

Name: Senior Project Officer

Address: 50 Lonsdale Street, Melbourne Victoria

Occupation: Senior Project Officer, Department of Health and Human Services

Date: 18 September 2020

WITNESS STATEMENT OF Senior Project Officer

1. I make this statement to the Board of Inquiry in response to **NTP-121**, the Notice to Produce a statement in writing (**Notice**). This statement has been prepared with the assistance of lawyers and Departmental officers.
2. This statement is true and correct to the best of my knowledge and belief. I make this statement based on matters within my knowledge, and documents and records of the Department. I have also used and relied upon data and information produced or provided to me by officers within the Department.

QUESTIONS

Roles and Responsibilities

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

3. Between 1996 to 2010, I was employed as a permanent Nursing Officer in the Royal Australian Airforce. From 2010 to date, I have been employed as a Reserve Nursing Officer.
4. In my role with the Royal Australian Airforce, I am responsible for perioperative and aeromedical evacuation, as well as management functions. The management functions include the supervision and direction of medical, nursing, allied health and administrative staff of the unit, for the purpose of performing on base medical functions and the preparation and conduct of operational duties.
5. Between 2003 to 2006, I was employed as a Registered Nurse at the Avenue Hospital.
6. I hold the following professional qualifications:
 - (a) Bachelor of Nursing Science, REDACTED
 - (b) Post Graduate Diploma in Perioperative Nursing, REDACTED

- (c) Master of Nursing Practice, REDACTED
- (d) Advanced Diploma of Personnel and Operations Management, REDACTED
REDACTED

Question 2: What is your usual role within the Department of Health and Human Services (the Department) and what are your usual responsibilities?

7. My role within the Department is Senior Project Officer
Senior Project Officer. I have held this position since 2010.
8. My responsibilities include providing project management and advice in relation to the policy and planning for patients requiring care in Victoria's public hospitals and community health centres.

Question 3: What role did you play in the Hotel Quarantine Program, what were you responsible for and at which locations did you work?

9. I was a Team Leader in the Hotel Quarantine Program (**HQ Program**). I started on 19 April 2020, initially as a Team Leader Support and after my first shift as a Team Leader.
10. I mainly worked at Rydges Carlton. However, I also worked shifts at other quarantine hotels including the Pan Pacific, Holiday Inn, Travelodge and Brady Hotel.
11. The Team Leader position ultimately reported to the COVID-19 Operation Soteria Commander. However, daily directives and tasking were provided by the Operation Soteria Deputy Commander Hotels and the Operations Leads and staff within the Operation Soteria Emergency Operations Centre (**EOC**).
12. As a Team Leader, while on site, I was the lead contact on the ground at the hotel, acting to implement the policies and procedures endorsed for the HQ Program. These policies were referred to in the Operation Soteria Team Leader Pack - Hotels ("the Team Leader Pack") [DHS.5000.0003.7551] and included, for instance, policies relating to collection of clinical waste, food allergies in people staying in hotels and exit of accommodation arrangements. I refer to this in more detail in paragraphs 28 and 29 below.
13. The Team Leader role was not a traditional manager role but was a centralised on the ground contact point on behalf of the Department's Operation Soteria staff, with responsibilities for liaising with all onsite personnel including nursing staff, Authorised Officers (**AOs**), the hotel manager, security supervisors, Department's Operation Soteria Staff and DJPR staff. Further, the Team Leader was responsible for facilitating a daily briefing for all personnel in the hotel to share information and priorities for each shift. The day to day duties of a Team Leader are set out in the Operation Soteria Hotel Team Leader Job Card which is available at [DHS.5000.0003.1265].

14. Between 3 June 2020 to 11 June 2020 and 23 June 2020 to 14 August 2020, I also worked in various roles in the Office of the Operations Command of Operation Soteria as an Operations Lead. In this role, I was responsible for responding to correspondence raising complaints and concerns that had been received from members of the public, as well coordinating a small team within Operation Soteria performing administrative functions.

Different hotels

Question 4: Please describe any material differences, in terms of practices, procedures and outcomes, between the different quarantine hotels at which you worked.

