

IN THE MATTER OF THE INQUIRIES ACT 2014**AND IN THE MATTER OF A BOARD OF INQUIRY
INTO THE COVID-19 HOTEL QUARANTINE
PROGRAM****ENTITY: JANETTE MAIE CURTAIN OF
YOUR NURSING AGENCY (VICTORIA)
PTY LTD****WITNESS STATEMENT OF JANETTE MAIE CURTAIN**

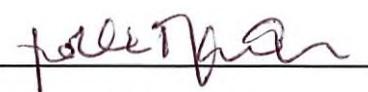
I, **JANETTE MAIE CURTAIN**, Manager, Your Nursing Agency (Victoria) Pty Ltd, of 232 Albert Road, South Melbourne, in the State of Victoria say:

1. I am the Manager of Your Nursing Agency (Victoria) Pty Ltd (**YNA**).
2. I have held that position since 2012.
3. YNA is a subsidiary of Torrens Health Pty Ltd, which owns and operates nursing agencies and healthcare businesses across Australia.
4. On 10 August 2020, the Board of Inquiry into the Covid-19 Hotel Quarantine Program served upon me a Notice to Produce, which required me to prepare and produce a witness statement (**Statement**) addressing a number of questions set out in Notice to Produce NTP-070.
5. The information in this Statement is based upon my personal knowledge or information I have obtained from the business records of YNA or other employees, where necessary. I believe the information to be true.
6. This Statement is structured in the order of the questions in NTP-070.

Question 1 – What is your title and role within Your Nursing Agency?

7. I am YNA's Operations Manager.
8. I report to YNA's Managing Director.

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Witness: _____



Question 2 – What is your relevant professional background and work history?

9. I received a Bachelor of Science from Monash University in 1978.
10. Between 1979 and 1984 I worked as a Cytogeneticist in the Mental Health Lab at St Nicholas Hospital in Carlton, Victoria.
11. Between 1984 and 2006 I worked as a Manager of Malvern Nursing Agency.
12. Between 2007 and 2011 I managed the Specialist Nursing Program at Nursing Australia, a then nursing agency.
13. In 2012 I commenced in my current role as Operations Manager of YNA.

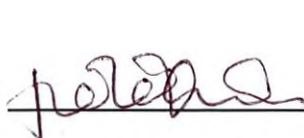
SERVICES PROVIDED BY YOUR NURSING AGENCY**Question 3 – What services does Your Agency usually provide?**

14. YNA places Registered Nurses, Enrolled Nurses, and specialist nurses such as Midwives, Personal Care Workers and Health Support Staff in metropolitan and rural health care settings in Victoria.
15. YNA employs approximately 2000 nurses, which it supplies to both the public and private sectors.
16. YNA maintains an ISO 9001-2008 Quality Management System that is independently audited and certified.

Question 4 – What is Your Agency's usual client profile?

17. YNA has been contracted to supply nursing and midwifery staff, and clinical and non-clinical support services to Health Purchasing Victoria since YNA's inception in 2011. A copy of YNA's most recent Agreement for the Provision of Services with Health Purchasing Victoria, which commenced on 24 November 2017, is **Exhibit JMC1** to this Statement. Pursuant to that Agreement, YNA provides nurses to public health services across Victoria.
18. YNA is also a preferred provider of nurses to Epworth Foundation trading as Epworth Healthcare and a contracted panel provider to Healthscope Limited, Cabrini Health Ltd and Ramsay Health Care.

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Witness: _____



Question 5 – To what extent, prior to the Hotel Quarantine Program, had Your Agency provided services to the Victorian government?

19. YNA has been contracted to supply clinical and non-clinical agency labour to Health Purchasing Victoria since YNA's inception in 2011 pursuant to the Agreement exhibited as JMC1 to this Statement.
20. Prior to the establishment of the Covid-19 Hotel Quarantine Program, YNA supplied clinical and non-clinical staff to all the Victorian Public Health Services listed in the Agreement.
21. Prior to the establishment of the Covid-19 Hotel Quarantine Program, YNA was also supplying nurses to assist with a Department of Health and Human Services (DHHS) Covid-19 telephone advice service, which is situated within the DHHS's headquarters at 50 Lonsdale Street, Melbourne.

