Australian inquiry hears Victorian quarantine hotel program plagued by "disorganisation, lack of appropriate staffing"

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Last Wednesday Spotless workers at the Novotel Melbourne South Wharf were replaced mid-shift by police officers following concerns over infection control at the quarantine hotel.

Police were already in charge of security at the hotel; the Spotless workers were subcontracted by Alfred Health to provide customer service and infection control compliance checks.

With international repatriation flights into Melbourne suspended since early July, the supposedly revamped hotel quarantine scheme, now managed by the Department of Justice and Community Safety, houses only around 100 people. Despite the low numbers, at least nine workers in the program have been infected with COVID-19 since July 27.

This latest development illustrates that despite widespread media coverage and criticism of the hotel quarantine program, the fundamental problems with the scheme have not been addressed.

An inquiry into the design and management of the Victorian hotel quarantine program concluded late last month, and Justice Jennifer Coate's findings are scheduled to be released on November 6.

Media coverage of the inquiry has almost exclusively focussed on the decision to use private security guards, rather than police or military personnel, to handle the detention of the 20,000 returned travellers and expatriate workers who have passed through the quarantine hotels.

Few column inches have been devoted to evidence given by health workers about what is, at least ostensibly, a public health intervention.

Michael Tait, a registered nurse who began work at one of the quarantine hotels on the first day of the program, told the inquiry that it was plagued by "disorganisation, lack of appropriate staffing and lack of planning."

Tait explained that initial passenger screenings were carried out by airline ground staff, not health workers, and that the information collected was not detailed or reliable.

Nurses were tasked with assessing the medical needs of the guests, which proved difficult because they were initially doing this via telephone.

Tait said: "Even if someone tells you over the phone that they are well, you can miss things if you physically cannot see them."

After sharing their experiences with health workers at other quarantine hotels, Tait and his colleagues began greeting incoming passengers in the hotel lobby in order to conduct a proper screening.

This was opposed by the Department of Health and Human Services (DHHS) team leader, but Tait told the inquiry: "We ignored her and did it anyway because it was an effective process. From standing in the lobby, we successfully detected three people with chest pains, and we got medicine for a child who had an infected eye."

Nurses were instructed by DHHS officials to devise a system to keep the guests' health records, and that this should be done on paper, without the use of computers.

In the early stages of the program, few COVID-19 tests were done, because health workers were not supplied with enough swabs or appropriate personal protective equipment (PPE). The hotel where Tait worked was not supplied with swab kits until the third day of the program and N95 masks did not arrive until day eight.

According to Tait, patients who had tested positive for COVID-19 were allowed to leave the quarantine hotel without a second test as long as they had not displayed symptoms for three days. In one case, Tait was instructed by DHHS officials not to test a person who had previously tested positive so that they would not have to wait for the result before leaving quarantine.

Professor Lindsay Grayson, an infectious diseases specialist, explained that this lack of systematic testing was of particular concern because of the high number of asymptomatic cases of COVID-19.

Grayson said: "It would be sensible to test all people at the end of their quarantine period to see whether they are infected with the virus, irrespective of symptoms. If the criteria that people are not showing symptoms after 14-days is used as the sole determinant for whether people are released from

quarantine, a proportion of those who are infected with the virus and potentially infectious, but who remain asymptomatic, could be released into the community."

Another nurse, Jen, reported numerous problems with the hotel quarantine program, including rooms that had clearly not been cleaned between guests, dietary requirements such as nut allergies and type-2 diabetes not being catered for, as well as nurses with no specific training or experience being employed as mental health nurses.

A problem common to health workers and security guards employed in the hotel quarantine program was that as casual workers employed by subcontractors, they were in many cases rotated between different hotels, increasing the chances of infection and transmission.

One senior security officer told the inquiry that when guards were moved on because they repeatedly failed to observe proper safety protocols, they simply ended up working at different quarantine hotels.

As a result of the abysmal pay given to many security guards—as little as $18 per hour—some also worked in other roles between shifts, often as rideshare or food delivery drivers where there is a high risk of community transmission.

To the extent that some guards may have underestimated the dangers, this was the direct outcome of concerted efforts of governments and the media to downplay the pandemic, as well as the inadequacy of the training provided to those working in quarantine hotels.

The online training module provided by the DHHS included the question: "Everyone should be wearing a mask to prevent COVID-19?" to which the "correct" answer was "False." Grayson told the inquiry this was "completely inaccurate for anyone undertaking health care or potentially at risk with… an infectious patient," and "the complete opposite of what we teach regarding PPE."

In many cases, workers were not even required to complete the online module and were briefed at the beginning of their first shift by guards who were equally untrained.

Luke Ashford, a park ranger seconded to the hotel quarantine program to serve as an authorised officer, told the inquiry that he had not received any training on infection control or the use of PPE.

In similar fashion to the Ruby Princess inquiry, Victoria's disastrous hotel quarantine program, possibly responsible for as many as 768 deaths and 18,000 infections, has been characterised as the product of ministerial and departmental bungling.

The purpose of this is to conceal the deadly consequences of the premature relaxation of the already inadequate partial lockdown measures, which was carried out with bipartisan support across the country to serve the profit interests of big business.

With the Victorian Labor government already beginning to lift the state's second round of lockdown measures ahead of schedule, the primary objective of the inquiry has been to find a scapegoat and promote the line that mistakes were made and will not be repeated.

Appearing before the inquiry, Premier Daniel Andrews blamed now former Victorian Health Minister Jenny Mikakos for the hotel quarantine crisis, which forced her to resign.

Senior government figures told the inquiry that the failures of the hotel quarantine program were the result of it being thrown together in just two days.

The fact is that the possibility of a global pandemic virus has been known for decades, and governments in Australia and globally have simply been unwilling to allocate the necessary resources to prepare for it.

With the health system decimated by decades of funding cuts, carried out by successive Labor and Liberal-National governments, and enforced by the unions, authorities improvised a pro-business plan, with a complex array of private hotels, security contractors and agency nurses. This was a boondoggle for major private companies and was guaranteed to undermine public safety.

The reality that has been covered-up by governments, the media and the inquiry is that the hotel quarantine program was in step with the entire criminally-negligent official response to the pandemic, which has been dictated solely by the demands of the corporate and financial elite.

This has included the refusal of state and federal governments to institute the lockdown measures and workplace closures called for by epidemiologists, and the current drive by the ruling elite to overturn virtually all safety restrictions, under conditions of ongoing community transmission in Australia's most populous states.

Any claim that "lessons have been learned" and "mistakes" will not be repeated is a lie. Ministerial sackings and departmental reshuffles will not change the fundamental issue—under the capitalist system, workers' lives are valued only to the extent that they can continue to generate profit for big business.