15. While I worked at other hotels, I only worked at hotels other than Rydges Carlton on single or a limited number of occasions. I am not aware of any significant differences in terms of the policies at each of the hotels. However, aspects of the practices and procedures at each of the hotels were different in certain ways, which was often dictated by the physical layout of the hotel and the numbers and requirements of guests in the HQ Program.
16. For example, Rydges Carlton only had one lift for guests, while the Pan Pacific had multiple lifts. This meant that a system needed to be in place at Rydges Carlton to have the lift cleaned immediately in-between guests using it. This was done by using a sign which was flipped to say 'dirty' after the lift had been used by a guest and was waiting to be cleaned and flipped to say 'clean' following disinfection.
17. Further, there were some differences at Rydges Carlton which arose due to the population being predominately COVID-19 positive. For example:
- (a) A specific fresh air break protocol was developed for the Rydges Carlton, under which fresh air walks were not provided routinely to guests save for those who were identified by nurses as requiring them on the basis of mental health;¹
 - (b) The entries and exits were less predictable than other hotels. This was because the arrivals were based upon the results of a COVID-19 test at another hotel, and not on flight schedules. At most of the other hotels, new guests arrived as a group (from the same flight) and exited as a group at the end of their designated 14 day quarantine period. Entries and exits at Rydges Carlton occurred in smaller groups or were single transfers, more often and due to the need to prevent transmission involved transfer via non-emergency patient transport vehicle.
 - (c) In some limited circumstances, a guest with a confirmed diagnosis of COVID-19 could receive an exemption and be released prior to the expiry of the 14 day detention

¹ Specific exercise protocol developed for Rydges was *Exercise Protocol – Rydges Hotel* dated 12 May 2020 [DHS.5000.0003.1195].

period. The exemption had to be approved by the Public Health team and I understand that the guest had to satisfy the following criteria:

- (i) The person was afebrile for the previous 72 hours;
- (ii) At least ten days have elapsed after the onset of the acute illness; and
- (iii) There has been a noted improvement in symptoms.²

Leadership, Training and Resources

Question 5: Who was the person or people in charge (role, position or title), on the ground, at each of the quarantine hotels at which you worked? If there were different people in charge of different aspects of the Hotel Quarantine Program at the quarantine hotels, please identify each, including the spans of their respective control.

- 18. Different teams were in charge of different aspects of the HQ Program.
- 19. The general manager of the hotel was in charge of the hotel staff and hotel operations.
- 20. The security supervisor was in charge of the security guards, including determining their locations and attending to issues of performance.
- 21. The nursing staff were in charge of all nursing functions. Initially, the nurses did not have a designated lead position and in practice the more experienced nurse would take on this role. Later, in around June 2020, the Alfred Health designated clinical and operational leads at each site.
- 22. AOs were responsible for monitoring compliance with the Detention Notice and were supervised by Senior AOs.
- 23. DJPR staff, although not initially 'on the ground' at Rydges Carlton, were involved with setting up and maintaining the contractual arrangements with providers, including, for instance, the hotels, taxi companies and the security companies. I recall working with DJPR staff at Rydges Carlton in about late July 2020 (after Rydges Carlton ceased to be a COVID-19 positive hotel). Further, DJPR provided special accommodation and personal needs for guests such as emergency toiletries, toys for children or baby food, cots and baths for small babies. I recall DJPR staff being present 'on the ground' at other quarantine hotels, such as the Holiday Inn and Travel Lodge, and that DJPR staff were focused on hotel operations.
- 24. In relation to the Team Leader role, as I mentioned in answer to Question 3 above, the Team Leader role was a centralised contact point for the Department's Operations Soteria Staff as well as the liaison point for other personnel on site. I was not directly responsible for nor the

² Coronavirus disease 2019 (COVID-19) – Case and contact management guidelines for health services and general practitioners 5 April 2020 Version 17 [DHS.0001.0095.0001].

line manager of other Department staff such as the AOs or DJPR, security and other contractors' staff on the ground at hotels. I did have support from a Team Leader Support when I was working at the Rydges Carlton in late July 2020.

25. As far as I can recall these reporting lines were consistent throughout my time in the HQ Program.

Question 6: What training did you receive in preparation for your role in the Hotel Quarantine Program? Did you receive any training in relation to your role after it commenced?

Please provide details and any relevant documents.

