

**BOARD OF INQUIRY INTO THE COVID-19 HOTEL QUARANTINE PROGRAM
SECOND WITNESS STATEMENT OF KYM LEE-ANNE PEAKE**

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Occupation: Secretary, Department of Health and Human Services
Date: 21 September 2020

1. I make this statement to the Board of Inquiry in response to **NTP-149**, the Notice to produce a statement in writing (**Notice**). This statement has been prepared with the assistance of lawyers and Departmental officers.
2. I am the Secretary of the Department of Health and Human Services, Victoria (**Department**). I have held this position since 16 November 2015.
3. I make this statement on behalf of the Department.
4. This statement is true and correct to the best of my knowledge and belief. I make this statement based on matters within my knowledge and documents and records of the Department. I have also used and relied upon data and information produced or provided to me by officers within the Department.
5. I have already made a statement on behalf of the Department which I signed on 14 August 2020 (DHS.9999.0009.0001) (**First Statement**). I have adopted terms in this statement that I defined in my First Statement.
6. I wish to correct two things in my First Statement:
 - (a) the first is a date mentioned in my First Statement. The date of the announcement referred to in paragraphs 248, 253 and 270 of my First Statement (it is the same announcement) was 30 June 2020, not 27 June 2020; and
 - (b) secondly, in paragraphs 81 and 84 of my First Statement I referenced footnotes 23 and 24 but those footnotes are missing from the bottom of the relevant pages. Set out below are the footnotes:
 - (i) footnote 23 was intended to refer to an initial draft "COVID-19 Hotel Isolation Facility Operational Plan" of 29 March 2020 prepared by a Field Emergency Medical officer [DHS.5000.0087.0945] and a diagram for Transfer of Medically Unwell [DHS.0001.0120.0037]; and
 - (ii) footnote 24 is Operation Soteria Plan v 2 dated 26 April 2020, as approved by the Emergency Management Commissioner being DHS.0001.0001.1518.

QUESTIONS

1. **Up until midnight on 28 March 2020, how were people returning to Victoria being made aware of the Self-Quarantine Directions and Relevant Penalty Provision? In answering this question, please advise:**
- (a) What information was given to returning travellers about the requirement to self-quarantine?**
- (b) By what means, and by whom, was this information provided?**
- (c) How was the requirement to self-quarantine then enforced?**

Background

7. National Cabinet met for the first time on 15 March 2020 in response to the coronavirus (COVID-19) pandemic. The creation of National Cabinet recognised that national consistency in public health strategy was essential to effectively tackle the pandemic, aiming to avoid inconsistent settings between state and territory jurisdictions which may create greater collective risk.
8. One of the first items announced by the Prime Minister following the inaugural meeting of National Cabinet was a requirement that all people coming to Australia self-isolate for 14 days. The Prime Minister noted the increasing number of overseas countries having challenges with COVID-19, including pressures on the health system, and a growing source of transmissions from more and more countries.¹
9. On 16 March 2020, the Minister for Health declared a State of Emergency in Victoria, providing the Chief Health Officer with the relevant powers to enforce 14-day isolation requirements for all travellers entering Australia.
10. Recognising that all cases of COVID-19 were effectively being imported into Australia by international travellers, the Chief Health Officer issued a direction on 16 March 2020 that international travellers must travel directly from their port of arrival to premises that are suitable for the person to reside in for a period of 14 days and undertake self-isolation.² This meant that anyone arriving into Victoria from an international destination from this date was required to self-isolate at home or in self-arranged accommodation.

Information provided to returned travellers

11. Given that 14 day self-isolation requirements applied to all travellers returning to Australia, the Commonwealth Government, through the Australian Border Force (**ABF**) and the Department of Agriculture, Water and the Environment (**DAWE**), had a role nationally in informing returned travellers about the requirement to self-quarantine.
12. The Commonwealth Government, through the ABF and the DAWE, put in place the following arrangements to inform all returning travellers of the national self-isolation requirement:³

¹ DHS.0001.0116.0040 also available online <https://www.pm.gov.au/media/transcript-press-conference>