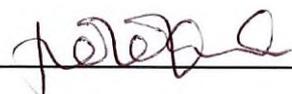
INVOLVEMENT OF YOUR NURSING AGENCY IN THE HOTEL QUARANTINE PROGRAM

Question 6 – When and how did Your Agency first become aware that there was to be a role for nursing agencies in the Hotel Quarantine Program?

22. At 12.05pm on 28 March 2020 I received an email from [REDACTED] Allocations Consultant of YNA, advising me that she had received a telephone call from [REDACTED] of DHHS. [REDACTED] had a new request for triage nurses for Crown Casino, with one Registered Nurse to work each of three shifts (of approximately eight hours' duration) per day. According to the email, [REDACTED] requested that we allocate nurses as soon as possible as the first flight was scheduled to arrive the next morning. [REDACTED] email to me dated 28 March 2020 is **Exhibit JMC2** to this Statement.
23. I recall that I had a telephone call with [REDACTED] of the DHHS on the same day. However, I cannot now recall if I spoke with [REDACTED] before or after I received [REDACTED] email. As at 28 March 2020 I believe [REDACTED] held the position of Covid-19 Incident Management Team – Logistics Manager Rostering, (Manager, Service Transformation), Corporate Services Division & Regulation, Health Protection and Emergency Management Division, DHHS.
24. To the best of my recollection, [REDACTED] advised me the DHHS was setting up a Covid-19 Hotel Quarantine Program and he enquired whether YNA could provide nurses to triage travellers arriving at hotels. I asked Mr Bryant a number of questions in relation to the specifics of the role, which included the provision of

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personal protective equipment (PPE) and other necessary equipment, and who would be overseeing the YNA staff. [REDACTED] said words to the effect that he would respond to my queries as soon as possible.

25. At 12.20pm on 28 March 2020 [REDACTED] received an email from [REDACTED] in which [REDACTED] stated he was following up my questions and he would get back to me as soon as he could. [REDACTED] email to [REDACTED] dated 28 March 2020 is **Exhibit JMC3** to this Statement.
26. [REDACTED] later confirmed our telephone conversation of 28 March 2020 in an email to me dated 29 March 2020. A copy of that email is **Exhibit JMC4** to this Statement.

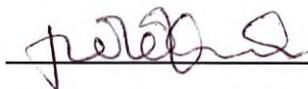
Question 7 – Did Your Agency enter into any agreement with the Victorian government to provide services as part of the Hotel Quarantine Program? If so, please provide details, including whether the agreement was in writing or otherwise and whether there was any variation of that agreement over time.

27. I refer to my answers to Questions 4, 5 and 6 and Exhibit JMC1 to this Statement.
28. YNA's Agreement for the Provision of Services with Health Purchasing Victoria (Exhibit JMC1) has not been varied since 28 March 2020.
29. However, the Covid-19 related services that YNA has provided to the Victorian Government pursuant to that Agreement has varied since 28 March 2020 to include additional hotels, contact tracing, community testing (initially in the Melbourne metropolitan areas but more recently in regional Victoria) and working in aged care. The variation in the services required by DHHS, has necessitated the use of additional YNA staff of varying qualifications and experience.
30. In each instance, these additional services were provided pursuant to the Agreement for the Provision of Services with Health Purchasing Victoria (Exhibit JMC1) and did not require a variation in that Agreement.
31. In most if not all instances, these additional services were initially requested in a telephone conversation to YNA from DHHS, which was later confirmed in an email.

Question 8 – Prior to reaching any agreement with the Victorian government, was there any discussion, negotiation, direction or terms agreed as to:

- a. **Infection control;**

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Witness: _____



- b. **Personal protective equipment; and/or**
- c. **Specialised training for nursing staff working in the Hotel Quarantine Program?**

If so, please describe.

