.

A. Yes.

30 Q. You speak at 97 of the better integration of elements of the COVID-19 response, at 98 of the more rapid appointment of the longer-term staff, and then at 99, different options to meet the primary purpose of containing the COVID spread.

Now, I just want to talk to you about that for a moment. We know that 99 per cent of those people in Hotel Quarantine were not and never did become infectious.
35

A. Yes.

40 Q. And we know now, and there was almost 20,000 people that came through the Hotel Quarantine Program?

A. A little bit more, I think.

45 Q. A little bit over, was it? And we know that as of today, since the end of May when there was the Rydges outbreak, there has been some 18,000 people in Victoria infected with COVID. You describe in your statement a relatively compliant cohort of people that were in the Hotel Quarantine Program. Is that a fair description?

A. Yes.

Q. I want to come back to what you mean by different options to meet the primary purpose of containing COVID spread. We had less than 1 per cent - sorry, just over
5 1 per cent of returned travellers who were positive for COVID, we now have almost as many people who have tested positive as a result of the outbreaks as were actually in the Hotel Quarantine Program. What were the other options that you're talking about there that could have met that primary purpose?

10 A. Well, I think, with respect, you're mixing two things there. So the issue about hotel quarantine is when people come into the country, they may or may not be carrying the virus. If they're carrying the virus, once we started doing --- initially we --- we --- well, obviously the public health advice is within 14 days if you have the virus you are very likely to have become sick by that stage or to have recovered. So
15 that advice was clear. We then started doing the testing, and with the testing we were able to identify that of those people who became positive --- so originally we did have people who became positive but there are, as everyone knows, asymptomatic people. So once we started the day 3 and day 11 testing, what we observed was that the majority of people if they were going to become positive, so if
20 they carried the virus in and they were going to actually become positive, clearly positive, most of that would happen within 7 to 8 days. So there is - I'm not saying that we would have asked people, just let people out, that's not what I'm saying. What I'm saying is that the major risk of identifying people occurred in that first week or a little bit. So it may have been possible to detain people for a shorter
25 period, and then ask them to self-isolate. But if - you will recall at the time when National Cabinet made the decision, there were a number of instances, and the initial genomic evidence of the Inquiry pointed to this, there were a large number of people who had come from overseas who weren't self-isolating and had passed the virus on. So we would have --- an alternative may have been to, you know, identify those
30 people who were COVID-positive, keep those in. But those who were not, to ask them to finish the remainder of their quarantine at home because they were of a somewhat lower risk. Now, this afternoon you will be talking, I understand, to the Deputy Chief Health Officer and she may have a view about that. So I'm giving my view not as a public health professional, it's an observation. And it's an observation
35 coming from an operational context where we had enormous numbers of people that we were trying to manage, and one of the operational things that may have helped us in providing a better service to guests was to have less people coming through.

Also, around through late May and June we were also considering what would
40 happen when we reopened our borders particularly to people like international students, how were we going to quarantine those. So the idea of the volume and trying to reduce the volume is part of what we were considering. If I go to the second part of what you raised about the number of people who became positive and look back at the evidence that was provided to you from the Doherty Institute, what's
45 clear from that is that there were around, in my time, around 218 guests who tested positive for COVID. So that's your around 1 per cent. And of those, seven people in three rooms were implicated in the spread. So in fact 96.8 per cent of the people who

were positive in hotel quarantine did not go on to spread the virus:

5 Q. And they are people who comprised part of what you've described as a relatively compliant cohort when they were directed to quarantine in hotels. You talked about we could ask people to quarantine in their homes, that there was a power to direct people to quarantine in their homes, was there not?

10 A. Yes. And some people did receive a direction to quarantine at home, and that was --

Q. -- had the same penalties attached, a fine of some \$20,000 if they didn't comply with that direction?

15 A. Correct. But that balancing is a public health question. Sorry, I'm just saying that balancing is a public health question.

20 Q. No. I understand that. That's why I was interested to just speak to you about the different options that you've identified at paragraph 99, different options to meet the primary purpose, you talked about that first week being the week where you can get the best surveillance on someone, and you've talked about the potential of thereafter maybe taking those considerations as another option, and I want to go back to "nuanced" in your first answer. That is an application of a nuanced approach, isn't it, it's both better thought out and more tailored to the individual?

25 A. I wouldn't say better thought out. I think it's thinking once we have more evidence. It's evidence-based thinking. And I think Melissa Skilbeck went to this issue yesterday, about the challenges and the thinking. And it's an option that works when there's not a lot of COVID in the environment, I think. So that is the other challenge we face at the moment. My experience is as we got more COVID within
30 the hotels, so initially it was, apart from a couple of flights that related to people who came from cruise ships and had very high levels of COVID amongst them, we had a period in April and May of --- early May of people with not much COVID. And then it started to increase because we were getting people who had come from places where the virus was not well controlled.

35 Q. You deal with, in your statement, the purposes of Operation Soteria and, of course the primary purpose was to prevent the spread or limit the spread of COVID from returned travellers out into the community. You identify the other purpose of Operation Soteria at paragraph 14 to be being directed as keeping guests safe and comfortable. That's that dual purpose. But whilst it's a dual purpose, you would
40 agree that there is a primary purpose and that's the one of quarantining, and the safe and comfortable necessarily is a secondary or subsidiary purpose of Operation Soteria?

45 A. From the perspective of the guests, and you've pointed out that many of them were not positive, that became a very large part, about their own comfort. You know, I have a lot of respect for the people who went through quarantine. It wasn't

easy, it was boring, it was hard to deal with if you had a family, and those people, we were doing our best to help them to manage that, and they were doing that because they understood what the risks were.

5 Q. So you were the Accommodation Commander or the Operation Soteria Commander, using those terms as really interchangeable, through that period from April through to June. This Board has heard evidence from a witness known as Nurse Jen. Did you follow Nurse Jen's evidence at all?

10 A. I recall some of it, but I'd appreciate you telling me --- (overspeaking) ---

Q. Yes, I will, I'll take you to it. In your statement, on this purpose of keeping guests safe and comfortable, you say that it was your aim along with DJPR and the hotels, to try and keep the guests safe and comfortable. And I just want to take up
15 with you some of the evidence from Nurse Jen. You may recall she spoke of one of the detainees who had quite significant pain and was used to treating that pain with traditional Chinese medicine, and there was an attempt to try and obtain for that guest the use of a kettle. Does that ring a bell?

20 A. It does.

Q. And Nurse Jen's evidence was that the provision of a kettle was refused to that detainee. Do you recall that part of her evidence?

25 A. I do.

Q. Yes. Now, Nurse Jen worked at - in the Hotel Quarantine Program between 27 April and 3 June, and so that's a period which you were in that role of Commander, whether it be Accommodation Commander or Operation Soteria Commander, and
30 that the incident occurred really towards the end of that period. Do you understand that to be her evidence?

A. I don't recall that, but I will accept that that's what you're telling me.

35 Q. And as a result of the issues that flowed out of that incident, she was directed by Department staff not to give her name to any other guests. Do you recall that part of the evidence?

40 A. No, I don't recall.

Q. Okay. Can you think of any good reason why, given one of your aims, one of your main aims was to make guests comfortable, that a kettle would be refused to someone in those circumstances?

45 A. Well, I think the term "kettle" --- so if I --- I don't have the details but I can assume. So the hotels had jugs for people to boil water for tea, as hotels do. What hotels don't want is guests cooking in their rooms. I suspect the kettle we're referring

to would have been something like a Birko which - so I'm surmising here, but I'm giving you an example of some of the tensions that happened in what people wanted to do and what was possible in a hotel context. So essentially she was seeking to cook up the medications in her room.

5

Q. Can I just stop you there, Ms Williams. This is not something you know. You're just surmising this, are you?

10 A. I am surmising, but I know that that's the evidence that was - the evidence that was given was that the particular product had not been - the particular kettle had not been tagged --

Q. Yes.

15 A. -- I suspect what may have happened is that someone has gone and found such an item, something like a Birko, it's not tagged, and there has been concerns about the fire risk. So the hotel ---

20 Q. There's no real basis for you to put that blush on that evidence, Ms Williams, can I stop you there.

A. Okay.

25 Q. That's not the evidence from the witness, and the Department was represented when the witness gave evidence, and she was not questioned on this. So that evidence that this Board has already heard is already uncontradicted evidence. Now, you are seeking to qualify or contradict that evidence --- just hang on --- in relation to things that you don't actually know, Ms Williams.

30 A. I'm not contradicting the evidence. I'm explaining to you ---

MS HARRIS QC: Madam Chair ---

35 CHAIR: Just a moment. Go ahead, Ms Harris.

MS HARRIS QC: Might a way around this be to perhaps take Ms Williams back to paragraphs 76 and 77 of Nurse Jen's statement or I can just read it out now. Because it's not made crystal clear in Nurse Jen's statement and I can't recall it being made clear in the oral evidence given by her exactly what needed to be done with the Chinese medicine, but paragraph 76 of her statement says she usually managed her symptoms with traditional Chinese medicine which she needed hot water to prepare. There was no hot water facility, no kettle and no microwave. So it does leave a bit open whether perhaps what Ms Williams might be saying might be correct, but it is also, I think, a matter that was not made clear in the evidence of Nurse Jen.

45

CHAIR: Mr Ihle?

MR IHLE: If there is any ambiguity in that evidence, it's ultimately a matter for the Board, not a matter of surmising of this witness.

5 CHAIR: I think Ms Harris' point might be whether or not ultimately asking Ms Williams to guess what it was that was, what instrument it was to be used is probably not going to be helpful.

10 MR IHLE: That was not my question, Madam Chair. My question was is there any good reason why she was deprived a kettle. But I can move on. That's not the main point here.

CHAIR: Do move on, Mr Ihle.

15 MR IHLE: Yes. Can you think of any good reason, Ms Williams, as to why Nurse Jen would have been instructed not to give her name to a guest?

A. No.

20 Q. Did you or anyone, to your knowledge, on behalf of Operation Soteria, direct Your Nursing Agency not to give Nurse Jen any further shifts in the Hotel Quarantine Program?

A. Not to my knowledge.

25 Q. Thank you. I want to move now, Ms Williams, to the question of cleaning.

30 Your statement, can I say very helpfully sets out a number of the policies and the developments that concerned cleaning. You would expect, I take it, like infection prevention control and use of personal protective equipment, that those policies would be conveyed into the hotels themselves and to the cleaners?

A. Sorry, can you repeat the question?

35 Q. Well, the Department has those cleaning policies. I'm asking you whether you expected those policies to be sent to or brought to the attention of hotels and cleaners that were working within the system?

A. Yes.

40 Q. Did the Department of Health and Human Services, as far as you're aware, consider that part of their role? That is, to bring those policies specifically to the attention of those that were providing those cleaning services?

45 A. DJPR was the contract manager for --- the Department of Jobs, Precincts and Regions was the contract manager and they sought the cleaning practices and standards and, as I understand it, ensured that they were known - well, in the contract they actually did specify that current public health standards should be adhered to.

Q. Is the short answer to my question then no, it wasn't your Department's responsibility, you understood that to be the responsibility of either DJPR or those contractors themselves?

5

A. Yes.

Q. And you speak at paragraph 40 of the specific practices that applied in respect of "spaces occupied by guests who had tested positive". Now, that description obviously attaches to the rooms in which those positive cases had stayed. But just so I can understand what you mean, spaces occupied by guests, would that include common areas that COVID-positive guests had travelled through?

A. The expectation was, and DJPR, near the end of my time, we were looking to take over the contracting responsibility, and they helpfully had some legal advice prepared which they showed to me and which I believe is in the documents provided to the Board, that indicated that the hotels were expected to clean the areas, the common areas.

Q. So just going back to my question, when you talk about "spaces occupied by guests" at paragraph 40, does that include those spaces through which positive guests had moved, either coming into the hotel or leaving the hotel?

A. Yes.

Q. So your understanding of the specific practices that applied would apply equally to a common area where a known COVID-positive case had been for some time?

A. Well, the question for some time or the qualifier for some time --- (overspeaking) ---

Q. Well, before any time.

A. Well, you will recall there was quite a lot of advice about how long a person being in a space could result in transmission of the virus. So the hotel process was designed to minimise any time that people spent in common areas. So the way in which the program was designed, the hotels themselves had limited all sort of access, you know, they made them quite clear so that people had very - usually very rapid ingress and egress from the hotels. People were meant to stay in their rooms, and when they were outside their rooms they were wearing PPE. So the risk of transmission was relatively low because it was designed for them not to be loitering around for any period of time.

Q. Thank you for that explanation. I draw your attention back to the question that I asked, and I will ask you specifically, as the Commander of Operation Soteria you cite these policies, you cite these procedures, and you say specific practices applied in respect of spaces occupied by guests who had tested positive for COVID-19.

Based on your understanding of your Department's policies, did that mean specific cleaning practices applied to a common area through which a person who was known to be COVID-positive had travelled?

5 A. So over time, the understanding of fomite transmission which was explained by
an earlier witness changed, and I think Dr Simon Crouch indicated his view that over
time, there was a view that fomite transmission might be a bigger issue than had
previously been thought. So as time went on, the processes for cleaning were
10 tightened up, and so as we get past the outbreaks we have a much more rigorous
requirement for the cleaning of the common areas.

Q. Yes. So are you saying that your interpretation of spaces occupied by a guest is
an interpretation which may have changed over time as the science became more
15 knowledgeable?

A. The cleaning protocol changed near the end.

Q. Yes. You cited the outbreak and that being a trigger for the changing in the
protocols. Let's go to that. The first outbreak obviously occurred at the Rydges
20 Hotel. And you deal with, on page 20 at paragraph 41(f), the decision to stand up a
COVID-positive hotel, and specifically you say:

This focused the highest transmission risk in one hotel.

25 You appreciated, at the time of the decision that the COVID-positive - that the
Rydges would be used as a COVID-positive hotel. You appreciated at that time that
it increased the transmission risk at that hotel?

A. Yes.
30

Q. Because you were concentrating all the positive cases at the one property?

A. Correct.

35 Q. At the time that the decision was made to designate the Rydges Hotel as a
COVID-positive - sorry, I will withdraw that and ask a different question first.
Whose decision was it that the Rydges Hotel would be designated as a
COVID-positive hotel?