² DHS.5000.0055.3880

³ DHS.0001.0115.0008

- (a) Aircrew of incoming flights were required to make announcements about the self-isolation measures over the aircrafts' PA systems and throughout the airport.⁴
 - (b) All incoming travellers were provided with an Isolation Declaration Card – Coronavirus (COVID-19) by the aircrew of their flights. The Isolation Declaration Cards were printed in English and Chinese, and included the following information:⁵
 - (i) **'HEALTH ALERT NOTICE:** All people entering Australia must isolate for 14 days';
 - (ii) 'Should you choose not to comply with this health requirement, you may be subject to visa cancellation or to State and Territory non-compliance measures'; and
 - (iii) Asking incoming travellers to sign a declaration stating they 'understand the need to isolate for 14 days and intend to do so at the following address [details to be completed by the traveller]'
 - (c) Biosecurity officers from the DAWE were available to meet incoming travellers at their aircraft and provide them with an information sheet outlining the requirement that they self-isolate for 14 days.⁶
 - (d) Information provided through various Commonwealth Government social media and advertising initiatives, and on websites hosted by the Commonwealth Government, including as described in Annexure B.
13. The Department put in place measures to assist in making returned travellers aware of the self-isolation requirement, including:
- (a) On 15 March 2020,⁷ the Department made an immediate update to its public facing COVID-19 coronavirus website to include detail on the self-isolation requirement, as follows:

“The government has also implemented travel restrictions on anyone coming into Australia from overseas from midnight 15 March 2020. This means anyone arriving in Australia from this date must self-isolate at home or in their hotel. There are also strict travel restrictions on visitors from China, South Korea, Italy and Iran who are not Australian citizens or permanent residents. Visitors from mainland China, South Korea, Italy and Iran who are not Australian citizens or permanent residents, or their dependants will not be allowed entry into Australia.”
 - (b) On 16 March 2020, following the making of the self-isolation direction for all international arrivals by the Chief Health Officer,⁸ the direction was immediately published on the departmental website. It was also publicly announced by the Premier on the same day.
 - (c) On 17 March 2020, the Department made a further update to the frequently asked questions on the public-facing COVID-19 coronavirus website to include the following:⁹

⁴ RE: COVID-19 - Melbourne and Avalon Airport Report - 16 March 2020, DHS.5000.0055.3657

⁵ DHS.5000.0055.0822

⁶ DHS.0001.0115.0054

⁷ DHS.0001.0116.0001 – The hardcopy printed version of the website may be difficult to read but it is also available here: <https://web.archive.org/web/20200315152315/https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>

⁸ DHS.5000.0055.3880

⁹ DHS.0001.0116.0008 – The hardcopy printed version of the website may be difficult to read but it is also available here: <https://web.archive.org/web/20200317142047/https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>

"What if I have travelled overseas?"

If you have been overseas upon your return you must stay at home (self-quarantine) for 14 days, other than when seeking medical care.

You must also:

- *avoid public settings - this means you should not attend work, school, childcare or university or go to other public places such as restaurants, cinemas or shopping centres and should not use public transport or taxis*
- *not allow visitors into your home - only people who usually live in the household should be in the home.*
- *stay in a different room to other people as much as possible.*
- *If you begin to feel unwell and develop a fever or shortness of breath, a cough or respiratory illness, you should call the dedicated hotline on 1800 675 398 for advice. This number is staffed 24 hours a day, seven days a week."*

- (d) On 20 March 2020, the "COVID-19 self quarantine for international arrivals – what you need to know" document¹⁰ was added to the website. This document provided more detailed information about the self-quarantine requirement, COVID-19 itself, and wider health and wellbeing information. This document was subsequently used in printed form and handed to certain returning travellers, when met by departmental staff members.
- (e) On 21 March 2020, the Department made significant updates to the frequently asked questions on the public-facing COVID-19 coronavirus website with an entire section dedicated to international travellers.¹¹ Relevant content is reproduced in full below:

"Information for overseas travellers**Who can enter Australia from overseas?**

From 9:00pm on 20 March 2020, you cannot enter Australia unless you are:

- an Australian citizen
- a permanent resident of Australia
- a New Zealand citizen usually resident in Australia
- an immediate family member of an Australian citizen or permanent resident.

If you currently overseas and in one of these categories and wishing to return to Australia, you should do so as soon as possible.

For the most up-to-date information on travel restrictions, visit the Smart Traveller website

Does everyone arriving from overseas have to self-quarantine?

Yes. If you arrive at an airport in Victoria on a flight that originates from somewhere outside Australia, or travel on a connecting flight from another flight that originates outside Australia, you must self-quarantine for 14 days.

This means:

When you arrive, you must travel directly from that airport to a premises that is suitable to remain quarantined in for 14 days.

