

PUBLIC HEALTH AMENDMENT (COVID-19 RESPONSE) BILL 2020

Introduction and First Reading

Bill introduced, on motion by **Mr R.H. Cook (Minister for Health)**, and read a first time.

Explanatory memorandum presented by the minister.

The ACTING SPEAKER (Ms M.M. Quirk): I remind the chamber that this bill is being dealt with in accordance with the temporary orders.

Second Reading

MR R.H. COOK (Kwinana — Minister for Health) [7.44 pm]: I move —

That the bill be now read a second time.

On 11 March 2020, the World Health Organization declared COVID-19 a global pandemic. Shortly after, on 15 March 2020, the state government declared a state of emergency and a public health state of emergency on 16 March 2020. These declarations have been extended and continue to date. Currently, there are over 21 397 confirmed cases in Australia, with 313 deaths in total, nine being from Western Australia. Given the nature and scope of the issues arising in relation to COVID-19, responding to the pandemic has presented challenges not previously contemplated by the state. This bill is necessary for the purposes of the COVID-19 response. It will enable mandatory fees to be imposed on persons arriving in Western Australia who are required to quarantine at a hotel, and to cover costs associated with decontamination of premises. The bill also includes essential ancillary amendments to the Public Health Act 2016 to ensure that quarantine under the act can continue to be managed in a congruous manner without compromising the safety and security of the Western Australian community.

On 15 March 2020, the National Cabinet agreed that to suppress the transmission of COVID-19, any person arriving in Australia from overseas from 28 March 2020 must undertake 14 days of quarantine in a nominated facility. The requirement for quarantine for international arrivals has been highly successful in reducing the transmission of COVID-19 in Australia and keeping case numbers low. Western Australia's quarantine model operates under a system in which the majority of incoming international and some interstate arrivals undertake their quarantine period in a designated metropolitan hotel. The State Health Incident Coordination Centre is responsible for the management of quarantine, while WA Police are responsible for issuing directions. It is worth noting that to date 10 540 people have completed hotel quarantine, and 282 of those were on Rottnest Island. There are currently 1 199 people in quarantine in Western Australia.

Since this model has been in operation, this government has met the cost of providing quarantine, including accommodation, food, cleaning, health care, transport and security. As of 30 June 2020, the estimated cost was \$21 532 225. This has included provision of onsite nurses and doctors, and the State Health Incident Coordination Centre resources. In recognition of the continued growth of COVID-19 cases globally and advice that international border restrictions are likely to be one of the last restrictions to be lifted, on 29 May, the national cabinet agreed that states and territories could begin charging for quarantine costs. On 25 June 2020, the WA Security and Emergency Committee of Cabinet decided to approve drafting the required amendments to the Public Health Act 2016 to allow fees to be imposed for mandatory hotel quarantine as it is necessary to have a clear mechanism in place to sustainably manage these costs.

An amendment is proposed to enable fees to be imposed from 17 July 2020 on persons arriving from interstate or overseas who undertake quarantine or are detained in hotels in Western Australia pursuant to powers under the Public Health Act and the Emergency Management Act. It is worth noting that between 17 July and 9 August, 1 973 people have entered hotel quarantine in WA. There will be capacity to provide exemptions from fees for vulnerable cohorts. People will be charged for quarantine in hotels and other premises, but not when they are required to reside in hospital. It is not the intent of this government to charge people for hospital or medical services under this new fee provision. This amendment is consistent with the recovery practices being rolled out in Queensland, the Northern Territory and New South Wales. It reflects the fact that returning travellers are receiving the benefit of services provided by the hotels in which they are quarantined, including food and cleaning services, in order to protect the community from COVID-19. A significant number of returning travellers continue to enter our state and it is considered appropriate for those receiving the benefit of these services to pay a fee for these services. An amendment is also proposed to enable costs to be recovered for the decontamination—cleaning and disinfecting—of premises, such as shipping vessels. For example, the cleaning costs attributed to the decontamination of the *Al Kuwait* were approximately \$174 000 for the period in which it was docked in Western Australia. The bill is not intended to allow the government to claim decontamination costs from hotels providing the state with hotel quarantine services.

An amendment is proposed to expand the powers of the Chief Health Officer to allow the CHO to be an authorised officer to exercise serious public health incident powers, and a person authorised to exercise emergency powers. Currently, only persons authorised by the CHO under sections 152(1) and 174(2) may exercise these powers. In circumstances in which fees for quarantine are being imposed and quarantine is managed under the Public Health Act, the oversight of the CHO is essential. There is otherwise a risk that the decision-making process is decentralised or that additional steps are required when the CHO has already formed the view that the power should be exercised. This amendment is consistent with the powers of the State Emergency Coordinator under the Emergency Management Act 2005. Amendments are also proposed to expand the powers of authorised officers and emergency officers in relation to serious public health incident powers and public health emergency powers respectively. These officers will be able to issue directions to a group or class of persons and not be limited to “any person” as is currently the case. This clause recognises that it is not always practical for individual directions to be given directly to those affected in an emergency such as a human epidemic or pandemic.

This bill introduces the concept of an infectious disease extreme circumstance declaration that is made by the Minister for Health following consultation with the Chief Health Officer. This is a declaration that an infectious disease extreme circumstance exists in the whole or part of the state. An IDEC declaration may only be made during a serious public health risk or during a public health state of emergency. The declaration, when made, enlivens other provisions in the bill, essentially removing the requirement to review a detainment decision under sections 160 and 187 of the Public Health Act 2016. Currently, the Chief Health Officer is required to review a detainment decision every 24 hours. This is unworkable in pandemic circumstances. A detainment decision relates only to review of the decision to detain a person. It is not a review of the person’s health or welfare needs, which will continue to be provided as per the usual avenues. The detainment decision in circumstances such as a pandemic does not require 24-hour review because the period for which the person is being detained is the incubation period for the particular infectious disease.

This bill will narrow the circumstances in which compensation may be claimed by the general public from the state under section 203 of the Public Health Act. This amendment is in recognition of the unique circumstances brought about by a pandemic and public health emergencies and incidents. This is an essential amendment to ensure that the state is not automatically liable to compensation claims by persons affected by the exercise of a serious public health incident power, emergency power and more general powers under the Public Health Act.

The bill also introduces a new offence provision that prohibits a person from giving false or misleading information in a material particular to an authorised officer, emergency officer or police officer. The penalty will be a maximum fine of \$50 000. This provision aligns with section 89 of the Emergency Management Act and is particularly important as persons being quarantined will be required to provide correct details in order for fees to be charged. It is worth noting that in WA there are two summons and one arrest under the like provision in the Emergency Management Act.

Pursuant to standing order 126(1), I advise that this bill is not a uniform legislation bill. It does not ratify or give effect to an intergovernmental or multilateral agreement to which the government of the state is a party; nor does this bill, by reason of its subject matter, introduce a uniform scheme or uniform laws throughout the commonwealth.

I commend the bill to the house.

MR Z.R.F. KIRKUP (Dawesville) [7.55 pm]: I rise to speak to the Public Health Amendment (COVID-19 Response) Bill 2020, and at the outset indicate that the Liberal Party not only supports the passage of this legislation, but also recognises that it is imperative that it is passed in this place under the temporary orders associated with COVID-19. I would also like to thank the minister and his office for the early work they have done in providing the opposition with information in advance of the bill being brought to this place. A number of ministers who serve in this chamber could learn from the conduct of the Minister for Health, who has made sure, at every turn, that we have been well apprised of all the relevant information.

Mr W.R. Marmion interjected.

Mr Z.R.F. KIRKUP: Thank you very much, member for Nedlands.

I would also like to thank the minister’s advisers, his chief of staff and in particular the departmental staff who continue, time and again, to provide very high quality legislation to this place that we have to deal with somewhat expeditiously. I appreciate the minister’s explanation during his second reading speech this evening.

From my perspective, a number of issues need to be worked through as part of hotel quarantine and the mandatory operations. In Western Australia, which is broadly reflective of the perspective of the national cabinet, there was a need to stem the flow of international arrivals into our country and then, effectively, to hasten them into a place of quarantine until we know that they are no longer infectious or present a greater risk to the people of the country and the relative jurisdiction that they had entered. In Western Australia, thousands of people have come into our state and been forced into hotel quarantine. Had that measure not been put in place by the national cabinet, it would

have been conceivable that people would initially have had to self-isolate at home. As we have seen in Victoria and other jurisdictions, self-isolation at home is not always of the highest integrity, and from time to time people do not follow the advice that they need to. Hotel quarantine makes a lot of sense.

