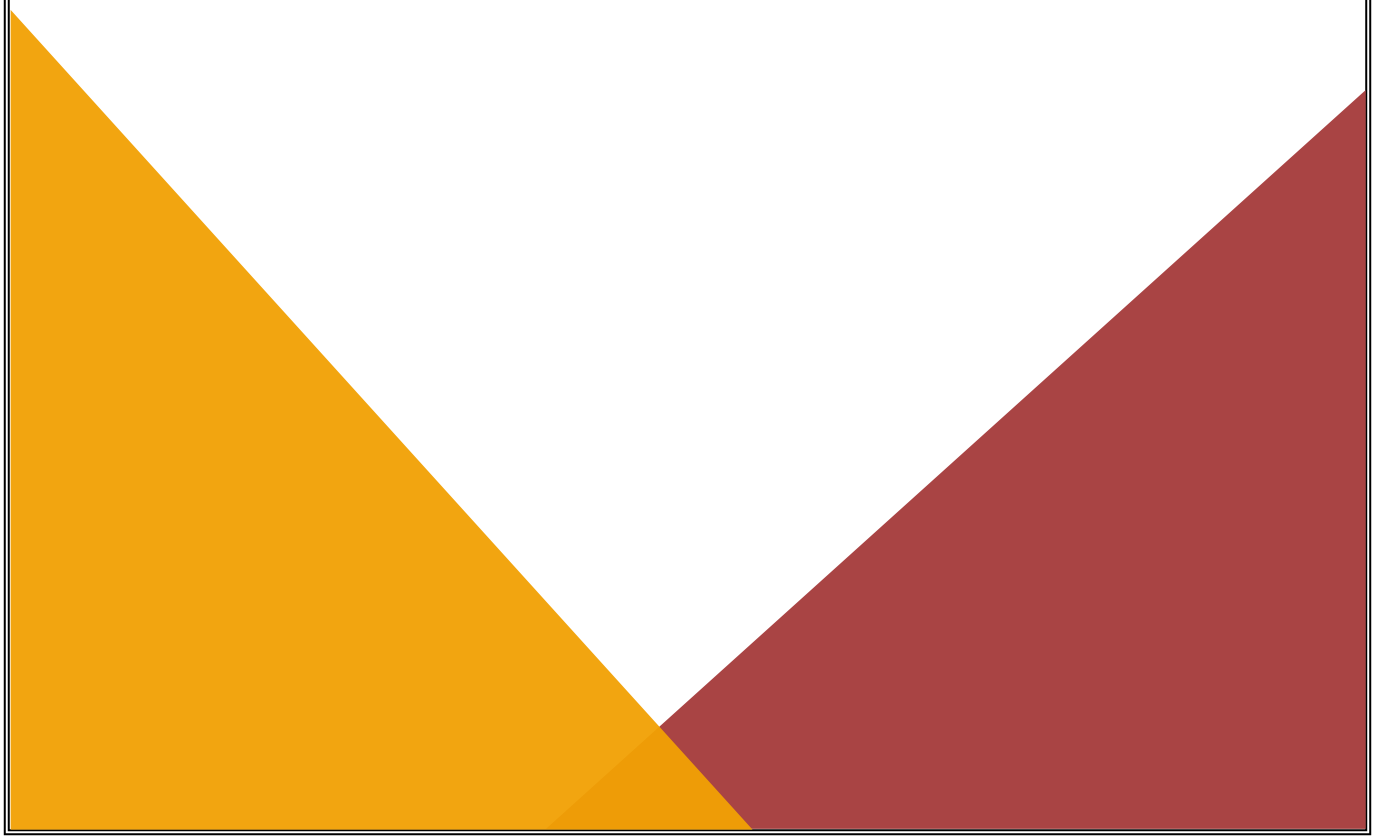
Review of Western Australia's Hotel Quarantine Arrangements

Interim Advice #2

Governance and related issues

Tarun Weeramanthri, 11 March 2021



Scope of this Advice

The Review of Western Australia's Hotel Quarantine (HQ) arrangements was commissioned by the WA Government in light of the international COVID-19 situation, and the infection of a HQ worker, who was diagnosed with COVID-19 on 30 January 2021. This new case led to a 5-day lockdown (31 January – 5 February) in the Perth metropolitan, Peel and South West regions of WA. Intensive contact tracing and testing was undertaken in the community, and revealed no further cases.

The Review commenced on 2 February 2021 and is complementary to a parallel investigation (Case #903), undertaken by WA Police Force, to examine how the case contracted COVID-19, and to confirm the further movements and contacts of the case.

As required by the terms of reference of this end-to-end review, ongoing advice is being provided in order to strengthen current processes and identify opportunities for improvement, from the arrival of international passengers at Perth Airport through to their departure from HQ.

The first advice was provided on 4 February 2021 and recommended re-assessment and mitigation of the risk posed by ventilation in HQ sites, as well as other measures to strengthen infection prevention and control (IPC), as key means of controlling immediate public health risks. All recommendations were supported by the WA Department of Health and WA Police Force, and are in the process of being implemented.

This second piece of advice covers the full end-to-end process for quarantine, including airport, transport and hotel sites. Its focus is on governance, accountability, organisational and risk management structures that define roles and responsibilities, and determine real world compliance with operational protocols.

The advice is based on the following inputs: rolling interviews with key staff (government and private agencies); site visits; close examination of other reviews and inquiries conducted interstate or nationally; a series of interviews with other jurisdictions; end-to-end process mapping; regular email exchanges and updates from WA Health, WA Police Force and WA Department of the Premier and Cabinet; and a high-level workshop with key WA Government stakeholders. (Please see Appendices 1, 2 and 3 for more details).

Context for Governance

Roles and responsibilities under a declared State of Emergency and Public Health State of Emergency

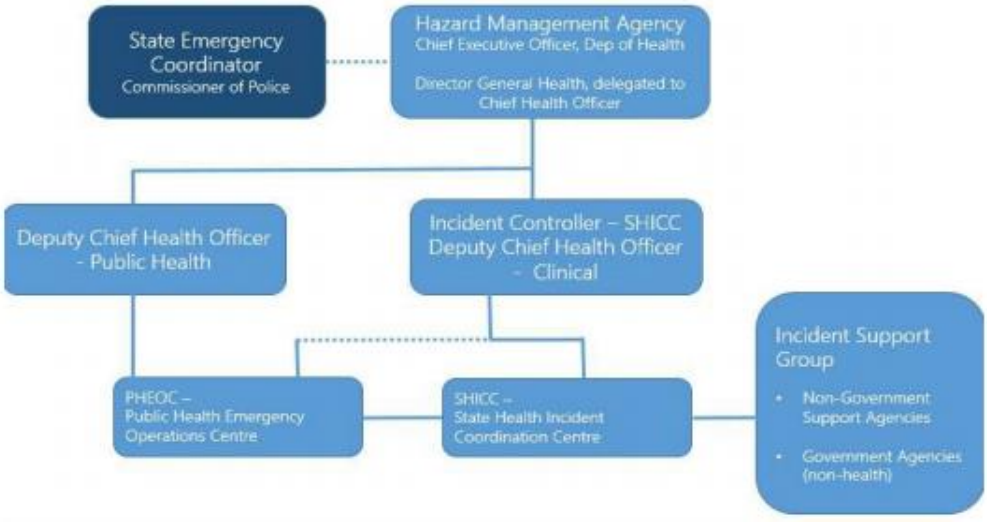
In response to the pandemic caused by COVID-19, the Minister for Emergency Services declared a State of Emergency,[1] and the Minister for Health declared a Public Health State of Emergency,[2] applicable to the entire State of Western Australia. In doing so, they enacted roles and responsibilities for public authorities, as articulated through the State Emergency Management Framework (SEMF).

Under the SEMF, the Chief Executive Officer of WA Health is the prescribed Hazard Management Agency (HMA) for human epidemics.[3] For this epidemic, the Chief Health Officer (CHO) is the delegated HMA. The responsibilities of the HMA include the appointment of an Incident Controller and activation of the State Health Incident Coordination Centre (SHICC) and Public Health Emergency Operations Centre (PHEOC).[4] The SHICC has established an Incident Support Group, comprising government and non-government agencies with a defined role or responsibility,[5] to provide agency-specific expert advice and support in relation to the response.[6]

The Commissioner of Police, as State Emergency Coordinator (SEC), is responsible for coordinating the response to an emergency during a State of Emergency, as well as the provision of advice and assistance to HMAs.[7] During a State of Emergency, the SEC has emergency powers to direct individuals and public authorities.[8] Pursuant to his powers under the *Emergency Management Act 2005* (EMA), the SEC has issued directions for international arrivals to Western Australia to undertake HQ.

The relationship between the HMA, SHICC, PHEOC and the SEC is outlined in Figure 1.