40 A. I think the planning for that was before my time because the hotel was stood up
to deal with the travellers who came in a flight or event initially from Uruguay who
had been on the Gregory Mortimer cruise ship, and it was a large number of people
who were either COVID-positive or close contacts of COVID-positive, so the first
use of the Rydges was around that. It's true to say that not all hotels were prepared to
45 have a concentration of COVID-positive people. So there were two who indicated
they were prepared to do that and Rydges was chosen because it was, you know --- I
don't know why it was chosen, actually but that decision with it being stood up to

deal with the --- I think that that was a decision through the State Control Centre to deal with that group of people, they came in on 12 April, and so when those people departed, and I think even while some of them were still there, the view was that this was an appropriate way. We'd had another flight that had gone into another hotel,
5 and there are complexities for people who are COVID-positive in that if they recovered, so if they had been 10 days since the onset of symptoms and three days symptom-free, they were regarded as recovered and they were able to leave. So they weren't following the standard "Come in on day 0, depart on day 14". So by
10 concentrating anyone who had COVID and in some cases their close contacts chose to go with them, in one hotel, it meant that we could manage their stay in quarantine much better. So the decision - I think we morphed into seeing how useful that would be. But discussions ---

15 Q. I just want to come back to the question that I asked. The question that I asked was, whose decision was it that the Rydges Hotel would be designated as a COVID-positive hotel. From your answer, should I understand that was a decision made through the State Control Centre before your time?

20 A. Yes.

25 Q. Thank you. Are you aware of the evidence of the hotel manager from the Rydges Hotel, Mr Menezes, who said at page 574 of the transcript, Madam Chair, that as far as he was concerned once the hotel was designated as a COVID-positive hotel, that nothing changed as far as the processes are concerned?

A. I'm not aware of that. But I'm not surprised. I don't remember that piece of his evidence but it was from the beginning housing a high proportion of COVID-positive people. That was where ... it was never anything else. Until later.

30 Q. There will be some other evidence around when that decision was made, and I understand it might reflect that that decision was discussed and then made some time around between 2 April and 11 April. But that evidence will speak for itself. Is that a time when you were involved in the program, between 2 and 11 April?

35 A. I was, but there was specific work being done. So that, as I described, the people from the Gregory Mortimer planeload, they came in on the 12th. So that was a discussion about how to deal with a whole planeload of people, a small planeload, but a planeload of people who were COVID-positive.

40 Q. Are you aware of the evidence, well, first of all that occurred in the Outbreak Management Team's report being reiterated here before the Board, that in relation to the common areas at the Rydges Hotel, they were cleaned by hotel and security staff?

45 A. Yes.

Q. Did you understand that to be the case?

A. Yes.

Q. That included ---

5 A. I didn't know about security staff, but certainly hotels were expected to keep the areas of their hotel clean, as they would under normal circumstances.

Q. And given your role within the program, were you ever provided with a copy of the Outbreak Management Team's report in respect of the outbreak at Rydges?

10

A. The final report, as you --- I think was indicated, wasn't completed until quite late in the process. I don't recall when it was completed but we were involved in discussions and initially in some of the incident management team's meetings. So I was aware of the advice that was coming through the process.

15

Q. Were you aware that in the Outbreak Management Team's opinion there was a high likelihood of fomite spread from poor cleaning practices being employed at the Rydges?

20

A. Yes.

Q. And are you aware that the Outbreak Management Team concluded that there was a high risk of transmission from COVID-positive cases being detained to the staff that were working in the hotel?

25

A. Yes.

Q. Just going back then to what we know now at least, given that the decision, as you've described it, to use the Rydges as a COVID-positive hotel focused the highest transmission risk in one hotel, that there was no particular change in the regime from departments or contractors or processes that were used until after the outbreak but hotel staff were cleaning the common areas and there was a high likelihood of fomite spread from poor cleaning practices, do you accept that the Rydges Hotel was a dangerous place for anyone to be working at at the time?

30

A. I think you're using hindsight.

Q. There's no doubt I am. But with the benefit of hindsight, was it a dangerous place to work?

35

A. For some people tested positive, a lot of the staff didn't. So there is something about the practices of the staff that also need to be taken into account. We have - you know, if staff use appropriate distancing practices and the cleaning advice that was provided is followed, then it wouldn't be, and it wasn't, for most of the people who worked there, a dangerous place to work.

40

Q. Is it a place where if you knew those things about a particular place, that is, a

decision had been made to focus the highest transmission risk in one hotel, that there was no particular changes in cleaning regimes or PPE regimes, that security and hotel staff were cleaning the common areas, and there was a higher likely risk of fomite spread, is that a place you would be prepared to work?

5

A. Well, I certainly visited the hotel several times. The ---

Q. That's not the question, with respect, Ms Williams. The question is: if you knew those things, is that a place you would be prepared to work?

10

A. I was - I did go down to those hotels. I did observe that staff who practiced the processes that we proposed --- social distancing, proper use of PPE, handwashing --- did not become positive. And a range of things were in place in that hotel. You continue to say things not changing and I think you're referring back to the hotelier's evidence at the start, they were always that hotel. We brought people in through the lift so they didn't go through the common area of the lobby except when they were exiting and when they were exiting they were by that stage, past the quarantine period. So there were a number of things that were done to ensure staff were as safe as they could possibly be. Is it possible, with COVID in the environment, to be 100 per cent safe? No. And our experience in our hospital system at the moment indicates that.

15

20

CHAIR: Ms Williams, can I just get you to help me understand when you're talking about going and visiting the sites and indeed your evidence with respect to the behaviour of staff on site. I've struggled to understand exactly who from the Department of Health and Human Services is on site at any given time in each of these hotels that are being used for the Hotel Quarantine Program. So can you just help me understand exactly who was there from your department?

25

30

A. So, depending on the size of the hotel, the numbers varied. But we had a hotel team leader. We would usually have another person who was an assistant, if you like, working with them. We would have our contracted nurses and doctors who weren't there all the time but were floating around, so nurses and mental health nurses.

35

And our operational staff would visit the site from time to time. Logistics people delivering things, and we would also have from time to time additional - probably not in the COVID hotel, but in other hotels, we would have additional nursing teams who would be coming through on day 3 and day 11 to undertake the swabs, and they would have support in order to do that so we would have additional staff. On entries and exits we would also have additional staff. So at any - sorry, go on.

40

CHAIR: No, please finish. Please finish your answer.

45

A. Just at any time there would be, you know, a range of personnel and my Emergency Operation Centre operational staff from time to time would go down to check on issues if the team leaders needed further support. The team leaders were

there from early in the morning until late in the evening. They weren't there overnight. And they - we had, if you like, a roving person overnight who was there to deal with any issues. They were generally - hotels were generally quiet overnight. They were busy up until about 11 o'clock at night but usually quite quiet. As well as that, there was also an authorised officer at all times.

5
CHAIR: So just again coming back to this question about the team leaders, so who were those people, as in I'm not asking for names but rather their backgrounds and their roles?

10
A. So Hotel Quarantine in some ways was similar to a set of 16 relief centres. In a normal emergency the Department takes responsibility for supporting relief and recovery out of an emergency. We have a surge workforce. So these are people who have worked in previous emergencies, have done some training. We try to have as many as possible. It was true to say that this became so big, so quickly that not all of those people had done that training. They were staff that we brought initially trying as much as possible to bring people from an operational context, so people who had worked in previous emergencies, and they were people who put their hand up to help and we were incredibly grateful for that because it was at a time when people were 20 very unsure about how hard it would be to keep safe in hotel quarantine.

We had staff who came from, you know, the central areas of the Department, so it was a range of staff. As time went on and people went back to their usual jobs, because we still had to keep delivering all the other things that we as a Department 25 deliver, we were sourcing staff from a wide range of other government departments. So they were a very, variable group of people, and we developed standard operating procedures, a team booklet as big as my witness statement booklet, full of all the policies and procedures. We spoke with the team leaders through teleconferences several times a day, and in the evenings to have feedback, backwards and forwards 30 with them. So it was - as well, of course, there were hotel staff. We were, if you like, guests ourselves in the hotels. There were hotel staff, there were DJPR team leaders and other people who came to manage the essential items and there were security staff. So it was quite a big group of staff.

35
CHAIR: So what directions were given to those team leaders about what their role was on the site?

A. Their role was to coordinate and problem solve. So there were a range of people who were operating according to their contractual obligations and their 40 understanding of their responsibilities and they had managers. And our team leaders were there to coordinate the issues, to ensure that guest issues were dealt with promptly, and that the hotel was operating well. If there was a hotel issue, they would deal with the hotel manager on a day-to-day basis. If it was a significant issue, they would go to the DJPR site leader. Those site leaders, as I mention in my statement, were there initially quite a lot and then they were remote at other times. 45 So as the program went on, they were more remote. They would deal, if there were security issues, they would deal with the security team leader. If there were bigger

problems than they could deal with on site, they would escalate either to DJPR or they would come through us in the Emergency Operation Centre.

5 CHAIR: So in answer to the question who was the person in charge on site of the hotel quarantine operation at any given time, would your answer be the DHHS team leader?

10 A. I think the terminology "in charge" is somewhat loaded in the context of the Inquiry. I think that the person who was coordinating, and was our representative on site, was the team leader. And we were working as a team. It was a difficult team to manage. This was an environment where the usual things that you do to develop a team weren't possible. Sitting close to one another and sharing stories and being able to have team meetings were all more difficult. So it was a difficult environment but the team leader was our representative on the site. They worked closely with other
15 people. The hotel managers were managing their hotel. Security companies had team leaders on site who were managing their operation. DJPR was overseeing that side of it. We had our nurses and mental health nurses, et cetera, and the coordination came through our team leader.

20 CHAIR: I'm going to hand that back to you, Mr Ihle.

MR IHLE: Thank you, Madam Chair. I'm not going to persist with my question that I've now put twice. I will move on to a different topic, Ms Williams, and that is the responsibility for training and provision of PPE. As I understand your statement, you
25 say at paragraph 55:

I expected that each agency undertook responsibility for their own staff and contractors including to ensure that their contractors were provided with training as to correct use of PPE.

30 Now, I just want to unpack that. First of all, it was your understanding, wasn't it, that DJPR were to provide the DJPR staff with PPE and that the security companies were to provide their staff with PPE and everyone was effectively to provide their own PPE?

35 A. Correct.

Q. But it didn't end up being the case, did it? You've detailed in your statement where you gave directions saying if we've got PPE, let them use it?

40 A. It wasn't that if we've got PPE, let them use it. Initially it was very difficult to get PPE. So there was quite a problem with supply, and we were conscious of that, and we were supporting all agencies in the provision of PPE, and near the end of the time when we started to understand the extent of difficulties with the use of PPE by some
45 people on site, I discussed with DJPR - we were initially having a discussion about how we could ensure people did use their own PPE because it was now available, but at the same time we were getting the feedback from the outbreak management teams

about poor use of PPE by certain groups. And so I took the - well, I worked with the team to understand whether or not it would be possible for us to actually take over providing PPE so that we then would be able to monitor its usage and really be in a position to direct people. So people were working to their employers, who had at times views on PPE that were slightly different to ours, and so I was keen to do that and planned to do that when we took over the responsibility for the contracts. But that, I ---

10 Q. Sorry, I thought you had finished and I apologise.

A. My appointment ceased before we took over the contracts.

15 Q. Yes. You knew before the outbreaks had occurred, though, that there were problems with - especially with the security guard cohort and their use of PPE, didn't you?

20 A. We had, right through the process we had Infection Prevention Australia consultants looking at the sites, giving us advice on how they were being managed from an infection prevention perspective, and they had indicated issues with the use of PPE, and we increased our sort of advice to our team leaders to continue to remind people around PPE. I had a view that our advice was sound and solid. It was being provided to people but they found it difficult to comprehend and to implement. So the security guards wanted as many barriers as they could between them and what they perceived as this invisible threat. So in my mind they --- we were really struggling to get the message across. We seemed to be getting a good message across in the community, and I think Melissa Skilbeck went to this yesterday in her evidence. They wanted to wear gloves, they wanted to wear things even though the advice was, keep your distance, wash your hands, only use a mask when you're within 1.5 metres.

30 So that was why we, in June, started talking to the Behavioural Insights Unit at DCP about how we could engage with the security companies and the security personnel around why it was that we were - why we were giving this advice and how it would protect them. Meanwhile, at the same time, the advice itself started to change as our understanding of the transmission of the virus changed.

35 Q. Filtering back to you were messages about the wrong type of PPE being used as detailed in paragraph 60(a)(i), people were using porous gloves, for example.

40 A. Mm.

45 Q. Is that right? Other messages coming back was that people were using PPE inappropriately, and that PPE was being used in a way which was inconsistent with the public health advice that was current at that time.

A. Yes.

Q. They were regularly themes around the Hotel Quarantine Program until at least that period in June post the outbreaks, weren't they?

A. Yes.

5

Q. And it would have been obvious to you then, notwithstanding that each agency has the responsibility for their own staff when it came to PPE and the education of PPE, that there was clearly limited uptake in the messaging?

10 A. Well, I can't say there was fairly limited uptake --

Q. Yes, sorry.

A. -- but there were gaps in knowledge and uptake.

15

Q. Yes. And as far as the understanding for PPE and infection prevention control, that was probably most obviously brought home to you when it came to your attention in late May that staff who had been stood down from the Rydges, that is security staff, were trying to pick up work with another contractor elsewhere. Do you recall that?

20

A. Yes.

Q. I will ask that the email be brought up, Madam Chair, it is
25 DHS.5000.0001.8001_R. I think, Ms Williams, is this one of the references that you've made in your statement? You've referred to this email in your statement?

A. I'm not sure where it is.

30 Q. Sorry, I'm having trouble hearing you. I don't know whether it's just at my end.

A. I said I'm not sure where it is in the statement that it's specifically tagged.

Q. Sorry, I just missed the ---

35

A. Sorry?

Q. I missed the start of that sentence.

40 A. I am aware of the email.

Q. Thank you. If we can just bring that up. And, yes, highlight a bit.

45 Now, you were by this email that you sent on 22 June raising some concern to people at DJPR that exactly what we just covered was occurring or at least seemed to be occurring. Staff who had been directed to self-isolate, that is security staff, were popping up and seeking work in the Hotel Quarantine Program through another

employer?

A. The email is an email I received.

5 Q. Yes.

A. Yes. Yes.

10 Q. What did you do as a result of receiving that email?

A. So when I received that email, I passed the information on to the contract tracing team because it was important for them to understand what was happening with that person, and I also passed it on to the compliance and enforcement team, and I received a response from that team that they had had discussions with the relevant security agencies and assured themselves that the person did not --- was not provided with work.