Obviously, the requirement that we start to have a mechanism by which the state can recover or get back some costs by levying a fee is an important one, because, ultimately, if we understand the Premier's more recent language, the hard border that is in place in Western Australia may not be lifted until the end of this year or perhaps the middle of next year. I do not think any of us really know when it will be; it will be in place for some time. The Prime Minister and national cabinet have not been able to nail down a time when they think we will return to a normalised situation. This is the issue for governments generally when it comes to COVID-19, and particularly for those that have relied on a model that tries to limit incoming infection—that is, from people from outside of their jurisdiction who present a threat. In Australia, it has been about ensuring that there is a rapid decline in the number of people freely walking around on the street. That was an important move to make sure that these quarantine mechanisms could be put in place. Putting together a uniform model also makes sense. It makes a lot of sense that other jurisdictions put together these fees to ensure that no matter where people come into the country, they know they will be liable to pay for their isolation costs in a hotel. Of course, how that is implemented will obviously reflect the context of each jurisdiction. I think the bill will make some very important and very good changes to the Public Health Act. It is a really good change that directions will be issued for a class of people. It wholly makes sense to no longer have to issue directions for each individual. When we initially envisaged a Public Health Act and the associated issues that might arise from a pandemic, I do not think anyone anticipated anything like this disease—that it would have gone this long and that that toll and impact it has left in its wake would be so significant. Wherever COVID-19 ends up, it cripples countries. If we have managed to provide some bureaucratic efficiencies and ensure that the process is not so cumbersome as a result, I think it is a good thing. The amendments brought to this place are a good opportunity. I think the changes that see directions for classes of people rather than individuals are very good.

I turn to the infectious disease extreme circumstance declarations. I am curious about the incarnation of the IDEC declarations. I think they are a really good idea. I am always curious about how departments and agencies come up with these concepts, but I think this is a really good one. I did not realise until the briefing with the department that the Chief Health Officer was required to review each and every direction every 24 hours. When hundreds of people have been directed to quarantine, and rightly so, it seems absurd now having to review that decision on a daily basis. At the time, of course, to direct people into quarantine for more than 24 hours would have been outside the realms of many of our imaginations, but here we are. We have to do it to hundreds of people every week. I think the IDEC declaration is a really good thing. I appreciate that it has to be gazetted. I think that is a really good thing. I appreciate public gazettal. The only concern I have, which would not otherwise stand in the way of this bill, is that under clause 14 the failure to publish notice of the declaration does not affect its validity. I am not entirely in favour of that if an agency cannot publish a direction. I realise that other issues that have not been properly gazetted have come unstuck previously a number of times, and we do not want non-gazettal to inhibit the direction being issued in the first place. I appreciate that it is the intent and the spirit of the legislation, indeed its requirement, that it is gazetted, but I do not like the idea that these backstops need to be put in. I think it is a really good insurance policy, but sometimes it can lead to a malaise, certainly not amongst people in this chamber, but perhaps other officers of an agency who might not worry and think that something does not really need to be gazetted—that is, that it is too late and that it does not really matter. I think there is an imperative to make sure that the IDEC declaration is made public, because ultimately it is a very serious thing.

It is a very grave responsibility that sits on the minister and the advice of the Chief Health Officer to ensure the declaration is gazetted in a relevant time so that we are all aware of what is happening, because I envisage that this may ultimately change. We may have a situation in which this might be done to entire towns, suburbs or facilities. I might not be able to even conceive a way the IDEC declaration is implemented and what that might look like. The idea that it is actively gazetted and published is a really good thing. I appreciate the insurance policy of making sure that if the IDEC is not gazetted, it is not nullified in the first place, but I just do not like the idea that that is a bit of a workaround for people who might fall into a trap of being lazy from time to time or they just miss it.

I turn to the recovery of costs for mandatory quarantine. I think they are good moves. I think the flat fee of \$180 a night is good, and the subsequent \$60 is also a good thing for people sharing a room. As the member for Nedlands has raised in our conversations, a family, for example, is not facing \$180 per person, and that can be scaled back. That is a good thing; it makes sense. It shows the agility of the minister's leadership in making sure he understands what people face in quarantine and he has responded accordingly to make sure that they are not faced with the cost-prohibitive option for mandatory quarantine. During consideration in detail I would like to flush out some of the hotel costs that we have incurred already and what they look like in terms of the existing agreements. Of course, we know that at the moment there are five hotels in the Perth CBD offering quarantine. One is currently—certainly it was—the Westin, which is a very high quality hotel. There are others that are—how do I say?

Mr D.R. Michael: More economical.

Mr Z.R.F. KIRKUP: They are more economical, member for Balcatta—indeed. There are other more economical options that represent a different value proposition. The aesthetic at the Kangaroo Inn, for example, might not be nearly as nice. It is interesting how \$180 was picked. I realise it is coming via regulations. I appreciate that, as other ministers could learn, this minister has been fully accountable about how much he intends to levy in this case, even though it has been dealt via regulation. I am just keen to understand and flush that out a bit more as part of consideration in detail. I also think it is important that the Chief Health Officer has a capacity to waive charges due to certain circumstances. I also really like the idea that an option has been included for the CHO to do it just in case. There are hardship provisions, but he can do it in any other circumstance he might envisage. I think it is a really good thing.

I turn to the recovery of costs for decontamination. I stress to people who were worried initially when they read this that this does not compel any individual who has been asked to decontaminate to use state services—that is, from the best of my reading. It is simply that if decontamination is undertaken using state services, the state can now recover costs. The *Al Kuwait*, for instance, cost \$147 000.

Mr R.H. Cook: It cost \$174 000.

Mr Z.R.F. KIRKUP: My apologies; it cost \$174 000. In that instance, the state was best placed to provide that decontamination. If there are other providers out there, that option can be used by those ordered to decontaminate.

Mr R.H. Cook: A good example of that is the *Artania*. It was chock full of a range of technical employees all capable of undertaking the deep cleaning themselves under advice from the PHEOC. They took care of it and there was no cost to the state. The *Al Kuwait* shipped sheep and had a very different set of circumstances.

Mr Z.R.F. KIRKUP: Again, I think it makes a lot of sense if the state can recover costs for that. I would be surprised if anyone argued otherwise, because ultimately we want the state to be able to recoup any money it can during this process, given how much it cost us thus far and what it will cost going forward for some time.

I think the ability to claim for compensation is a very good thing, as are penalties for false and misleading information. I think these are all very good changes that have been brought about. I think the bill is well put together and I appreciate the spirit by which it has been brought here. To be perfectly frank, I wish I could add some more negative things! I do not wish that, but I cannot see anything negative in this. I will try, minister, but to be perfectly frank I think it is a really good deal. I think it is really important and it reflects the ongoing need for the state of Western Australia to be able to provide comprehensive hotel quarantine services in a manner that is fair and just, with the capacity for the state to recover some costs associated with it. There are obviously some concerns more broadly about use of hotel rooms as effectively nearly health facilities, because if someone is found to have COVID-19 and is COVID-19 positive, they are still required, unless their condition deteriorates medically, to stay in that hotel room. Hotel rooms were never designed as isolation rooms. They simply were not. I am reminded that during the Spanish flu in 1918–19, Woodman Point was previously used as a quarantine facility. That was because it was a large campsite that the state of Western Australia opened. Really, in a similar vein, it was exactly what we did with Rottnest Island. It was a large campsite owned by the state, which I think was a really good option to pursue as well. The benefit, as I can best recall from what I have read about Woodman Point, and this would certainly have occurred at Rottnest, was that they were detached units with the capacity for people to stand outside and enjoy the fresh air. To quote the Premier in the midst of this, he said he would prefer Western Australians to go to Rottnest Island, because we want our residents here to enjoy the aesthetic of Rotto. This is not dissimilar to previous practice to make sure those sorts of state facilities can be used. I think the Rottnest Island option was a good thing. Initially, I was a bit surprised, but I think how it came about was a good thing. Hotel rooms are a completely different proposition.

There are a number of residents in hotel rooms, which undoubtedly the minister would have expected I would get to later. Friends of mine have gone through it. From everything I have gleaned from them, it is a very difficult experience. A friend of mine who was stuck in hotel quarantine decided to run 1 000 laps of his hotel room just to try to pass the time. The Westin was built by my previous employer and I had the privilege of serving as a concrete formworker for a number of months. It is a fantastically well-built facility. But the reality is, no matter how nice the Westin hotel is, it is not designed for an individual to be confined there for a period of 14-plus days without any access outside or anything like that. As free human beings, there are obvious requirements such as going outside to get fresh air and wandering about as much as we can. We cannot continue to expect people to do 1 000 laps of their hotel room just to get some exercise. However, I realise that constraints were placed on all governments in Australia and we needed to come up with a solution and hotels made a lot of sense.

South Korea may have been the first country to implement hotel quarantining—if it was not South Korea, it was Singapore. The idea was if people had COVID-19, but did not require medical treatment, they were quarantined to hotels and that idea took hold in Australia. We could not expect returned travellers to isolate at home because if they were coming from overseas, they would not necessarily have a home to go to. But the idea of now having returned travellers from states that are in a parlous circumstance like Victoria go into hotel quarantine makes a lot

of sense because the risk is so great. If someone who has been diagnosed COVID-19 positive is not adhering to the self-isolation requirements at their own residence, the risk to this community is large. In the substance of this bill, it presents an ongoing and substantial health threat to the rest of us.

Although Western Australians have been compliant and have followed the health advice well, we need only look at Victoria and some of the things I have seen on social media today from people getting into disagreements and physical altercations with police because they are refusing to wear masks. I cannot imagine how a person who would not wear a mask would respond to being told that they should isolate for 14 days in their own home. They simply will not do it, so hotel quarantine makes sense. I do not know what the long-term option is and that is not a partisan comment at all. Similarly, if we were in government, how long in perpetuity would we expect hotels to serve as pseudo-health facilities?