26. On 19 April 2020, I worked my first shift as a Team Leader Support and shadowed a more experienced Team Leader. During this shift, the Team Leader provided an informal induction which included an overview of the Team Leader role, the physical layout of Rydges Carlton and an introduction to the policies and procedures located on the Department's Microsoft Teams Site, which was accessible via a Department lap top.
27. Further, the EOC had a dedicated telephone line and email mailbox (dhhsopsoteriaeoc@dhhs.vic.gov.au) where Team Leaders were able to escalate any issues which arose throughout the day.
28. Approximately one week into my time in the HQ Program, I was provided access to the Team Leader Pack on the Microsoft Teams site. The Team Leader Pack is a resource compiling all of the relevant policies and procedures for working as Team Leader in the HQ Program and included hyperlinks to policies uploaded on the Microsoft Teams Site. These policies included:
- (a) Clinical and Related and Waste Guidance at [DHS.0001.0110.0001];
 - (b) COVID-19 – Hotel isolation: Meal order information for people with food allergies at [DHS.5000.0003.0367];
 - (c) Food Safety Questionnaire at [DHS.5000.0004.2286];
 - (d) COVID-19 Hotel Isolation: Process for people with food allergies at [DHS.5000.0004.3898]; and
 - (e) Operation Soteria Exit of Accommodation Arrangements at [DHS.5000.0003.1356].

29. I was also provided access to the Operation Soteria Standard Operation Procedure (a guide for Team Leaders), which is a consolidated reference guide to policies and procedures.³
30. The Team Leader pack and other policies were updated and refined over time. I received notifications regarding changes in policies via email or through the twice daily Operation Soteria EOC and Team Leader teleconference briefings.
31. There was also a hard copy folder of policies available, which I recall contained more frequently used policies, such as the PPE Advice for Hotel-based Healthcare Workers Contact with COVID-19 Quarantined Clients dated 1 May 2020 which is at [DHS.5000.0003.9690] and Enhanced Testing Programme for COVID-19 In Mandatory v 3.0 dated 21 May 2020 which is available at [DHS.5000.0003.2647].
32. Further, resources and 'on the job' training was provided throughout the course of my involvement in the HQ Program, examples of which include:
- (a) Twice daily teleconferences were conducted with the EOC for all Team Leaders and Team Leader Supports where advice and training was provided, including advice on the methods for collection of clinical waste or for any changes or refinement to policies and reinforcing the use of PPE in accordance with policies and practicing of hand hygiene. Importantly, this was also a time to hear and learn from other Team Leaders and their resolutions and actions to various issues;
 - (b) Advice was provided by the EOC staff via email and the dedicated telephone line referred to in paragraph 27 above;
 - (c) There were regular site visits from the Deputy Commander Hotels, Department Operation Leads, Senior AOs and senior staff from DJPR where you could ask questions and receive advice and informal training, I also recall the Operation Soteria Commander undertaking site visits where they would reiterate the PPE and IPC policies;
 - (d) The Department's Operation Soteria Safety Officer, who was based out of the Emergency Operations Centre, was also a good contact point for advice and training;
 - (e) The onsite nursing staff, who were rostered on 24/7, were a resource for medical issues, infection control and PPE use. The nursing staff also provided training on

³ A copy of the Standard Operation Procedure dated 24 May 2020 is available at [DHS.5000.0003.6217]. Policies and procedures include the Operation Soteria Hotel Team Leader Daily Briefing Template [DHS.5000.0003.1264], Quarantine Hotel Team Leader Daily Schedule [DHS.5000.0004.0126], DHHS COVID-19 Quarantine – incident reporting [DHS.5000.0004.3023], Operation Soteria Quarantine Hotel Bump in Checklist [DHS.5000.0003.9797], COVID-19 Generic mailboxes: Accessing the mailboxes for the hotels [DHS.0001.0111.0001] and Operation Soteria Exercise Area and Fresh Air Implementation Plan [DHS.0001.0111.0016].

infection control practices to prevent the spread of COVID-19, including the donning and doffing of PPE. This was done when issues arose about the use of PPE or there was a change in procedure that may necessitate the use of PPE by staff unfamiliar with its use; and

- (f) The Department's specialist infection control staff provided occasional advice and training to onsite staff. I know that an infection control consultant was involved in the initial set up at Rydges and visited and provided advice and training to the nursing and security staff. This was in early April 2020 before I commenced as a Team Leader in the HQ Program. The advice regarding infection prevention measures (e.g, social distancing, sanitising, cough etiquette and awareness of the signs and symptoms of COVID-19) was also reinforced with the use of posters at the hotels.

Question 7: Did you consider that any training you received was adequate for the role you were required to perform? Why or why not?