Figure 1. Hotel Quarantine Governance Arrangements[9]

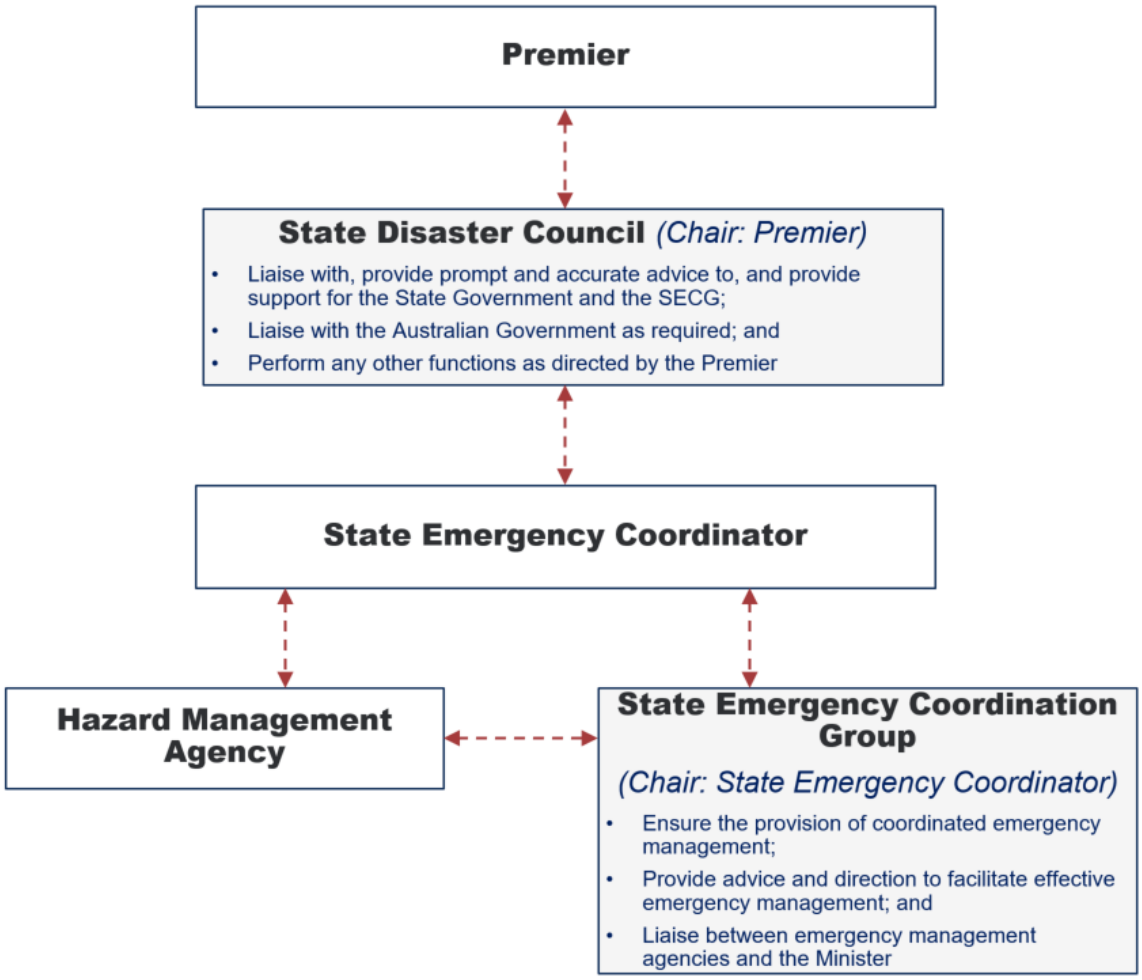


[1] State of Emergency declared on 15 March 2020, with effect 12.00 am 16 March 2020.
[2] Public Health State of Emergency declared on 16 March 2020, with effect 12:00am 17 March 2020.
[3] *Emergency Management Act 2005 s.4*.
[4] State Emergency Management Committee, December 2020, State Hazard Plan Human Biosecurity.
[5] As outlined in Appendix C of the State Hazard Plan Human Biosecurity.
[6] The *State Emergency Management Policy* sets out the role of an Incident Support Group.
[7] *Emergency Management Act 2005* (WA) s 10, s 11.
[8] *Emergency Management Act 2005* (WA) ss 65-76A.
[9] As of 29 September 2020, National Review of Hotel Quarantine.

Responsibility for the Hotel Quarantine Arrangements

Oversight of and responsibility for the HQ arrangements rests with the HMA. Under the SEMF, during a State of Emergency, the HMA is supported by advice, communication and coordination through the SEC, State Emergency Coordination Group (SECG) and State Disaster Council (Figure 2).

Figure 2. State of Emergency Coordination Arrangements[10]



While the Directions that place certain individuals into quarantine are issued by the SEC, the HQ arrangements were established by the SHICC and is operationalised through combat/support agencies, and by private entities (particularly hotels and security firms) through various requisitions, contracts, and formal and informal agreements.

SHICC manages the HQ arrangements through their Non-Health Operations cell. Within this cell, the Facilities and Movements Team manage the hotel operations, including security and transport, and the Quarantine Management Team is responsible for the health and wellbeing of guests within hotels, including the provision of clinical services.

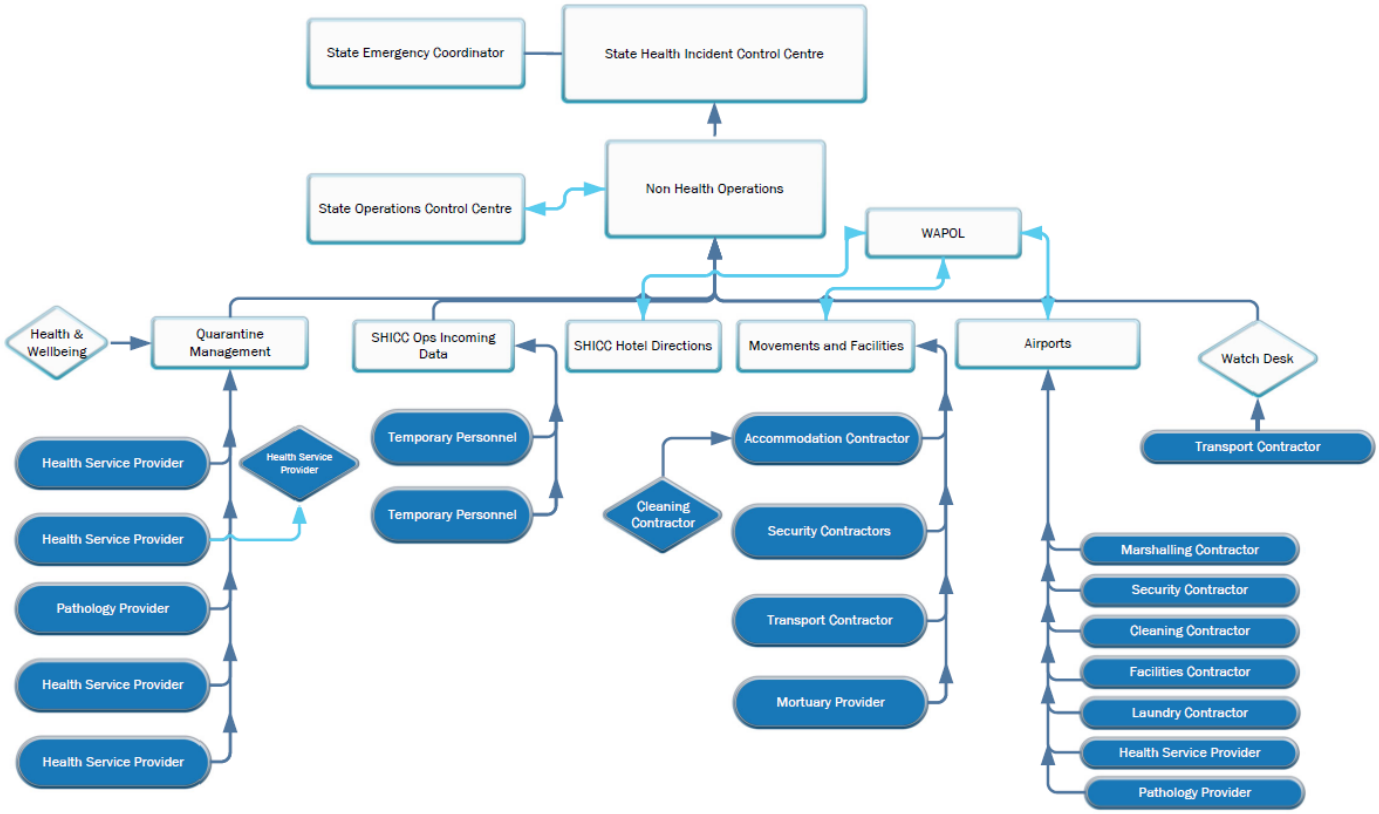
SHICC has engaged several service providers and agencies to operate at each of the nine HQ sites. These include: the Public Transport Authority to move guests from the airport to

[10] Based on information and diagrams contained in the SEMF: *Emergency Management Act 2005 (WA)* ss 26-27, 63-64; State Emergency Management Plan (page 44).

the hotel; hotel management to manage guest check-in, meals, and cleaning; security personnel to prevent and report breaches; clinical staff to provide medical support; St John Ambulance to undertake patient transfer between hotels and hospitals, and WA Police Force to assist with transfers and manage high risk guests. The Commonwealth provide Australian Defence Force personnel as additional security support. The Facilities and Movements Team Leader is the point of contact for all nine hotels, and all service providers (other than health and wellbeing) within the system.

SHICC operational arrangements, including contractors and public authorities, are further detailed in Figure 3.