15 Q. Yes. Thank you.

20 A. And around that time the Department was establishing the person to whom I sent that, was establishing a group which would work much more closely with industry to try to prevent these sort of occurrences.

25 Q. Yes. Thank you, Ms Williams.

Madam Chair, I missed the part of the answer which was directed to whether this was already part of an exhibit. Perhaps out of an abundance of caution I will tender it as an exhibit alone.

30 CHAIR: Exhibit 132.

EXHIBIT #132 - EMAIL DATED 22 JUNE 2020
35

MR IHLE: As the Board pleases.

40 Ms Williams, I asked you some questions before about who was directing the work of Operation Soteria and I think in answer to that, or at least in part of the answer to that, you talked about the decision made by National Cabinet on 27 March. Did you understand that the decision of National Cabinet was a decision which bound the State of Victoria?

45 A. I don't have a view one way or the other about that.

Q. Okay. Do you recall being at a meeting of Operation Soteria on 10 April where

there was some discussion about the States and Territories being left to their own discretion and not being bound?

A. I don't recall the details.

5

Q. Well, let's bring up the minutes. DJP.102.007.3061_R. Ms Williams, these are the minutes of Operation Soteria on 10 April. This is about a week-and-a-half into the program. And I just want you to look at the front page there where under DHHS it's got your name, as well as two others. I'm sure you've been part of many meetings to do with Operation Soteria. Do you have any specific recollection of an Operation Soteria meeting at the State Control Centre on 10 April?

10

A. Yes, I do. Because we were discussing the very first exit which was to occur on the Sunday. So that was Good Friday, 10 April.

15

Q. Yes.

A. This meeting, yes.

20

Q. If we can scroll to page 4, there we go, under the heading of "Situational Awareness", "Deputy State Controller --- Health" is the heading but if you look four points down we've got MN, who is Meena Naidu. Now, who was Meena Naidu and what role did they fulfil?

25

A. At the point --- at this point she was the leader of the Enforcement and Compliance cell. So she preceded Mr Murray Smith in that role.

Q. Yes. You see again under this item on the agenda "Situational Awareness" the effect of the words ascribed to Ms Naidu are:

30

Commonwealth makes some border decisions, Victoria makes its own decisions around detention. In some cases we have aligned with decisions made at the National level, but in other cases we have varied and it has been accepted at the National level that the States and Territories aren't bound.

35

Does that help refresh your memory as to discussion that occurred on that day about the view that was being tabled at Operation Soteria about Victoria not being bound by the decisions of National Cabinet?

40

A. Yes. I think though I might add that my recollection of that discussions related to, in particular, some of the issues around detention where Victoria had a - so with respect to some elements of people arriving, such as maritime arrivals, Victoria had a much tighter approach. In issues such as, for instance - so Meena would have been talking about the detention processes and notices themselves. So in New South Wales my understanding is that minors are never detained if they are travelling --- unaccompanied minors. But in Victoria we did not have that as an immediate outcome. Occasionally it was an outcome, but it wasn't an immediate outcome ---

45

Q. Yes, so --

A. So she was speaking of the perspective of compliance and enforcement.

5

Q. But that accurately records what Ms Naidu was saying, does it not? Those minutes are accurate?

A. I guess so, yes.

10

Q. Yes. And if we go to the next page, do you also recall a discussion that the Deputy Public Health Commander Finn Romanes was involved in or at least he raised. Raised. If we can highlight the fourth dot point there, please. He raised and tabled for the benefit of all of the Operation Soteria members, or at least the members that were involved in this meeting, is that the Deputy Chief Health Officer was concerned about tightening up governance arrangements around the legal program being run, and that he had been asked to work with Mr Falconer to tighten up the governance arrangements and ensure that one plan is established across the streams of healthcare and welfare compliance and also logistics. Do you recall that being tabled for discussion at the meeting?

15
20

A. Yes.

Q. That was, that is Dr Romanes was the only member of that meeting with any medical background, wasn't he?

25

A. I don't know the backgrounds of the other members of the committee.

Q. But he was expressing at least on the Deputy Chief Health Officer's behalf, who at that time was the Public Health Commander, concerns about the governance arrangements?

30

A. That's what he says in the minutes.

Q. And that again is an accurate record and accords with your memory?

35

A. Yes.

Q. Yes.

40

I tender the minutes, Madam Chair.

CHAIR: Exhibit 133.

45

**EXHIBIT #133 - MINUTES OF OPERATION SOTERIA MEETING 10
APRIL 2020**

MR IHLE: That can come off the page, please.

5 Ms Williams, you will be pleased to know that I'm almost done. I just want to ask
you about the arrangements that were made at the end of 14 days for people that
were known to be COVID-positive. Is that something which caused you some
concern, that people who were known to be COVID-positive were being released and
10 were then subject to the same conditions as those who were not inbound passengers
from overseas?

A. It was an issue that I felt we needed to handle carefully so that it was well
understood that those people were being released and needed to continue to
15 self-isolate.

Q. And that included people, didn't it, who only tested positive towards the end of
their 14-day period?

A. Correct.

20 Q. So people who may have tested positive, let's say for argument's sake, from a test
that they furnished on day 11, were being released back into the community, albeit
subject to an isolation direction?

25 A. That was the public health advice.

Q. Did you see a tension between that position and what you've described as the
primary purpose of Operation Soteria?

30 A. Yes. But I'm not a public health physician and so I think that's a question best
directed to someone who can explain why that was the policy. It was the policy.
The challenge for me, operationally, was to implement that and given, as you pointed
out, there were very few people who became COVID-positive and we made the
decision to cohort them in a COVID-positive hotel, it was something which we were,
35 as the program progressed, quite able to manage. Each person, once they tested
COVID-positive, was dealt with according to their individual circumstances and so
that in the initial stages there was some concern, particularly on the first day of exit,
where we had people not in a COVID hotel but who were spread across the system.
In fact, on that first day, I believe there was only one situation where a person had
40 not been cleared of a COVID - of their COVID status before they left. So once we
made the improvement of having the COVID hotel, we then had a very
individualised approach to each of the guests who unfortunately had COVID.

45 Q. As part of your role of operationalising of the health policy, you prepared an
Operation Soteria COVID-positive guidance document, didn't you? Yes?

A. Yes.

MR IHLE: By way of identification, Madam Chair, it's DHS.0001.0001.1348.

5 This is a document which if we can zoom in at least at the top where the colours are,
this guidance was approved by you on 27 April?

A. Is that a question?

10 Q. Yes, it is.

A. Yes.

15 Q. Yes. Thank you. And if we can turn to the second page, you've designed and
included in that document a flowchart as to how those people who return a positive
test during quarantine are to be treated at the end of the 14-day period? Is that right?

A. Correct. Correct.

20 MR IHLE: I tender the document, Madam Chair.

CHAIR: Exhibit 134.

25 **EXHIBIT #134 - OPERATION SOTERIA POSITIVE DIAGNOSIS
GUIDANCE**

30 MR IHLE: Thank you. Ms Williams, when it comes to those people who were
identified as positive COVID-positive cases whilst in detention, there was no reason,
was there, to suggest that they would be any less compliant with the isolation
directions during the time when they were subject to a detention direction? Do you
agree with that as a principle?

35 A. I don't understand the question.

Q. No. That's fair enough. I don't really understand the question myself. I will try
again.

40 Those people who were released at the period of - at the end of the period of 14 days
who were known to be COVID-positive, they were released subject to the Isolation
(Diagnosis) Direction, were they not?

A. Yes.

45 Q. And it was assumed that they would comply with that direction upon being
released from hotel detention?

5 A. It was expected that they would comply, and there were a range of, as I understand it, a range of mechanisms that were used for all people in the community who were COVID-positive whereby they would receive phone calls and at times visits by the police to check that they were self-quarantining. It wasn't assumed, it was expected, and people would have a fine if they didn't do so.

10 Q. Yes. And you could expect that same compliance with those same enforcement tools that were available to you, to anyone during that period, being the 14 days, should they be released pursuant to that same type of direction?

15 A. I don't have a view of the evidence around that. I think we've probably been dealing with COVID now for long enough that there may be some evidence around the likelihood of that compliance. It was certainly the case in March that there was poor compliance, and to some extent that's what led to --- in my understanding, led to the Hotel Quarantine Program. So it's a matter of what the evidence is about people's behaviours.

20 Q. And as the program unfolded, in your role as the Commander of Operation Soteria or the Accommodation Commander, you observed that generally speaking, those that were in hotel quarantine were compliant and remained in their hotel rooms without much fuss? The majority, not all of them but the majority?

A. Yes.

25 MR IHLE: Yes, thank you, Madam Chair. They're the questions I have for Ms Williams. Can I indicate I have been approached by counsel for YNA, Ms Robertson who seeks to put some questions, I understand it, to Ms Williams, and also counsel for Unified, Ms Alderson. Perhaps I will call on Ms Robertson in the first instance.

30 MS ROBERTSON: I don't persist with my application for questions.

CHAIR: Thanks, Ms Robertson.

35 MR IHLE: Counsel for Unified?

MS ALDERSON: Thank you, Counsel Assisting. I think we will reserve our questions for the witness this afternoon, Ms Bamert.

40 CHAIR: Thank you.

CHAIR: Ms Harris, there are matters you wish to take up with Ms Williams?

45 MS HARRIS QC: Madam Chair, there are two questions I would seek leave to raise with Ms Williams. I should be very brief.

CHAIR: Perhaps just before you do that, Ms Harris, there is one more question that I

would like Ms Williams to respond to and then I will invite you to put your matters.

Ms Williams, the evidence that the Board has to date, and I don't think this is
5 controversial, that there was a transfer of the Hotel Quarantine Program from the
Department of Health and Human Services across to the Department of Justice. Do
you agree that that happened --

A. Yes.

10 CHAIR: --- at I think the end of June, that seems to correlate with you leaving the
program, I'm not sure whether they're connected or not? But you agree that that
transfer happened --

A. I understand it did. When I left the program it was operated by Health and
15 Human Services, but I do understand it has moved.

Q. So does it follow from that answer that you don't have any understanding of why
the program was transferred away from the Department of Health and Human
20 Services across to the Department of Justice?

A. No. I wasn't involved in any specific meetings. The week before I left the
program, the Sheriff became a Senior Executive Director between myself and
Melissa Skilbeck, and so I commenced working to her, and I was providing her with
a handover about the program, and then it occurred after I left.

25 CHAIR: The actual transfer occurred after you left, but does it follow from that
answer ---

A. Yes.

30 CHAIR: --- that the decision to move, the program had been set in motion before you
left?

A. I'm - I'm not - I don't know. I don't know. I do know that the sheriff came over
35 to provide assistance. The Department had been receiving assistance from a large
number of executives across Government and continues to do so.

CHAIR: All right. Thank you.

40 Yes, Ms Harris.

MS HARRIS QC: Thank you, Madam Chair.

The two matters that I would seek leave to cross-examine on, one relates to some
45 evidence that was given in response to Mr Ihle's questions about bringing cleaning
policies to the attention of cleaners. That should be brief and it will actually involve
the tender of four documents I had foreshadowed doing earlier, that I had put to

Ms Febey.

The second, Madam Chair, is something that I've only received instructions on overnight with respect to a matter raised in yesterday's evidence with
5 Professor Wallace and it was the suggestion that staff from Helloworld had been staffing the welfare calls. I think that Ms Williams could give some relevant evidence on that matter and I know it's not been put to Mr Wallace, but I don't know that it's a matter that he would have been able to answer in any event.

10 CHAIR: All right. I will grant you leave with respect to both of those matters, Ms Harris.

CROSS-EXAMINATION BY MS HARRIS QC

15

MS HARRIS QC: Thank you, Madam Chair.

Ms Williams, I will start with that matter about the Helloworld staff. First, in your
20 statement you've referred in paragraph 41(c) to the fact that there was a number of methods of communication with guests. One was the 24/7 DHHS line managed by GGR and that is the support that you also referred to in oral evidence today. You've also referred to daily calls by nurses and welfare survey calls. Are you aware of Helloworld staff being involved in providing any of those services?

25

A. No.

Q. And are you aware of another Government support line that the Department of
30 Health and Human Services may have had available that was not related specifically to Operation Soteria?

35

A. Yes. Helloworld had been used to assist the Department in the physical distancing line. So it was a generic line that people - the general community could ring the Department to ask questions about COVID.

Q. Thank you. I don't need to take that matter further. In paragraph - Mr Ihle asked you some questions about bringing cleaning policies to the attention of the cleaners. Can I just ask you generally what your understanding was about the first line of
40 communication being with cleaning companies about their obligations under their contractual arrangements? Was that your responsibility or was there any other personal government department with a role in that?

45

A. So the Department of Jobs, Precincts and Regions were responsible for the contracting. Cleaning occurred in two ways. One was through the hotels who were expected to provide general cleaning and then the specific infectious cleaners such as the one who presented to the Board today.

Q. In terms of providing any information about cleaning policies, are you aware of that being provided by you directly to the cleaning companies or did you do that generally through DJPR contacts?

5 A. Through DJPR contacts. I think at the time of the Outbreak Management Team's
role, once an Outbreak Management Team becomes involved they work very closely
with everyone on the ground who are involved in the workplace or the facility where
things are happening. So there may have been departmental staff talking directly at
that point around cleaning matters. But the key - the key conduit for the information
10 was through DJPR as the contract manager.

Q. At paragraphs 28 to 30 of your statement, you refer to some cleaning guidelines
provided by the Department. In paragraph 28 you refer to a document titled
"Cleaning and Disinfecting to Reduce COVID-19 Transmission: Tips for
15 Non-Healthcare Settings", a document that is DHS.001.0015.0323 which is a
document dated 20 March 2020, and you say that it was - in your statement that it
was published on the Department's website. Just a few paragraphs on in your
statement you refer to providing, being copied in on an email dated 8 April from
your department to the DJPR, in response to a request from DJPR for confirmation of
20 the cleaning requirements for rooms once vacated. And that email is referred to in
your statements in the exhibits as DHS.001.0015.0287.

A. Uh-huh.

25 Q. Now, you say what was attached to that email, and the first attachment you say
was a copy of the guideline titled "Coronavirus disease 2019 (COVID-19) Case and
contact management guidelines for services and general practitioners" dated 5 April
2020 at DHS.0001.0095.0001.