33. I considered that the training I received was adequate. I have referred to the 'on the job' training that I was provided in answer to Question 6 above.
34. For me personally, I felt capable and comfortable performing the role of Team Leader and working in the HQ Program including because of my prior experience working as a registered nurse since around 1996 and working within the Department for **R** years, which gave me an awareness of Department processes. That said, I do not consider that such experience was necessary for persons undertaking the Team Leader role.

Question 8: What personal protective equipment (PPE) was available to you and others at each of the quarantine hotels at which you worked? In your view, was the available PPE adequate and used appropriately?

35. The personal protective equipment (PPE) that was available was as follows:
- (a) Regular surgical (P2) and N95 Face Masks. As per the PPE Advice for Hotel Security Staff and AOs in Contact with Quarantined Individuals referred to below at paragraph 36, N95 masks were only used by persons who were in the presence of aerosol generating procedures being performed on guests;
 - (b) Gloves in a range of sizes and composition (latex and non latex);
 - (c) Gowns;
 - (d) Goggles; and
 - (e) Face shields (which were available after it became a requirement to wear goggles in July 2020).

36. The usage of PPE during the HQ Program was based on the Operation Soteria Policy for *"PPE Advice for Hotel Security Staff and AOs in Contact with Quarantined Individuals"* [DHS.5000.0003.9688]. A key message in the PPE policy referred was that PPE was not required by hotel quarantine Security Guards or AOs if they could maintain a 1.5 metre distance from a guest. The policy also reinforced the requirement for security staff and AOs to perform hand hygiene before and after every guest contact. As I have noted above in paragraph 32(f), these infection prevention measures were reinforced with the use of posters at the hotels.
37. The Department issued a revised policy, the PPE Advice for Hotel-Based Security Staff & AOs in Contact with Quarantined Clients, on 8 June 2020 which provided further detail about hand hygiene and how to use a mask properly. The PPE use guidelines remained the same. A copy of this policy is at [DHS.5000.0009.1930].
38. PPE was made available to all staff on site who needed it (including hotel security staff), and also made available to guests.
39. One of the responsibilities of the Team Leader was to manage the PPE stocks and to order PPE through the EOC mailbox.⁴ I can say that an enormous amount of PPE, infection control, hand sanitiser and wipes were used during my time as a Team Leader.
40. In my view, the available PPE was adequate given the risk to staff. PPE, of course, was to be used in conjunction with other infection control strategies such as social distancing, adequate hand washing, cough etiquette and testing and self-isolation.
41. I observed that the PPE policy referred to above, as it related to hand hygiene, was not always followed consistently either by security guards. For instance, key hygiene measures were occasionally missed. Common mistakes included sharing mobile telephones, key cards, walkie talkies, key FOBs and other equipment without sanitising either the items or hands.
42. I would often remind all staff, irrespective of their role, of the need to be aware that in the main (as we were told) COVID-19 was a droplet and contact spread disease. Reminders were also provided at the twice daily on-site team meetings which were attended by the Department Team Leader, the onsite security supervisor, AOs and nurses. There were posters about infection prevention measures and appropriate PPE and use, including donning and doffing of PPE, displayed at hotels.
43. I was generally not required to use PPE on site because I was rarely within close proximity to guests and worked mainly in the green zone of the hotel. Once there was a change to include mandatory face coverings in all work places I wore a mask on site in all areas of the hotel..

⁴ The Operation Soteria PPE for Quarantine Hotels, which provides guidance on ordering and managing stocks of PPE in hotels is available at [DHS.5000.0003.0799].

Question 9: Apart from PPE, at each of the quarantine hotels that you worked at, were there adequate resources? Please explain your answer.