¹⁰ DHS.0001.0115.0055

¹¹ DHS.0001.0116.0015 – The hardcopy printed version of the website may be difficult to read but it is also available here: <https://web.archive.org/web/20200321061604/https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>

Except in exceptional circumstances, you must stay there from the day of arrival until midnight on the 14th day after your arrival

You must not leave the premises, except:

- for the purposes of obtaining medical care or medical supplies
- in an emergency situation
- in circumstances where it is possible to avoid close contact with other persons.

You must not allow any other person to enter the premises unless that person usually lives there, or the other person is also in self-quarantine (self-isolation) for the same 14-day period, or they are there for medical or emergency purposes.

How will I get home from the airport?

When travelling home or to a hotel to start self-quarantine it is recommended you take personal transport to minimise exposure to others.

If people need to use public transport, including taxis and ride-share services, they should follow hand hygiene precautions, cough etiquette and avoid direct contact with your driver or other passengers.

Do other members of my family who have not travelled need to self-quarantine too?

If you are self-quarantining after your arrival from overseas, other members of your household are not required to be quarantined unless they have also:

- returned from overseas
- been a close contact of a confirmed coronavirus (COVID-19) case.

What are the penalties for not complying with these self-quarantine requirements?

Under the State of Emergency in Victorian, a person who ignores this direction will be liable for fines of up to approximately \$20,000, or up to approximately \$100,000 in the case of companies and other bodies.

What happens at the end of self-quarantine after travel?

If, at the end of 14 days in self-quarantine, you remain well, you have passed the time in which you would become sick if you were exposed to coronavirus (COVID-19).

This means you will not get coronavirus (COVID-19) from your time overseas, and you can cease self-quarantine and return to work, school, university or other pursuit.

You do not require a medical certificate to return to other activities. In the absence of symptoms, there is no test that can be performed to predict whether or not you will become unwell.

What if I start feeling unwell during self-quarantine?

If you have recently returned from overseas and begin to feel unwell with any of the symptoms described above during your period of self-quarantine you should either:

- Call the dedicated hotline on 1800 675 398 (24 hours, 7 days a week) for advice.

- Call ahead to your GP and mention your overseas travel before you arrive at the doctor's office so they can prepare appropriate infection control measures.

If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance and tell the operator your recent travel history.

I'm planning an overseas trip. Should I cancel?

The Australian Government advises all Australians not to travel overseas at the moment.

For the most up-to-date travel advice go to the [Smart Traveller website](#).

Is any traveller exempt from the need self-quarantine?

You are **not** required to comply with the quarantine direction if you are:

- a member of the flight crew
- a citizen or permanent resident of a Pacific Island who is travelling through an airport in Victoria in transit to that Pacific Island
- a person intending to live indefinitely on a Pacific Island and who is travelling through an airport in Victoria in transit to the Pacific Island.

Why are travellers to Pacific Islands excluded?

This is consistent with New Zealand's travel restrictions and ensures people can return to the Pacific Islands.

What arrangements apply to cruise ships?

All international cruise ships have been banned from sailing into or out of Australian ports for 30 days from 15 March 2020.

What if I'm from overseas and I'm not eligible for Medicare?

Overseas travellers who fall ill in Australia (and are not eligible for Medicare) often have health or travel insurance.

For those who do not have adequate insurance coverage, Victorian hospitals will waive the costs of treatment. This includes waiving payment and debt recovery procedures for ambulance transfers of people suspected to have coronavirus (COVID-19), who are taken to Victorian hospitals for assessment.

These arrangements have been put in place to ensure payment issues are not a barrier for people from overseas with symptoms seeking early medical advice.

Self-quarantine

What can't I do during self-quarantine?

If you are required to self-quarantine, the following rules apply:

- you must not attend work, school, childcare or university
- you must not go to other public places such as restaurants, cinemas or shopping centres
- you must not use public transport or taxis
- you must not allow visitors into your home - only those who usually live in the household should be in the home
- you must stay in a different room to other people as much as possible.

What if I start feeling unwell during self-quarantine?

If you start to feel unwell – and especially if you develop any with any of the typical symptoms of coronavirus (COVID-19) during self-quarantine, you should either:

- call the dedicated coronavirus (COVID-19) hotline on 1800 675 398 (24 hours, 7 days a week) for advice
- call ahead to your GP and mention your overseas travel before you arrive at the doctor's office so they can prepare appropriate infection control measures.