30 And the second document you say is the cleaning advice, tips for non-healthcare
settings referred to in paragraph 28, so that's the one I've just referred to of 20 March
2020. So when that advice was sent through by email to the DJPR by the DHS, what
was the intention that DJPR would do with that information?

35 A. They would provide it to the relevant contractors. The hotel and the cleaning
contractors.

Q. And then subsequently you refer in your statement to some communications
between you and DJPR in paragraph 33, some communications on 27 April and 28
40 April. And again, sorry for the labouring through document numbers but for the
purposes of the transcript to make it clear it's the same documents I referred to with
Ms Febey - with Ms May, rather, in paragraph 33(b) you refer to an email of 28 May
providing advice to DJPR that the cleaning and disinfection advice document
previously provided to DJPR is equally applicable to the hotel setting for cleaning
45 COVID-positive hotel rooms, and a subsequent confirmation was no nebulisers were
used, which is a matter of relevance to the nature of the cleaning provided, and that
document is DHS.5000.0002.1028. Again, was the intention that that be provided on

to the cleaning companies?

A. Yes.

5 Q. The final matter, and again just to clarify what I raised with Ms May in her
evidence, was whether she had received on 26 May an email from you with respect
to a COVID-positive case in the Rydges on Swanston. If you look to paragraph 35,
you say you received from the Department advice that a cleaning of all common
10 those emails is at DHS.5000.0001.9597. I don't - do you recall sending that email?

A. Yes.

15 MS HARRIS QC: Thank you, Madam Chair, that covers certain documents that I
had previously not tendered formally through Ms May, but they are now in the
bundle of exhibits, so that hopefully might just help tie up the relationship between
both witnesses' evidence. And those are my questions.

CHAIR: Thank you, Ms Harris.

20

Nothing further from you, Mr Ihle?

MR IHLE: Certainly not, Madam Chair.

25 CHAIR: No. Just before excusing you, Ms Williams, can I just come back to this
one question about the terminology that I think you found uncomfortable the notion
of who was in charge on the hotel quarantine sites. Can I just bring you back to that
finally. I think your evidence with respect to the operation of the hotel quarantine
sites was that it was an extremely complex logistical arrangement at many different
30 levels?

A. Yes.

CHAIR: Would you agree with that?

35

A. Yes.

CHAIR: That that's the effect of your evidence and indeed the effect of many of
those witnesses who have gone before you, and understandably so.

40

The next question that flows out of that is, do you - can you now use what you now
understand about the complexity of the hotel quarantine site to see or to give an
opinion as to whether or not you think the fact that there was no defined person in
charge or in authority or whose responsibility it was to oversee the site created a
45 problem?

A. I believe that the DHHS team leader had the potential to play that role, but it was

more - it was complicated. We were within the hotel. The hotel was owned and operated by the manager. We were to some extent a guest in the hotel. We had arrangements where DJPR were the Contract Manager and I certainly had plans to, once the contracts which were to be transferred from DJPR to ourselves to clarify a number of matters and also to put in place a more conventional programmatic structure to manage Hotel Quarantine, and this is something that Melissa Skilbeck went to in her evidence to the Inquiry yesterday.

And that would have enabled the appointment of people of, you know, more experienced and ongoing staff in the roles so that we didn't have a situation where we had surge staff with varied levels of capability in the role. So in order to have a group in charge, someone in charge, they need to have the skills and capabilities to do that. We were building that. I had near the end some very competent people who had gained experience in the role, and so I was feeling increasingly confident of their capacity. It's why I wasn't quick to take over from DJPR the contracts, because I felt that they were playing their part in managing a couple of the very complex parts of the operation while I was building my staffing group to manage in a different way, in a more conventional programmatic way. So it is not unusual, in an emergency management context, to have a situation where there's more of a collaborative approach to operating the function. So in my two years at looking after people after the Black Saturday bushfires, we had community services hubs where I had hub leaders who one couldn't necessarily say they were in charge of everything that happened through the hub but they were supporting and ensuring there was collaboration and coordination amongst the various people who were using that hub from, you know, people who were providing welfare support, case management support, people who were coming in providing building advice. This is somewhat different, but I'm trying to get across that in an emergency management context it's not unusual to have a collaborative approach to delivering very complex things that are changing quickly where you need to draw on the skills and expertise. We had a very good relationship with DJPR. They were doing their best, in a complex environment, to deliver on the things they were delivering on. We were doing the same thing. And it was a collaborative approach.

So if I had the ability, as time went on, to have a more skilled and capable group of people as team leaders, then I could have expected more of them. I would have required a management structure above them that was more conventional for a program than what we have in an emergency management context. So we were about to go to that point.

CHAIR: When the Program transferred?

A. Well, when I ceased my involvement with the Program.

CHAIR: And just on that point, what would have been the skills, had the Program stayed with you? What would have been the skills that you were looking for, for those on site team leaders?

5 A. I suppose the same skills that I've talked about, which is an ability to work with multiple stakeholders, a collaborative approach, an ability to deal with high levels of risk, to understand what things needed to be escalated and what didn't. An ability to deliver on the policies and procedures that were in front of them. So we had, by the time I left the Program, comprehensive operating procedures that people were working towards. So it would have been competent operational program managers. And I'm not saying that people who are in the program weren't competent, I very much appreciated the hard work that they did, but not all of them had had the sort of experience and had yet built up the capability to do the role.

10 CHAIR: Thank you.

Anything arising out of that for you, Mr Ihle?

15 MR IHLE: No. Thank you, Madam Chair.

CHAIR: Thank you, Ms Williams. Thank you for your attendance at the board and you are now excused. You can turn off your camera and microphone. Thank you.

20 MR IHLE: Thank you, Ms Williams.

THE WITNESS WITHDREW

25 CHAIR: It's time for the lunch adjournment, Mr Ihle.

MR IHLE: That would seem to be the case. The witness to be called immediately after lunch is Merrin Bamert, to be followed by Dr Annaliese van Diemen.

30 CHAIR: All right. I notice it's 10 past 1, so just to ensure that everyone has an appropriate lunch break, we will resume at 2.15, Mr Ihle.

MR IHLE: As the Board pleases.

35 CHAIR: Thank you.

40 **ADJOURNED** **[1.11 PM]**

RESUMED **[2.15 PM]**

45 CHAIR: Yes, Mr Ihle.

MR IHLE: Thank you, Madam Chair. I call Merrin Bamert.

CHAIR: Ms Bamert, are you able to hear and see me?

MS BAMERT: I am.

5

CHAIR: I understand you wish to take the affirmation for the purpose of giving your evidence?

MS BAMERT: I do. Thank you, Madam Chair.

10

CHAIR: I will hand you over to my Associate for that to be done. Thank you.

MS BAMERT: Thank you.

15

MS MERRIN KATERINA BAMERT, SWORN

CHAIR: Thanks, Ms Bamert. I will now hand you over to Mr Ihle. Thank you.

20

A. Thank you.

MR IHLE: Thank you, Madam Chair.

25

EXAMINATION BY MR IHLE

MR IHLE: Good afternoon, Ms Bamert.

30

A. Good afternoon.

Q. Can we start with your full name, please.

35

A. Merrin Katerina Bamert.

Q. Thank you. And you are the Director of Emergency Management, Department of Health and Human Services, is that right?

40

A. That's correct, "Population Health" at the end.

Q. Yes, sorry. My apologies.

A. All good. Long title.

45

Q. It has been a long day already. You were asked a number of questions and have provided the answers to the questions in the form of a statement dated 9 September.

Is that the case?

A. That's correct.

5 Q. And that statement is 27 pages and 94 paragraphs long?

A. That's correct.

10 Q. Have you --- it was signed two days ago. Between signing it and today, have you had another chance to read it?

A. I have.

15 Q. And are the contents of that statement both truthful and accurate?

A. They are truthful and accurate.

Q. Thank you.

20 I tender the statement of Merrin Bamert dated 9 September.

CHAIR: Exhibit 135.

25 **EXHIBIT #135 - STATEMENT OF MERRIN BAMERT**

MR IHLE: As the Board pleases.

30 In preparing those answers in the statements, did you have regard to and have made reference within that statement to a number of documents?

A. I have.

35 Q. And as far as you're aware, are the contents of those documents that you've made reference to both truthful and accurate?

A. That's correct.

40 MR IHLE: I tender as a bundle those documents referred to in Ms Bamert's statement.

CHAIR: Exhibit 136.

45 **EXHIBIT #136 - ANNEXURES TO STATEMENT OF MERRIN BAMERT**

MR IHLE: As the Board pleases.

5 Ms Bamert, just by way of background, is it correct you hold a Bachelor of Nursing degree?

A. That's correct.

10 Q. Have you ever practiced as a nurse?

A. I did.

Q. Can you give us ---

15 A. For about --

Q. Can you give us a summary?

20 A. Sure. Registered in 1993, spent a few years at a range of hospitals and then ended up becoming a nurse educator, and worked in the Emergency Departments teaching nurses at Maroondah part of Eastern Health and Monash Health and Knox Private, all those roles as an Emergency Department educator.

25 Q. And in addition to that you hold a Masters of Education degree?

A. That's correct.

Q. And an Executive Masters of Public Administration?

30 A. Correct.

35 Q. Can I take you specifically now to your role in the Hotel Quarantine Program. You detail in your statement that there were a number of roles, certainly in the early stages of the Hotel Quarantine Program that you fulfilled. Indeed you described your role as evolving through that period. Can you just talk us through that evolution?

40 A. Certainly. So I was on as the Executive for the COVID Directions Line, which was a line for community members to call in and request information about could they go fishing, could they play golf and those sorts of requirements, overseeing a team of people who were answering those calls. I received a call on the Friday night after Hotel Quarantine was announced requesting that I assist in the establishment of a welfare call centre. At that time, though, it was originally deemed as per the *Health and Wellbeing Act* that an authorised officer was going to have to do a daily review, and so we set about getting a team of authorised officers available to be
45 available to do those calls, to check that they were there every 24 hours and then there was a decision made that the authorised officers would reside at the hotel. So over the next few days I worked through with what that welfare call centre would be

to meet our duty of care rather than the authorised officer 24-hour check.

5 And so I worked for the next couple of days with a colleague from Family Safety
Victoria and engaged the support of our Chief Mental Health Nurse to work through
what the script would look like, and also worked with logistics teams about how we
could do the process or procedure of making calls, how many staff, for example,
basing it on a 15-minute call, how many people would we need based on the number
of guests. So worked through the procedural arm as well as working with colleagues
10 on the correct script to make sure that we were able to meet the health and wellbeing
needs of the guests.

So that was sort of the first weekend as such. Guests arrived, or returning passengers
started coming on the Sunday and then for the next, I think it was another day or so
later my colleagues, who are Directors of Emergency Management, Population
15 Health and Health Direction for other divisions, took over that role, and I became a
support to the State in setting up some other activities.

And those sort of activities were finding - we had to source some additional gowns
going into the team leaders, going into the hotels, working with the team leaders on
20 site to develop appropriate handover procedures. Working with maternal and child
health nurses to think about what are the range of complexities that we might see in
returning passengers, and also very much early on in that first few days we were
absolutely seeing complexities. And I think in my statement I talk about a particular
scenario where a woman with very difficult circumstances and young children, we
25 spent all day sort of working out an alternate location for her to have her needs be
met, and provided significant healthcare to her.

So for those next two weeks I supported the SEMC in whatever --- State Emergency
Management Centre, sorry --

30 Q. Yes.

A. -- in whatever needs they might have had, and as per their direction. And also,
given my health background, looking for what were the risks, and supporting them to
35 do that and also working really closely with Finn Romanes on --- because obviously
this is a public health emergency, I'm not a public health physician, and so working
closely with them on what are the policies they need implemented and how we are
going to operationalise those on the ground.

40 Q. I get the impression, tell me if it's an accurate one, from your statement that
certainly for that first two-week period, you were running around doing whatever
jobs you could to get this thing up and running?

A. That would be a correct summation. It was a very busy few weeks.

45 Q. I can imagine. On around 17 April, you were appointed to a specific role being
the Deputy Commander of Hotels?

5 A. Yeah. And prior to that, quite clearly I had recently and was still working in the space so I had a regional Emergency Operations Centre running in Gippsland post the East Gippsland complex fire, and so very much understanding the need for, you know viewing the hotels like mini incident management centres, that we needed a way to really bring all of these and coordinate each of the hotels which were individual sites together and so worked with my skilled Emergency Management team to look through and develop a framework of what that could look like, to then support SEMC in developing the EOC.

10 So when that was then established, we were able to move into that on to --- during the week of the 10th, and I developed as the Deputy Commander for Hotels on the 17th.

15 Q. And then subsequently on 30 April you took a role as the Commander of Operation Soteria, a role you shared with Ms Williams?

A. That's correct.

20 Q. And what were - how did you perform that role, the Commander of Operation Soteria? What did you actually do in that role?

25 A. So for Commander, it was really about operationalising public health policies and so, you know, at the nursing skill set we have, we are very practical people, so it was having a good understanding of how the hotel is set up, and how we could operationalise their policies. It was that strategic leadership, and so how we advise up to within the Department of Health and Human Services command, and it was also about working across agencies, so in any emergency, each of the support agencies have their own responsibilities, so it was a coordination function to make sure that all the other agencies were able to meet the two, for me, really important needs which was obviously one, the most important, reducing the spread of the coronavirus and clearly the health and wellbeing of our returning passengers. So it was a coordination strategic leadership but also, really importantly, a leadership role for the teams on the ground.

35 And so throughout the whole three months I would go into the hotels and provide that on-site leadership, join team meetings, send emails, really about trying to know that our door as commanders was open, that any issue could be raised or brought to us, and being that conduit for, you know, the Public Health Command.

40 Q. Yes. You said in answer to an earlier question about that first two weeks that you were working with the team leaders, talking to them about how they might do handovers and the like.