Cast our minds to what might happen in the future with COVID-19 and where we might be. Western Australia has done a fantastic job with its border, with its arrangements and with all Western Australians doing the right thing. The Parliament has responded with agility with legislation, and the national cabinet has acted with leadership to respond and protect us. But how long will it be in place? What does that look like? When my mind turns to the future with COVID-19, I do not know what it looks like. Plenty of commentators and plenty of people with medical backgrounds and expertise are trying to theorise what might happen, but I do not know what that looks like. Ultimately, the long-term use of hotels may be questioned. Maybe the state will look at more medical and clinical options or something that is more dedicated in its facilities rather than being used strictly as a hotel room, especially if tourism increases within the state.

If the commonwealth were to open and there were free travel within the federation and then overseas visitors start to arrive, would there be COVID-only hotels? Would there be mixes of people who are travelling in and out? That would increase the risk. Would there be dedicated COVID floors and non-COVID floors in hotels? Going forward, it is a massive policy decision for governments about how they respond to this ongoing threat. To be honest, I do not know whether there is an answer, but when legislation comes before the house, like the Public Health Amendment (COVID-19 Response) Bill, it is important that it is supported and dealt with as expeditiously as possible so that the government can go on knowing with certainty that the Parliament stands ready to support the needs and decisions that it has thus far made, in this case in levying fees on people who have been forced into mandatory hotel quarantine.

I turn now to individuals in my district who I have written to the Acting Speaker (Mr S.J. Price) about. Rob and Rosemary from Halls Head are staying at the Mercure hotel and were on the front page of *The West Australian* on Monday in an article by Rourke Walsh. Rob and Rosemary now represent one of the four breaches that the Premier spoke about in question time. I have spoken with them and will try my best to represent them in this place. They returned from Victoria and were isolating as they are expected to do, and indeed they wanted to do the right thing. Rob is 65 and Rosemary is 69, so by their ages alone they represent a relatively high risk if they become infected with COVID-19 and they have underlying medical issues, which adds a complexity to it. Somewhere around nine o'clock at night, their hotel room was breached by a hotel security guard. Despite the comments by the Premier, Rob and Rosemary did not say that the security guard was standing at the door waiting; they say that the security guard came into the room. When Rob got up to speak with the security guard to try to understand what he was doing, the security guard left the room, went down the hall and did not want to talk with them. Rob asked the security guard to get the security supervisor, who came up and said, as best as I understand it, that the security guard was trying to get a remote control from the room.

Number one, Rob and Rosemary say that they had finished their dinner and had placed the rubbish bags from their dinner outside their hotel room door. Number two, they were in bed watching television, so there was sound and light emanating from the room. Number three, one would hope that the security guard for the hotel would know where the guests of the hotel were staying. Therefore, those three circumstances do not quite correlate to the claims made that there was a mistake in seeking a device from inside the room and that the security guard did not go in, because that is not at all what the people who experienced this said happened.

When I spoke with Rosemary, a resident in my district, she described herself as being genuinely quite terrified about what happened because she does not know the risk that that guard presented. I suggested to her and Rob that the risk was very low, but of course their minds turned to what has happened in Victoria and indeed in Western Australia when a security guard has had COVID-19, because from time to time they come into contact with people who may be infected with it. There are plenty of instances in which security guards have been impacted by COVID-19 and in this case Rob and Rosemary were worried about that risk and they were more than worried about the possibility of them having to go through a further 14 days of quarantine in addition to what they had already done. From my conversations with them, this elderly couple were clearly already struggling with the confinement of being kept in a room. Although they were compliant as best as they could be, they were really concerned about it and worried more so that they would have to wait for another 14 days because of this incident.

I note that the security guard has gone into isolation for 14 days and I hope that their isolation is not extended beyond that 14-day period. This is human error. To be frank, I think there was something else at work. I do not think it was about someone coming in to fetch a remote. I do not know what was going on, but I find it unusual. I cannot imagine that a security guard would not know who was in each room and would not know there was anyone in there. They should at least have had a manifest of the guests in the hotel and what room they were in; plus there were food bags outside the room and the television was on, so I do not really buy the excuse that they were trying to find a remote, but nevertheless that is what we have as a response.

This has greatly concerned Rob and Rosemary, who have written this letter that I am going to read in now and then I will leave my contribution there because, ultimately, most of the questions that I have and the other issues that have been represented will be discussed during consideration in detail. This is a letter on behalf of Rob and Rosemary from my district. This is in handwriting, so I apologise if I skip or I am a bit slow. The letter reads —

To Whom it May Concern

We recently arrived in WA to Return to our residence in Halls Head. Although our initial G2G Pass stated we could isolate at [our] Halls Head residence, upon arrival at Perth Airport, we were directed to stay at the Mercure Hotel.

Understanding the importance of isolating we accepted this direction in good faith that we would be isolated and in effective quarantine for our own protection and for the benefit of the community. Myself and my partner both have underlying health conditions that make us more susceptible to a severe and life threatening reaction in the event of being infected with Covid19

On the ninth night of our quarantine we were shocked and horrified to find a security Guard break into our isolation room to look for a remote control for another rooms television. Again this guard also had no PPE when he entered our quarantine room.

I re-iterate my partner and I have underlying health conditions which causes us to be considered in the high risk age categorisation and with mobilities.

We entered quarantine in good faith and since the break in, we have for obvious reasons been panicked and very concerned with health. We understand the security guard has been removed and isolated for testing himself. It will be some time till we find out that he was infact positive. If he is found to be positive — we are in significant and grave risk.

If he is found not to be infected, we would still have been subjected to significant mental stress and concern for our own health.

Both outcomes are a direct result of a failure by the Government to ensure an effective quarantine environment.

We are at the moment, just waiting to hear what impact this breach of quarantine [has had] on our lives. I would like to thing that being subject to such stress and concern.

We would not have to Pay for the privilege of being potentially expose to the deadly virus and to having our health threatened and accordingly would request that we do not have to pay for this alleged quarantine. We have tried to do the right thing then to have our health and safety compromised is destressing to say the least.

Accordingly — I would think the least the Government could do would be to compensate us for the stress [and] concern directly impacted upon us.

As I said, that was a letter directly from Rob and Rosemary, a couple from Halls Head in my district. I followed up their correspondence with a letter to the minister yesterday evening in which I requested that the quarantine costs for those residents be waived, given that they have maintained hotel quarantine and, to quote the correspondence, had their room broken into, and the distress that has caused them. On their behalf, I hope that by the time this contribution is finished and this evening is over, we have an understanding from the minister and hopefully some indication of an intent to waive those quarantine costs. Ultimately, I am hopeful that that is the case. I think that is the fair and right thing to do.

Notwithstanding the issues with Rob and Rosemary, I appreciate that some 10 500 people have gone through hotel quarantine. This is one of four breaches that have occurred. Of course, it takes only one breach before something more nefarious could happen in our state. For whatever it is worth, I grow increasingly concerned that we are quite complacent in Western Australia at the moment, because we have focused so much on the hard border as the only line of defence that we have that people feel that they are free and safe from this. I have seen some of the language from the minister, which I think has been right, to ensure that people know that they cannot grow complacent, but it is a matter of fact that that is exactly what has happened. Thankfully, we do not have density in Western Australia, but we have a situation whereby we are now in such close proximity to each other that if something were to take

place, I suspect it would take hold in Western Australia far quicker than any of us could possibly envisage. The football is one example of people being in close proximity, I guess, but there are also, thankfully, plenty of people mingling out and about in nightclubs and pubs and places like that. I think a situation could take off very quickly. The sense of complacency here is a concern. Therefore, although there are only four breaches in 10 000 or so, those four breaches are four too many, and they call into question whether there could be better procedures put in place by this government to ensure that the type of event that has caused so much distress to Rob and Rosemary in my district, and undoubtedly caused a concern for many others, does not happen again.

I will close out with this. This is why the Liberal Party has sought the bipartisan support of the government to create an independent expert review committee into Western Australia's preparedness for a COVID-19 second wave if—when—one does arrive here. We have called on the government to support that. We do not want politicians to be part of that; we are not asking for any particular individual to be part of that. It is entirely up to the government to decide. We even suggested in the correspondence that I sent to the minister on Friday that Hon Jim McGinty as a former health minister could be part of that. I do not really care who is part of it, but I think it is important that we have independent expertise look over and thoroughly review Western Australia's preparedness.

The collective efforts of us all have bought us a lot of time in preparing for a second wave in Western Australia. The concern I have, as I said earlier, is that breaches have taken place. Ultimately, we rely on humans to undertake things like isolation and quarantine. There are going to be issues. There are going to be gaps, and we want to make sure that we are as best placed as possible to respond to those if something does unfortunately take off here. I think that the state of Western Australia, and particularly the Department of Health, has done a really great job in responding. Contact tracing is a really good example of how well it has done, in ramping up what was originally—I do not know the number—maybe 15 contact tracers, up to 120. It was somewhere in the order of that number.

Mr R.H. Cook: I think it has been increased to 180.