If you have serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance.

How should I prepare for self-quarantine?

Everyone should take steps to prepare for the possibility of transmission of coronavirus (COVID-19) in Victoria in the coming weeks or months.

Make a plan on how you and your family, including pets, would have to manage if you needed to stay at home for 2 to 3 weeks.

There are certain supplies you may need if you and your family are in quarantine at home. These include things like non-perishable food items, soap, toilet paper, tissues, feminine care products, nappies and pet food.

Ensure you have enough prescriptions of essential medicines if you need to stay home.

Please don't stockpile or hoard items.

The Victorian Government urges Victorians not to needlessly stockpile essential items. It's important we think of others at this challenging time. Please only buy what you need!

Stay in frequent touch with your close family and friends and ask them to get food, medicines or other necessities for you when you're running low. You may need to ask for additional help from a carer, family, friends or neighbours.

If you don't have nearby support to help you do this, call the coronavirus (COVID-19) hotline on 1800 675 398 (24 hours, 7 days a week). The Department of Health and Human Services can arrange delivery of a free care package for people who do not have support available to them.

What do I do at the end of 14 days self-quarantine?

The process for coming out of self-quarantine differs depending on why you went into self-quarantine in the first place.

If you are a returning traveller from overseas

If, at the end of 14 days, you remain well, you have passed the time limit beyond which you would have fallen ill after being exposed to coronavirus (COVID-19). You can cease quarantine. You do not require a medical certificate to enable you to return to other activities. In the absence of symptoms, note there is no medical test available to predict whether you will become unwell.

If you self-quarantined after coming into contact with a confirmed or suspected case of coronavirus (COVID-19)

If, at the end of 14 days, you remain well, you have passed the time limit beyond which you would have fallen ill after being exposed to coronavirus (COVID-19). You can cease self-quarantine. No medical certificate is required to enable you to return to other activities.

If you were a confirmed case of coronavirus (COVID-19)

You cannot end isolation until you meet the relevant requirements. To find out more, call the dedicated coronavirus (COVID-19) hotline on **1800 675 398** (24 hours, 7 days a week).

If you are feeling unwell

If, at the end of 14 days, you are unwell with respiratory symptoms, you must stay in self-quarantine. Call the dedicated coronavirus hotline on **1800 675 398** (24 hours, 7 days a week) to find out what you should do next.

What if I am sharing a house with someone who is in self-quarantine?

There are different reasons for people to be in self-quarantine, and so if you are sharing a house with someone in this situation, the obligations on you will differ.

If the person is well but has come into close contact with a confirmed case of coronavirus

If the person you live with is in self-quarantine as a precaution and follows all the required steps for self-quarantine, nobody else in the house is required to self-quarantine.

If the person is well but has a suspected case of coronavirus

If the person you live with is in self-quarantine because it is suspected they may have coronavirus, there is no need for others in the house to self-quarantine unless the person becomes a confirmed case. At that point, all people in the household are regarded as having had close contact and are required to self-quarantine.

If the person is unwell and has a confirmed case of coronavirus

If the person you live with is in isolation because it is suspected they may have contracted coronavirus, there is no need for others in the house to self-quarantine unless the person becomes a confirmed case. At that point, all people in the household are required to self-quarantine.

Caring for someone who is sick during an quarantine period

If you are looking after a sick family member during a period of self-quarantine, there are some important things you should do to keep everyone in your home safe:

- Ensure the sick person remains in one room away from others in the household.
- Keep their door closed and windows open where possible.
- Keep the number of carers to a minimum and do not allow visitors from outside the household to visit.
- Always wash your hands with soap and water or use a hand sanitiser before and after entering the room.
- Keep the sick person's crockery and utensils separate from the rest of the household.
- If available, wear a surgical mask (single-use face mask) when you are in the sick person's room
- Clean and disinfect high touch surfaces such as tabletops, doors, computer keyboards, taps and handles often.
- Dispose of tissues and masks in a sealed plastic bag and put in the usual household waste

- If the person starts to feel worse, call the dedicated coronavirus hotline on 1800 675 398 (24 hours, 7 days a week) for advice
- If you need to visit your GP, call ahead and mention that you are currently in self-quarantine so they can prepare appropriate infection control measures.

If the person you are caring for develops serious symptoms, such as difficulty breathing, call 000 and ask for an ambulance.”