45 A. Yes.

Q. What was the role of the team leader?

- 5 A. So the team leader was to coordinate people on the ground and to really support processes, to make sure that the nurses had anything they needed, to be a conduit back into the command structure, to, you know, provide us with any evidence of risk or, you know, any concerns that they might have had that we could look for systematic failures. So you might have an issue at one hotel, is that pre-empting other issues at other hotels. It was to work very closely with the DJPR site leader as well to look at implementing the policies that were written.
- 10 Q. Yes. Thank you. In answering the questions we've gone through so far, you've touched upon a couple of terms which I understand are terms that had specific meanings within the emergency management manual and framework, and I want to deal with those for a moment.
- 15 You've talked about coordination, you've talked about control, of course there's command as well, that's the word that was right there in your title. We know from a statement that has been provided by Deputy Secretary Spiteri, paragraph 21, that insofar as those terms are used in the emergency management framework they do have specific meanings. Is that your understanding of them?
- 20 A. That's correct. That's correct. Across the board, though, unless you've had significant training in those terms, the majority of people probably don't understand what that really means from a legislative framework versus, you know, a lay person's view of understanding what control, command and coordination would mean.
- 25 Q. I haven't had that experience but I'm going to have a try and you can tell me where I get it wrong.
- 30 A. Sure.
- Q. Command is the internal direction of personal resources operating vertically within an agency?
- 35 A. That's correct.
- Q. Control would the overall direction of the response activity to an emergency operating horizontally?
- 40 A. Yes, that's correct.
- Q. Is that right?
- A. Yes.
- 45 Q. And coordination is bringing together the agencies and resources to ensure an effective response to ---

A. That's correct --

Q. -- and recovery from a response.

5 A. That's correct.

Q. We are talking about vertical structure being the structure of command?

A. Yes.

10

Q. Horizontal structure being the structure of control and coordination being the embracing of all of the resources?

A. That's correct.

15

Q. How did I go?

A. Very well. Gold star.

20 Q. I borrowed it from somewhere else. So you were a Commander of Operation Soteria. So does that mean as you said before, providing that leadership to the team leaders, those people that were on the ground, and they can report up effectively through you up to the Operation Soteria Command and above?

25 A. That's right.

Q. But you also had a significant role, as I understand your evidence, in coordinating?

30 A. Yes. So, you know, working - we worked really closely with DJPR. Less so with in meetings with Department of Transport, with DPC, for media sort of requirements. So there was a coordination of understanding, you know, what everyone's role is. That's really important knowing who is managing which part of the operation, and then making sure that they work together to in the end meet the
35 needs of the mission of the operation.

Q. And we understand that Operation Soteria was perhaps not borne out of what's called the SHERP, but was certainly intended to be in accordance with the SHERP?

40 A. That's correct. That's my understanding.

Q. Because it was a health emergency, specifically a class 2 health emergency, the Department of Health and Human Services was the designated control agency?

45 A. That's right.

Q. What's your understanding of the function of the control agency?

A. In a class 2 emergency?

Q. Yes.

5

A. So really to drive the direction of the program, but obviously this is a very unusual class 2. If you look at in the SHERP, there are a range of class 2 emergencies that would fit within that structure. This was a once-in-a-100-year pandemic that was a national response, and normally in a control --- you have full control over the incident. Here we were having to meet with national requirements as well as State requirements, so I think --- if you were going to do it by the letter of the law of what the SHERP spells out, it probably might not capture that national nuance, I think. And the way this was set up in terms of the Crisis Cabinet, that decisions were often made outside those arrangements, but the public health decisions were definitely made within those arrangements by the Chief Health Officer, which sits within our legislative requirements of the *Health and Wellbeing Act*.

Q. One of the things you are trying to say there is that the SHERP and the situation we were presented with were not really a good fit for one another?

20

A. No. No, I don't think I'm trying to say that; I think --- you know, the SHERP is our approach as to how we would manage the range of emergencies that we might see in a class 2 emergency. And so mostly, I would say it did align with that, but then there were structures over the top.

25

Q. Yes. Thank you for that clarification. The Board has some evidence before it that at least in the initial phases the leadership structure of Operation Soteria might not have been well observable - sorry, that's very clumsy of me - might not have been well understood by those operating within it. Is that your experience?

30

A. Sorry, do you mean in the early phases for the first couple of weeks?

Q. At least the first couple of weeks --

35

A. Can you just repeat what you're asking of me?

Q. I'm asking whether your experience was that the leadership structure of Operation Soteria was not well understood by those working within Operation Soteria in the first phases at least?

40

A. No, I wouldn't say that. From my perspective I was working through the State Emergency Management Centre, so they were my line of instruction. The direct link to public health, they sat within meetings, I understand, as part of that process. It was a very collaborative approach within the Department, but I probably wasn't as privy to the --- what everyone's roles and responsibilities were in those first few weeks.

45

Q. The Board was taken to an email yesterday, Professor Euan Wallace from Safer Care Victoria gave some evidence about reviews that Safer Care undertook in relation to two incidents. I know that you were instrumental in those, so we will
5 come back to those in more detail later. But specifically --- and it's Exhibit 120, Madam Chair --- Professor Wallace was taken to an email that he sent to Ms Skilbeck on 1 May. First of all, did you observe Professor Wallace's evidence yesterday?

10 A. I did.

Q. Do you know the email of which I'm speaking?

A. I do, but I might need you to highlight it. I've seen a lot of emails.
15

Q. I'm sure you have. We can bring it up if needs be. But he identified, at least first and foremost, questions of Ms Skilbeck where he said the fundamental question regarding overall responsibility has come up. Does that ring a bell?

20 A. Yes, it does.

Q. In fairness to you, I might bring the email up. It's document DHS.0001.0012.1031, also Exhibit 120 before this Board. We might just enlarge that.
25

So you will recall that Professor Wallace was taken to this email yesterday, it's an email ---

A. I can't actually - sorry, Counsel Assisting, I can't actually see the email. Should I
30 be able to see it on my screen?

Q. It should be on your screen. Is that any better?

A. I'm now good. Thank you. I can see it now. Thank you.
35

Q. Great. He says:

We are working through reviews of some key incidents in the hotels. The reviews are throwing up a number of issues, not wholly unexpectedly, including the question regarding 'overall responsibility'.
40

Do you recall firstly Professor Wallace being taken to this email yesterday?

A. I do recall that.
45

Q. He goes on:

In essence, who is responsible for the quarantined detainees. There is not a consensus on this and lack of consensus/clarity undermines governance and decisions.

5 Was it your experience providing that leadership to those that were on the ground in the hotels, that there were issues around this time, that is through April, and even up until 1 May, that there wasn't consensus on who is responsible for the detainees?

10 A. It was my view that this was a public health response and we were using our Act, the *Health and Wellbeing Act*, as the legislative framework to be able to do this along with obviously national responsibilities. And so, to me, there was a clear line of who was developing the policy, and my job was to operationalise that. There were particular concerns, I think that came out of this, which led to the clinical governance approach which --- and I can't speak for Professor Wallace, but I think that that was making sure that, you know, they were under a public health direction. And I think, 15 you know, quite clearly that was, in my view clear but maybe for people in my teams who might not have been privy to the higher level conversations, they may not have clearly understood the *Public Health and Wellbeing Act*.

20 Q. Yes. Did you see in your work, specifically with those that were operating in Operation Soteria below you, did you see things that were consistent with there being a lack of consensus about who was responsible for quarantine detainees?

25 A. No. I think, you know, there would be individuals who might not have been aware of the surrounding requirements or the legislation, as I say, but I think everyone was very clear that under the authorised officers, that was the ability to detain guests, and that nurses and doctors were responsible for the provision of healthcare, and that any of those issues that security and food and those sort of employment of the hotels was the responsibility of DJPR, and to bring all of those 30 together.

But I think everyone knew we were implementing a public health policy which was to reduce the spreading of COVID-19.

35 Q. I want to take you to another document, Ms Bamert. It goes to the Safer Care report as well. It's document marked SVC.0001.0002.0056_R. You will recall, Ms Bamert, as that's coming up, you will recall that Professor Wallace spoke about a fact checking process where the Safer Care reports are provided for fact checking prior to finalisation? Do you recall his evidence yesterday?

40

A. I do recall that.

Q. And part of that fact checking process involved sending you a copy of the report prior to it being finalised, didn't it?

45

A. That's correct.

Q. Yes. So I just want to, if we can expand on the bottom half of this page, please. This is, I would suggest, an email from you and if it's of any assistance I can tell you that it's directed to the lead reviewer in respect of the first Safer Care Victoria report dated 21 May. Do you recall sending this email?

5

A. Now that you've presented it to me, I haven't seen it for some time, but yes.

Q. You see just about halfway on the bit that's expanded there, you've said in the email:

10

This operation was being managed as of a range of sites with no clear operational structure (which is why I worked on that Saturday morning) the same day [the deceased]

15 One of the words is actually redacted:

.... the same day [the deceased died] to start drafting one.

20 You were conveying in that email, were you not, that in that mid-April period, at least insofar as you were concerned, the operation was being managed out of a range of sites and there was no clear operational structure?

25 A. And that's why we developed the Emergency Operation Centre. So there was absolutely structure going into both Jason and - Mr Helps and Ms Spiteri and their colleagues in the State Emergency Management Centre for operational responses, but each site was a little disjointed and so that's why it was agreed that we set up the EOC to really bring that coordination together.

30 Q. You go on in the email to the very next line and you say:

I am not sure who you would say was in charge at that point however email traffic was going to the SEMT.

35 You were conveying there, weren't you, that even reflecting on that period from 21 May, you weren't able to say who was in charge at that point?

A. You would read that.

40 Q. That's how I'm reading it, I'm asking if that's how you intended it.

A. You know, clearly at that time, you know, in hindsight I am quite clear what the structures were, but for me to have organised, to set up the SEMC, the Emergency Operation Centre, clearly I had concerns about the escalation points.

45 MR IHLE: If the Board pleases, I tender that email.

CHAIR: 137.

EXHIBIT #137 - EMAIL FROM MERRIN BAMERT TO DHHS

5

MR IHLE: If the Board pleases.

I just want to take you very briefly, Ms Bamert, to the issue of complaints which I'm sure there were several of, and you've touched upon some of them in your statement.
10 We've heard evidence that there were people asking about fresh air walks. Is that something that you recall, complaints about and questions about fresh air walks?

A. I do, yes. There was.

15 Q. Do you recall that there was a complaint made to the Ombudsman about fresh air walks?

A. Yes, I do.

20 Q. And there were some people in Hotel Quarantine indeed that were raising complaints through their local Members of Parliament?

A. That's correct.

25 Q. And at least one of those that came to your attention was a complaint that was raised via the Police Minister Ms Neville? Do you recall that?

A. Yes. I do.

30 Q. And in relation to that complaint, there was a chain of emails passing between a number of people, including yourself, about a concern that those involved with Operation Soteria had, that perhaps people in quarantine were being told to complain to their local Member. Do you recall that?

35 A. Yeah, I do recall hearing that people - there was a Facebook site that had been set up by people in quarantine and that returning passengers were suggesting, and I think there might have been a suggestion that apparently, and this is what I had heard, that one of - they had been told to start complaining to your local MP.

40 Q. When you say they were being told, being told by whom?

A. I understand - well, each other in the Facebook correspondence and I think there was an event where it was felt that someone in the GSS Call Centre had told - this is unsubstantiated, this is what I had been told - had told a guest, "Start complaining to
45 your local MPs".

Q. The GSS Call Centre, just to be clear, that's a toll-free number that was given to

the detainees to call if they had any questions about the system?

A. Yeah. It was needing relief packs or support with shopping with Woolworths or those sorts of things. It was a DJPR-managed call centre.

5

Q. Were the detainees to your knowledge given any information, by your Department at least, as to who they should complain to if they had a welfare complaint?

10 A. In the early stages of the operation there wasn't, there was the 1800 number. So they were given a combined welcome or introductory document because you don't want them getting documents from a range of people. This is where the coordination really needed to happen, that when passengers arrived they were given a document
15 originally a DHHS approach, but over time we had a quality person brought on into the Emergency Operation Centre who started developing and establishing a complaints process through what is our normal complaints process within the Department.

20 Q. Coming back specifically to the complaint that was raised by the office of the Police Minister Lisa Neville, that was a complaint where someone who was a detainee in the system advised that they had mental health issues, they had to take medication for it, and they felt the situation was so bad they were purposely overdosing on medication. Do you recall those details of that complaint?

25

A. Vaguely, but yes.

Q. And as those emails went, and they were on 2 April, we can bring them up if you want, Ms Bamert, but it was relayed through from the Minister's office that
30 apparently the hotline, that is the DJPR-run hotline was saying that people should advocate via their local MPs. Do you recall that being conveyed in the email?

A. I do. Yes.

35 Q. And do you recall in relation to that, you responding via email saying that that was not appropriate at all?

A. Yes, and I think ---

40 Q. Why was it not appropriate?

A. I think actually if you might need to bring up the email, I think there was --- we might need to be careful about the contents of that email in relation to someone's
45 privacy.

45

Q. Certainly.

5 A. I think there was a comment about taking increased medication and that that was
not the responsibility of GSS to provide information about that, or that it's not
appropriate that they tell people to ring their local Members. You know, there are
two vague recollections, you might need to bring it up for me, but one is it's not
appropriate to ring local Members. There should be internal mechanisms, which we
do have in place, where they could either go to the team leader, or the person could
speak to the nurse about their particular concerns, and then we could address the
needs of that person, and rather than their own health and safety being risked by
them taking an overdose of medication, which would be completely awful and
inappropriate, we would much rather them address their needs and support them with
10 both a nurse assessment and, if required, an escalation of that treatment to our triage
service or a physical assessment at the hospital as required. To just direct someone
to a GSSS or to your MP is not an appropriate response. There is a more timely
response that this particular guest would have required.

15

Q. Yes, and I think you actually make that suggestion to Ms Skilbeck. You say:

20

*Are you comfortable that I organise for the nurse to make a call and
assessment in the morning and consider the doctor on site having a
conversation?*

A. Correct.

25

Q. That's what you were talking about there?

A. That's right.

30

Q. So is the fact that someone who is in detention, being detained under the *Health
and Wellbeing Act* pursuant to powers exercised by authorised officers, complaining
to their local Member not serve to bring to your attention that at least that person
might have felt they had no other option?

35

A. That would be - I imagine that is what they probably felt at the time, but I can't
say that, I don't know that person and there were certainly options for them to ring
internally. We were, if we think about the fresh air breaks, there were some hotels
that had 600 residents in them in a night, and so the ability to implement as often as
we would have liked, as well as balancing having people in and about in the hotel
from an IPC perspective, we were unable to operationalise the fresh air breaks as
much as it would have been, you know, the residents would have wanted or the
40 returning passengers would have wanted.

45

Q. That number, that 1800 number or 1300 number or whatever it was, that was the
only line that the detainees were given to call out for support, wasn't it? Certainly
early on?