32. There was no discussion of infection control, PPE and/or specialised training for nursing staff working in the Hotel Quarantine Program prior to my telephone conversation with [REDACTED] on 28 March 2020.
33. During that telephone conversation, and subsequent telephone conversations with [REDACTED] and others from DHHS in the hours before YNA staff arrived at the hotels, I asked a number of questions about infection control, PPE and specialised training at the Crown Promenade and Metropol Hotels, which were the only two hotels identified as being required at that time.
34. As a result of my enquiries, I was advised:
- a. DHHS was in charge of the Crown Promenade and Metropol Hotels and would oversee the clinical governance of the Covid-19 Hotel Quarantine Program at those hotels.
 - b. [REDACTED] was an appointed DHHS Operations Lead.
 - c. [REDACTED] was in charge of establishing the processes and procedures in the hotels, including the infection control procedures in operation at each of the hotels and the provision of PPE to YNA staff.
 - d. [REDACTED] was the appointed point of contact, and YNA nurses should contact him on arrival.
 - e. The staff YNA supplied should be triage trained with Emergency Department experience.
 - f. DHHS staff would provide YNA nurses with an initial site orientation.
35. In my subsequent discussions with DHHS representatives in relation to other hotels as those other hotels were included in the Covid-19 Hotel Quarantine Program, it was confirmed:
- a. DHHS was in charge of each hotel and would oversee the clinical governance of the Covid-19 Hotel Quarantine Program in each hotel.

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Witness: _____



- b. DHHS was responsible for establishing the processes and procedures in each hotel, including the infection control procedures in operation at each site and the provision of PPE to all staff.
- c. DHHS would appoint a Team Leader for each shift who would be in charge of each hotel during that shift.
- d. The Team Leader would be the point of contact for each hotel, and YNA staff should contact him or her on arrival and throughout their shift if they had any issues.
- e. DHHS staff would provide YNA staff with an initial site orientation.

Question 9 – Does Your Agency currently provide services to the Hotel Quarantine Program? If so, what services do you currently provide?

36. In the week beginning 10 August 2020, YNA provided Registered Nurses, Enrolled Nurses and Personal Care Assistants who worked a total of 73 shifts at the DHHS Hotel Grand Chancellor Melbourne (21 shifts), the DHHS Park Royal Tullamarine (14 shifts), the DHHS Brady Hotels Central Melbourne (29 shifts) and DHHS Rydges on Swanston Hotel for Heroes (19 shifts). The Registered Nurses are providing paediatric care and general nursing. The Enrolled Nurses and Personal Care Assistants are providing temperature checking services.

PROVISION OF NURSING STAFF TO QUARANTINE HOTELS

Question 10 – For each quarantine hotel to which Your Agency provided nursing staff, please state:

- a. The name of the hotel(s);
 - b. The number of nursing staff rostered to each shift at each hotel;
 - c. The specialisation(s) of nursing staff rostered;
 - d. The qualifications and experience of the nursing staff rostered;
 - e. The number of shifts per day; and
 - f. The duties and responsibilities of the nursing staff rostered for each shift.
37. An Excel spreadsheet containing the names of each hotel at which YNA staff were deployed, the number of YNA staff rostered to each shift at each hotel, the

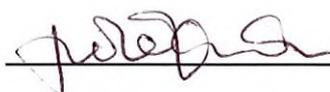
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qualifications of the YNA staff rostered and the number of shifts per day is **Exhibit JMC5** to this Statement.