14. More specific information was contained in the relevant Self-Quarantine Directions, including Relevant Penalty Provisions, available on the departmental website. For instance, the specific Airport Arrivals Direction and the Cruise Ship Docking Direction Information Sheets¹² set out information in relation to:
- (i) who needs to self-quarantine;
 - (ii) the requirement to quarantine for 14 days;
 - (iii) the requirement for returning travellers to self-isolate either at home or in other suitable premises;
 - (iv) how to get from the airport to the place of self-isolation;
 - (v) what to do if they develop symptoms; and
 - (vi) the penalties for not complying with these requirements.
15. Copies of the Self-Quarantine Directions are also available publicly on the Department's website, and have been since the date each direction bears.¹³ The requirement to self-isolate and the consequences of non-compliance have been the subject of media releases which are available on the Department's website and include those described in Annexure A.
16. The Self Quarantine Directions are also the subject of Health Alerts and Advisories issued by the Chief Health Officer and include those described in Annexure A.
17. **Annexure A** is a table that summarises some of the public statements relating to quarantine requirements for incoming travellers.¹⁴

Enforcement

18. On 16 March 2020, the Chief Health Officer made a request under section 202 of the *Public Health and Wellbeing Act 2008 (Vic)* for assistance from Victoria Police in the enforcement of directions.¹⁵
19. This included assistance in enforcing the self-isolation direction for 14 days for all incoming international passengers.

¹² See, respectively, COVID-19 self quarantine for international arrivals - What you need to know.docx, DHS.5000.0095.2450; Novel coronavirus self quarantine for international arrivals at seaports- What you need to know - 18 March 2020.DOCX, DHS.5000.0088.7618

¹³ DHS.0001.0118.0001, DHS.5000.0055.3880 and DHS.0001.0118.0003

¹⁴ <https://www.dhhs.vic.gov.au/media-hub-coronavirus-disease-covid-19> copies of which are DHS.0001.0117.0001 – CHO health alerts and advisories; DHS.0001.0117.0011 – DHHS Daily Updates; and DHS.0001.0117.0070 – DHHS Media Statements

¹⁵ DHS.5000.0055.3884

20. Victoria Police has provided very significant support throughout the pandemic in the enforcement of Chief Health Officer Directions. Given Victoria Police will have full details of its role in enforcement, details of the approach used would best be obtained from Victoria Police.
21. The Department received information from the ABF based on collection of the physical copies of the completed Isolation Declaration Cards (referred to in paragraph 12(b) above). Handwritten information set out on the Isolation Declaration Cards was digitised by Commonwealth Government agencies and collated into a central database. The Department then facilitated the provision of this information to Victoria Police, following execution of an information sharing agreement, to assist Victoria Police in undertaking enforcement activities.
22. Despite enforcement efforts nationally, cases of COVID-19 in Australia with no known sources were showing signs of significant increase in late March. Given the growing community transmission, National Cabinet commissioned further work from the Australian Health Protection Principal Committee (**AHPPC**) on appropriate restrictions for both households and industry to help urgently stop the then rapidly increasing spread of COVID-19 within Australia.
23. In the 14 days before the decision to establish the hotel quarantine program, we were beginning to experience exponential growth in cases.
24. On 13 March we had a cumulative total of 45 cases (we had 5 cases that day). The public health intelligence team forecast that we would have 170 cases on the 19th March. In fact, we had 178.
25. This corresponded to a doubling time of approximately 3 days, which was consistent with the rate of growth in cases in the places our cases had originated (Italy, Iran and the United States).
26. By way of comparison, when China went into lockdown, its case doubling time was between 2 and 3 days. And when Italy went into lockdown, its case doubling time was between 3 and 4 days.
27. Case growth continued in the week commencing 23 March. By the 26th of March we had 520 cases, growing to 574 cases on 27 March. This growth was continuing. By the 27th of March, Victoria had recorded 574 cases. There were 111 new cases announced on 28 March, of a then total of 685 confirmed cases.
28. Local acquisition was becoming concerning. By 28 March there were 21 cases acquired in Victoria with an unknown source, including 5 new cases in the last 24 hours. Of particular concern was a cluster of imported cases from Colorado, United States, associated with a gathering of Australians at a ski resort, with a returned traveller from a ski resort creating a cluster after attending a restaurant in Melbourne, contrary to the self-isolation direction.¹⁶
29. The Department was deeply concerned that there were more cases circulating in the community with mild symptoms. The average delay from symptom onset to confirmed test at that stage was 3.7 days – which meant that individuals were likely to infect others for several days ahead of commencing self-isolation, even under the best contact tracing and self-isolation regime.