Figure 3. SHICC Hotel Quarantine Operational Reporting[11]



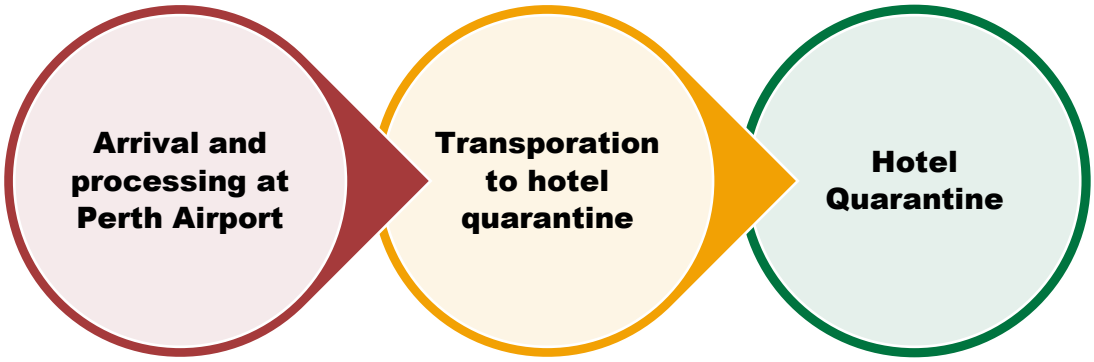
PHEOC provides advice and training in relation to infection prevention and control at quarantine hotels at the request of SHICC, as well as public health management of any COVID-19 positive cases and any close contacts, including contact tracing.

[11] Provided by SHICC.

Components of the end-to-end Process

WA's HQ arrangements were established in response to the National Cabinet's decision to quarantine returning international travellers for 14 days in designated facilities to manage the risk of COVID-19 arising from arrivals. In WA, the HQ arrangements form part of a broader process whereby every person seeking to enter WA is met at the border and screened for the appropriateness of their travel and potential presence of COVID-19. Dependent upon their travel in the preceding 14 days, they may be ordered to quarantine in suitable premises or at a Quarantine Centre (hotel quarantine). Whilst at times throughout the pandemic this has applied to interstate and international arrivals, this review has focused on international travellers arriving by air.

The following process applies to international passengers from arrival at Perth Airport through to their departure from HQ:



There are many components that support this process that have been captured in more detail by flowcharts at Appendices 4, 5 and 6. These diagrams have been created to demonstrate the complexity of each of the airport, transport and hotel processes and in turn the stakeholders required to bring an international passenger through the process of arrival to departure from HQ.

At a practical level, there are three avenues under which a person may assist during an emergency: legal obligation, contractual arrangement or by consent. The State of Emergency and Public Health State of Emergency provide additional legal avenues to acquire the assistance during an emergency. Within the legislation, some public authorities have prescribed roles and responsibilities; the SEC may direct a public authority to do, or refrain from doing any function;[12] and authorised officers may direct individuals, and deal with any property or premises, for the purposes of emergency management.[13]

[12] *Emergency Management Act 2005* (WA), Section 74.
[13] *Emergency Management Act 2005* (WA), Sections 69 & 71.

The following section summarises the components of the end-to-end process and their legal/contractual basis. A more comprehensive list of service providers is located at Appendix 7.

Airport Facilities

- The Perth Airport Pty Ltd (PAPL) is a privately held corporation, established to manage the Perth International Airport. It is under Commonwealth jurisdiction, however, the provisions of the EMA and *Public Health Act 2016* (WA) (PHA) can be applied.[14] This does not create an obligation for PAPL to assist with managing the emergency, but directions issued pursuant to these acts are enforceable.
- PAPL have allowed state border processing[15] and COVID-19 testing facilities to be established inside the terminals, and implemented increased cleaning regimens as requested, particularly for international arrivals. A diagram of the airport process is contained in Appendix 4.
- PAPL directly employees approximately 290 people,[16] but the majority of the airport workforce are employed by contractors, Commonwealth agencies and other commercial entities. Workers who have contact with international arrivals are subject to COVID-19 testing protocols, but no restrictions exist relative to other duties or employment.

Quarantine Drivers

- The Public Transport Authority (PTA) is a combat agency under the EMA that can be called upon to assist with any emergency. In line with its responsibility for WA metropolitan transport infrastructure,[17] PTA facilitates transport for people subject to HQ through one of its service providers (Swan Transit).[18]
- Swan Transit provide transport services as required, and in accordance with SHICC's operational orders, have implemented additional cleaning protocols. Only the drivers are subject to COVID-19 testing protocols, and no restrictions exist relative to staff undertaking other duties or employment.
- St John Ambulance is also a combat agency under the EMA, with responsibility for providing ambulance services if required.[19] When engaged to provide patient transport to/from the Hotel and to hospital from the airport, the ambulance drivers are subject to the same COVID-19 testing protocols as the bus drivers.
- The quarantine drivers can operate for extended periods, within relatively confined spaces, and in close proximity to international travellers who potentially have COVID-19. However, the testing protocols differ to other workers within the HQ arrangements, and it is unclear whether this is based on an assessment of the risk of potential exposure (see Appendix 8).
- A diagram of the transport process is contained in Appendix 5.

[14] *Commonwealth Places (Application of Laws) Act 1970,* Section 4 (1).
[15] To give effect to the Controlled Borders for Western Australia Directions.
[16] Perth Airport Pty Ltd Annual Report 2019-2020; page 31.
[17] https://pta.wa.gov.au/our-services accessed 25 February 2021.
[18] http://www.swantransit.com.au/ accessed 25 February 2021.
[19] State Hazard Plan: Human Biosecurity, dated 18 December 2020, pg. 23.

Quarantine Hotels

- The declaration of a Public Health State of Emergency allowed for hotels to be requisitioned under the PHA for quarantine purposes,[20] and for the person in charge of the hotel to be obligated to give reasonable assistance.[21]
- Requisitioning a property in this manner invokes a right to some compensation for loss or damage arising from the use of the property.[22] Consistent with that, there is an agreed rate of remuneration for rooms and meals provided to quarantining guests,[23] and guests are now required to contribute to the cost of quarantine.[24]
- SHICC/PHEOC provide documented and verbal guidance to hotel managers and quarantine centre workers on COVID-19 related operating procedures and IPC controls.[25] Compliance with these instructions appeared to be considered 'reasonable assistance' as no other legal or contractual obligation existed. However, recent agreements between hotel managements and WA Health[26] has created a requirement that hotel staff members wear such Personal Protective Equipment (PPE) as is specified in protocols or instructions given by the WA Health.
- The HQ arrangements operates under a command structure within the SHICC, which is designed to facilitate accountability and clear decision-making and escalation pathways in an emergency response.
- The Non-Health Operations stream in SHICC provide overall supervision of the HQ arrangements, with daily on-site management of hotel guests through hotel duty managers who liaise with security supervisors.
- A diagram of the quarantine centre process is contained in Appendix 6.

Quarantine Centre Staff

- Under EMA Directions, all staff at the hotel are required to comply with COVID-19 Testing Protocols,[27] and further restrictions exist around attendance at residential aged care facilities.[28]
- Certain workers within HQ (which includes security workers) are now provided a 40% loading on their base salary, conditional upon them agreeing to not undertake any employment outside their specified hotel.

Quarantine Centre Security

- Security contractors were engaged at the commencement of the HQ arrangements to assist in ensuring quarantining guests complied with their directions.
- A tender process was subsequently undertaken for the provision of COVID-19 Hotel Security Services and ad-hoc roving security services, which closed on 25 June 2020,[29] and resulted in three security contractors being awarded contracts for the nine hotels.

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[20] *Public Health Act 2016*, Section 182(1)
[21] *Public Health Act 2016*, Section 182(3)(e), as noted in K.Lopez letter to Four Points by Sheraton Hotel Perth, 16 September 2020.
[22] Part 12B P*ublic Health Act 2016, inserted 21 August 2020.*
[23] Dr R. Lawrence, letter to Mr A. Acharia, General Manager, The Mercure Hotel, 20 April 2020.
[24] https://www.wa.gov.au/government/publications/paying-hotel-quarantine-wa-frequently-asked-questions, accessed 23 February 2021.
[25] Infection prevention and control guidelines for state quarantine facilities V9, issued by PHEOC 24 December 2020; Information for clinical teams attending to guests who are undergoing 14-day quarantine in hotels and other accommodation, issued by Department of Health, last updated 23 December 2020.
[26] Dr D J Russell-Weisz, letter to undisclosed hotel management, dated February 2021 (unsigned).
[27] Presentation for Testing (Quarantine Centre Workers) Directions (No 6).
[28] Visitors to Residential Aged Care Facilities (No 7) requires a HQ worker to wear a face mask and, if practicable, keep 1.5 metres from any person.
[29] Request DoH20205695 Security Services for State Health Incident Coordination Centre (SHICC) Relating to COVID-19 Requirements; Issued by Department of Health, WA 2020.

- Sub-contracting arrangements for security contractors are subject to the individual contracts with the WA Health, but generally not prohibited.
- The operating requirements for security services, including some of their IPC protocols, are specified in their contract, and the requirement to have an agreed Hotel Operational Security Management Plan.[30]
- Subsequent to the establishment of the security contracts, some security officers have been approved as authorised officers under the EMA, which allows them to use reasonable force to detain the guest attempting to leave, until WA Police Force arrive. These authorised officers are known as 'yellow vests' or crowd controllers.[31]

Quarantine Centre Medical Teams

- East Metropolitan Health Service and Healthcare Australia are contracted by SHICC to provide health services and testing at quarantine sites. NurseWest are contracted by PHEOC and provide health screening at the airport for international arrivals.
- These organisations train and monitor their own staff in IPC and apply their own clinical governance frameworks to the services that they provide.