38. For the purposes of the Excel spreadsheet, "EN" is an Enrolled Nurse, "RN" is a Registered Nurse, "PCA" is a Personal Care Attendant / Assistant and "ND" is Night Duty Shift.
39. The exact commencement and completion times for each shift varied depending upon the needs at the Hotel sites from time to time. Generally, the AM shift was from 07.00 hours - 15.30 hours, the PM shift was from 14.00 hours - 22.00 hours and the ND shift was from 21.00 hours - 07.30 hours.
40. The specialisations of the Australian Health Practitioner Regulation Agency (AHPRA) General Registered Nurses rostered include - Emergency Department certificated or experienced nurses; Psychiatric certificated or experienced nurses; and Paediatric certificated or experienced nurses.
41. The nursing staff rostered also included AHPRA registered General Registered Nurses and Enrolled Nurses.
42. All nursing staff rostered in the COVID-10 Hotel Quarantine Program held current registration with AHPRA and had between one and 30 years' experience.
43. The DHHS advised YNA how many nurses and of what (if any) specialty was required for each shift and YNA supplied the nurses requested.
44. The duties and responsibilities of the nursing staff rostered for each shift was determined by DHHS requirements.
45. Initially, DHHS asked YNA for nurses with Emergency Department experience to triage guests on arrival and during their quarantine.
46. DHHS then requested General Nurses to assist the Emergency Department nurses and to carry out daily welfare checks for each guest.
47. DHHS also requested one Mental Health nurse per shift to undertake welfare checks.
48. DHHS also requested Paediatric Nurses for various shifts to care for minors.

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49. Nurses also performed temperature checks and swabbing duties at the request of DHHS, with teams of swabbers attending to carry out swabbing duties when requested by DHHS to do so.

Question 11 – As far as you are aware, were nursing staff provided to hotels by any agency or organisation other than yours? If so, what were those agencies or organisations?

50. From 16 April 2020 two Registered Nurses from Alfred Health were rostered to each hotel, strictly to assist with telehealth welfare checks. Those nurses were not to enter hotel rooms.
51. From 8 May 2020 Mental Health nurses from a nursing agency business called "Swingshift" were rostered to attend hotels in place of Mental Health Nurses from YNA at the DHHS's request.

Question 12 – To your knowledge, were any nursing staff rostered to work at quarantine hotels also working during the relevant time at other locations (including aged care facilities)? If so, please provide details.

52. Initially DHHS advised me that nurses who were assigned to work in hotels, pursuant to the Covid-19 Hotel Quarantine Program, were permitted to work elsewhere. The email from [REDACTED] to me confirming that advice is **Exhibit JMC6** to this Statement.
53. As such, some YNA nurses assigned to work in hotels pursuant to the Covid-19 Hotel Quarantine Program also worked in other health services.
54. From approximately 30 May 2020 until 17 June 2020, DHHS designated Novotel South Wharf Hotel a designated COVID-19 positive hotel (that is to say, that only infected guests would be accommodated there). After the Novotel South Wharf was designated a COVID-19 positive hotel, DHHS directed that YNA nursing staff working in that Hotel should not work elsewhere whilst it remained a designated Covid-19 positive hotel and YNA complied with that request.

DIRECTION AND DECISION MAKING

Question 13 – How were decisions made about rostering of nursing staff (including relating to numbers of staff, their experience and their specialisation(s))?

55. The DHHS would decide the number and specialisation of staff required for each shift at each hotel and advise YNA accordingly. YNA would then fill those

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requirements. An example of an email in which the DHHS advised YNA of its requirements is **Exhibit JMC7** to this Statement.

56. Occasionally the DHHS would also make particular requests. For instance, from time to time DHHS requested a Paediatric Nurse to oversee the care of an unaccompanied minor.

Question 14 – For each of the hotels at which Your Agency provided services:

- a. **Who was your contact (if any) at the Department of Health and Human Services; and**
- b. **What directions, information and requests (if any) were given to you by Department of Health and Human Services regarding nursing care and duties?**

57. The DHHS established a chain of command for the Covid-19 Hotel Quarantine Program that included [REDACTED] and [REDACTED] as Commanders; [REDACTED] and [REDACTED] as Deputy Commanders; [REDACTED] and [REDACTED] as Operations Leads; [REDACTED] and [REDACTED] as Clinical Staff – State Health Co-ordinators; and [REDACTED], [REDACTED] and [REDACTED] as Emergency Management Operations Officers.
58. However, YNA's initial contacts from the DHHS were [REDACTED] Covid-19 Incident Management Team – Logistics Manager Rostering; [REDACTED] Acting Rostering and Logistics, Covid-19 Response; [REDACTED] Deputy Manager, Emergency Operations, Emergency Management Branch, Regulation, Health Protection and Emergency Management; and [REDACTED] Covid-19 Project Management Office, Assistant Director, Primary Care, Community Based Healthcare Policy, Health & Wellbeing Division.
59. The person at the DHHS that YNA staff would contact in any given instance would depend on the nature of the relevant issue. For instance, whether the issue involved rostering or clinical care. If the issue involved rostering, I would generally contact one of approximately six Emergency Management Operations Officers such as [REDACTED], [REDACTED] or [REDACTED]. If the issue involved clinical care, I would generally contact one of the Deputy Commanders or Clinical Staff – State Health Co-ordinators such as [REDACTED], [REDACTED], [REDACTED] or [REDACTED].