Mr Z.R.F. KIRKUP: That is a really good story of how quickly we can surge up. But I am reminded that in Victoria, on 10 June, there were four new cases. On 10 August, there were 322. In a space of two months, it went from four to 322; that is the daily new active case numbers. This can happen very quickly. We want to make sure that WA is as best prepared as possible. We want to make sure that circumstances like that which happened to Rob and Rosemary do not happen again, and that we can put in place the best possible measures to find any gaps that might exist in our system. That is why we hope that the government will support our motion tomorrow. Comments from the Premier thus far indicate that he and the government may not support our motion because of a national review into hotel quarantine, and I think that the Public Accounts Committee, as I understand it, has been looking into some of the costs associated, or something like that. That is not a root-and-branch review of the state's preparedness and readiness to respond. I hope that the government supports us because, ultimately, I think it will help benefit all Western Australians to know where we stand, and ultimately perhaps give us the assurance that we stand ready to respond to a second wave if, and probably when, one occurs.

Mr W.R. Marmion: Can the member remind us again what he is seeking?

Mr Z.R.F. KIRKUP: I could do that if I had the motion with me!

Mr W.R. Marmion: But is the member suggesting a committee?

Mr Z.R.F. KIRKUP: Of course, member for Nedlands. It is seeking an independent expert review committee, which will hopefully be established by medical —

Mr D.A. Templeman: Weren't you listening in your party room this morning? I am sure it was raised! You are the deputy leader!

Mr Z.R.F. KIRKUP: — which would inquire into many of the different aspects of hotel quarantine; aged care; remote communities; vulnerable communities that exist; the border issues; the exemptions that have been issued; identifying whether our health system can flex up properly; whether or not we are ready. I hope that provides something. I hope that the government will support that. Indeed, I hope that the minister waives those costs for Rob and Rosemary, who experienced that terrible, traumatic situation in their hotel room only some days ago. Outside of all that, on behalf of the Liberal Party, we support this bill and its expeditious passage through this place.

MR R.S. LOVE (Moore — Deputy Leader of the Nationals WA) [8.28 pm]: I want to make a very brief contribution to this debate on the Public Health Amendment (COVID-19 Response) Bill 2020. Members of our party had a briefing about this matter only last night, along with a lot of other COVID legislation. We have dealt with it, I think, in a very cooperative way. I do not know that we get a lot of kudos from the government for the amount of work that we are doing as an opposition and second party in opposition in supporting the whole-of-state response to a lot of these measures. I see regularly in the media that the government is doing a great job, and I think there needs to be an acknowledgement that all the parties in Western Australia are working very hard towards getting some very good outcomes thus far for Western Australians. We heard that there were a whole range of matters being addressed in this bill on the cost of the quarantine measures that are being undertaken to ensure the public

health and safety of Western Australians. I am sure that those measures have been spoken about in some depth, including some of the extraordinary matters that happened in the ports and other matters in which contaminations occurred. I want to pick up on the words of the member for Dawesville, who said that we need to be looking at a whole range of government responses, not only in public health but in the whole of government. We know that the coronavirus bills that have come to the house have not been just about public health, although it is in this particular case. A range of other measures have affected local government, for instance, and we have supported the government in those measures. There are some very good reasons why we as a party would like a considered response from government and the Parliament to all the measures and matters that have been playing out. We have progressed from the point of a panicked start, “The world’s going to end, we’re all going to catch coronavirus and die” which was the situation in March and April. Now we are in August and heading into September and we have not had a huge public health problem in the state, and the danger is that a degree of complacency has crept into the community. We need to ensure that we do not allow that to turn into a situation in which our community is vulnerable to the sort of situation that we are seeing in Victoria. Although it is getting beyond the scope of this bill, there needs to be a continual monitoring by Parliament to ensure that the response is appropriate, that it is in tune with the need and that we have not fallen asleep at the wheel. I am not saying that the Minister for Health has done that. I am saying that as a party and as a Parliament, we need to keep abreast of those issues.

The Nationals do not have any problem supporting this legislation. My office has received correspondence from people who are very opposed to the measures that have been put in place. They do not want to have to pay when they come to WA. I know that in terms of who pays there are differences between people returning from overseas and those returning from interstate, but certainly there is a feeling that it is a state responsibility to pay for public health measures such as this. No doubt the minister will address this in his second reading reply. The constituents with whom I am in contact expect me to voice the view that it is not all their fault and that they cannot afford these measures. I know that there are hardship provisions et cetera. Perhaps the minister could outline some more of those in some detail in his reply. We do not want to see people unnecessarily impacted by this but we certainly support the general thrust of some sort of co-contribution, if you like. From what I understand, it will not cover the full cost but will cover the average cost. I hope that the person who is stuck in the Bates Motel—end of accommodation is not paying the same rate as the person who is staying in the Ritz-Carlton. Perhaps there could be some discussion about that because there is wide variety of accommodation. I know that people have highlighted that they are getting microwave meals and that the amount of money being charged is fairly substantial. One hopes that they are getting a good standard of accommodation. You might laugh, Mr Acting Speaker (Mr S.J. Price), but 14 days locked in a room, you can only watch so much reality television before it begins to play on your mind. One of the things that we have heard about is the very real challenges for mental health in lockdown. Members might grin about it. I will not go into great detail about some of the stories I have heard from constituents, but when a family situation develops and they are kept away because of the quarantine measures, they experience very real stresses and pressures. I have constituents who are prone to anxiety who have been locked in hotels and they find it very debilitating. It is not a laughing matter; it is a very serious matter. Along with that, there needs to be an understanding that we need to be humane in the way we treat people. We cannot look at this as just keeping the virus out; we want to do that and we want to keep the community safe, but we also want to look after the people who are placed in those circumstances.

The member for North West Central wants to make a contribution so I will stand aside to allow him and others to do so. Along with the many other measures introduced by the government in its COVID-19 response, the National Party is supportive of the government in a truly bipartisan way. We feel that as this continues to roll out, more and more we are coming to the point at which there needs to be an examination of the lessons we have learnt from the experiences we have had so that we all can do this better in the future.

MR W.R. MARMION (Nedlands — Deputy Leader of the Opposition) [8.35 pm]: I rise to make a brief contribution to the debate on the Public Health Amendment (COVID-19 Response) Bill 2020. Before I talk specifically about the bill, I endorse the comments made by the member for Moore. There has been a lot of cooperation by the opposition on the COVID-19 bills and I agree that on that point, there has been a lack of recognition from the government. Many of these bills have been presented at short notice. When the COVID-19 issue arose, the Leader of the Opposition received regular briefings. I attended one on behalf of our leader when she could not attend. The Leader of the Nationals was present. It was done by electronic means. The Chief Medical Officer and the Commissioner of Police gave us a briefing on the current situation. I get the feeling that that cooperation and involving the opposition in what is happening on a weekly basis and what is coming up has dropped off. It needs to be picked up because there are concerns about a second wave because of what is happening in Victoria. The shadow Minister for Health, the member for Dawesville, will move a motion tomorrow and that has probably come about to some extent because of the lack of consultation and the feeling that we are not in the tent in terms of what is going on. Certainly, given what we have seen happen in Victoria, a whole of lot of questions arise about what measures we should put in place from the lessons learnt in Victoria. Those are the opening comments I want to make.

Mr Roger Cook; Mr Zak Kirkup; Mr Shane Love; Mr Bill Marmion; Mr Vincent Catania; Dr Mike Nahan

As the member for Nedlands, I do not get too many people coming into the office about socioeconomic concerns because it is a fairly affluent suburb. However, I have been busier than ever with people ringing up about an uncle or an aunt who lives in Nedlands who is stuck in the eastern states. They link me as their member of Parliament to support their case whatever it is—to come back to WA or quarantine in their home rather than a hotel. The minister is aware of all this. I will not bring up any individual cases. I support the member for Dawesville. The Minister for Health is the best of all ministers in the way he engages with shadow ministers. In fact, I will give him another pat on the back. The Minister for Health is the only minister who has given me his mobile phone number. I appreciate that. It actually came in handy, did it not, with the group of friends off Chile.

Mr R.S. Love: It's probably the Minister for Local Government's number!

Mr W.R. MARMION: No, he has not.

Mr D.A. Templeman: I gave him my number but I think it was the wrong one!

Mr W.R. MARMION: That is par for the course. As things turned out, the minister was able to get quick feedback on some radiologists who were stuck in boat off Chile, so he could go to the media. I think that shows the level of cooperation that the minister has —

Mr Z.R.F. Kirkup interjected.

Mr W.R. MARMION: I know he cooperates very well with the shadow Minister for Health. Because the minister has just come back into the chamber, I reiterate that it is probably a good time to offset concerns about any second wave with perhaps more regular briefings on what the government is putting in place to make sure that we do not get a second wave in Western Australia.

Returning to the bill, we fully support this legislation. I thank the advisers who were online on Monday afternoon for our briefing. We had a briefing slightly ahead of the Nationals. They had a briefing last night; we had one on Monday. I did not have any problems with it. I thought the briefing was well done.

Mr R.S. Love: Why did they brief you first? That's what I want to know.

Mr W.R. MARMION: I do not know. The member might raise that matter in the consideration in detail stage.

Mr R.H. Cook: I will be honest with you, member for Moore, I actually gave your mob a heads-up before, because we all caught up outside the Northam hospital.