[30] Development of this is a condition of their contract, Schedule 2 - Requisition DoH20205695: Security Services for State Health Incident Coordination Centre (SHICC) Relating to COVID-19 Requirements, 2020.
[31] Licensed Crowd Controllers under the *Security and Related Activities (Control) Act 1996*. Also referred to as Incident Response Officers and Authority Security Officers, within the security contractors' Standard Operating Procedures.

Current Situation (as of February 2021)

Hotel quarantine is the first and best line of defence against introduction of COVID-19 into WA after international and state border controls.

The size and complexity of the HQ arrangements is considerable, and its overall success has been noted by this review. However, following case #903 and the 5-day lockdown that followed, there seems little risk appetite for further community transmission of COVID-19 in WA.

The extraordinary operational demands of the HQ arrangements, requiring immediate reaction to a constantly changing external environment, means that that there has been little time for the kind of strategic and forward thinking, and risk assessment, that is the usual business of boards or advisory committees. This is understandable, but needs to be now remedied, given that international passenger arrivals may increase over coming months and years, and the HQ arrangements will need to have the capability and capacity to evolve and meet this demand effectively.

In the 'non-emergency, business as usual' environment, programs as critical as HQ are flagged as major state projects, and are overseen by ministerial groups, senior bureaucrats from across government (including central agencies), dedicated taskforces and the like. This allows for risks to be identified early, difficult questions to be asked of the responsible agency, and the program to deliver operationally and evolve proactively in a fast-changing environment.

However, the current HQ arrangements has two further points of difference, even beyond that of a major state project.

First, it is operating within an unprecedented, sustained emergency, and within a complex emergency management framework described in the section above. The HQ sites have been requisitioned by the WA Government.

Second, it is primarily a health program where high-quality IPC measures are critical to its success from 'wheels down' at the airport to discharge from HQ. As such it requires a deliberate *clinical governance* approach to ensure safety for HQ guests and staff.

Good governance is critical to the success of any public sector program with such a level of complexity and risk. The public can expect that the HQ arrangements are being delivered consistent with best practice (see Appendix 9), with assurance mechanisms in place to build public confidence and trust.

Therefore, to achieve and sustain the lowest possible level of risk in the HQ arrangements, one needs the highest levels of clinical and corporate governance and assurance. This is perfectly feasible in a situation where the CHO is the delegated HMA, and can draw on the corporate, public health and clinical expertise within WA Health, as well as seek input from its whole-of-government partners.

Clinical Governance

With the HQ system being in operation for close to a year there is an opportunity to think through a complete assurance process framed by good clinical governance, safety of HQ guests and staff, and public trust. The WA Health clinical governance, safety, and quality policy framework specifies the clinical governance processes (policies, procedures, and systems) and organisational structures that are required to maintain and improve the safety

and quality, and the effectiveness and dependability of care across the WA health system.[32] The framework emphasises the need to create an environment in which there is transparent responsibility and accountability. The principles of clinical governance should apply to the whole HQ system, not just the parts delivered by traditional health service providers. This is especially important given we have hotels that treat all guests as potentially COVID positive and have adopted a 'universal precautions' approach to IPC.

Good clinical governance has a strong patient/customer and staff focus. In other states (e.g. NSW, Queensland, and South Australia), where health services have been put in charge of HQ sites or programs, they have applied their existing clinical governance frameworks to HQ to help ensure compliance, and build confidence that their programs are being delivered as planned.

On-site Control

The current emergency management structure and SHICC arrangements provide a strong command structure for HQ and clear accountability, but there is no dedicated on-site control from the HMA, and limited strategic and policy input from other key agencies across government. In addition, there is sound IPC guidance, and strong clinical governance in certain parts (health care provision for guests) but not across the whole end-to-end process.

An enormous amount of daily effort and coordination is required to operate the HQ arrangements. SHICC has a responsibility to monitor multiple hotel sites as well as a range of contracted entities and their workforces, while ensuring that guests are accommodated in a safe environment with access to appropriate health and other support services.

The system also needs the capability to adapt quickly to changes in health guidelines, legal directions, and arrival caps, often at short notice. In that context, the Review acknowledges the dedication and hard work of all the people involved, who have developed strong working relationships and shown a high degree of operational innovation to manage a multiplicity of issues as they arise.

However, the separation of the various workforces (hotel, security, health care, police, defence and others) at each site is evident. None are employed directly by the HMA, which does not have its own staff stationed on-site. There is no HQ site in WA which is a single workplace. Rather, each site is a collection of workplaces, varying by employer. Neither is there a single culture, which is particularly important when considering workplace safety.

Clarity of roles and responsibilities is always critical in any complex emergency process, but they need to be agreed and documented, especially if an HMA is relying on other providers to deliver a key public health program. SHICC does have clear expectations about roles and responsibilities which it communicates to the external providers, but these are often not in writing or formalised. They may be agreed by inference or historic practice but need to be newly negotiated for the next phase of the HQ arrangements following case #903. For example, as currently stands, each hotel manager is meant to be responsible in some way for their HQ site, but cannot direct security or staff from other agencies, even in an incident or crisis. The level of formality for security arrangements is higher than that for hotel management arrangements, as contracts have been issued for the former but not the latter.

[32] Clinical Governance, Safety and Quality, Department of Health WA. https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality. Accessed 2 March 2021.

Regular verbal briefings between hotel management, security supervisors and SHICC provide a forum to prepare for incoming guest cohorts, and discuss and resolve issues raised, but formal accountability is unclear. Similarly, at Perth Airport, there is an Airport Advisory Group (AAG), chaired by WA Police Force that discusses ongoing management of airport arrivals, emerging issues, and changes to the SEC's Directions. Operational solutions are published in the form of an Airport Operations Notice (AON) that is circulated to all AAG attendees, but the absence of a single point of control means compliance with the AON rests with the individual stakeholders.

Onsite medical teams (either from East Metropolitan Health Service, Healthcare Australia or NurseWest) are most often not included in such briefings and seem to operate separately and within their own clinical governance frameworks.

Those working at HQ sites indicated that they would welcome an on-site manager from the HMA as long as a distinction could be drawn between the on-site manager's role and that of the hotel duty manager. Such on-site manager positions would importantly add a site *control* function to the existing HMA *command* structure. SHICC could then be more assured that its policies and protocols were being followed at a site level and the hotel duty manager could then assume more of their normal duties and accountability. Victoria and Queensland have recently developed similar on-site positions (see Appendix 10).

Assurance

IPC expertise for the HQ arrangements is provided by PHEOC in the form of written guidelines, advice, staff training (both face-to-face and online) and weekly audits. Based on this, agencies develop specific protocols for their workforce. While this allows for a degree of flexibility to reflect each individual site's set-up, it has also led to variability in the interpretation and application of IPC advice and inconsistent schedules of refresher training. There is also significant variability in orientation and induction practices, and no mandating of face-to-face IPC training and assessment of PPE competency, prior to starting work. With recent introduction of daily shift testing, each employer has developed a unique system of monitoring compliance.

The need for more operational support and consistency was raised by those working at HQ sites. External providers and contractors would welcome 'more prescription and less guidance' from SHICC/PHEOC and standard tools to ensure HQ is being delivered consistent with best practice. (It should be noted that Case #903 may have heightened external providers' sensitivity to commercial, operational and brand risks.)

These observations around the need for standardisation and on-site HMA control, are as applicable to the Perth Airport site as to the HQ sites.

In addition, at Perth Airport, there is limited space provided for complex processing flows (customs, health screening, baggage, controlled border processing), which will have to be managed carefully as passenger arrival caps increase.

Data

The Australian Border Force (ABF) receives advice on incoming international travellers through:

1. Australian Travel Declaration (ATD),[33] which is completed 72 hours prior to travel.
2. "Closed door, wheels up" passenger manifests, which is the complete final list of passengers for the respective flights.

ABF were providing the manifests to WA Health/WA Police Force but ceased doing so sometime in December 2020. This significantly complicated the arrival/quarantine process. Without prior notice of arriving passengers and groups, quarantine hotels are unable to complete the booking process prior to guests arriving, resulting in a longer check in time in the foyer and a longer wait time on the buses. This increases infection risk by prolonging periods of contact with HQ workers. Furthermore, the WA Police Force and SHICC rely on the manifests to identify unaccompanied children, and ensure a responsible adult is identified prior to the child's arrival. Some form of negotiation occurred locally between WA Health and ABF, which reinstated the manifests in late January 2021, but this ceased again in February 2021. It is understood ABF have given an undertaking to provide the manifests through jurisdictional contacts, pending transition to an alternative information source.

Notably, WA legislation cannot facilitate the information exchange between State and Commonwealth authorities.

This issue of irregular passenger manifests was raised during the Halton and Finkel reviews and the Commonwealth gave an undertaking to regularly and consistently provide the manifests. The Halton Review emphasised the importance of early receipt of flight manifests to aid the timeliness of the hotel check-in process.[34] The Finkel Review also found that timely access to flight manifests was critical for contact tracing efforts,[35] recommending that the Commonwealth Government work with airlines to gain ready access to this information.[36]

More broadly, data is central to end-to-end assurance. The HMA, via SHICC, provides guidance about best practice, and communicates its expectations for the system, but cannot complete the assurance process to confirm that best practice is being delivered, in the absence of centralised data systems (which are discussed in more detail in the Final Advice).