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60. Throughout the course of the Covid-19 Hotel Quarantine Program, DHHS has given countless directions, provided information and made numerous requests regarding nursing care and duties, which varied depending on what was needed at each hotel. Directions, information and requests would vary on a daily and sometimes on an hourly basis.
61. On an at least a weekly, and in some instances daily basis, the DHHS would request a specific number and classification of YNA nurses attend each designated location. An example of one such email is **Exhibit JMC8** to this Statement.
62. A further example occurred on 11 August 2020, when [REDACTED] from DHHS requested that a Paediatric nurse attend the Brady's Hotel as soon as possible to care for minors, whose mother had to attend the hospital until late that night. The email set out some details about the family and timeframe and said that the team leader would provide further information on arrival. A copy of that email is **Exhibit JMC9** to this Statement.
63. An example of information and directions DHHS provided to me, including about the frequency of temperature checking, team leader escalation and staff resources at each hotel, is an email DHHS sent to me on 11 July 2020. That email is **Exhibit JMC10** to this Statement.
64. After requesting specific nursing staff, those nurses would attend the relevant hotel and DHHS would then coordinate and oversee all duties to be performed during that shift and where on the site they were to undertake those duties. In relation to the latter, "red zones" and "green zones" were established at the hotel sites – which were a physical demarcation as to where nurses and others on site were to perform duties and "don" or "doff" their PPE so as to prevent infection. There were also posters on site in relation to the wearing of PPE and temperature checking procedures. Examples of posters like that used on site are **Exhibit JMC11** to this Statement. Any issues or queries by nursing staff were to be raised with the DHHS Team Leader on site.
65. There were regular Microsoft Teams meetings with [REDACTED] and others at DHHS during which information was exchanged and issues arising out of the Covid-19 Hotel Quarantine Program were discussed.

Question 15 – For each hotel at which Your Agency provided services:

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- a. **Who was your contact (if any) at Department of Jobs Precincts and Regions; and**
- b. **What directions, information and requests (if any) were given to you by the Department of Jobs Precincts and Regions regarding nursing care and duties?**

66. I do not believe YNA had any contact at the Department of Jobs, Precincts and Regions in relation to the Hotel Quarantine Program.
67. I do not believe YNA ever received any directions, information or requests from the Department of Jobs, Precincts and Regions regarding nursing care and duties.

Question 16 – Have any directions, information or requests been given to you by any other government department or agency, in relation to the Hotel Quarantine Program? If so, please provide details.

68. I do not believe YNA ever received any directions, information or requests from any other government department or agency in relation to the Covid-19 Hotel Quarantine Program.

Question 17 – Have the directions, information and requests given to you by any government department or agency changed over time? If so, please provide details.

69. The directions, information and requests given to me by the DHHS have changed over time depending on the needs and circumstances of each hotel at the time or developments in DHHS procedures.
70. These changes ranged from the numbers and type of staff requested from YNA and the number of hotels at which services were to be performed to information and directions to address specific issues that arose over time.
71. For example, DHHS had initially requested that YNA supply triage nurses to Crown Promenade and Metropal Hotels. However, since that initial request, YNA has been requested to provide additional staff, with varying specialisations to numerous hotels. When an issue arose, on one occasion, about whether there were too many nursing staff at one site, DHHS provided instructions and information to YNA on the process that they would follow if a site was over-resourced with YNA staff.