Mr W.R. MARMION: There you go; they had an unofficial briefing.

We support various aspects of the bill, including fees for quarantining. When people ring me or send me an email with their concerns, a lot say that they are concerned about the fees. As I said to the minister in the corridor this morning, at the moment we are sending any issues or requests through to the Minister for Police's office. The bill states that the fee for hotel quarantine may be waived, and that raises the question about the process one might go through to get that fee waived. If it is a compassionate ground or financial hardship, who will be responsible for making that call? Will it be the Commissioner of Police, the Chief Health Officer or the Treasurer?

Mr R.H. Cook: We wouldn't let the Treasurer make that decision.

Mr W.R. MARMION: We know what the answer will be, yes!

I asked in the briefing about the cost to a family. I received the answer that if children are under six years, they will not have the extra \$60 added. No limit was mentioned, but it was suggested that if four people—two adults and two children, let us assume they are over six—were in a room, it would be \$180 for the first adult and then \$60 for the next three people. If any of the children are under six years, we would take off \$60. I guess the question arises that if a large family with five kids is lucky enough to get a very large suite, say, the large deluxe suite in the Westin, because that is what is available, would they be able roll out some beds and get a bit of a reduction on that fee. The bill says that the fee may be waived or some consideration could be made in appropriate circumstances. It would be interesting to see what the process is for that. Obviously, there has to be some way to recoup some of the costs we are incurring as a government. Other members have raised the issue about what would happen if people happen to get the Westin versus one of the lower-level hotels.

Mr Z.R.F. Kirkup: More economical.

Mr W.R. MARMION: If it is one of the more economical hotels, there might be some complaints. Who deals with those complaints? Probably the minister.

We have no problems with the clauses in the bill relating to efficiencies. In fact, I was quite surprised that the government could not do a class of persons, so that is obviously good. We are happy with the provision that there has to be a review of the detainment decision every 24 hours. When I read the bill after the briefing, I thought the compensation was reasonable, but I did mention the issue to staff at my gym the other day. The minister might be able to respond to this. Let us say there was a COVID event at the gym I attend. The team comes in —

Mr V.A. Catania: You're misleading the Parliament now!

Mr W.R. MARMION: I do not go that regularly, no. Obviously the gym is cleaned and it would have to be supervised or a government team would come in. I think the bill says "reasonable costs". What would be the reasonable cost for a small business?

Mr R.H. Cook: There's not a huge amount of science; it's really more under the guidance of the Public Health Emergency Operations Centre. It is because we had the incident with the *Al Kuwait* and the big cost.

Mr W.R. MARMION: That would have been a huge cost.

Mr R.H. Cook: It was probably \$174 000. I'm not sure we will get that money back. We thought that while we were in the process of putting this bill together, we should anticipate that a similar situation might occur.

Mr W.R. MARMION: So for a small business it will not be —

Mr R.H. Cook: No. A gym, for instance, they're very capable of cleaning it down themselves.

Mr W.R. MARMION: That is good. I absolutely support the offence for providing misleading information. We had the example of the people in Queensland who came through New South Wales and said they had not been to Victoria, but they had. I think that is a very worthwhile clause to have in the legislation.

With those few comments, I look forward to the government supporting the member for Dawesville's motion tomorrow.

MR V.A. CATANIA (North West Central) [8.46 pm]: The member for Moore, the Deputy Leader of the Nationals WA, has already put our support behind the Public Health Amendment (COVID-19 Response) Bill 2020. I also want to put my support behind the bill because we need to keep our borders closed. I want to put on the record that the National Party supports our borders being closed. I think we can all agree that Clive Palmer should withdraw his action in the Federal Court. You know what, if he was not public enemy number one before today, I think he definitely will be on billboards as public enemy number one in Western Australia. It is surprising given he is a person who has business interests in Western Australia and Western Australia is the engine room of the Australian economy. If we were to have a COVID outbreak in Western Australia like the one that has occurred in Victoria, it would be damaging to the Australian economy. It would affect his own business interests. I want to put that on the record that it is in the national interest for Clive Palmer to withdraw his action against the state.

The member for Moore brought up some valid points. As I said, we support this bill. We have supported the government's emergency bills from day one. I think we need to have some acknowledgement that the opposition, especially the third party in government, has been working cooperatively with the government to find ways forward and highlight some of these issues. It is important in these times that we have unity. Perhaps I can call on all members of Parliament for unity and also our federal colleagues, who sometimes seem a bit absent and not unified in doing what is in the best interests of Western Australia. Perhaps a photo taken on the steps of Parliament House could show that we all support being Western Australian and what Western Australia is all about. Perhaps that is what we really need to show the public that we can put our politics aside and be unified in this time of need.

As the member for Moore highlighted, a number of people have come to our office about being able to get back to Western Australia, whether they are overseas or interstate. Some of the issues are not that simple. It is 14 days in isolation, and whether people have liquid soap or cake soap depends on the quality of the hotel they are in.

Mr R.H. Cook: We need the Minister for Tourism to come in and defend our hotels!

Mr V.A. CATANIA: Yes! The quality of the hotel is not the issue here; it is about people's health and the safety of others. We have to put the quality of the meals, sheets, towels or soap aside, because that is not a valid argument. I have been in contact with the Minister for Health's office about some of the mental health issues that people have had as a result of being stuck in a hotel; people are often rushed to hospital so that some of those issues can be dealt with. It is not always plain sailing for people to go into 14 days of quarantine. We support individuals and families paying for their quarantine, because I think everyone has had an ample amount of time to come back to Western Australia, especially from overseas, although there are some circumstances that prevent people from coming back. I think from now on every circumstance needs to be treated on an individual basis, especially those from overseas.

A lot of businesses here in Western Australia are now looking for chefs; there is a shortage of chefs. We asked questions of the Premier today in question time about our worker shortage. We have a high unemployment rate and we need workers, particularly in my part of the world—from Kalbarri up to Exmouth, which is a hotspot for tourism. We need people to come and work, but we also need some specialists. There is a shortage of chefs and bakers and, unfortunately, sometimes the only places we can source these workers from are the Northern Territory, Queensland and South Australia. The government needs to be mindful of the fact that every case needs to be treated individually to make sure no-one beats the 14-day quarantine. I think everyone accepts that that is the norm, and that it should remain the norm until other states in Australia can achieve what Western Australia has.

People ask, “Why is Western Australia so different from Victoria?” We are not on top of each other, we are a windy state and we have only three roads coming into the state—two sealed and one not sealed—so it is easier to cut people off. I think our geographic location in Australia has worked collaboratively with some of the tough stances that the government has put forward, which the Nationals WA support to ensure that our borders remain closed to protect our interests, in terms of both our health and our economy, which is propping up the country.

The member for Dawesville pointed out that the true test for the government is to be able to take some scrutiny and to allow some oversight of what is going on. We are being briefed on bills the day before they come to Parliament, and although we are very supportive, that does not enable the opposition to properly scrutinise legislation, which could potentially have unintended consequences into the future. The true test of a good government is how it holds up to scrutiny. The Labor government currently has an absolute majority over the Liberal–National opposition in the Western Australian Parliament. If we are to believe the polls that show that that majority might get even bigger after the next election, there is the danger of not having the oversight and scrutiny necessary for good government in Western Australia. That is the concern we have on this side, and I think it is a concern that Western Australians will have.

I urge the government to consider what options there are to provide oversight such as we see in the federal government, where there is a Senate oversight committee to look at the decisions of government. If the government believes in the decisions it is making—which the opposition supports—it should be confident and strong enough to allow robust scrutiny to occur. If it believes in doing the right thing for Western Australia, it should allow that scrutiny to occur because it will reinforce the right decisions. More importantly, the government needs to learn from mistakes and learn how it can do things better. It needs to learn from what has been happening in Victoria, New South Wales and around the world. It should not be afraid to learn. It may be that it cops a bit of criticism, but as long as it learns, that is how it will bring the public with it into the future. We all know that this pandemic may not go away for a very long time. If that is the case, it is more important than ever that we keep evolving as COVID-19 evolves around the country and around the world. We need to make sure that we keep on top of the game so that we protect our health and our economy.

I say to the Minister for Health and the government that, moving forward, we need to make sure that there is some robust oversight. The Nationals WA and the Liberal Party are united in making sure that legislation like this passes in a timely fashion so that we can protect all Western Australians, and we will continue to do so. Our aim is not to play politics; our aim is to be supportive in this time of need. But if we really want to make sure that politics are not played, some form of oversight will be needed going forward, noting that this situation may not go away for a very long time.

DR M.D. NAHAN (Riverton) [8.57 pm]: I would like to make a few comments on the Public Health Amendment (COVID-19 Response) Bill 2020 and to use this debate as an avenue to gain the minister’s ear on a constituent issue. The member for Dawesville made it clear that the Liberal Party supports this bill. The government confronted a major and unique challenge by putting in place restrictions on the movement of people that are unprecedented in Australia’s history. What it has done has worked. It has stopped the spread of disease into this state, and that is good.