44. The resources that were available during my time in the HQ program were adequate.
45. However, there were some areas which could have been improved. For instance:
- (a) Initially, the internet connection at some of the hotels, such as the Brady Hotel, was unreliable which made it difficult to send and receive emails. This was improved with computers being fitted with network interface cards to the mobile network.
 - (b) The Team Leaders did not have a centralised IT platform to access all of the information on guests. This resulted in duplication of effort to access the information that we required. There was a system available known as the Compliance, Welfare and Medical System (**CWMS**), which stored compliance data, welfare data, nurse health records and exemption data and, by design, was available, in part to AOs, nurses and welfare staff, but not Team Leaders. Thus, in order to accurately reflect guest numbers and departures to the on-site team and Operation Soteria, the Team Leaders had to create and maintain information systems (typically by way of guest lists in an Excel spreadsheet) at each site.
 - (c) Similarly, ordering of supplies for the guests and for the HQ Program (such as PPE or stationary) was undertaken through a largely manual process which required contacting and chasing up with multiple stakeholders. For example, an email would be sent to the EOC ordering PPE supplies but there was no system to ensure that the stock was available or had been delivered necessitating follow up and sometimes double ordering. This process could have been simplified with technology.
 - (d) Finally, in my view, the Team Leader and AO staffing could have been strengthened, particularly at the larger hotels, to assist with the volume of issues that arose on a daily basis. The nursing staff was typically adequate or possibly overstaffed. The security staff were very much over staffed. In relation to security staff, particularly at Rydges Carlton, often there would be between 3 to 4 security staff on each floor and another 4 or 5 in the hotel lobby.

Complaints and Escalation

Question 10: At each quarantine hotel at which you worked, what was the process for people (including people working at the hotel and people in quarantine) to make complaints or escalate grievances? In your view, were those processes adequate?

46. The processes varied depending on the nature of the complaint.

47. Complaints from guests were received from multiple sources, including:
- (a) directly from the guest via email, through the hotel's reception staff or relayed by the nursing or hotel staff;
 - (b) from relatives of the guest who may ring the hotel reception or ring directly over the Team Leader telephone; or
 - (c) relayed over the telephone or via email by service providers such as:
 - (i) The Government Support Service;
 - (ii) Public Health Contact Tracers (who would contact guests to check on symptoms and receive a complaint and pass any complaints on); and
 - (iii) The Welfare Team, who would telephone guests on day 3 and day 9 and would pass on any welfare issues or complaints that they received.
48. In relation to guest complaints, if the complaint was unable to be resolved locally, the complaints were escalated to the EOC Operations Lead via email or telephone and the guest would be directed to the Department's complaints process at <https://www.dhhs.vic.gov.au/making-complaint>. If a complaint could not be resolved at EOC Operations Level, it could be escalated further up the chain of command to the Deputy Commander, Hotels.
49. Human resources type complaints made by Department staff on the ground were escalated through the staff member's respective line manager.
50. If a complaint was raised by staff on the ground at hotels to a Department Team Leader which related to the conduct of the HQ Program, the procedure was to first attempt to resolve the matter directly with the resources available on the ground. In the event that the matter could not be resolved locally, the complaint was to be escalated to the EOC Operations Lead via email or telephone.
51. In my view, the complaints and escalation process was adequate.

Question 11: What complaints and concerns, arising from the Hotel Quarantine Program (if any) came to your attention? In relation to each, please:

(a) provide the details of each complaint or concern;

52. I was made aware of many complaints and feedback from guests throughout my time as Team Leader.
53. By way of example of the types of complaints that I was involved in:

(a) Staff complaints:

- (i) On 10 May 2020, one of the Department Team Leaders escalated concerns regarding the security staff intimidating and harassing the female staff (including nursing staff) at the Rydges Carlton. I believe that the complaint was investigated by both DJPR and the Department Operation Soteria staff. As part of the investigation, I was required to take part in a telephone interview. I cannot recall whether I spoke to a DJPR or Department Operation Soteria staff member. As a result of the investigation, the staff of the security firm, who I understand were subcontracted, were stood down and a new group of security staff were engaged by the contractor to replace them.
 - (ii) On 20 May 2020, one of the Department Team Leaders received a complaint from a hotel quarantine nurse that another nurse (at a public hospital) had been rude and unprofessional during a conversation regarding a COVID-19 positive guest. The complaint was handled through the Department and the hospital in question. I do not know the outcome as it was handled externally to the Department.
- (b) Guest complaints:
- (i) On 22 April 2020, I received a complaint from a guest regarding noise in his room. The guest was offered another room by the hotel staff [DHS.5000.0150.0184].
 - (ii) On 7 May 2020, I received a complaint from a guest relating to the Detention Notice. I escalated the complaint to the EOC Operations lead via email. The guest was asked to contact the Department and register his complaint via the website [DHS.5000.0028.4339].
 - (iii) On 8 May 2020, I received a complaint from a guest regarding room cleanliness and meals. I believe that a response was provided by **REDACTED** who is the CEO of Rydges Carlton's parent company Event Hospitality and Entertainment [DHS.5000.0161.0980].
 - (iv) On 8 May 2020, I received a complaint from a guest regarding milk. The complaint was sent to the hotel for action by the food and beverage manager of the hotel [DHS.5000.0051.2496].
 - (v) On 6 July 2020, a guest complained regarding lost laundry. By email dated 7 July 2020, I informed the guest that the complaint ought to be directed to Rydges Carlton hotel management and further informed the guest of the Department's complaints website (referred to above). I understand that the hotel reimbursed the guest for the cost of the lost laundry [DHS.5000.0161.1676].
 - (vi) I received numerous complaints from guests that they did not have access to WIFI [see for instance, DHS.5000.0003.3233; DHS.5000.0150.6609].