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72. When an Online Medical Records (Patient Records) System was developed, DHHS provided information about that and obtained feedback from nursing staff and doctors on site.
73. Another example of change, is that when there was an individual working at Rydges on Swanston Hotel who tested positive for Covid-19, DHHS gave directions and information in relation to specific processes to be followed, including as to isolation, close contacts and testing.

Question 18 – What (if any) training was provided to your staff by:

- a. **Any, and if so, which government department or agency;**
- b. **Your Agency,**

regarding COVID-19 and how to work in a safe manner?

74. The DHHS displayed posters at each site specific to Covid-19 and how to work in a safe manner, including diagrams depicting how to safely don and doff PPE and how to undertake temperature checking (Exhibit JMC11).
75. Infection prevention and control, the use of PPE and hand hygiene is part of a nurse's professional training, experience and everyday practice.
76. YNA nurses also have to demonstrate they have completed the necessary competencies and continuing professional development when they renew their annual AHPRA registration.
77. In January 2020 YNA also commenced developing a Covid-19 Training Module, which formed part of YNA's Learning Management System. YNA's Covid-19 Training Module was launched by 24 March 2020 and is Exhibit **JMC12** to this Statement. YNA directed all of its staff to complete YNA's Covid-19 Training Module.
78. YNA developed regular Covid-19 Staff Updates that contained information about Covid-19, including how to work in a safe manner. Those Staff Updates were distributed to all staff by email. Examples of two such Staff Updates dated 11 and 31 March 2020 are **Exhibit JMC13** to this Statement.
79. YNA allocation staff spoke with each staff member assigned to the Covid-19 Hotel Quarantine Program before their first hotel shift to ensure they understood the nature of the role, the environment and the need to work in a safe manner.

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Question 19 – What onsite supervision was in place for Your Agency's nursing staff at each hotel?

80. There was onsite DHHS supervision by the Team Leader at each hotel, who gave instruction and to whom YNA staff could raise issues.
81. The DHHS Team Leader at each hotel could escalate any issue or concern to the relevant member of the DHHS chain of command referred to above.
82. YNA staff could escalate any clinical issue to the DHHS rostered Medical Practitioner on-call, or the YNA office, including our clinical and management teams, if they had any questions or concerns.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Question 20 – What PPE (if any) was provided to your nursing staff by:

- a. Any, and if so, which government department or agency;
- b. Your Agency?
83. The DHHS supplied all PPE, which comprised masks, gowns, gloves and goggles or shields.
84. The DHHS also supplied hand sanitiser stations.
85. YNA did not supply PPE, consistent with the agreement between the DHHS and YNA.

Question 21 – Were your nursing staff at any time required to provide their own PPE for their work at quarantine hotels?

86. YNA nursing staff were not required to provide their own PPE at any time for their work at quarantine hotels.

Question 22 – What directions or training did your nursing staff receive about when and how to use PPE, in relation to the Hotel Quarantine Program? Who gave that direction and provided that training?

87. I refer to my response to question 18.
88. At each hotel, red and green zones were established with separate donning and doffing stations and clear signage.
89. YNA nurses learned how to don and doff PPE during their own hospital training.

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90. YNA nurses would prepare as if they were going into theatre for surgery.

Question 23 – As far as you are aware, was there ever a shortage of PPE at quarantine hotels? If so, how was that shortage managed?

91. I believe stocks of PPE ran low during the initial stages of the Covid-19 Hotel Quarantine Program. However, I do not believe they ever ran out.
92. If stocks of PPE ran low, YNA staff would advise the DHHS Team Leader, who would quickly rectify the situation. Alternatively, YNA staff would advise YNA and YNA would advise the DHHS, who would quickly rectify the situation.
93. At no time were YNA staff who ought to have been wearing PPE unable to wear PPE because it was unavailable.

Question 24 – Was Your Agency ever asked to provide PPE to anyone at quarantine hotels other than your nursing staff? If so, please provide details.