I would also like to praise the Prime Minister for setting up the national cabinet and pursuing consistency around the nation. It actually has been one of the cornerstones of Australia’s general success; there have been some problems in certain states, but nevertheless we have done better than most because we went at it in a coordinated way rather than in a bipartisan way and putting up parochial statements. Other nations have failed because of that. One of the issues this bill deals with is the need to recoup some of the costs of quarantining people in hotels. As I understand it, the government initially footed the bill. As time goes by, it is only fair that when people need to quarantine, they foot part of the cost.

However, inconsistencies have been apparent to a local member like me. I am not picking on businesspeople, but we have read about businesspeople in particular being able to come in from other places, such as Sydney and, indeed, Melbourne—not within the last month, but before that—and not only not quarantining in a hotel or at home, but not quarantining at all. I do not understand that. We need—we have had it so far—public support for government action, but unless there is some transparency and explanation for its decisions, the government will lose support and that is not what it wants. One of my constituents, whom I will call Elaine—that is not her name; I am drawing on a *Seinfeld* episode—and her husband moved from Western Australia a year ago so her husband could start a new job in rural New South Wales. Unfortunately, he had a breakdown; he is in hospital; and they are separated. They have five children under 12. She applied to come back to Perth. Her mother has an empty house in my electorate. Before she left New South Wales, she made sure her mother’s house was empty and it took her four applications to be allowed to come home. She has been living with her five kids aged under 12 at a friend’s house in New South Wales. She moved from rural New South Wales to metropolitan Sydney and finally got permission to come home. However, now she is required to self-quarantine at her cost in a hotel in Perth with five children.

We have been trying to find out whether through some decision-making process she can be exempted from staying at a hotel and be allowed to stay at her mother's or her own house. If she is, I will check up on her and all the children on a daily basis to make sure they do not wander. This will cost her \$5 000, but she does not have the money. Her family is on their knees and we simply have not been able to communicate to the appropriate people the need to exempt her family as a vulnerable cohort from the cost of the hotel. If anyone is a vulnerable cohort, it is them. Imagine six people living in one of the hotel rooms. I do not know how the rooms are allocated, but some of them are pretty small. She is suffering mental trauma, particularly related to her marriage breakdown and her husband's problems. One of her children is severely autistic, so imagine the circumstances when a mother with mental problems, dealing with a marriage breakdown, has had to leave everything behind and is stuck in a one or two-bedroom apartment or hotel that might not have good circulation or even an opening window.

I am sure the adjudicators are understanding people but they are dealing with a large number of cases. However, our vetting process is letting mistakes through on a daily basis. I accept that the government must always err on the side of ensuring safety—that is, prevent the disease from coming in. I accept that, but I think we need to pay more attention to helping the vulnerable.

I have three or four similar cases, although I admit that none is as severe as Elaine's. A man had gone to Melbourne to do an advanced course before the recent outbreak. He and his fiancée had given notice to vacate their apartment. He had a job to come back to in Perth and he had a vacant house to go to. It was all arranged, but he was inhibited from coming back for three weeks. He almost lost his job. When we create draconian rules around movement that people are not used to, we have to have a great deal of flexibility and understanding when vetting the circumstances. We hear politicians say that it has been four months since this requirement was put in place, people should have made arrangements to come home. Do you know what? Things happen. Elaine had hoped her marriage was not going to break down. She had no way of controlling the finality of that and the need to come home. The other person I mentioned knew he was coming back but he had to finish his course and, indeed, give notice to vacate his apartment in Melbourne.

The world changed when COVID-19 came. The government had to do things it had never dreamed of doing; however, as I say, people around Australia got stuck with circumstances they were not in control of. It hit them. They had perhaps always intended to come home. In my view, from the cases I have seen, this process is not transparent or compassionate enough to address the needs of people such as Elaine and others. We have some time; she is coming back. I have sent some material, including her real name, to the minister. She asked me initially not to do that because the last thing she wanted was to be inhibited from coming home. If she had to beg, borrow or whatever for the \$5 000 to bear the cost of the quarantine in the hotel, she would do it to get home. However, given particularly the size of the family and its struggles, they should not be forced into quarantine in a one-room hotel at a cost of \$5 000 for two weeks when they can go to a home.

By the way, there are many of these examples. Every MP, of whatever side of the house, has heard these stories. They will always happen due to these unprecedented circumstances. Initially, the system had to be put in place. It has been in place now for four months and the government has to pick up its game. I think it is working. Elaine got in at the fifth try and, hopefully, she will be able to come in based on compassionate grounds.

We hear of people, particularly in business, coming and going without quarantining, even at their own home, let alone in a hotel. They are not hit with costs, some of which they can afford. What are the requirements here? How is one person able to go to Melbourne and go skiing at the same time they are there and come back without quarantining at all, let alone in their own home or hotel, whereas my constituent Elaine with five children has to pay for her quarantine period in a hotel? How is this justified? We hear only of anecdotal evidence, here and there; there is no transparency in this process, but there should be more now at least. This sort of situation will undermine support of the system. The government has the overwhelming support of Western Australians but I tell you what, this is starting to creep in and undermine people's support because they see the inequities of the system.

I have sent Elaine's name through to the minister and hope he can address her situation. It is a really serious problem. I know that confronted with the circumstances, the minister or the police commissioner, who is doing a great job and is a good man, it would be rectified automatically. I understand, as we can see from the stories coming from Victoria, we have to be very careful about people self-quarantining in their own homes to ensure they stay there. Data from Victoria has shown that 25 per cent of the people in Victoria who were contacted and were supposed to be self-quarantining were not. That is a really invidious problem. However, I can assure the minister, that particularly Elaine's mother, who lives in Rossmoyne, would see to it that her daughter and her grandchildren would go nowhere. If she stays in her own home, her mother and I would see to it on a daily basis. However, I urge the minister that with a bit more transparency and a bit more compassion if he can, given we are into the fourth month and, hopefully, things are slowing down—at least international travellers should be—we can be a bit more focused on each individual case because people out there are struggling.

Mr Roger Cook; Mr Zak Kirkup; Mr Shane Love; Mr Bill Marmion; Mr Vincent Catania; Dr Mike Nahan

Australia is not a nation that was meant to put up barriers, but the government had to do it. It has been tough on the minister, but it has been tough on some Western Australians who need to come home.

MR R.H. COOK (Kwinana — Minister for Health) [9.10 pm] — in reply: I thank members for their contributions this evening, and in particular I thank the Liberal Party and the Nationals WA for their support of the Public Health Amendment (COVID-19 Response) Bill 2020. It is important legislation—fairly straightforward, fairly commonsense—but it is legislation that we need to continue to have a sustainable process when it comes to the hotel quarantining of our recent arrivals. From that perspective, it is appropriate that we pause to acknowledge that the political parties have worked extremely well together. I have enjoyed the opportunities to work with the member for Dawesville, Hon Martin Aldridge and the member for Central Wheatbelt as we have gone through this journey. I take the point from the member for Moore that we need more briefings. As the member for Dawesville will attest, we were guilty of having regular chats and making sure that he and the National Party were abreast of the major developments. That has dropped off a little of late, so I take the member for Moore’s point.

Mr Z.R.F. Kirkup: I take it as a good sign.

Mr R.H. COOK: Yes, that is right. Some of the conversations that we were having in those early days, as the member for Riverton said, were during the panicky days.

Mr Z.R.F. Kirkup: I still remember the conversation when you called and said what was about to happen. It was a Sunday and I was cleaning my bike and I was just like, this is —

Mr R.H. COOK: It is next level.

Mr Z.R.F. Kirkup: Yes.

Mr R.H. COOK: The Premier and I would say, “Okay, we’ll make a decision today. We don’t have to go beyond this; this is fine. We will never go to the next step.” The next day we found ourselves completely repudiating the previous position and going even further.

Dr M.D. Nahan: Is that a common trait?

Mr R.H. COOK: No, just on this one, I can assure the member for Riverton! I do not want to replicate that practice anywhere else.

Those early days were particularly challenging times. In that sense, a lot of the arrangements that we have in place are not perfect and they emerged out of our growing understanding of the disease and its impact on our community. From that perspective, some of the arrangements we have in place are less than perfect, some are adequate and some have worked really well. What has worked well is our hotel quarantining arrangements. We can see that simply by virtue of the outcomes compared with places such as Victoria. The State Health Incident Control Centre has done an amazing job making sure that we take a really hard line around infection control, essentially the public health risk associated with accommodating these folk.

Mr R.S. Love: Could you perhaps outline what the difference is between your response and the Victorian, and why you think there is a problem there and not here?

Mr R.H. COOK: Yes. I was going to relate an anecdote from a briefing we gave to federal members of Parliament the other day. The member for Stirling asked what the difference is between ours and theirs and Dr Robyn Lawrence said, “I don’t think we are as nice.” We have much tighter control in our hotel quarantining. The operational differences between us and Victoria is essentially that it contracted out the entire process, both in terms of clinical and security related matters, and as a result, I think it lacked the oversight and control. That is in part a result of the public health unit not having as high a prominence in the Department of Health and Human Services in Victoria as it does in Western Australia. If we look at an organisational chart of the Department of Health and Human Services in Victoria and look for the name Brett Sutton, its Chief Health Officer, we have to go four or five rows down to find him.

Dr M.D. Nahan: He does not report to the minister.