[33] Australian Travel Declaration, accessed through https://www.health.aero/au/ accessed 01 March 2021.
[34] National Review of Hotel Quarantine, Page 23.
[35] National Contact Tracing Review, Page 64-65.
[36] National Contact Tracing Review, Recommendation 9.

Recommendations

1. SEC to create a new Quarantine Advisory Panel within the existing EM framework.

This is a crucial part of enhanced governance and sustainability of the HQ arrangements in the medium-long term. The panel would be responsible for thinking forward, thinking laterally, and adding value by asking the difficult strategic questions of HQ line management about program gaps and risks. Accountability for HQ would remain with the HMA. Exactly where the HQ Advisory Panel would be placed in the EM landscape is a matter for government. It should sit outside the HMA/SHICC and could sit within or alongside the SECG. Membership should be drawn from at least the following agencies: WA Health, WA Police Force, the Department of the Premier and Cabinet, Department of Communities, Mental Health Commission and Department of Treasury. Its scope would cover the whole end-to-end quarantine process, and encompass important social, community and mental health aspects of quarantine. Commonwealth agencies could be invited as observers. It would benefit from one or more independent or public members to 'challenge the thinking' and provide a different perspective on gaps and risks, and analysis of data trends.

The purpose of this Advisory Panel is distinct from the current SHICC Incident Support Group, which has an information sharing and operational focus.

If, in the future, the State of Emergency is declared over in WA, but there is a continued need for HQ, the Quarantine Advisory Panel could be repositioned more as a Quarantine Governance Body with formal accountability for the oversight of quarantine in WA. Tasks for the panel would include: evaluating change in quarantine risk profile due to the vaccination program; consideration of alternative models for HQ; potential use of CCTV and other technologies to reduce risk; reviewing system performance with respect to quarantine breaches and mental health/wellbeing of guests and workforce; and identifying gaps in assurance.

2. HMA/SHICC to strengthen the existing HQ model by appointing on-site managers to cover all HQ sites and Perth Airport.

This will provide the necessary site control and accountability, help clarify roles and responsibilities for site staff, ensure compliance with best practice, identify site-specific risks early and make sure lessons learnt are lessons implemented.

On-site managers will help create a single workplace culture of safety and eliminate unwarranted variations of practice. Such appointments should complement and report to existing SHICC personnel with HQ responsibilities. On-site managers could be appointed to cover daytime work hours with a shared on-call roster. Site managers could also cover more than one site but need to be 'present and visible' at each site daily.

As of 25 February 2021, WA Health informed the Review of the appointment of a single staff member to oversee the two multi-use hotels (quarantine and commercial functions).

On 9 March 2021, WA Health advertised for Site Managers to facilitate the safe management of operations at quarantine facilities across Perth. If passenger cap numbers increase in the interim, further appointments to cover all sites should be undertaken immediately, not waiting for the JDFs and formal recruitment process to be finalised. If WA Health does not have suitable staff to redeploy at short notice, consideration could be given to appointing WA Police Force or relevant public authority officers to fill temporary roles.

3. HMA/SHICC to bolster its end-to-end assurance capacity by drawing further on clinical governance expertise within WA Health to develop a specific clinical governance framework for the entire quarantine process.

This framework will complement existing skills of emergency management and public health personnel, with expertise from the Clinical Excellence Division of the WA Health, which conducted a review into several PPE breaches at WA quarantine facilities. The findings of that investigation overlap substantially with the findings in this Review. Another option is to seek this expertise from one of the health service providers, where clinical governance is core business.

As of 25 February 2021, WA Health informed the review that a 'compliance and assurance team' will be established to manage the end-to-end assurance function, and this would seem a good place to introduce extra clinical governance expertise.

Such expertise may also be relevant to a new senior position which WA Health is also creating to manage the HQ arrangements, reporting through to the incident controller and HMA.

A specific clinical governance framework designed for the end-to-end quarantine process should be developed. Such bespoke frameworks are common and useful in clinical practice. Apart from its immediate applicability to IPC issues, transfers, and physical health care of HQ guests, it will also have application to mental health and wellbeing of HQ guests and staff.

4. HMA/SHICC to review roles and responsibilities for hotel management and clarify these arrangements in writing.

The intent of this recommendation is to go beyond the legal requisition of hotel sites and agreements as to payment rates, and fill any gaps between expectations and practice.

Once in place, a similar process of review and clarification should be undertaken with other external providers.

This will be even more important when on-site managers are appointed, to ensure clarity of roles and responsibilities across site staff.

5. WA Government to negotiate immediately with the Commonwealth to re-establish the provision of passenger manifests.

This is critical to the rapid processing of passengers through the HQ system, thereby lessening any public health risk.

The process for provision of passenger manifests then needs to be settled and formalized between both governments, so that it is not 'stop/start' in future.

6. HMA/SHICC to undertake a comparative risk assessment for Quarantine Centre Drivers to determine appropriate testing protocols and other risk controls.

Quarantine Centre Drivers are subject to COVID-19 Testing Protocols that differ from other quarantine workers (see Appendix 8). A thorough risk assessment is required, relative to their potential exposure to COVID-19, whilst inside vehicles with international travelers, to ensure the Testing Protocol is commensurate with the risk.

Appendix 1 Interviews and Site Visits

Hotel Site Visits (3 Feb – 18 Feb)

- All nine quarantine hotels
- For nearly all visits, we were accompanied by from staff from Department of Health (Facilities & Movements), hotel management and security providers.

Perth Airport Site Visit (22 Feb)

We were accompanied by representatives from the following:

- Perth Airport
- Australian Border Force
- Commonwealth Department of Agriculture, Water and the Environment
- WA Police Force

WA Interviews

- Department of Health
- WA Police Force
- Department of the Premier and Cabinet
- Public Transport Authority and Swan Transit
- East Metropolitan Health Service
- St John Ambulance WA
- Healthcare Australia

Jurisdictional Interviews

- South Australia – Health and Police
- Queensland - Health and Police
- New South Wales - Department of the Premier and Cabinet; Police; Health
- Northern Territory – Department of Health
- Victoria – COVID-19 Quarantine Victoria
- Jane Halton AO PSM

Questions provided to Jurisdictions

- What are the roles and responsibilities of your agencies in the design and delivery of the HQ program?
- What mechanisms, including governance arrangements and assurance processes, are in place to manage environmental and system risks and how have these evolved since the start of the HQ program?
- How does your HQ model compare to the governance and operational model recommended in the Victorian Hotel Quarantine Inquiry, particularly with respect to program governance (e.g. Quarantine Governing Body) and on-site management? Has your jurisdiction made any adjustments that incorporate learnings from Victoria or other jurisdictions?
- Noting the recommendations of [state specific report], can you offer any learnings or advice for WA?
- Are there any early learnings out of your broader system-based quarantine reviews that you can share with WA?

Appendix 2 – Cross-agency workshop

REVIEW WORKSHOP | PROGRAM

Time and location	Tuesday, 16 February 2021, 9:30am – 11:30am Dumas House, Barr Room
Attendees	Approx. 30 including the review team – See list

WORKSHOP PURPOSE

1. To test ideas and clarify opportunities for improvement of the HQ arrangements
2. To gather feedback on the 3 critical features for responding to the new risk environment
3. Inform review advice

WORKSHOP AGENDA

TIMING		SESSION
WELCOME AND OPEN		
9.30AM	5 min	**OPENING REMARKS AND WORKSHOP AGENDA**
CONTEXT AND REVIEW ENVIRONMENT		
9:35AM	5 min	**CONTEXT AND REVIEW ENVIRONMENT** Context for Review – reference DPC role and commissioning of the review
CURRENT ENVIRONMENT FOR HQ ARRANGEMENTS		
9.40AM	10 min	**TIMELINE AND STRENGTHS** Context for hotel quarantine arrangements
9.50AM	5 min	**CHALLENGES** Context for challenges
OPPORTUNITIES- GROUP DISCUSSION		
9:55AM	10 min	**ALL GROUP DISCUSSION** What is currently working well? What are the **Strengths** and challenges of the current system? Where are the **Opportunities to improve**?
GOVERNANCE- WORKSHOP DISCUSSION		
10:05AM	10 min	**GOVERNANCE**
	20 min	**WORKSHOP DISCUSSION**
ON-SITE MANAGERS – GROUP DISCUSSION		

Appendix 2

TIMING		SESSION
10.35AM	5 min	**ON-SITE MANAGERS AT ALL HQ SITES**
	5 Min	**ALL GROUP DISCUSSION**
END-TO-END ASSURANCE – WORKSHOP DISCUSSION		
10.45AM	10 min	**END-TO-END ASSURANCE**
	20 min	**WORKSHOP DISCUSSION**
WRAP-UP		
11.15AM	10 min	**ALL GROUP DISCUSSION**
CLOSE AND NEXT STEPS		
11.25AM	5 min	

ATTENDEES

Emily Roper (DPC)

Karen Lopez (Health)

Paul Armstrong (Health)

Geraldine Carlton (Communities)

Gary Dreibergs (WAPOL)