¹⁶ Situation Report – 28 March 2020 - DHS.5000.0072.9666

30. Our modelling showed that without intervention, at the peak of the pandemic we would have had 10,304 people in hospital and 5,118 ICU admissions. At the time we had 448 staffed ICU beds and the capacity to surge to 2,000 beds across private and public sectors.

2. **How are the Self-Isolation Directions and Relevant Penalty Provision communicated to a person diagnosed with COVID-19? In answering this question, please advise:**
- (a) **How have the Self-Isolation Directions and Relevant Penalty Provision been communicated to people subject to the Self-Isolation Directions since 25 March 2020, and how (if at all) has this has changed over time?**
- (b) **What information is given to people subject to the Self-Isolation Directions?**
- (c) **By what means, and by whom, is that information provided?**
- (d) **How is the requirement to self-isolate then enforced?**

Self-Isolation Directions

31. On 25 March 2020, Dr Annaliese van Diemen, as Deputy Chief Health Officer (Communicable Disease) and an authorised officer appointed under the PHW Act made the first of two of directions under sections 200(1)(b) and (d) of the PHW Act that are referred to as the **Isolation (Diagnosis) Directions**.¹⁷ The second was issued on 13 April 2020.¹⁸
32. The Deputy Chief Health Officer ultimately exercised the power to issue Directions following legal advice from the Solicitor-General that while in her view the Chief Health Officer could both authorise officers to exercise the emergency powers under the PHW Act and then also exercise those powers individually, there was some ambiguity in the way the PHW Act was expressed and to avoid any doubt, the preferable course was for the CHO to authorise an authorised officer to exercise the powers.
33. The Isolation (Diagnosis) Directions, in effect, required a person who is diagnosed with COVID-19 to self-isolate in their residential premises and not leave, other than for limited (specified) reasons, until they are given clearance from isolation by an officer of the Department.
34. On 11 May 2020, the first of a series of directions known as the Diagnosed Persons and Close Contacts Directions was made under s200(1)(b) and (d) of the PHW Act.¹⁹
35. The Diagnosed Persons and Close Contacts Directions replaced the Isolation (Diagnosis) Directions. The Diagnosed Persons and Close Contacts Directions, in effect, required any

¹⁷ DHS.0001.0116.0038

¹⁸ DHS.0001.0116.0035

¹⁹ Diagnosed Persons and Close Contact Direction 11 May 2020 [DHS.0001.0119.0078], Diagnosed Persons and Close Contacts Direction (No. 2) 31 May 2020 [DHS.0001.0119.0088], Diagnosed Persons and Close Contacts Direction (No. 3) 21 June 2020 [DHS.0001.0119.0010], Diagnosed Persons and Close Contacts Directions (No. 4) 1 July 2020 [DHS.0001.0119.0098], Diagnosed Persons and Close Contacts Directions (No. 5) 15 July 2020 [DHS.0001.0119.0039], Diagnosed Persons and Close Contacts Directions (No. 6) 19 July 2020 [DHS.0001.0119.0048], Diagnosed Persons and Close Contacts Directions (No. 7) 21 July 2020 [DHS.0001.0119.0058], Diagnosed Persons and Close Contacts Directions (No. 8) 3 August 2020 [DHS.0001.0119.0001], Diagnosed Persons and Close Contacts Directions (No. 9) 13 August 2020 [DHS.0001.0119.0068], Diagnosed Persons and Close Contacts Directions (No. 10) 16 August 2020 [DHS.0001.0119.0020], Diagnosed Persons and Close Contacts Directions (No. 11) 13 September 2020 [DHS.0001.0119.0029].

diagnosed persons and their close contacts to self-isolate in a designated premises and not leave, unless there is an exemption or clearance given. This has been complemented with other measures to provide accommodation for any diagnosed person that does not have an appropriate home environment for self-isolation. Supporting health and wellbeing services are also made available to diagnosed persons with more complex needs.

36. The Isolation (Diagnosis) Direction and the Diagnosed Persons and Close Contacts Directions:
- (a) are available publicly on the Department's website and have been since the date they bear;²⁰
 - (b) have been the subject of media releases which are available on the Department's website, especially in relation to the requirement to self-isolate and the consequences of non-compliance, which include those in Annexure A; and²¹
 - (c) are also the subject of Health Alerts and Advisories issued by the Chief Health Officer, which include those in Annexure A.