Mr R.H. COOK: That is exactly right, member for Riverton. Victoria simply does not have the same capacity as we do. From that perspective, we have a much more robust public health unit that was able to mobilise.

Mr R.S. Love: But on the ground?

Mr R.H. COOK: We utilised contracted security staff in those hotels, but had Department of Health people embedded in the hotels with them, so, if you like, we were watching the watchers and were able to maintain much greater control of the functions that were going on there. It has not always been perfect; we had a few slip-ups earlier and we learned from those and significantly tightened the processes. Perhaps we were fortunate to have those early experiences when we were able to retrieve the situations. That led to tighter controls and tighter standard operating procedures. We required all our security staff to undergo extra training in infection control. We used a limited

number of security firms because we were only using the ones that had the capability of taking their teams through that training process. They cannot be on a hotel site unless they have done that extra training. We have a greater level of oversight and a greater level of control, which has led to the good arrangements that we have. Again, it is not always perfect, humans are involved so sometimes mistakes are made, and I will come to the issue that the member for Dawesville raised earlier. The teams are doing an amazing job in the ways those hotels function. Our biggest health risk is from external influences—that is, people coming into the state from either outside the state or overseas. These hotels play a crucial frontline role for us in making sure that Western Australians stay safe.

A number of people raised issues around some of the hardships that are associated with hotel quarantining. I accept that it is tough. It does not matter if people are in one of the hotels that the member for Dawesville described as economical or The Westin; they are stuck in a small room for 14 days. They do not have windows, by design. We have selected hotels without windows.

Mr Z.R.F. Kirkup interjected.

Mr R.H. COOK: Indeed.

Dr M.D. Nahan: Why is that an issue?

Mr R.H. COOK: Simply because of the risk for absconding, and, to be honest, member, some people find it a bit distressing and they could do things that could endanger them.

Mr Z.R.F. Kirkup: No windows at all?

Mr R.H. COOK: People can see out, but there is no fresh air. Again, I guess this is one of the issues that has kept our processes so tight. For instance, and I go back to the member for Moore's point, I understand in Victoria they had smokos, or people could go out and stretch their legs, breath some fresh air and such things. We do not do that.

Dr M.D. Nahan: Do they have to stay on the floor of the hotel?

Mr R.H. COOK: They cannot leave the room, although some have had to transfer to other hotels. I think the InterContinental had a leak at one point, so we had to get people out of that hotel and into another. Obviously, this is a tight regime. It is one that has kept us safe, but it comes at a cost. The member for North West Central also raised mental health issues in the hotels, which is the reason we have close monitoring of people's physical and mental wellness. A team visits frequently.

The fees that we have come to can only be cost recovery, because as the member for Riverton will tell us, that therefore becomes a tax. We have kept the fees for one adult in one room over 14 days at \$2 520. That compares with \$2 800 in Queensland, \$2 500 in the Northern Territory and \$3 000 in New South Wales. It is around \$180 a day for an adult, \$135 a day in Queensland for the room plus \$65 a day for meals and so on. The fees that we have struck are comparable. In many cases they are manageable, but in some cases, member for Riverton, they are not manageable. Upon someone being told that they will be doing hotel quarantine, they are informed of the capacity to have those fees waived in part or in full. They are not issued with an invoice, and they are invited to apply for that in the first seven days.

Dr M.D. Nahan: When they arrive. A lady is here now. Last I talked to her, she was leaving for WA. She had not been told whether she would have fees waived or not. She had made an application, which we helped her with. So the decision is to be made once she arrives and before she is given a bill, is that what the minister is saying?

Mr R.H. COOK: Yes, that is right. From what the member described, this is someone who will clearly struggle with those costs. The Department of Communities manages the fee-waiving arrangements.

Dr M.D. Nahan: Who do we contact?

Mr R.H. COOK: The member is welcome to contact me, and I will put him in touch with the appropriate person. This goes down to the issue the member also raised about whether people can get in the state through the G2G Pass. In the first instance, we will refer the member to Minister Roberts's office, and Minister McGurk's office is the appropriate one for the Department of Communities.

For members' information, I think I said in my second reading speech that we have had 1 973 people in hotel quarantine since 17 July. Of those, 92 have had their fees waived in full and another 53 partially waived. Around 5.3 per cent of people get their fees waived. We try to take a compassionate approach. There are not clear guidelines, member for Riverton, but they are in relation to the sorts of things that we would anticipate—family and domestic violence issues, hardship and things of that nature. We try to take a compassionate approach to that.

I know our lot of people have contacted members. The member for Nedlands raised issues about people who have had their G2G Passes rejected and so on. Can I just say that the police are dealing with over 500 feedbacks, for want of a better description, at the moment from people wanting to have their situations reviewed. I have discovered

that many people perhaps did not realise that they held information that would have been more useful for the police to take a different approach.

Dr M.D. Nahan: The application has limited space for words. Some people are not good with words. I think one of them had 600 words for exemption, and it took a while. I think you need to have a look at the form.

Mr R.H. COOK: Yes, okay. I think that is probably fair. The G2G app is a first for Australia, and we are continuing to update it, but I take the member's point. The way the police have described it to me, the more information they have, the better.

Dr M.D. Nahan: The form has limited space for information.

Mr R.H. COOK: I take that point. I thank the member.

The member for Moore raised the issue of complacency creeping into the community. I could not agree more with the member for Moore. I think Western Australians think we have done a good job. We are in a great situation. People are relieved, and as a result of that we need to continue to remind them and enforce the message that we need to make sure that people understand that we are not out of this by a long shot. The member for Dawesville wondered out loud: how long will hotels continue to be used, and how long will we continue to do this for? Unfortunately, they are questions we cannot answer. I think the member for Moore's observations are absolutely spot on to make sure that we continue to have the capacity to send the message. It is certainly one of the things that gives reasons to consider staying our hand around the easing of phase 5 restrictions, which would mean that we would get rid of the two-square metre rule, that last bastion of social distancing the rules call for. That is going to be a big step, and while the situation in Victoria remains so fragile, I think it is a step that the Chief Health Officer would be reluctant to advise us to take. But, obviously, in Western Australia we have a truly remarkable situation. I look at my colleagues elsewhere, and we hear reports of 10 000 people refusing to take tests in Victoria. I went to the director general of Health in a panic saying, "My God, how many people in Western Australia have refused to take the tests?" He went, "None. People just take the test." We talked about people not home-isolating or home-quarantining in Victoria. The police have undertaken over 30 000 visits to people in home isolation in Perth, and they can count on one hand the number of times people are not there. This is a quintessentially Western Australian thing. We are doing an amazing job.

Mr R.S. Love: It is also a function of a society that has not had a second wave.

Mr R.H. COOK: Maybe, yes.

Mr R.S. Love: It is that prolonged and secondary lockdown that leads to the reaction we have seen in Britain, we have seen in America and we have seen in Victoria. I think we need to be careful not to ascribe some sort of special powers to the Western Australia community on the basis that we have not seen that here.

Mr R.H. COOK: It is true we have not had the same hardships as they have experienced in other states, in particular the so-called second wave in Victoria, but I find that Western Australians have huge buy-in, and that is a credit to the community.

I return to the fees around the hotels briefly, because I think a number of members mentioned that they would not be as happy paying fees at one of the economic hotels as opposed to the Westin. They are uniform fees, because they are based on the cost recovery. All the hotels we have in play are great; they are more than adequate, although I grant some are better than others. I remember seeing a video from New South Wales in the early days of hotel quarantining of a chap who was stuck in a bus outside—what was the hotel?

Dr M.D. Nahan: His mate went to the InterContinental.

Mr R.H. COOK: Yes, he was outside the InterContinental. He said, "I am on the bus, waiting to get into the InterContinental. I have waited far too long", and then the bus doors shut and they drove off and he stopped outside the Ibis! I did feel sorry for him, but I did not feel sorry for the two guests who we had quarantining at the Laverton hotel who tried to make passage. Understanding that there were police both on the Eucla and the Kununurra border crossing, they tried to come in through the middle. I understand that they are international backpackers. They had forged letters saying that they were fruit pickers. I am not sure where they were going to find the orchards out there! Anyway, they underestimated the capacity of the WA Police Force. They were intercepted outside Laverton and then quarantined in the Laverton hotel!

Dr M.D. Nahan: At their own cost?

Mr R.H. COOK: I am not sure, member. I think they have long left the country actually. I think they got a one-way ticket straight out of Australia. These people were quarantining in the Laverton hotel, although I understand that is a great pub as well!

I thank members for their contributions tonight. I look forward to going into further details around the IDEC declarations for the member for Dawesville. I am happy to provide more information about the fee arrangements as required.