David Russell-Weisz (Health)

Jennifer McGrath (MHC)

Ashleigh O'Mahony (DPC)

Gary Gifford (Health/DFES)

Leon McIvor (Health)

Greg Dale (SSO/WAPOL)

Chris Dawson (WAPOL)

Michelle Andrews (Communities)

Joanne Wilson (Health)

Clare Huppatz (Health)

Elizabeth MacLeod (Health)

Paul Steel (WAPOL)

Paul Zanetti (WAPOL)

Sophie Davison (MHC)

Rebecca Brown (DPC)

Michael Andrews (Treasury)

Tarun Weeramanthri (Independent Reviewer)

Angela Elder (Review Secretariat)

Pauline Grant (Review Team)

Sarah Joyce (Review Team)

Rudyard Connery (Review Team)

Lauren Tait (Review Team)

Edward Raby (Review Team)

Sue Meaghan (Facilitator)

Appendix 3 Key Features of Hotel Quarantine Program – Selected Jurisdictional Comparisons

	New South Wales	Queensland	South Australia	Victoria	Northern Territory
Program Governance	Joint program led by police and health with support from a range of agencies. Cross-sector program governance body in place (Inter-Agency Operational Governance Committee), with operational oversight of airport and hotel operations committees.[1]	Health is the lead agency under QLD disaster management arrangements, with police the lead agency at the airport and for enforcement at hotels.[2] Statewide Director of Quarantine Services recently appointed to focus on policy, planning and leadership.[3]	Health is the lead agency under SA emergency management legislation.[4] HQ Program Health-led in close partnership with police and hotels.	Dedicated agency, COVID-19 Quarantine Victoria (CQV), established to deliver the HQ program, accountable to Minister for Police and Emergency Services. Executive structure includes a Commissioner and three deputies responsible for: • public health (including IPC, contact tracing) • logistics and operations • enforcement and compliance[5]	• Centre for National Resilience Howard Springs managed and governed by National Critical Care and Trauma Response Centre • NT Quarantine Facilities (Howard Springs and Alice Springs) managed and governed by NT's Top End Health Service • Both accountable to Chief Executive NT Health

[1] 23 October 2020, Jane Halton AO PSM, *National Review of Hotel Quarantine*, page 41.
[2] Halton, page 47
[3] January 2021, Queensland Health and Queensland Police Service. *Joint agency continuous improvement review of the COVID-19 infection of a hotel worker (Hotel Grand Chancellor), Review report*, Page 17. Available from: https://www.health.qld.gov.au/research-reports/reports/review-investigation/joint-qh-qps-review-covid-19-infection-hotel-grand-chancellor, accessed 2 March 2021.
[4] Halton, page 36.
[5] 30 November 2020, Victorian Government response to the Hotel Quarantine Inquiry. Available from: https://www.vic.gov.au/hotel-quarantine-inquiry-victorian-government-response, accessed 2 March 2021.

Appendix 3

	New South Wales	Queensland	South Australia	Victoria	Northern Territory
Program model (including triaging and cohorting)	Triaging of travellers with COVID-19, symptoms or complex health needs to health-managed hotels; asymptomatic travellers to police-managed hotels.[6] Health-managed hotels provide a holistic service for guests tailored for special needs.	Positive COVID-19 cases are transferred from HQ to hospital.	Cohorting of positive travellers introduced in response to the December 2020 HQ outbreak.[7] Dedicated health hotel for positive cases opened in Feb 2021, staffed exclusively by SA Health and SA Police[8]	Cohorting of positive cases in health hotels managed by Alfred Health. Non-health hotels managed by CQV[9]	Health-led program enables a holistic approach with a focus on health and wellbeing, supported by the physical nature of the accommodation, which allows guests fresh air and daily exercise.
Program operations (including clinical governance and on-site management)	Strong clinical governance model in place across both health-managed and police-managed hotels, supported by regular expertise and advice from NSW Clinical Excellence Commission.	• Venue Health Managers and COVID Safe Monitors at all HQ sites to provide on-the-ground clinical and IPC expertise • Development of an end-to-end logistics and IPC policy underway	• Compliance and enforcement heavily supported by CCTV, rather than security personnel, to reduce infection risk. Also enables monitoring and review of IPC practices • On-site nurse leaders provide on-the-ground oversight of processes and practices, escalating issues where required	IPC frameworks govern end-to-end IPC across all hotels, with a higher standard applied in health hotels.[10] Site managers at each hotel, with responsibility for ensuring: • consistency with operating model and instructions • IPC and other health and safety requirements met • positive experience for hotel guests[11]	Rigorous IPC in place at the Centre for National Resilience[12] including: • Individual training and assessment before entering 'hot zone' • Daily PPE training • Entry points controlled and monitored, with QR readers on every door • Buddy system in place • PPE donning and doffing videoed, audited daily

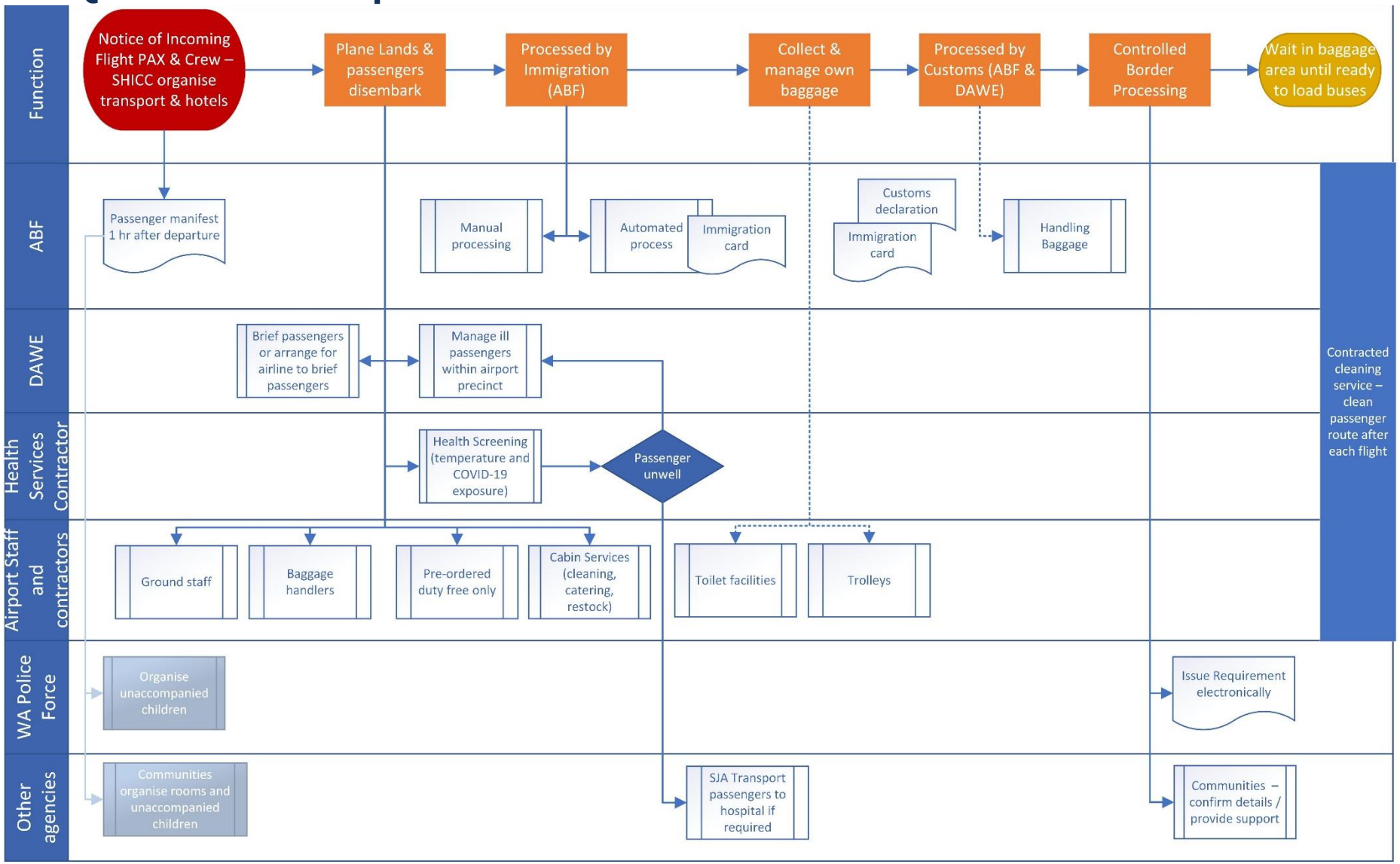
[6] 27 January 2021. Fotheringham et al. *Control of COVID-19 in Australia through quarantine: the role of special health accommodation (SHA) in New South Wales, Australia.* BMC Public Health
[7] 25 November 2020. SA Government. *Marshall Liberal Government acts swiftly and decisively to further strengthen medi-hotel system*. Available from: https://www.premier.sa.gov.au/news/media-releases/news/marshall-liberal-government-acts-swiftly-and-decisively-to-further-strengthen-medi-hotel-system, accessed 2 March 2021.
[8] 14 February 2021, SA Government, *COVID-Positive Hotel Ready for Guests*. Available from: https://www.premier.sa.gov.au/news/media-releases/news/covid-positive-hotel-ready-for-guests.
[9] Victorian Government response to the Hotel Quarantine Inquiry.
[10] Victorian Government response to the Hotel Quarantine Inquiry.
[11] COVID-19 Quarantine Victoria, Job Description Form – see Appendix 10.
[12] 15 January 2021, ABC News, *In Darwin's international arrival quarantine facility, strict daily routines stop COVID-19's spread*. Available from: https://www.abc.net.au/news/2021-01-15/inside-darwin-covid-international-quarantine-landing-pad/13055008, accessed 2 March 2021.