(b) explain how the complaint or concern was dealt with, including any persons to whom the complaint was relayed; and

54. I have set out specific examples in my answer to Question 11(a) above.
55. As I mentioned in my answer to Question 10, the manner in which a complaint was handled varied depending on the nature of the complaint.
56. I personally found it was always best to speak directly via telephone to the guest to clarify the nature of the complaint. Often the complaint was really a misunderstanding, involved another

issue entirely or had already been resolved to the satisfaction of the guest. For many guests, the complaint was more reflective of the frustration at their predicament of being in hotel quarantine.

57. If these complaints were relayed to the hotel or escalated to the EOC Operations lead via email, the complaint would be recorded in the Team Leader handover notes.

(c) describe what outcome, if any, was achieved in relation to the complaint?

58. I have set out specific examples in my answer to Question 11(a) above.

59. Generally, most complaints could be resolved locally (without escalation) during the guest's quarantine period.

Question 12: Did you 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?

60. I am aware of two such instances:

(a) In early May 2020, nursing and medical staff at Rydges Carlton raised a serious welfare concern over a female guest, as her partner was not allowing her to speak with the Alfred Nursing staff members conducting the daily telephone welfare checks. Following a variety of approaches by staff over several days with no resolution, the staff doctor who had been dealing frequently with the guest, requested that Victoria Police attend and perform a welfare check. Victoria Police arrived that day and conducted a welfare check. The incident was reported to the EOC Operations lead via email. Victoria Police left satisfied that there were no serious welfare issues present and the guests departed on schedule; and

(b) The incident referred to in paragraph 53(a)(i) above.

Outbreak at the Rydges Carlton

Question 13: What:

(a) did you; and

(b) do you now,

understand the designation as a hotel as a so-called “hot hotel” to mean in the context of the Hotel Quarantine Program?

61. The first I heard of the term ‘Hot hotel’ was when I read it in press articles about the Stamford Plaza and Brady Hotels. It was not a term that was used by the Operation Soteria Deputy Commander, EOC staff or other Team Leaders, as far as I am aware.
62. I understand that the term refers to the hotels which were designated to host COVID-19 positive guests of the HQ Program during their mandatory detention period, such as the Rydges Carlton. What this meant in practice was that guests who tested positive for COVID-19 while staying at one of the quarantine hotels were, in most cases, transported to a COVID-19 positive hotel. This was to lessen the risk to staff and guests at other hotels in the program.
63. Rydges Carlton was also tasked to assist the following persons who for various reasons were unable to safely isolate at their home:
- (a) community members that were not part of the HQ Program but were local COVID-19 positive persons; and
 - (b) guests who had finished their 14 day mandatory quarantine period.

Question 14: When, to your knowledge, was the Rydges Hotel on Swanston St in Carlton (Rydges Carlton), first designated and utilised as a so called ‘hot hotel’?

64. I refer to my answer to question 13 above. Rydges Carlton was designated a COVID-19 positive hotel before I commenced in the HQ Program. I am not aware of the date it received such designation.

Question 15: During what periods did you work at, or were your responsible for any staff working at Rydges Carlton?

65. I worked at Rydges Carlton on the following dates 2 May, 5 to 9 May (inclusive), 13 to 14 May, 26 to 30 May (inclusive) and 1, 6, 24 and 26 July 2020.
66. As I mentioned in answer to Question 3 and 5 above, as a Team Leader, while I worked alongside other staff onsite, I was not directly responsible for them.

Question 16: Did you:

- (a) have; and/or
- (b) express,

any reservations that you had regarding risk of transmission of COVID-19 at Rydges Carlton during the period(s) in which you either worked, or were responsible for workers, there?