A. No, they had other mental health supports on their documents that they were
provided when they were given, Beyondblue, Lifeline, other outside calls. But in

terms of an internal number, they could have rung down to the concierge, and the concierge would transfer numbers back to our phone nurses or our team leaders, based on if it was - depending on what the need was. Guests had a range of needs, and it might have been "My hot water's not working" or it might have been as significant as what this person was, and then that would have been transferred through to the nurses and the nurses had a phone number.

5
10 Q. Yes. Thank you. I want to ask you some questions about PPE. In your statement you talk about PPE, and there were difficulties around PPE especially early on, I understand. Is that a fair summary of your experience?

A. Yes, that's correct. Yes. Not all PPE, but correct.

15 Q. You provided in your statement that although the instructions were given that other departments and organisations were to provide their own, if there was a shortage and they were unable to perform their functions because of a shortage of PPEs provided by their own organisation, you gave the instruction, "Look, we've got PPE, let them use it so they can do their job."

20 A. Absolutely. No one should - if they had to be --- were unable to physically distance or had to see a returning passenger in a close proximity, there was no way that we were - I would support not handing over PPE. People's safety was absolutely paramount.

25 Q. You were asked questions and you provided answers in your statement, to those questions, about not only PPE by way of the resource, the physical resource itself, but also as to the instruction. And you've said at paragraph 34:

30 *In my view, there were not initially adequate directions or instructions for Departmental staff about the use of PPE*

Can you tell us a bit more about that? You are talking specifically instructions for Departmental staff?

35 A. That's correct. So I was advised so --- as my role as Director of Emergency Management, several of my team ended up as team leaders, so in an emergency, I think Ms Williams spoke to the surge response. So my team went in, and I had a phone call from one of my managers to say that I think there is a concern with people's comfort in donning and doffing PPE, and so I immediately printed off documentation on how to done and doff a PPE, and went down and went to all of the sites that were operating at that time, and talked through with those staff --- obviously nurses are taught how to don and doff PPE, and so talked through with our staff the appropriateness, and we made sure that the documentation was there and printed that out and it was available for people. Acknowledging that in the green rooms they were not required to wear PPE, it was only for coming in and out, if they were interacting with guests.

40
45

Q. You say at paragraph 37:

5 *Within the first several weeks of the program, I became aware of concerns that social distancing and PPE were not clearly understood or adhered to by both departmental and non-departmental staff on the ground....*

When you talk about non-departmental staff on the ground, are you including security staff?

10 A. Correct.

Q. Are you including DJPR staff?

15 A. I didn't meet any DJPR staff that I can recall on the ground, but it was really our staff and the security at times. In saying that, in the first few days they were - appeared to be physically distancing, but it is that - it's new for people. We've never had it in society, and so for community, this was a very foreign concept to have to stand a metre-and-a-half away from people, and that's not the way our community would normally operate. And so it was a need for constant reminder to
20 people what is physical distancing. And I think we would remember early the conversation was about social distancing, and that's a term that would be quite foreign to a lot of people. So there was community education that was required about the 1.5 metres and what physical distancing really means.

25 Q. Yes. And you talk about the constantly reinforcing, that's something with which in your experience and the nursing that you've done especially in emergency rooms, that's a necessary aspect of infection prevention control, is that the constant reinforcing about the need to be rigorous around the use of PPE distancing and other infectious prevention --- (overspeaking) ---

30 A. Correct. Yes, that's correct, which is why we put it into the team briefing that in every handover, it was written into the plan, and I emailed it round to say lead by example, role model all of those requirements, and to remind everyone, and which I did at every briefing in the Emergency Operations Centre to remember to physically
35 distance.

Q. And on that issue to do with physical distance and PPE, specifically that was an issue which was at least apparent after the outbreak at the Rydges Hotel?

40 A. That's correct. It was --- I understand that was discussed in the Outbreak Management Team meeting.

Q. And you've touched upon that in paragraph 36.

45 *it became apparent following the Rydges and Stamford outbreaks that there had been challenges in embedding understanding of social distancing, hand hygiene and appropriate PPE usage amongst some security and hotel staff.*

A. Correct. And I think it aligned too with the changes in restrictions in community. And I remember when the restrictions were slightly changed, that even in the community you were watching people as though COVID was gone and they would go to hug another person. It's, "No, no, it's still here." And so that was a general community view, we still have to physically distance.

And unless you're born and bred into that thinking, that is a foreign concept for people. It was a need to constantly remind and that's why we had signs up everywhere in the hotel, 1.5 metres, physically distance.

Q. Another important part of infection prevention control is cleaning, isn't it?

A. That's correct.

Q. You are aware, I assume, of the contents of the Outbreak Management Team's report in respect of the Rydges outbreak where they found there was a high likelihood of fomites spreading from poor cleaning practices?

A. I am aware.

Q. And you are aware that in the Outbreak Management Team's opinion the Rydges presented as a high risk of transmission from COVID-positive cases being detained for the staff that worked in that hotel?

A. Yes.

Q. Are you aware of the evidence that has been given to this Inquiry, but indeed is dealt with in the outbreak management report, of the fact that the common areas within that hotel were cleaned by other than professional cleaners?

A. The hotel staff who were trained to clean were provided information and, yes, they cleaned the high-touch areas and were provided, my understanding is, with the information about what sort of cleaning. But again, it goes back to individual responsibility about hand hygiene as well. So even if you touch something and then you appropriately wash your hands or hand sanitise, the risk is less to you.

Q. Given that immediately prior, and in fact for some weeks prior, to that outbreak occurring the Rydges was a designated COVID-positive hotel, in your opinion was it appropriate that the common areas were left to be cleaned by hotel staff and security staff?

A. I think at the timing before then we weren't aware of how significant and I still don't think we know whether it was fomite or droplets or aerosol that actually the people who were positive for COVID after that event, were from the environment. We're not sure. And so the information at that time was not very clear about environmental or touch points as being as big a risk as we clearly or our public health

colleagues say that it is now or globally that we have a different awareness now.

5 Q. So does that mean that, prospectively viewed, so from the time before the outbreak, you wouldn't have had a problem with that cleaning being done by hotel staff and security staff?

10 A. If they were appropriately wearing PPE and washed their hands and did all the right things that the advice had said at the time, then, no, I wouldn't have had a concern with that.

Q. Do you know whether that advice was given to the hotel?

15 A. I'm assuming that the contract manager for that provided that but I have no awareness of that information.

Q. Are you aware of whether that advice made its way to the security companies who staffed ---

20 MS HARRIS QC: Madam Chair --

CHAIR: Do you have an objection, Ms Harris?

25 MS HARRIS QC: I was waiting to see what the next question would be. The evidence has been very clear that the contract manager and the communications with respect to cleaning was between DJPR and the cleaning companies and that they are the more appropriate witnesses to explore that particular question about what was communicated. There's not been any foundation to suggest that is something that Ms Bamert would have had direct oversight over.

30 Unless there is some specific point to be made, that general matter of the communication lines has become clear in the evidence that it was the DJPR who were the contract managers with the hotels and also for the specialist cleaning. So I think that very last question, if it's asked, it's understandable that this witness may not have anything to say about it.

35 CHAIR: Do you want to say anything about it?

40 MR IHLE: If that's the answer, that's the answer. It's not a proper objection, in my respectful submission. The last witness was taken to a number of emails that were conveyed to DJPR. But I'm asking this witness, who was Operations Commander over this whole operation, as to whether she was any specific knowledge of the fact of that being conveyed. If she doesn't, she doesn't.

45 CHAIR: Yes. I will allow the question.

A. We provided --

CHAIR: I think you were in part giving an answer, so I will let you continue, Ms Bamert.

5 A. I think I've said any information that we received was handed on to DJPR with the expectation, as agency command for those or contract managers for those operations or those companies, that they would hand that on. So my assumption would be that they did.

10 MR IHLE: So when it comes to the Department of Health and Human Services and any responsibility that it had in respect of cleaning that was being undertaken at the hotels, it discharged its obligations by telling the DJPR about the requirements that it saw fit?

15 A. I don't think I would say we completely discharged our obligations. I would say that our public health colleagues wrote the policy and were very clear about what are the requirements. And also, of course, we had teams on the ground that, if there was ever a concern, our responsibilities came back to us alerting DJPR if things were not addressed.

20 Q. And prior to the outbreak, at least at the Rydges, none of your staff raised any concerns about the cleaning that was being undertaken there?

A. Not that I can recall. And --

25 Q. Please go on.

A. No, no. All good.

30 Q. Ms Williams has told the Board that she considered the decision to establish a positive hotel focused the highest transmission risk in one hotel. Do you agree with that?

35 A. Well, they were a known. But every person who was a returning passenger in our hotel was a SCOVID, was a suspected COVID. So, yes, it coordinated all the once deemed positive people in one hotel but it didn't change the risk to how you behaved in other hotels.

40 Q. Yes. Were you part of the decision at all to nominate the Rydges as a COVID-positive hotel?

A. No, I was not.

45 Q. Do you recall being part of a chain of communication about the concept of concentrating COVID-positive passengers in a particular hotel?

A. Well, yes, there were conversations that occurred about that. Particularly I think it was deemed Rydges because the Greg Mortimer had been at that site and so we did

have a significant positive cohort at that hotel. And so, yes, there was a decision. Originally we had floors within hotels that were consolidating positive returned passengers and the decision was made to then, given the Greg Mortimer experience of having all those people in one hotel, that it would become the positive hotel.

5

And what it allowed for was awareness from a health perspective to be really attuned to the rapid nature in which someone could deteriorate from COVID. So it really allowed for the nursing staff there onboard to be aware of people's symptoms changing.

10

Q. Once the decision was made to place, whether it be those passengers from the Greg Mortimer or more broadly those other passengers within the whole Hotel Quarantine Program who had tested positive, were there any additional resources or requirements that were placed towards the Rydges Hotel to accommodate that cohorting of positive patients in that space?

15

A. So there was a higher percentage of or ratio of nurses to guests or to returning passengers. So we had a strong - we certainly put very experienced leaders. One of the team leaders was also a previous registered nurse. So there was deliberate thinking about the capability of those people. And there was certainly an emergency nurse. So from a health and wellbeing, and we also very carefully with the safety officers and security looked at the fresh air policy for that particular hotel, acknowledging that they, like everyone else, as much as like in New South Wales, no one got fresh air or limited; you know, that it was part of our human rights Charter and we did aim to do our best to give people fresh air and that we needed to make sure we had a strict approach to that. So we certainly did put in a lot of effort to making sure the processes were the best that they could be, understanding now that it was a very virulent - it is a very virulent disease.

20

25

30

Q. Was there any consideration, at the time the decision was made to nominate a hotel as a COVID-positive hotel, of linking that hotel in with a health service?

A. Not at the time when it was originally set up.

35

Q. Can I take you to a document, please, Ms Bamert. It is DHS.5000.0131.0503_R. This is an email chain that includes a number of people, including yourself. When we get that document up, if we go to page 3 and if we can zoom in on the bottom part of that page, you see the first email in the chain, that's an email from Braedan Hogan dated 7 April addressed to Finn Romanes and you are one of the CC recipients. Do you see that?

40

A. Yes.

Q. Do you recall receiving this email?

45

A. I was CC'd in, so, yes. I'm just reading it.

Q. Have a read of it and see if it refreshes your memory.

A. Yes.

5 Q. So you recall receiving that email?

A. Being CC'd into it, yes.

10 Q. Yes. Do you recall that the original proposal for the COVID-positive hotel was the Novotel?

A. That's what it says.

15 Q. I know that's what it says but --

A. I wasn't involved in choosing. No, because I wasn't involved in choosing hotels at that time.

20 Q. We can see that you are CC'd into it but do you recall reading this email?

A. I don't recall it per se but clearly I would have read it.

Q. Who is Braedan Hogan?

25 A. He is the Department Agency Commander.

Q. Yes. Thank you --

30 A. Working in the SEMC ---

Q. -- Deputy Director of Strategy and Policy. You see in the fourth paragraph there he says:

35 *We are proposing to stand up the Novotel, which is under contract, to house COVID positive passengers to release capacity in the system, stand up a suitable model of care in one location to support these positive cases and negate issues with existing as we discussed earlier.*

40 Q. Were you party to any earlier discussion about that?

A. I don't recall.

45 Q. When Mr Hogan refers to "a suitable model of care", what do you take him to mean?

A. Well, a model of care, Braedan is not a clinician. His model of care might be very different to what another person's model of care. A non-clinician might think of

it as a model of service, a model of operation for a person who works in a hospital, a model of care would be how you manage people through your Emergency Department, so I can't say what Braedan was thinking when he was saying model of care.

5

Q. So when you see Braedan use "model of care", is your position "I just don't know what he means by that"?

A. I would have thought model of service.

10

Q. Okay. If we can go to page 2 of the document, please. And again the bottom half of the page. If you want to read the intervening email, we can go to that, but that is sent by Dr Romanes where he in effect says this is a good idea, he concludes his email:

15

Cohorting positive cases is a good strategy. Great work!

To that, Mr Hogan provides that email at 2.09 pm and again you are CC'd as part of this communication, he says:

20

*Thanks --- we will start working it up.
Are there key considerations about the model of care we need to stand up? Or preferences --- do we link in with a single hospital to support etc?*

25 First of all, do you recall reading that email?

A. I don't recall it right now, but I was clearly CC'd in.

30 Q. Yes, and again would you have taken or do you take now "model of care" to mean "model of service" there?

A. If it's talking about a hospital, it would have been a model of care as in a health, I would have thought.

35 Q. Mr Hogan is specifically asking the question for advice there, isn't he, about the model of care, and about whether there are preferences of linking in with a single hospital to support?

A. Mm-hm.

40

Q. You agree that that on the face of it is --- (overspeaking) ---

A. That appears to be correct.

45 Q. If we can scroll to the top of the page, please, Mr Operator.

Ms Bamert, just to let you know this is an email you've sent at 2.15 pm, so six

minutes after that previous one. And you say:

We've done this work already

5 Do you recall sending that email?

A. I do.

10 Q. When you say, "We've done this work already", was that in relation to the question that Mr Hogan was asking:

*Are there any key considerations about the model of care we need to stand up?
Or preferences --- do we link in with a single hospital to support etc?*

15 Were you purporting to answer that question or those questions?

A. I was saying that we had a process in place, that if they were in the one site we could escalate the movement of people. Because a lot of people, most people with COVID are not unwell. And most people with COVID are in their own home. And
20 so this was, should we need to transfer people, I had been working with the Project Management Office of the Health and Wellbeing Division in the Department on a process that we could escalate to a hospital if people needed transfer, acknowledging that all our tertiary hospitals within the metro Melbourne are either adult or children. So you couldn't just - you would need across the age continuum of provision of care.
25 So we have a range of metro hospitals available to support the escalation of care for people.