94. YNA was never asked to provide PPE to its own nursing staff or anyone else at quarantine hotels.

OTHER EQUIPMENT

Question 25 – Other than PPE, what equipment (if any) was provided by:

- a. Any, and if so, which government department or agency;
- b. Your Agency,

For your staff use at quarantine hotels (for example, equipment to monitor blood pressure, SaO2 monitors etc.)?

95. The DHHS provided all equipment used at hotels during the Covid-19 Hotel Quarantine Program.
96. YNA was not asked to, and nor did it supply, any equipment.
97. Other equipment the DHHS provided in addition to PPE included defibrillators, SaO2 Monitors, Blood Pressure Machines, Neuro Torches, Thermometers, Glucose Machines, Emergency Kits for Diabetes, Anaphylaxis and First Aid and Medical Storage.

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Question 26 – As far as you are aware, was there ever a shortage of necessary equipment (other than PPE) at quarantine hotels? If so, how was that shortage managed?

98. At some hotels, defibrillators were initially not available or readily accessible for use by those staffing the Covid-19 Hotel Quarantine Program. When this became apparent, it was necessary for the DHHS to supply defibrillators at short notice, which they did.
99. In most instances, guest's medication was stored with them in their rooms. However, in a few instances, medications had to be retained and administered by nursing staff. Nevertheless, at some locations, there was a lack of dedicated facilities to store medication. When this became apparent, it was necessary for the DHHS to establish medicine storage facilities and the accompanying drug register at short notice.

COMPLAINTS AND CONCERNS

Question 27 – Who was responsible for identifying and addressing health and safety risks to nursing staff arising from the Hotel Quarantine Program?

100. The DHHS was responsible for identifying and addressing health and safety risks to nursing staff arising from the Covid-19 Hotel Quarantine Program.
101. YNA encouraged its staff to notify any health or safety concerns they had to the DHHS Team Leader and/or YNA either during or after their shift.

Question 28 – What risks were identified? What was done (if anything) to mitigate those risks? In your opinion, were those measures adequate and effective?

102. The principle risk identified was the risk of Covid-19 infection.
103. YNA mitigated that risk by ensuring that nursing staff, who were exposed to potentially Covid-19 positive guests, had professional training in infection control.
104. YNA also mitigated that risk by ensuring the measures referred to in answer to question 18 were implemented and that nursing staff had access to PPE and hand sanitising stations.
105. I believe the measures YNA implemented to mitigate the risk of Covid-19 infection were effective, as evidenced by the fact only three YNA staff involved in the Covid-19 Hotel Quarantine Program tested positive to Covid-19. In two of those cases,

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the infection was attributed to a source other than the Hotel work and in the third case the source was unknown.

106. Another important risk identified was the security risk of being assaulted by guests.
107. YNA mitigated that risk by minimising face to face contact with guests though the implementation of daily telephone welfare checks.
108. The risk was also mitigated by the escalation of security concerns to the DHHS Team Leader, who could contact security guards and/or Victoria Police.
109. I believe the measures YNA implemented to mitigate the security risk of being assaulted by guests were effective as no YNA staff were assaulted.
110. I visited a number of sites on 12 May 2020. From my observations, all relevant site specific risks had been adequately mitigated.

Question 29 – Who was responsible for identifying and acting on complaints or concerns regarding work conditions for nursing staff in relation to the Hotel Quarantine Program?

111. The DHHS was responsible for identifying and acting on complaints or concerns regarding work conditions for nursing staff in relation to the Hotel Quarantine Program.
112. YNA encouraged its staff to notify any complaints or concerns regarding work conditions for nursing staff in relation to the Hotel Quarantine Program to the DHHS Team Leader and/or YNA either during or after a shift. If YNA staff made complaints to or raised concerns with YNA, we escalated those complaints or concerns to a relevant representative of DHHS. For example, when a YNA nurse identified the need for additional Mental Health Nurses, YNA escalated this issue to DHHS and additional Mental Health Nurses were rostered.

