



<b>Name:</b> Quarantine Advisory Panel - Minutes			
<b>Location:</b> Department of Health, DG Conference Room, 189 Royal Street, East Perth			
<b>Date</b>	27/07/2021	<b>Time</b>	15:30 to 17:22
<b>Meeting #</b>	Three (3)	<b>Video conference</b>	Yes
<b>Minutes</b>			

Record of Attendance	
Ms Sue Ash AO (SA)	Independent Chair
Dr David Russell-Weisz (DRW)	Director General, Department of Health (arrived 16:33)
Ms Angela Kelly (AK)	Deputy Director General, Department of Health
Dr Paul Armstrong (PA)	Acting Chief Health Officer, Department of Health (arrived 16:42)
Commissioner Chris Dawson (CD)	State Emergency Coordinator, WA Police
Ms Emily Roper (ER)	Director General, Department of the Premier and Cabinet
Ms Nicki Godecke (NG)	Director General, Department of Finance
Professor Allen Cheng (AC) - Teams	Public Health expert
Professor Alison Jones (AJ)	Toxicology expert
Mr Rob McDonald (RMcD)	Former South Metropolitan Health Service Board Chair
Mr Garry Taylor (GT)	A/Executive Director Safety, Freight and Business Management Systems, Public Transport Authority
	Secretariat, Quarantine Advisory Panel

Item	Item Description
1.	<b>Members Welcome and Introduction</b>
	<p>The Chair welcomed the attendees.</p> <p>The Chair advised the objective is to establish agreed parameters for the Quarantine Advisory Panel (QAP). To consider what is the scope for a quarantine system, the Terms of Reference talks about this. What does assurance look like, to identify what it is, importantly, to provide advice around assurance, framing it in a risk framework. To agree definition of the quarantine system, the process around assurance and ensure the work done in areas of expertise within organisations represented (by the Panel) are located within the work of the QAP. Not looking to duplicate work to date.</p>
2.	<b>Governance</b>
	<ul style="list-style-type: none"> <li>No conflicts of interest were raised.</li> <li>The Panel agreed the minutes from Meeting One (14/06/2021) are an accurate record. The minutes were signed by the Chair.</li> </ul>





	<ul style="list-style-type: none"><li>The Chair confirmed actions 1406/1.1, 1406/5.2 and 1406/5.3 are closed. Action 1406/5.1, the draft scope of work would be drafted by BSG after further input has been received from the Panel.</li></ul>
<b>3.</b>	<b>Panel Update</b>
	<p>The Chair shared observations from meetings attended and invited relevant discussion. The Terms of Reference refer to a quarantine system fit for purpose, the Chair proposed the starting point for panel consideration is the Delta variant and that the panel look to the future. The hotel quarantine outbreak reports received and circulated to the Panel confirm the quarantine system is engaged, the future system must be shaped with the expectation Emergency Management powers may change.</p> <p>The Panel supported the observations of the Chair and agreed the Delta variant of the virus is a highly infectious transmissible disease, considered harder to contain and with greater consequences. Past errors resulting in transmission will be less forgiving in new variants of concern and require tighter hazard controls.</p> <p>ER advised consideration has been given to purpose-built quarantine facilities. It is in the MOU stage and sites are being considered with feasibility analysis and external imperatives. National Cabinet agreed a second review of the current Western Australia (WA) quarantine system will be carried out by Jane Halton and completed by 30/09/2021, the Terms of Reference will be circulated to the Panel. The Panel discussed and agreed to support and contribute to this review.</p> <p>The Panel agreed to actively respond to implementations of recommendations accepted by the government. The Panel discussed systematic mapping of quarantine, addressing risk, independent reviews, transmission of hotel quarantine cases into the community, outbreaks in home quarantine, vaccination and unaccompanied minors, with the aim of narrowing the focus to provide end to end assurance of the quarantine system to government. It was agreed the Panel cannot provide assurance without being granular and identifying risks in the system. The Panel will provide a high-level strategic overview including QAP principles and standards, strategy, risk, performance and controls.</p> <p>The focus of QAP will be the management of positive and suspected positive cases in the quarantine system, the system will be defined as including those places where positive and suspected positive cases can be housed, it is more than hotel quarantine. The critical principles will be identified, agreed and WA orientated.</p> <p>The Chair provided an overview of the discussion and the Panel agreed the draft scope of work will include people in quarantine, defining the risk of</p>