30 Q. Okay. Are you in essence saying there, if people become unwell, it's about how we get them into hospitals?

A. That's right.

35 Q. Does that answer the question about the model of care and whether there needs to be a link in with a single hospital?

A. Well, that was about a link in with a single hospital, and that we did have a link in with a range of hospitals, as I said, given the range of age continuum. I didn't read the previous emails in terms of we must have a hospital on site, and given the time that it was, our hospitals were ramping up to be able to receive a range of very
40 unwell patients should that have eventuated, as it did in other countries.

Q. Do you agree it would have been a good idea though, Ms Bamert, when deciding to stand up a COVID-positive hotel ---

45 MS HARRIS QC: Madam Chair, I do object to these questions to Ms Bamert that she would be giving evidence on this topic. She has already said she wasn't involved in that, there are Public Health Division witnesses that will be giving evidence, so it

is not quite clear why it's being explored in so much detail with Ms Bamert when her statement is a large range of other issues about welfare and other matters. The evidence has been given that she was not involved in the Division, it's just not clear why she is being asked for her opinions on it now.

5

MR IHLE: She is being asked her opinions because she was the Operations Commander and this was a decision made pursuant to that operation.

A. Yes, but I wasn't the Operations Commander at the time.

10

Q. Yes, but you were the Operations Commander whilst it was still being used as a COVID-positive hotel?

A. Correct.

15

MR IHLE: Would you like me to move on, Madam Chair ---

CHAIR: Yes.

20

MR IHLE: --- or continue with the questions?

CHAIR: No, I will get you to move on, Mr Ihle.

MR IHLE: Certainly.

25

I want to ask you some questions about after the outbreak, Ms Bamert. You were the Operations Commander or one of two Operations Commanders at the time of the outbreak at the Rydges?

30

A. I was.

Q. And you are aware, aren't you, that the Rydges was closed to Hotel Quarantine detainees from 1 June for a period of a little over three weeks?

35

A. That's correct.

Q. And that it reopened or took in guests again on 27 June?

A. That sounds appropriate in dates.

40

Q. Yes.

Q. Did you observe the evidence of Mr Girgis this morning, the General Manager of IKON cleaning?

45

A. Not in its full entirety.

Q. Mr Girgis gave evidence, amongst other things, of being asked - for his company being asked to clean the rooms at the Rydges Hotel, and they were cleaned on 3 and 4 June. Now, that would have been after all the guests had been moved out. Would you agree with that?

5

A. That's correct.

Q. Are you aware of a site report that was undertaken on 13 June, where that report indicated that the Rydges was not in a position to take guests because of the cleanliness of the Rydges?

10

A. I am.

Q. What happened after that report and before guests were received on 27 June in respect of the condition that the Rydges was in?

15

A. I'm aware that I notified DJPR as contract manager for the cleaner and that a follow-up clean was requested, and that the IPC team would go back in --- or the outbreak team would go back in and do a further review once the clean had occurred.

20

Q. And do you know whether that clean occurred?

A. Yeah, there was conversations between the leader of the Outbreak Management Team and myself that I then was able to respond to DJPR, that the cleaning had occurred and that we were able to re-open Rydges.

25

MR IHLE: I might just ask Madam Chair that the document come down, but before it does I might tender those emails.

30 CHAIR: 138.

EXHIBIT #138 - EMAIL CHAIN "RE: COVID POSITIVE PASSENGERS - COHORTING IN ONE HOTEL" DATED 10 APRIL 2020

35

MR IHLE: If the Board pleases.

So your understanding is that there was a further clean post-16 June?

40

A. Correct --- no, it was requested of DJPR, correct.

Q. Well, that's a different thing. The request was made. Do you know whether the request was complied with?

45

A. I would have to go back and have a look at the information, but I am aware that I had then written to DJPR to say that the outbreak squad was now comfortable, so

one's assuming a clean happened and they did the review, but I would have to go back over my emails. I was getting at least 200 emails a day, so I would have to go back. Though I'm aware that there is an email where I said that a particular person is comfortable now, and that we're able to re-open.

5

Q. Thank you. Do you know - who was that particular person? You don't have to name them, but what role was that particular person in who conveyed the view that they were comfortable?

10 A. They oversaw the outbreak management squad who are the team of infection prevention and control experts who go out, so they were the people who do the original review, and then just go back out and check that there are infection prevention and control experts, (overspeaking) ---

15 Q. We take it from that - sorry. We take it from that they attended sometime between 16 and 27 June to give the green light on Rydges taking detainees again?

A. Correct. Correct.

20 Q. Did you follow the evidence of Mr de Kretser at all who was one of the detainees who went into the Rydges on 27 June?

A. No, I'm not.

25 Q. Are you aware or has it been brought to your attention that he took a number of photos in respect of the cleanliness of the room when he was put in detention there with his family?

A. I do recall seeing it on the news.

30

Q. Yes. When the person who was in charge of the infection prevention squad gave the green light that was conveyed to you, do you know whether they just looked at the general areas of the hotel or into the actual rooms?

35 A. You would have to ask them.

Q. Thank you. Just one, perhaps two final things briefly, Ms Bamert. I just want to understand something that you say in paragraph 80(b) of your statement. You say in respect of the Safer Care Victoria reviews that there was the two incidents that you sought to be reviewed?

40

A. That's correct.

45 Q. I understood at least, and perhaps it was an oversimplified understanding on my behalf, that those reviews had been requested by the Secretary of the Department. Did you convey your request up to the Secretary who could then request Safer Care?

- 5 A. So there is a formal process, but I informally --- as soon as I was obviously very aware of both of them, and prior to a formal request going, which is how Safer Care Victoria must get their requests for a review, I wrote to - spoke to colleagues who oversee the hospitals to ask for the best person in Safer Care Victoria, instigated an email to them requesting a review. Part of quality improvement is to make sure that we review any incident and so there was need for an escalation and an incident management response, and so I asked them for a review and then the formal notification occurred.
- 10 Q. Yes, thank you. And the final question, at least from me you will be happy to hear, in respect of the question that was posed to you and you provided an answer, the question was:
- 15 *Did you have concerns, or raise any issues, about any aspects of the Hotel Quarantine Program, or the way in which the program was being delivered? If so, in relation to each, please:
.... provide the details
.... explain how the concern or issue was dealt with*
- 20 Et cetera. One of the things you've answered in response to that question is that you were concerned about infection prevention control and raised the need for an infection prevention lead from the Health Service to be embedded in the EOC. When did you raise that need?
- 25 A. So on my original structure of the Emergency Operation Centre, I asked for a public health liaison role, and then again, end of April possibly --- I would need to go back and check the timing --- I again raised back to Public Health, requesting - we did get Infection Prevention and Control consultants out so you would be very aware that we had a consultant come out and do those activities, and it might have ended up
30 being May, I don't recall the date but I again had a job card written for what a Public Health Liaison Officer role would be, and provided that to colleagues in Public Health to really try and strengthen our response, given their concerns about people's behaviour or, you know, adherence to IPC practices.
- 35 Q. You're trying to convey, I suggest, in paragraph 74 and indeed were trying to convey at the time, that you saw there was a real need for someone part of the Operation Soteria management team to have Infection Prevention Control expertise at that management level?
- 40 A. Yeah. And in the end what we got was a clinical governance lead who was a nurse practitioner in infection control. It did take us some time to get that resource come in, which was a fantastic resource. And we also obviously then started working with the Alfred Health to really strengthen that model and so, you know, that was a very important learning, and we, as soon as we could, worked with that.
45 So part of the clinical governance framework was not only to manage the health and wellbeing, but to really think about having a clinical lead who had those sort of skills and understanding of infection control who could oversee a lot of that role.

Q. And when did that clinical lead come in?

5 A. We confirmed his appointment on around about 11 June, and I think within the next few days he was able to commence.

MR IHLE: Yes. Thank you, Ms Bamert. They're the questions that I have for you.

10 I can indicate, Madam Chair, that I've been approached by counsel on behalf of two entities and I see Ms Alderson appeared on the screen. I will invite her first.

MS ALDERSON: Thank you, Counsel Assisting.

15 Madam Chair, I just seek leave to ask limited questions in relation to the issue of timing and adequacy of directions on the use of PPE to security?

CHAIR: Yes. Yes, I will grant you that leave, Ms Alderson.

20 **CROSS-EXAMINATION BY MS ALDERSON**

MS ALDERSON: Thank you, Madam Chair.

25 Ms Bamert, my name is Jaye Alderson, I'm counsel for Unified Security and I'm going to ask you a few questions.

At paragraph 21 of your statement, and if you have your statement in front of you, it might help. You say that your understanding was that:

30 *.... DJPR was responsible for providing PPE to DJPR staff on site and also for the contractual arrangements with hotels and security firms that ensured those staff had their own PPE and understood how to use it.*

35 By the words "understood how to use it" are you referring to, for example, where PPE should be used and how often, those kind of matters?

40 A. Yeah. There would be a range of things. It's how to don and doff, when it's appropriate to have it on if you're unable to maintain physical distance. You know, there was lots of evidence - and when we talk about PPE, you need to think of it in the context of other things such as washing your hands, hand hygiene. There are other public health measures that go along with PPE.

45 Q. Thank you, Ms Bamert. You said this understanding of who was responsible for the PPE was based on your interactions with DJPR staff and the terms of the contracts with DJPR staff and security firms. Is it really the case that that's where your understanding came from ---

MS HARRIS QC: Madam Chair, before my learned friend proceeds, I object to the way in which the question is being put. As I understand it, Ms Bamert has indicated she had very little direct contact with any DJPR staff. So I would ask that my
5 learned friend put the question correctly.

MS ALDERSON: Madam Chair, I'm simply reading back this witness' own evidence at this stage, but I will put the question differently.

10 CHAIR: Thank you.

MS ALDERSON: Thank you.

Ms Bamert, is it really the case that your understanding of who was responsible for
15 the directions on PPE came from the terms of the contracts of security guards?

A. So I think there're two different questions that you've put to me, one is who is responsible for developing the PPE requirements and that is - that came from Public Health, and there were Commonwealth directions as well about appropriate PPE, as
20 well as who - directions. But there was a policy about what was appropriate. How they were managed by security or how they did the training, my understanding is, is that DJPR managed that in the contracts, and the contracts - and this was up until about May when we then found out that two of the hotels we were supplying PPE, but my understanding is that the contract between the Department and security,
25 which came to me very late, that it actually spelt out that security were responsible for their training of staff based on what public health policy was available at the time.

Q. So going back to public health policy, and that was basically in your domain? Is
30 that correct?

A. In the Department's domain. But there was also - there was also Commonwealth information, there was a range of settings that provided what was appropriate PPE in a range of settings. So one would have thought the occupational health and safety
35 officers of a security company would base that on that.

Q. Thank you.

Operator, if I can have the witness shown document DHS.5000.0001.9769. This is
40 the Operation Soteria plan.

While we're waiting for that document to come up, it's correct, isn't it, that from 30 April you were the COVID-19 Accommodation Commander, you had operational
45 accountability for the quarantine accommodation of returned travellers?

A. I would say I had accountability for all of those. I think we've been quite clear I had Department of Health and Human Services command role, so responsible for

what my Department was responsible for that part. So not the whole operation. It goes back to the earlier conversations.

Q. Thank you.

5

Madam Chair, it may help if we take the witness to the page of the plan that I was hoping to direct my question to direct my question to, and that's DHS.5000.0001.9775, that is page 7 of the plan.

10 MR IHLE: Madam Chair, can I just intervene, and this might be something that Ms Alderson is not aware of, but there have been a number of interested parties who have issues with versions of the plan for reasons that need to be withheld from public view, specifically Dr Hanscombe on behalf of the Department of Justice has raised those issues. We might be able to resolve this very quickly if Ms Alderson is able to
15 tell us which version of the plan she's after?

MS ALDERSON: Yes. I will confirm that for you, Counsel Assisting. Version 2.0.

20 MR IHLE: The document ID in appropriate redacted form for that version is DHS.5000.0053.6655_R.

MS ALDERSON: I'm grateful.

CHAIR: Thank you, Mr Ihle.

25

What page number are you after?

MS ALDERSON: Page 7.

30 CHAIR: Is that the page you're after?

MS ALDERSON: I think we may be at cross-purposes here, Madam Chair, so perhaps I could just put the proposition to the witness without reference.

35 CHAIR: You can take that document down, thank you, Operator.

MS ALDERSON: Ms Bamert, as part of your roles and responsibilities, the DHHS Commander Accommodation is responsible for, amongst other things, ensuring a safe environment at all times. Do you agree with that?

40

A. Where have you seen that written?

MS ALDERSON: The Operation Soteria plan.

45 A. Right.

Q. Paragraph 2.3.

A. Yes, we all had a responsibility to ensure there was a safe environment.

Q. And you ---

5

A. And the ---

Q. Yes?

10 A. Yes, to the best of my abilities, to ensure that it was a safe working environment in a pandemic.

Q. And a safe detention environment doesn't just refer, does it, to hotel guests? It also refers to workers working in that detention environment?

15

A. Yes. But I was not responsible for all those workers working in that environment.

Q. But you were responsible for the environment, were you not?

20

A. Well, it's not our hotel so I couldn't - if something fell and broke I wouldn't be responsible for that. I was responsible to what my agency was requiring me to be responsible for.

25 Q. Ms Bamert, I'm talking about a very serious issue here ---

A. Absolutely.

30 MS HARRIS QC: Madam Chair, can I just say, it may be a little bit lost without Ms Alderson being able to put the full context there, the selection of those words out of the four dot points, and perhaps it is not really putting the issue in a way that Ms Bamert can comment on sensibly. Perhaps it might be - if the document can't be brought up that Ms Alderson was seeking, she could read the full context of that paragraph?

35

MS ALDERSON: I'm happy to read the full paragraph, Madam Chair:

40 *The DHHS Commander COVID-19 Accommodation is responsible for:*
- provision of welfare to individuals in mandatory quarantine (through the Deputy Commander Welfare);
- ensuring the safety and wellbeing of individuals in mandatory quarantine and DHHS staff
- ensuring a safe detention environment at all times
- provision of healthcare to individuals in mandatory quarantine.

45

CHAIR: It's the third dot point I think, Ms Alderson, that you are relying upon?

MS ALDERSON: It is, Madam Chair. Thank you.