Appendix 3

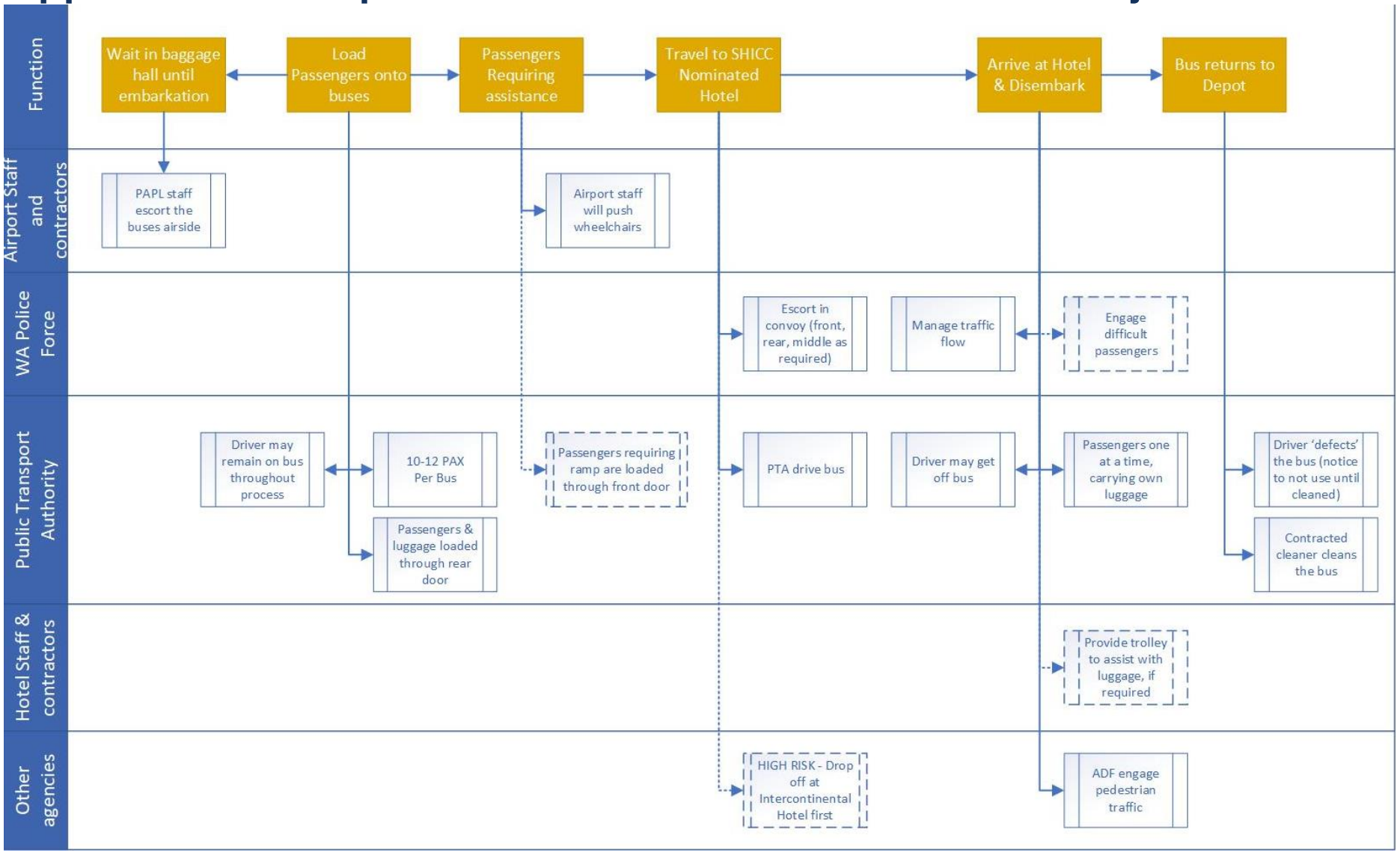
	New South Wales	Queensland	South Australia	Victoria	Northern Territory
Assurance (including auditing and data collection) **and Continuous improvement** (including reviews and recent changes)	• Centralised and integrated data collection provides system-level assurance of HQ workforce compliance with testing protocols and uptake of vaccinations • Well-defined auditing program • Newly established Quality and Safeguarding Committee to ensure the same rigour is applied to HQ as to hospitals	A review into Hotel Grand Chancellor outbreak in January 2021 recommended strengthening and standardising quality management systems related to IPC.[13]	A review[14] into the Peppers Waymouth Hotel outbreak in December 2020 recommended reinforcement of PPE protocols and IPC practices for staff, improved IPC practices for housekeeping, and reduced interaction between staff and guests.	• Establishment of CQV informed by the interim report of the Victorian Hotel Quarantine Inquiry.[15] Post-inquiry, HQ program includes regular IPC auditing by a dedicated IPC team with support from an IPC Committee[16] • Centralised and integrated data system for quarantine residents and staff for training, testing and vaccinations	• HMA (NT Health) responsible for auditing NT HQ program and ensuring compliance with protocols • A Public Health Advisory Group, comprising experts across the NT health system, plays an advisory role in the NT's COVID-19 response, including quarantine

[13] Queensland Health and Queensland Police Service. *Joint agency continuous improvement review of the COVID-19 infection of a hotel worker (Hotel Grand Chancellor), Review report*. Available from: https://www.health.qld.gov.au/research-reports/reports/review-investigation/joint-qh-qps-review-covid-19-infection-hotel-grand-chancellor, accessed 2 March 2021.
[14] 14 January 2021. SA Health. *COVID-19 Transmission in the Peppers Waymouth Hotel, Adelaide, November 2020*. Available from: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/reviews+and+consultation/covid-19+transmission+in+the+peppers+waymouth+hotel+adelaide+november+2020, accessed 2 March 2021.
[15] November 2020, The Hon Jennifer Coate AO, *COVID-19 Hotel Quarantine Inquiry Interim Report and Recommendations.*
[16] Victorian Government response to the Hotel Quarantine Inquiry.

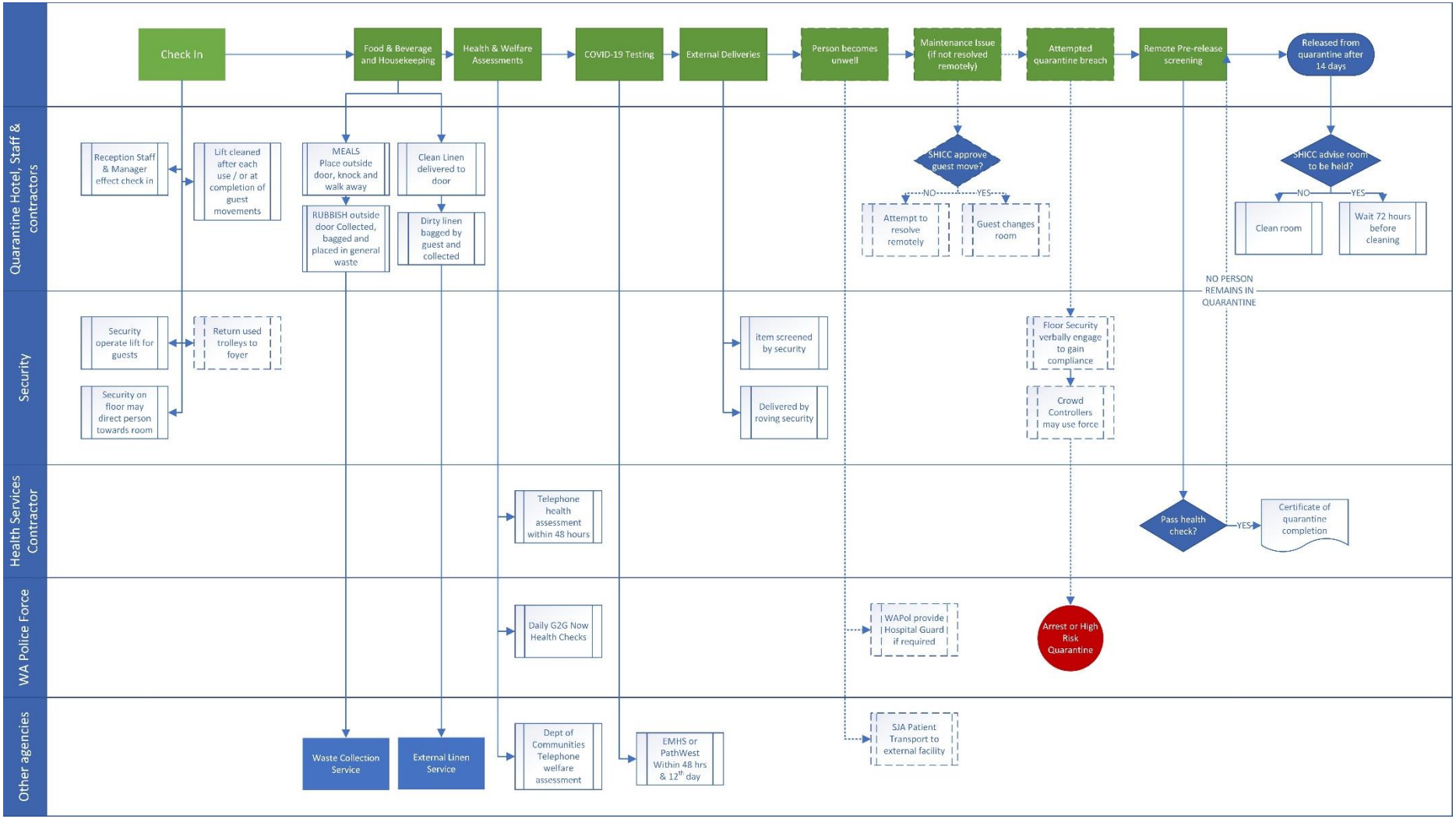
Appendix 4 Airport Operations for International Arrivals Subject to Centre Quarantine Requirements