Confirmed Cases

37. For patients tested for COVID-19 in the community, it is the responsibility of the testing clinicians and health services to contact the patient with the test result. Testing clinicians and health services have been consistently advised that they should provide supportive care only, but that clinical management of confirmed cases is at the discretion of the treating team.²²
38. From 25 March, when informing a patient of their positive test result, testing clinicians and health services were advised to inform the patient of the following:
- (a) initial feedback of their results;
 - (b) information and counselling and usual advice to seek medical attention if their condition deteriorates; and
 - (c) of the requirement to self-isolate.
39. The guidance for health services and general practitioners²³ advised general practitioners and health services to educate their patients on the following:
- (a) the nature of the illness;
 - (b) the importance of isolation; and
 - (c) the importance of infection control measures that prevent the transmission of COVID-19.
40. For this purpose, clinicians and health services were directed to the Department's publicly available fact sheets for diagnosed and confirmed cases.²⁴

²⁰ The directions are available on the Department's website – www.dhhs.vic.gov.au

²¹ DHS.0001.0117.0001 – CHO health alerts and advisories; DHS.0001.0117.0011 – DHHS Daily Updates; and DHS.0001.0117.0070 – DHHS Media Statements

²² DHS.0001.0115.0010, DHS.5000.0111.7871 and DHS.5000.0111.7898

²³ See the DHS.0001.0115.0010 for the current version (version 24 dated 31 August) of the Case and contact management guidelines for health services and general practitioners

²⁴ DHS.5000.0106.2686, DHS.5000.0106.7872 & DHS.5000.0111.7871

Communication with the Department

41. Since January, testing clinicians and health services have been instructed to call the Department's 24-hour communicable diseases hotline initially to advise of any suspected cases and later to notify the Department of any patient diagnosed with COVID-19.²⁵
42. If a person is diagnosed with COVID 19, the New Case and Contact Management (**NCAC**) Team (within the Department's Case Contact and Outbreak Management structure) was the first point of contact between the Department and the confirmed case.²⁶ This is now managed by Health Direct.
43. The NCAC Team typically called a confirmed case within 24 hours of notification to the Department of the positive result. During this call, a member of the NCAC Team:
 - (a) takes a targeted public health history from the case, by completing the *Case Questionnaire COVID-19 (Novel Coronavirus) - Part A and Part B Close Contacts*;²⁷
 - (b) follows the steps outlined in the *Case and Contact Management Quick Guide*²⁸ and later the *Case and Contact Management – New Cases Standard Operating Procedure*;²⁹
 - (c) explains the requirements of home isolation and directs the individual to the information available on the Department's dedicated website;³⁰
 - (d) explains that the Department will conduct contact tracing; and
 - (e) explains that daily contact is required and will be made by the Department and instructs the case to reply to contact made by the Department.
44. Following the provision of verbal information, the NCAC Team provides the person who is the confirmed case with a copy of the Department's publicly available confirmed case factsheet. Initially, the factsheet was provided via email or post.
45. The factsheet has been regularly updated as requirements and understanding of COVID-19 has changed from time to time.³¹ The current version of the factsheet is published on the Department's website.³²
46. The factsheet for confirmed cases among other things:
 - (a) confirms that the individual must self-isolate;
 - (b) outlines that penalties apply for non-compliance; and

²⁵ Case and Contact Management Guidelines for Health Services and General Practitioners (DHS.0001.0115.0010).

²⁶ DHS.0001.0067.0001

²⁷ DHS.0001.0115.0068

²⁸ DHS.0001.0061.0040

²⁹ DHS.0001.0115.0078

³⁰ The Department has a website dedicated to Coronavirus (or 2019-2CoV) being: <https://www.dhhs.vic.gov.au/coronavirus>

³¹ See: Factsheet - Coronavirus COVID-19 - Confirmed Case - V1.3.docx, DHS.0001.0115.0063; FACTSHEET - Confirmed Case - coronavirus.docx, DHS.5000.0106.8057; Coronavirus COVID-19 confirmed case - what you need to know 2 May.docx, DHS.5000.0120.2042; What to do if you have tested positive for coronavirus (COVID-19) 109.docx, DHS.0001.0115.0094; What to do if you have tested positive for coronavirus (COVID-19) 109.pdf, DHS.0001.0115.0099