A. In the context of the other three points I think you would quite clearly allude to that, for guests and our staff who we are responsible for.

5

Q. So, Ms Bamert, if I understand your evidence, is that you're only responsible for DHHS staff in the hotel quarantine environment? Is that your evidence?

A. The staff that we contracted, you know, we absolutely - there was a preface to have a safe environment for everyone but I can't take on the full responsibility. I didn't contract those people. They are not my employees and so there's a shared accountability, I would have thought, for the range of workers who were in that environment.

10
15 Q. But it was your responsibility, was it not, to provide the policy and guidelines that would dictate what the workers were ---

A. Not mine personally, no. That was ---

20 Q. Perhaps, Ms Bamert, if we go to paragraph 24 of your affidavit, if that's in front of you.

A. Paragraph number?

25 Q. 24.

A. Page 24 or ---

Q. Paragraph 24.

30

A. Right. Not page 24, paragraph 24?

Q. Yes. And page 8 if that helps.

35 A. Right. Thank you.

Q. Sub para (a) ---

40 MS HARRIS QC: Sorry, Madam Chair, my apologies. I've got the incorrect document. Excuse me, Ms Alderson.

MS ALDERSON: No problem. Thank you.

45 Ms Bamert, at paragraph 24 you note that you received a draft PPE advice for hotel-based healthcare workers on 15 April. Is that correct?

A. That's correct.

Q. And then you approved this draft and distribute it to Department staff working on site at hotels on 22 April 2020?

5 A. That's correct.

Q. And on 15 April you also say that you received a draft advice for PPE in relation to hotel security personnel; is that correct?

10 A. That's correct.

Q. But you didn't approve this document until 5 May 2020?

15 A. That's right. So Infection Prevention Australia were a contracted provider and so I could only approve information that had been approved by my public health colleagues. So there was a period of time that that information came to me because we had contracted Infection Prevention Australia on behalf to do this additional work for us given the scope of work the public health clinician colleagues were doing, and so we didn't approve any procedural operation unless it was approved by public
20 health policy.

Q. So I understand basically you're role in approving it, would you query the advice or ask questions or did you just take at face value the advice that was provided to you on these issues?

25

A. There was often an ability for us to query if things were not operational. Of course, to be able to be operationalised we would absolutely work closely with our colleagues in public health to ensure that any policy was able to be operationalised.

30 Q. And as you say in your statement, the advice or the guidelines were not provided to Unified Security until 12 May 2020? That's correct?

A. That's correct. Yes.

35 Q. Is there a reason why it took so long to provide guidelines to security workers when guidelines to other health workers which were in very similar terms were provided a week after you received the draft?

40 A. I think they were very different policies. So - and if you note on 5 May I was actually not on the shift. You might not know that. But I twinned with another person so I needed my - I had other responsibilities on those days or was having days off so there was a period there where it's obviously come to me and I was on days off.

45 Q. But you approved the guidelines on 5 May 2020 and you're not sure ---

A. No. I think it was sent to me on 5 May.

Q. Perhaps out of fairness to you, I should show you the document.

5 Madam Chair, the advice is document DHS.5000.0003.9688. Now, does that refresh your memory as to when you approved the advice, up the top of the document?

A. Yes. That's 5 May.

10 Q. Ms Bamert, can you also explain why it took so long for this advice to be provided in a context where security guards have been working since 29 March, that would be six weeks without any guidance on PPE?

15 A. I think that's an incorrect assumption to say they hadn't had guidance. That's that document but there was other guidance available.

Q. How is that - sorry, how was that guidance communicated to the security firm?

A. You would have to talk to DJPR?

20 MS HARRIS QC: Madam Chair ---

MS CONDON QC: I object. I don't want to speak over Ms Harris, but I object to this, Madam Chair. I will let Ms Harris go first.

25 MS HARRIS QC: My objection is that this is a very general question which doesn't take into account the course of the evidence including by officers of Unified Security themselves as to their own communications. I don't know if Ms Alderson is talking about Unified Security, DJPR or DHHS in communicating advice. But there has certainly been evidence given about Unified Security staff receiving guidance on
30 PPE by Unified Security itself.

MS ALDERSON: I will clarify that. Thank you. I will clarify it and say DHHS was responsible for providing guidelines on PPE; correct?

35 A. Is this to me now? Sorry.

CHAIR: I think we've already had that answer. That question has been put and answered.

40 MS ALDERSON: And then my next question is was this the first guideline provided by the Department on appropriate use of PPE for security guards? Was this the first written guidelines provided to security on the issue some six weeks after they commenced in the program? That's the ---

45 A. I can't answer that question because I did not have the role I had when this was provided. I had started in the role as Commander, as you know from my evidence, at the end of April. And so as to what was provided you would have to go to DJPR or

the State Emergency Centre.

5 Q. Okay. Thank you. One last issue I would like to cover with you, Ms Bamert, and that's the adequacy of this advice. I appreciate that you've given evidence that you said that this advice was provided on some expert assistance that you received. Did you observe the evidence of Professor Lindsay Grayson who gave evidence on 17 August in this Inquiry?

10 A. I observed some of it. Not in its fulsome.

Q. Do you recall he said some of this advice was inappropriate? Do you recall that?

A. So he's doing that in hindsight, not off the public health advice of the day.

15 Q. He's not. But were you aware of the WHO guidance on 29 March that provided that environmental transmission was a concern that should be taken into account in coming up with policies in relation to the transmission of COVID-19?

20 A. I am aware of the WHO document but can I just clarify I'm not a public health physician. So you might be best placed to ask specific questions about that to my colleagues.

Q. So it's not hindsight analysis then, is it, Ms Bamert?

25 A. Sorry, what are you asking me?

Q. Ms Bamert, you said the views of Professor Grayson were based on hindsight analysis and I was just suggesting to you that that was not the case?

30 A. Well, the advice at the time that we were provided by our public health colleagues was their review of all the international evidence at that time put into a document for our response or our operation at that time. So I'll leave it for you to work with the range of public health specialists about the varying advice that we do see from them.

35 Q. Thank you, Ms Bamert. No further questions. Thank you, Madam Chair.

CHAIR: Thank you, Ms Alderson. That document can come down, please.

40 MR IHLE: Madam Chair, I understand Mr Oldfield on behalf of Wilson Security seeks to ask some questions.

MR OLDFIELD: Thank you, Mr Ihle, I no longer need to proceed with those questions. Thank you, Madam Chair.

45 CHAIR: Thanks, Mr Oldfield.

MS HARRIS QC: Excuse me, Madam Chair. If I could just ask one brief question arising out of matters raised by Ms Alderson?

5 CHAIR: You perhaps might like to let Ms Siemensma go first?

MS HARRIS QC: Absolutely.

10 MS SIEMENSMA: I wish to ask Ms Bamert a few questions about the training of contractors?

CHAIR: Yes.

15 MS SIEMENSMA: Ms Bamert, in paragraphs 36 and 37 of your statement you refer to some of the challenges for staff and contractors in understanding correct PPE use in infection control. Let me ask you about that. You would agree that if a security guard or hotel staff felt that they had insufficient information about PPE or infection control, it's not unlikely that they would ask a health professional such as a nurse on site for some refresher training or advice. Do you agree with that?

20 A. Yes.

Q. And given the professional training of a health professional such as a nurse, you would agree it would be appropriate for the nurse to provide refresher demonstration or advice if they were approached? Do you agree with that?

25 A. Of course. Of course they would.

30 Q. And it stands to reason that if a doctor on site or a nurse saw a lapse in the application of PPE by a contractor, they would be well suited to provide advice and information to that person about the correct application of PPE. Do you agree with that?

A. I would hope they would.

35 Q. Dr Clare Looker, the Deputy Public Health Commander with DHHS has given evidence to the board by way of written statement. Have you seen that statement?

A. I have.

40 Q. In paragraph 36 of her statement Dr Looker said that on 28 May 2020 the DHHS outbreak squad was tasked to prepare materials, both a video or video and written material on proper hygiene and use of PPE to be distributed to staffing agency leadership in Operation Soteria Command.

45 Ms Bamert, I suggest that video material on infection control and use of PPE was made available by DHHS to people at quarantine hotels. Is that the case?

A. So those particular videos, do you mean?

Q. Yes.

5 A. We provided documentation.

Q. And video material to hotels?

10 A. So they were - the plan was to develop those is my understanding. I'm not aware of those videos themselves.

Q. Okay. Could I take you to a document and, Operator, I will give the page number. It's DJP.103.007.3576.

15 Madam Chair, just to explain, this was an annexure to [Redacted] 's statement. It's a chain and I wish to take the witness to a page in that chain.

20 MR IHLE: Madam Chair, might I just say I'm not sure that the Operator can call up a specific page. He has to call up the document and then scroll to that page --- maybe I spoke too soon.

MS SIEMENSMA: He's done well. And so within that chain it was page 3576. So the following page, please.

25 CHAIR: The following page, yes.

MS SIEMENSMA: Thank you.

30 Ms Bamert, I'm not sure if this is a document that you recognise. Perhaps if I just get the Operator to scroll to the bottom which goes over to the next page, 3577. You will see that the email is from a DHHS team leader at a quarantine hotel, and if we could scroll back to 3576, and the email is sent to Operation Soteria.

35 A. Yes, I'm aware of that email.

Q. Yes. That's an email you've seen before?

A. It is.

40 Q. Yes. Could I take you to the second paragraph in that email. You will see it says:

45 *Nurses have raised concerns that they have tried to address the PPE breaches with security previously and have not succeeded.*

If we go a few lines down, the team leader says:

Yesterday I have them the PPE procedure and a video showing them how cross contamination occurs and how easy it happens.

5 You don't dispute the videos were provided by DHHS to front line personnel at some hotels?

A. No, I don't.

10 Q. And if videos were made available by DHHS, it could be viewed by contractors and staff at hotels to reinforce proper infection control and PPE measures; is that correct?

A. Correct. I would want to reinforce measures as we did all the time.

15 Q. Thank you. And you would agree that a suitably qualified health professional such as a nurse or doctor would be assisting the Hotel Quarantine Program by showing that DHHS video to say security staff or hotel staff. Is that the case?

20 A. That would be a helpful approach.

Q. Yes. I have no further questions. Could I please tender those two pages 3576, 3577.

25 **EXHIBIT #139 - EMAIL CHAIN TITLED "PUBLIC HEALTH CONCERN RE SECURITY AT STAMFORD"**

30 MS SIEMENSMA: Thank you.

CHAIR: Now, Ms Harris, I think you've your opportunity.

35 MS HARRIS QC: Thank you, Madam Chair. It's really one question to clarify the question of PPE advice being provided that would be accessible to security guards.

CHAIR: Yes. I will grant you that leave, Ms Harris.

40 MS HARRIS QC: Thank you, Madam Chair. Ms Bamert, in your statement you refer first to the fact you actually drove around personally at a period very early on to provide PPE information printed from the Department's COVID-19 website. I think where that appears first, it's in paragraph 15 which follows a reference to 28 March. Can you assist the Board identifying when that information may have been - sorry, when you were driving around providing that information?

45 A. So it was the first Wednesday, I think it was, of the operation. So 2 April I had gone in to provide all that information to the team leaders and then I was on site at different hotels and had it always with me and then it was up on the all the hotels.

Q. And when do you think that printed information that you provided would have been put up in that form? Was that your intention, it would be made available to everyone on site?

5

A. Correct.

Q. Do you know if it was placed up around the hotel?

10 A. There were don and doffing, we had a safety officer who was employed in the EOC who did regular audits to make sure that information was available and easily visible.

15 Q. And you've said a little bit later in your statement at paragraph 24(b), you refer to the draft advice that I think Ms Alderson has taken you to, the 15 April draft that had been prepared in conjunction with Infection Prevention Australia and you say that it was approved and it was evident that that was on 5 May. You say that the advice was distributed by a team leader packs. Is that DHHS team leaders?

20 A. That's correct.

Q. And available in laminated printed form and paper copies on the hotel team leader's desk on site at each hotel.

25 A. That's correct.

Q. Do you know when that might have been from because we've got the date that the draft advice was prepared and then the date of the formal approval. Do you know when ---

30

A. Do we mean the PPE advice for hotel security information or do we mean the PPE advice for healthcare workers?

35 Q. The hotel security personnel. So that draft advice was drafted on 15 April and emailed to Unified Security on 12 May. So perhaps if we think about that time period between 15 April and then 5 May when it was approved, do you have any recollection of when it might have been made available in laminated form to be put up in the hotels?

40 A. I can't recall at the exact day that it would have been provided to the team leaders. But, you know, it would have been in that period of time.

Q. Thank you. Thank you, Madam Chair. I don't have any further questions.

45 CHAIR: Thanks, Ms Harris. Nothing further, Mr Ihle?

MR IHLE: No. Nothing further, Madam Chair. May we thank Ms Bamert and

excuse her?

CHAIR: Yes. Thanks Ms Bamert. Thank you for your attendance at the Inquiry
and you are now excused which means you can turn off your camera and
5 microphone.

A. Thank you, Madam Chair.

10 **THE WITNESS WITHDREW**

MR IHLE: Madam Chair, the next witness to be called today was intended to be Dr
Van Diemen. Given the hour of the day it would seem imprudent to start with Dr
15 van Diemen today. So with our apologies we might hold her over to a mutually
convenient time next week. We will be in contact with the lawyers on behalf of the
Department to arrange that time.

In respect of next week, can I foreshadow the following. It is the intention of the
20 Inquiry to sit on Tuesday, Wednesday, Thursday and Friday.

Currently scheduled to give evidence on Tuesday will be former Emergency
Management Commissioner Craig Lapsley, current Commissioner Mr Crisp and
Chris Eagle who is the Deputy State Controller. Witnesses on Wednesday will
25 include Professor Sutton; Ms Spiteri, the State Controller; and Mr Helps, the State
Controller; potentially Deputy Secretary de Witts. Scheduled for Thursday are
former Chief Commissioner Graham Ashton and current Chief Commissioner of
Police Shane Patton. And on Friday in the afternoon we will hear from Dr Rob
Gordon and around those times and dates we will fit in with Dr van Diemen to cause
30 her as little inconvenience as possible.

CHAIR: Thank you, Mr Ihle. So we will adjourn now until 10.00 next Tuesday.

MR IHLE: As the Board pleases.
35

**HEARING ADJOURNED AT 4.04 PM UNTIL 10.00 AM ON TUESDAY,
15 SEPTEMBER 2020**

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