3.1	<p>community transmission, the management of positive cases, principally hotel quarantine, home quarantine, vessels, and managing wherever there are positive cases.</p> <p>CD advised there are currently approximately 7,500 people in quarantine in WA, 1000 of those are in hotel quarantine, with the remainder in home quarantine. Regarding hospital, home, vessels, transport links, the primary responsibility is to provide advice around this, consider the principles, it is critical to understand the risks and provide assurance the risks are being addressed.</p> <p>DRW and PA arrived; The Chair provided a brief overview of the meeting.</p> <p>The Chair invited comment from the Panel, no further comments were added.</p> <p>DRW advised the Panel is to be definitive about the QAP's scope, requirements and the timelines for information sought, and be aware that the requests will be made to busy operational teams.</p> <p>The Chair advised the Secretariat will transform this into a working paper with clear scope which will be referred to as a source document.</p> <p><b>Action: ER to circulate the Terms of Reference for the further review of quarantine arrangements.</b></p>
4.	<p><b>Assurance</b></p> <p>The Chair invited discussion from the Panel, considering gaps, assurance required, and sourcing information for the QAP.</p> <p>DRW advised to consider domestic travellers, close/casual contacts, that may not be accommodated next to international travellers in SHICC hotels. A zipper model is currently being implemented in SHICC hotels, where volume of travellers allow, leaving space between rooms to prevent spread.</p> <p>AC advised Victoria use buffer rooms between new cases, cases are moved to medi-hotels, operated by The Alfred Hospital, when less infectious which allows extra controls in the areas, with concentrated medical resources in one place. Medi-hotels are also used for travellers who have non-COVID related complex medical needs.</p> <p>The Chair invited discussion regarding the quarantine system's capacity, the demographic and the vulnerable cohort. The Panel agreed information regarding the demographic is required for a consistent understanding of who is in the system and their needs. It was agreed the Panel require a high-level report, information will be consolidated, and weaknesses considered.</p>





<p>4.1</p>	<p>PA advised to consider source of infection, there is a gap with the unknowns, there is an importance for data compliance/auditing purposes. The Public Health Emergency Operations Centre (PHEOC) provide Infection, Prevention and Control (IP&amp;C) advice, this body of work (policies) is currently being reviewed by an external consultant, report due by the end of August 2021. Mitigating the risk, learn from the other states, there may be variants more transmissible than Delta. Hotels are at capacity now with the zipper model and a reduced flight cap is limiting new arrivals, this is not sustainable. The panel should consider the future including tourism, the role of hotels, potential for home quarantine if vaccinated and the criteria to be assessed. The point of hotel quarantine is to minimise the risk in the community, to prevent a community outbreak, the country (and hence the State) will, at some stage, open back up.</p> <p><b>PA to circulate review of IP&amp;C controls upon completion of report.</b></p> <p>The Chair advised a process map is required from the Secretariat within the next month. Noting the QAP is providing advice on a disease that is changing, it is difficult to provide a level of assurance principle in the context of WA.</p> <p>The Chair initiated discussion, the Panel raised:</p> <ul style="list-style-type: none"><li>• Focus on risk and governance</li><li>• Hazard controls</li><li>• Fit testing</li><li>• Vaccination rates of people in hotels</li><li>• Compliance/staff training</li><li>• Airflow assessment of every hotel</li></ul> <p>AC advised measures are to be considered to ensure the system is working. It was noted that hospitals measure compliance routinely. Victoria has a list of Chief Health Officer (CHO) Key Performance Indicator's (KPI's), this wraps around the assurance system.</p> <p>The Chair advised the Panel to consider potential KPI's. The next QAP meeting will identify KPI's, consider definition of scope, KPI's of data to be monitoring to provide a level of assurance.</p> <p>DRW advised to consider the scope and information to be provided. The Victorian model (CHO KPI's) may be too broad.</p> <p><b>Action: The Chair advised a draft paper will be distributed to the Panel before the next QAP meeting (24/08/2021), to provide feedback, strategic decisions, and where the Panel sits providing information outside of government.</b></p>
<p>4.2</p>	



5.	<b>Other Business</b>
	The Chair thanked the Panel. The next QAP meeting is Tuesday 24/08/2021.

Approved ☒

Not Approved ☐

Noted ☐

Comments:

Signed 

Date 24/8/21.

Member name here

Member title here