³² <https://www.dhhs.vic.gov.au/novel-coronavirus-confirmed-case-what-you-need-know>

- (c) from 4 August, states that the person may be fined up to \$4,957 if they leave their home while required to self-isolate.
47. From June 2020, the factsheet and information for the case was sent via an automated text message platform called Whispir or Soprano (although Soprano was used on an ad-hoc basis until Whispir was implemented). This platform sends text messages to a confirmed case's mobile phone number. If the person did not have a mobile phone number, a copy was sent by email or post.
48. Following the initial call from the NCAC Team, the Department's Existing Cases team contacts all confirmed cases every day to monitor isolation, health of the individual and to escalate any concerns as necessary. Contact is made:
- (a) by text message (via Whispir and historically via Soprano) or email, where cases are deemed to be low risk;³³ or
 - (b) by phone call.
49. The Existing Case Team ultimately advises a confirmed case that they can be released from self-isolation once they meet the clearance criteria as outlined in the Case and Contact Management Guide.
50. In addition to the above steps:
- (a) on approximately the 2nd, 5th and 8th day after diagnosis, a representative of Health Direct (a national, government owned, not-for-profit organisation) would contact the confirmed case and to check in to see how the case is feeling and identify any issues that might need escalating. The Department provided them with this information through a secure portal daily;
 - (b) representatives of Operation Vestige (which currently includes Authorised Officers and the Australian Defence Force) visit the homes of confirmed cases (since 22 July) and close contacts (since 6 August) to check on their welfare and that they understand their obligation to self-isolate. Operation Vestige refers cases to VicPol when they are reported not to be self-isolating, not contacted at visit, or not known at / moved from the provided address.
 - (c) I understand that since late March, Victoria Police has conducted spot checks of households through Operation Sentinel.

³³ See page 13 of DHS.0001.0061.0040.

Close contacts

51. All close contacts of a confirmed case are contacted to determine their exposure history.³⁴
52. Close contacts are informed of their exposure and explained the requirement to quarantine at home, monitor symptoms and report illness to the Department as soon as possible.³⁵ The majority of initial calls to close contacts is now undertaken by Stellar, a customer contact service.
53. Following verbal information, up until June 2020 the NCAC Team provided the Department's publicly available close contacts factsheet by email.³⁶ After June 2020, close contacts were provided with the information via Whispir.
54. Following the initial call from the NCAC Team, the Department's Existing Contact Team contacts confirmed cases every day to monitor symptom onset, notify contacts of testing and that the contact has remained isolated as required. Contact is made:
 - (a) by text message (via Soprano and/or Whispir) or email, where cases are deemed to be low risk;³⁷ or
 - (b) by phone call, conducted by>HelloWorld, if a close contact is not eligible for Whispir.³⁸
55. At the end of the 14 day isolation period, a message is sent via Soprano and/or Whispir to confirm that the close contact is released from isolation provided they are well.

Enforcement

56. A member of the Existing Case Team requests that Victoria Police conduct a welfare check of a case or close contact where:
 - (a) there is non-compliance with self-isolation;
 - (b) there are concerns about a person's welfare (including where a member of the Existing Cases Team has been unable to reach a confirmed case via phone after multiple attempts); or
 - (c) the confirmed case is not at their residential premises (or self-isolation location) at the time of the visit by the representatives of Operation Vestige.
57. The Public Health Intelligence team provide Victoria Police a daily list of all active cases and close contacts to support their enforcement activities. CCOM will request a welfare check urgently and provide name, address contact details and case status, where necessary, to Victoria Police and Operation Vestige.

³⁴ See DHS.0001.0067.0001 and DHS.0001.0061.0040.

³⁵ A script of the conversation is identified at page 15 of DHS.0001.0061.0040.

³⁶ DHS.0001.0115.0059 – V1.2 as at 25 March 2020; and, DHS.0001.0116.0047

³⁷ See page 17 of DHS.0001.0061.0040.

³⁸ Whispir text messaging is removed in regions, in residential aged care settings, close contacts of Non-English Speaking Background and minors.

58. The current Standard Operating Procedure for New Cases and Contacts³⁹ at page 13 outlines the current escalation process.

Signed at Melbourne

in the State of Victoria

on 21 September 2020



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Kym Lee-Anne Peake

³⁹ DHS.0001.0115.0078