Appendix 5 Transportation for International Arrivals Subject to Centre



Appendix 6 Quarantine Centre Process for International Travellers



Appendix 7 Legal and Contractual Obligations for Government and Non-Government Entities Involved in the Quarantine of International Travellers

Entity	Roles / Responsibilities / Duties	Legal Obligation	Contract and Compensation
Dept. of Health	Multiple responsibilities including activate SHICC & PHEOC; appoint an IC; provide technical & scientific advice; advice on dangers to public health & actions to mitigate hazard.	Prescribed under SEMF	
WA Police Force	Five core functions, including assist with isolation/quarantine; traffic management; and maintain public order.	Prescribed under SEMF	
St John Ambulance	Provide a liaison to the SHICC. Pre-hospital care and transport	Prescribed under SEMF	
Perth Transit Authority	Coordinate public transport at request of HMA (contracted to Swan Transit)	Prescribed under SEMF	
Dept. Communities	Assist with welfare response	Prescribed under SEMF	
PathWest	Diagnostic pathology services	State Hazard Plan-Human Biosecurity	
Clinipath	COVID-19 Testing	State Hazard Plan-Human Biosecurity	
Hotels and their managers	Meals, accommodation, cleaning and linen services, and maintenance as required.	Requisition s.182 PHA	Negotiated payment
Security services	Provide security at HQ		Contract with SHICC
Healthcare Australia	HQ Health Services		Contract
East Metro Health Service	HQ Health Services & testing		Contract
NurseWest	Health Screening at International Airport		Contract with PHEOC
SwanTransit	Providing transport services on behalf of PTA		Contract with PTA
Perth Airports Pty Ltd	Facilitates border processing and testing booths, Enhanced cleaning protocols after each flight.		Operating by consent
Australian Border Force	Movement of passengers between immigration /customs and state border operations		Operating by consent
Dept. Agriculture, Water and Environment	Expanded response area for COVID-19 to include whole of international terminal		Operating by consent

Appendix 8 COVID-19 Testing Protocols for Workers

WORKER GROUP	TESTING PROTOCOL	Daily/ Shift	Weekly	PERIOD OF LEAVE OR ABSENCE					CEASE EMPLOYMENT TYPE				
				Last Day	3rd Day	7th Day	10th Day	1st day back	Last Day	3rd Day	7th Day	10th Day	14th Day
Airport Workers – International Arrivals[1]	salivary	✓						✓					
	nasopharyngeal		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Quarantine Centre Drivers[2]	salivary												
	nasopharyngeal		✓			✓[3]					✓[3]		✓[3]
Hotel Quarantine Workers[4]	salivary	✓						✓					
	nasopharyngeal		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓

[1] Presentation for Testing (Airport Workers – International Arrivals) Directions (No 2), with effect 22 February 2021.
[2] Quarantine Centre Drivers Directions, with effect 15 January 2021.
[3] Based on their seven day presentation protocol.
[4] Presentation for Testing (Quarantine Centre Workers) Directions (No 6), with effect 19 February 2021.

Appendix 9 Halton – Principles of Best Practice[1]

Planning and preparedness

Governance and multidisciplinary approach

- Strong incident control governance and mechanisms that assist in planning and preparedness.
- Appropriate accountability and clear line of sight for operations
- Integrated, multidisciplinary approach with open lines of communication and collective and consultative decision making.

Pre-flight information for travellers:

- Information centralised in a location that makes sense to incoming travellers.

Pre-arrival operational briefing

- Airport treated as a discrete place of work in the HQ system.
- Well-coordinated, integrated approach with an operational briefing prior to each flight arrival or commencement of a shift.

Airport arrival and transfer to hotel

- Recognises risk that travellers may be COVID-19 positive, with proper marshalling and risk mitigations from airport to hotel, including physical barriers and appropriate PPE to protect staff.
- Declaration of 'hot zones', with increased safety protocols and risk mitigations and visual and auditory signals of a change in zone status.
- Expedient hotel check- in, which is proportionate to risk, mindful of the customer experience, and supported by information sharing, including the early receipt of flight manifests.

Hotel quarantine framework

Risk strategies

- Decisions about risk guided by an overarching risk policy statement that explicitly details the tolerance for risk in HQ, supported by risk framework documents, such as matrices and control plans that document risk ownership.

Strong end-to-end IPC, comprehensive IPC training, assurance processes

- Proper IPC practice throughout the entire process and at appropriate levels for the risks associated with each environment, informed by comprehensive and regular IPC training and assurance processes, including independent audits.
- Competency based, face-to-face IPC training reinforced through compliance checks and treatment and rectification plans.

Clinical overlay, case management/data integration

- Clinical supervision and treatment for HQ guests supported by strong clinical governance structures that provides additional assurances with respect to duty of care obligations.
- Case management practices and data integration enables quick and fulsome access to all relevant parties and accurately captures an individual's HQ journey.

[1] Adapted from the National Review of Hotel Quarantine, pages 22-27.

Testing
- Undertaken consistent with AHPPC guidelines and used to inform hotel discharge

Exemptions and leave
- Clear lines of accountability and a transparent decision making framework.

Procurement

Supervision of contracts and procuring hotels
- Clear oversight of contracts, an understanding of risk, and explicit risk management strategies.
- Documented strong administration processes and accountability structures that effectively manage external service provider contracts.

Quality of hotels:
- Consistency of the quality of accommodation within a jurisdiction.

Health, mental health and wellbeing

System recognises the health, social, emotional and psychological impost of quarantine on the individual and provides necessary health and wellbeing support throughout the process.

Health screening, triage and placement
- Early and thorough screening to:
    - Immediately identify vulnerabilities, including COVID-19, mental and physical health, addictions, disability, and young children,
    - Determine placement in appropriate accommodation with services and engagement, including clinical input, commensurate to an individual's needs.
- Screening aligned with clinical overlay present in the system.

Mental health
- Assertive screening and in-reach to identify immediate mental health and wellbeing concerns, and provide treatment.

Addictions, disability and other vulnerable groups:
- Treatment plans and necessary supports for addictions is recognised and implemented early.

Customer experience

Entertainment and community
- Tools and strategies to lessen the burden of HQ, including entertainment and community building arrangements, to mitigate against mental fatigue, feelings of isolation, and vulnerability.
- Resource-sharing across hotels within a community of practice enabling a more consistent standard of experience for customers.

Food
- Timely food options that cater to all dietary requirements, with the ability for guests to receive regular food and/or grocery deliveries.

Support for parents
- Needs of parents and their children considered, with tools, strategies and counselling options to ease the pressure on parents supporting children through quarantine.

Appendix 10 Site Manager Role Descriptions (Victoria and Queensland)

Site Manager Role Description – Victoria

About the role

As a Site Manager, you will lead the day-to-day operations of a quarantine accommodation facility, providing leadership and support to the accommodation assistant managers, team leaders and their staff in the coordination and delivery of operational activities. This includes:

- supporting a safe environment for returned travellers and community members who are entering a compulsory or voluntary period of quarantine at the accommodation facility, ensuring that all required departmental standards for quarantine are met
- identifying and resolving complex operational, planning and workforce issues, providing advice to the general manager as necessary
- responding to critical incidents and managing risks to control the spread and infection of COVID-19
- implementing quality assurance systems for the regular review of procedures and plans
- implementing an effective learning and training strategy in consultation with the Learning and Development Team, and managing all physical, technical, and human resources requirements for the accommodation facility
- overseeing quality assurance and continuous improvement of the accommodation facility's practices, procedures and compliance

Venue Health Manager Role Description - Queensland

The purpose of this position is to provide a range of community recovery services to people requiring quarantine accommodation services due to the current COVID-19 event in partnership with other government and non-government agencies and promote a team-based approach. Each designated organisation has specific roles in assisting individuals, families and communities affected by COVID-19 and requiring quarantine accommodation. This position will undertake the role from a community recovery and support framework utilising innovative novel problem solving to meet customer needs.

The role is to ensure all stakeholders including QPS, ADF, Hotel Staff and guests adhere to standards, requirements, procedures and processes whilst working in the hotel environment.

The role will undertake daily briefings to stakeholders onsite. Where an action or omission of an action conflicts with the approved processes is identified, immediate corrective action must be taken.

The role will be supported by an experienced and knowledgeable multidisciplinary support network.