Question 30 – What complaints and concerns (if any) were raised? In relation to each, please:

- a. Provide the details of each complaint;
- b. Explain how the complaint or concern was dealt with, including any persons to whom the complaint was relayed; and

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- c. **Describe what outcome, if any, was achieved in relation to the subject matter of the complaint?**

113. I have attached an Excel spreadsheet setting out the relevant information requested in relation to each complaint or concern as **Exhibit JMC14** to this Statement.

Question 31 – Did you or Your Agency identify or receive notice of any poor or unacceptable conduct by any person in connection with the Hotel Quarantine Program? If so:

- a. **What were the details;**
 b. **How were those issues dealt with; and**
 c. **What was the outcome?**

114. I have attached an Excel spreadsheet setting out the relevant information requested in relation to each instance of poor or unacceptable conduct by YNA staff as **Exhibit JMC15** to this Statement.

115. The relevant information requested in relation to complaints or concerns about poor or unacceptable conduct by non-YNA staff are set out in Exhibit JMC13.

Question 32 – As far as you are aware, have any nursing staff from Your Agency involved in the Hotel Quarantine Program tested positive for COVID-19? If so (without providing information that would identify such persons specifically) please provide the details of how you became so aware, including the dates, and any hotel(s) at which such staff had been rostered prior to testing positive.

116. An Excel spreadsheet containing information in relation to the only three YNA staff involved in the Covid-19 Hotel Quarantine Program, two of whom are nursing staff, who have tested positive for Covid-19, how and the dates on which we became aware of their infection and the hotels at which they had been rostered before their diagnosis is **Exhibit JMC16** to this Statement.

117. Two of the three YNA staff involved in the Covid-19 Hotel Quarantine Program who have tested positive for Covid-19 have advised YNA that the source of their infection was not one of the hotels hosting the Program and the source of the third staff member's infection is unknown.

POST-SHIFT ARRANGEMENTS

Signature: _____



Witness: _____



Question 33 – What (if any) direction or guidance was provided to nursing staff by:

- a. Any, and if so which, government department;
- b. Your Agency,

regarding precautions to undertake after completing their duties at quarantine hotels?

118. As previously stated, for a period from approximately 30 May 2020 DHHS designated Novotel South Wharf Hotel a designated Covid-19 positive hotel (that is to say, that only infected guests would be accommodated there). Thereafter, DHHS directed that YNA nursing staff working in that Hotel should not work elsewhere whilst it remained a designated Covid-19 positive hotel and YNA complied with that request.
119. When there was an outbreak of Covid-19 amongst persons working at the Rydges on Swanston Hotel in May 2020, YNA telephoned relevant staff and informed them that staff/contractors at the hotel had tested positive to Covid-19, that they had to isolate and they would be contacted by DHHS.
120. YNA then forwarded DHHS correspondence, and DHHS forwarded separate correspondence to staff members who had worked at that hotel during the relevant period. That correspondence provided guidance and directions in relation to testing, close contacts and isolation. A bundle of communications from DHHS to YNA and affected staff members is **Exhibit JMC17** to this Statement.
121. A similar process was followed in relation to subsequent outbreaks at other hotels.
122. YNA provided Covid-19 updates to all of its staff, examples of which are Exhibit JMC13, which contained, amongst other things, information in relation to how to avoid post-shift risk by doing such things as removing shoes and clothing before touching family members, showering when arriving home, hand hygiene and steps to take if staff felt they may have contracted the virus. Those steps included ceasing work, isolating, arranging treatment and advising staff to wear a mask when travelling to attend treatment.
123. Nurses deal with infection prevention and control on a daily basis as part of their training and regular duties.

ADDITIONAL INFORMATION

Signature: _____



Witness: _____

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

124. There was constant communication between myself and DHHS, and regular Microsoft Teams meetings with [REDACTED] and others at DHHS, during which information was exchanged and issues arising out of the Covid-19 Hotel Quarantine Program were discussed.

125. YNA notes the very low numbers of YNA staff infected with Covid-19 notwithstanding the in excess of 17,500 shifts worked by those staff in the Covid-19 Hotel Quarantine Program.

Dated: 02 September 2020

Signature:  Witness: 

Signature:  Witness: 