Please details each reservation you held, when you held it and to whom you conveyed it/them and when.

67. As I mentioned in my answer to Question 8 above, I held concerns that the advice regarding hand hygiene and social distancing was not followed consistently by security staff and social distancing was not followed consistently by nursing staff. It was my observation that this was down to human inadvertence, rather than disregard or ignorance of the policies and procedures. Whenever I observed these behaviours, I would speak to the persons involved to remind them of PPE and IPC protocols. PPE and IPC protocols were also regularly discussed during the twice daily site meetings I refer to above at paragraph 42.
68. Appropriate PPE and social distancing practices were also consistently reinforced in the daily team meetings, which were attended representatives of all on site staff.
69. At some point, although I cannot recall the dates, I raised my concerns with the EOC, the hotel nursing staff and the hotel medical practitioner in person.
70. After I raised these concerns, the standard messaging was reinforced to all staff during daily shift briefings and with reminders whenever staff were congregating too closely or observed sharing items without hand washing or disinfection.

Question 17: In your view, and upon reflection now, were there factors that:

- (a) **increased;**
- (b) **did not sufficiently guard against,**

**the risk of transmission of COVID-19 at Rydges Carlton, during the periods of April-July 2020?
Please explain your answer.**

71. There were two main areas which possibly increased the risk of COVID-19 transmissions, namely:
- (a) The lack of dedicated cleaning staff at Rydges Carlton (up to the outbreak); and
- (b) The inconsistent hand hygiene and social distancing practices of some staff (as mentioned in my answer to Question 8 and 16).
72. After the outbreak at the Rydges Carlton, I formed the view that the lack of dedicated cleaning staff was an area which possibly increased the risk of COVID-19 transmissions. Prior to the outbreak, the cleaning was undertaken by the hotel cleaning staff, rather than a dedicated cleaning. I had considered at any point prior to the outbreak that this was an issue. The regime changed after the outbreak and a group of dedicated cleaners were employed.

73. In relation to inconsistent hand hygiene and social distancing practices, as I mentioned in answer to question 16, I attributed this behaviour to inadvertence and lapses in memory, rather than a misunderstanding or ignorance of IPC procedures. I raised these issues with the individuals if and when I observed it. Further, in May 2020, just prior to the outbreak, I spoke with an infection control nurse and discussed arranging more handwashing points. Rydges Carlton was already at that stage equipped with hand sanitiser stations on each floor, however, there was only one handwashing point using soap and water, which I considered was not a sufficient number.

Question 18: What action was taken in response to the outbreak at the Rydges Hotel? Do you think the response was adequate and appropriate?

74. On about 26 May 2020, I was made aware that a hotel staff member at Rydges Carlton had tested positive for COVID-19.
75. I am aware that the hotel was visited by the Department's Outbreak Management Team on 27 May 2020, which comprised two nurses with infection control qualifications, but I was not present at the time. The nurses performed an audit, arranged for additional cleaning and also made some recommendations about ongoing procedures. I am not aware of the recommendations that were made.
76. On about 28 May 2020, I was made aware that other staff had also tested positive for COVID-19.
77. Subsequently, as a result of working at Rydges prior to 26 May 2020, on 1 June 2020, I was designated a close contact to COVID-19 by the Department and accordingly was required to self-isolate until 11 June 2020, being 14 days from contact. I understand that around 100 other hotel, security and Department staff were also designated close contacts and were required to self-isolate. As I was then isolating, I am not aware of further action that occurred at Rydges.
78. I believe this response was adequate and appropriate.

Question 19: What changes were made to practices and procedures at the Rydges Hotel after you became aware that persons working within the hotel had contracted COVID-19?

79. Beyond the change in cleaning regime, I am unsure. I was designated a close contact on 1 or 2 June 2020 and then I was placed into self-isolation. After that period, I returned to Rydges Carlton on 1 and 6 July 2020 only and by that time the hotel had ceased being used for COVID-19 positive guests.

Further Information

Question 20: If you wish to include any additional information in your witness statement, please set it out below.

80. My experience with the HQ Program was similar to other areas of the Victorian Government's and community's response to COVID-19. There were many very talented and well-meaning people doing an incredible job under very difficult circumstances.

Signed at Melbourne

in the State of Victoria

on 18 September 2020

REDACTED

Senior Project Officer