This is tough on people; this is horrible. A whole bunch of people are caught up by the changes with our hard borders. There are people who are caught up in the arrangements in our hotels, and we know it is distressing to some people. We do our best to make sure that we look after people's health and wellbeing. I will provide some more detail about the incident that the member for Dawesville described at the Mercure Perth. I was not going to, but he went into some detail on that issue. The report I have from the department is that a hotel lobby security guard was asked by the Mercure hotel duty manager to move a TV remote from a vacant room, 603, to another room, 602. The message was relayed to another security guard on the sixth floor via radio to conduct the task. The security guard entered room 616, which he believed was vacant, without personal protective equipment and without knocking, because he was not expecting anyone to be there, and of course, there were the two guests. The floor security guard entered approximately two metres into the room, understood that the guests were visibly upset, did not come within two metres of the room's occupants and was in the room for less than 30 seconds. The senior on-site supervisor security guard attended to speak with the guests and to try to de-escalate the situation. Obviously, in this instance, a heightened level of anxiety evolved and it was suggested that the department did not reach out to the guests. The state health incident control centre health and wellbeing team had previous contact with the guests and, following the incident, contacted the guests again. Both the lobby and floor security guards were stood down for 14 days, as a breach of standard operating procedure had occurred. The current standard operating procedures do not allow security guards to enter any guests' room in the hotel.

The floor security guard directly involved in the quarantine breach has been stood down for 14 days and was instructed, as per the security company measures, to have a COVID-19 test and remain in quarantine until he returns a "not detected" result. The hotel lobby security guard has been stood down for 14 days due to a breach of process. The state health incident control centre health and wellbeing team was in contact with the guests on the morning of 9 August and the guests were offered an apology. The SHIC health and wellbeing team liaised with the security company and the hotel general manager to clarify aspects of the reported incident.

The security guard has confirmed that he did not at any stage say to the guests that he did not understand English. His level of English is supported by the fact that the passenger reported to the media that the guard was looking for a remote control. Obviously, English is his second language, but I believe that he made a mistake but undertook the correct and appropriate actions following that. As the Premier said in question time today, the concern about infection control is from the guests who were quarantined to the security guard, not the other way around. These situations are always unfortunate and it is appropriate and important that we learn from them and continue to tighten up our processes and provide the appropriate level of apology and support to the guests.

It is clear that the member for Dawesville's constituents were distressed both before and after the incident and I hope that the health and wellbeing team were able to help them out. The member raised the issue about their fees; that is not within my purview, but those things will be reviewed.

I thank the members for their support.

Dr M.D. Nahan: Minister, can I ask you another question to follow-up on Elaine?

Mr R.H. COOK: Sure.

Dr M.D. Nahan: She had been allocated in a hotel; that's fine. In what circumstances do you allow people such as her to self-isolate outside a hotel, in her own residence?

Mr R.H. COOK: Has she travelled from Victoria?

Dr M.D. Nahan: No, New South Wales.

Mr R.H. COOK: Again, it is run by the WA Police Force, so I do not have oversight of it. My understanding is that travellers undertake a series of questions at the airport and it has to do with their capacity —

Dr M.D. Nahan: At arrival?

Mr R.H. COOK: Yes, at Perth Airport. It has to do with their capacity to be able to isolate or home quarantine effectively without coming into contact with others, and that they have appropriate support. Member for Riverton, I think we need to chat about your constituent.

Dr M.D. Nahan: She might have already been in a hotel. I think she's on her way. She was on her way two days ago.

Mr R.H. COOK: Right. People will come in under a whole range of categories and one of the things that I think the member for North West Central said is that we need people to be able to come in and take up jobs here. As members would have heard, the Premier is encouraging fly in, fly out workers to move to Western Australia and we are trying to facilitate their arrival as well, and, as the member for North West Central said, quarantining as appropriate. People are interviewed at the airport. If they come from states other than Victoria, such as New South Wales, they are tested at the airport and they are required to self-test by taking themselves to a COVID clinic on day 11. If they are from Victoria, they are immediately transported to a hotel and they are tested on days 2 and 12. If they are from any other state, they do not have a test at the airport, but they are required to test at day 11.

Dr M.D. Nahan: She has been told she has to hotel quarantine.

Mr R.H. COOK: It might be that they do not consider that she has the necessary support for home quarantining, but as I said, I think it is worthy of a conversation between the member for Riverton and I.

Dr M.D. Nahan: When they are in a hotel, can I contact them?

Mr R.H. COOK: Yes, absolutely. I do not think there are any problems with that. In fact, if the member is worried about her wellbeing, the SHIC health and wellbeing team would be keen to hear from him.

There will be other questions in consideration in detail, but I thank members for their support for the bill thus far. Question put and passed.

Bill read a second time.

Leave denied to proceed forthwith to third reading.

Consideration in Detail

Clauses 1 to 8 put and passed.

Clause 9: Section 180 amended —

Mr Z.R.F. KIRKUP: I note that after “area; or” is inserted at the end of section 180(c), paragraph (d) will be inserted, which states —

(d) direct that any road, access route or area of water in or leading to the emergency area be closed.

Why was there a need for that expanded definition?

Mr R.H. COOK: This is seen as necessary because it may not be practical or resource efficient for the emergency officer to meet the requirements of section 180(c) to close any road, access route or area of water in or leading to the emergency area. For example, the Chief Health Officer, who will be an authorised officer under the amended act, will be able to direct owners of particular premises to close those premises in order to prevent, control or abate a serious public health risk. Giving relevant officers the ability to direct others to carry out this function overcomes the current restriction in the provisions that these relevant officers need to carry out this function themselves. The amendment reflects the same amendment as section 67(d) of the Emergency Management Act. In short, it replicates the cascade of authorities and power under the Emergency Management Act with those in the Public Health Act.

Mr Z.R.F. KIRKUP: I thank the minister for the response. What would be a practical example of doing that for an area of water? I do not quite understand the necessity of including the words “area of water” in that case.

Mr R.H. COOK: Member, a good example is that when we were utilising Rottneest Island as a quarantine station, all the moorings and all the waters around the island were also off limits.

Clause put and passed.

Clauses 10 and 11 put and passed.

Clause 12: Section 187 amended —

Mr Z.R.F. KIRKUP: Clause 12 states that —

IDEC-directed person means a person who is subject to a quarantine direction in respect of an urgently notifiable infectious disease specified in an IDEC declaration at the time the person became subject to the direction.

I enjoy the circular nature of that inclusion.

Mr R.H. Cook: It is called drafting flourish!

Mr Z.R.F. KIRKUP: They are fantastic words by the draftsman. Just to get a better understanding, if we are directing a class of people, as the bill now proposes, I assume that means effectively that if an infectious disease extreme circumstance-directed person falls into a class, they become an individually directed person as well. I imagine the current practice is that we name the individual; for example, Zak Kirkup becomes the directed individual. But if I become a class of individuals—so I come by air into Perth Airport or something—does this therefore mean that this does not apply? Is this effectively a wholesale application of the IDEC? If an IDEC-directed person is part of that class, would they not necessarily need to be individually named? In that a correct assertion in this case?

Mr R.H. COOK: Member, that is correct. Again, I draw on the Rottneest experience. As people were coming off the *Artania*, every person that stepped off the boat had to be given a direction. That direction then had to be updated in 24 hours. Ultimately, I think we did it under the Emergency Management Act, so that never came to pass. With

this legislation, we could make the direction, “Dear *Artania* passenger, you all—defined by the fact that you are on the *Artania* at the moment—now have to go to Rottneest.” The passengers would become IDEC-directed persons, but they would be classified as a class of persons.

Mr Z.R.F. KIRKUP: I appreciate the response, minister. On the class of people and how specific that can be, the minister used the example of the *Artania*. That is a very identifiable vessel. What parameters would be used to define that a person belongs to a class of person? Could it be by suburb, for example? Western Australia has replicated almost exactly what has happened in New Zealand in many respects, and now Auckland has gone back into lockdown because of COVID-19 cases there. I anticipate that, for example, we will probably have to shut down entire suburbs or regions again. What is the mechanism by which we would define an area? A vessel is very clear: it is the MV *Artania*. But if it is a town or suburb, would we just use the geographical constraint, if it is an individual’s origin? Is it as loose as that? Is that as easy as it could be?

Mr R.H. COOK: Member, that is absolutely the case. Soon, we will be taking the member and his colleagues through a presentation and briefings on outbreak planning and preparation. Obviously, we anticipate an outbreak could occur in different circumstances—an aged-care setting is a classic one; a primary or high school is another. Indeed, we can envisage a situation in which we have decided that there has been an outbreak within a particular community, and we can define it geographically from that point of view, so it basically provides greater efficiency in the way that we do that. For instance, we might say that everyone who is a close contact at school such-and-such is now an IDEC-directed person, and we could go about defining people in that manner. But the member is absolutely right: we could come across the situation unfortunately at some point in the future where we would have to say school X, or aged-care facility Y, or, indeed, even suburb Z.

Mr Z.R.F. KIRKUP: I appreciate the response, minister. I assume therefore that there is capacity in the legislation for this. I do not want—I imagine none of us do—this to be tested in a court and it be found that we had not defined the class of individuals enough. I assume this bill and the relevant clauses will allow for necessary flexibility through the associated public health emergency to provide that type of instruction. It can be just a defined school. Indeed, I am yet to see a legislative definition of “close contact”, but we understand that there is a clinical example of how that would be defined. I mean, there is obviously the capacity—I assume the minister would not have brought it in here otherwise. The minister is clearly confident enough that we will have the flexibility required to direct the class of individuals in the event of such an outbreak in the community.

Mr R.H. COOK: Yes, we are, member. This is obviously an important change to the Public Health Act to really, I guess, operationalise it in a pandemic scenario. From that perspective, we think it will do the trick, as all the amendments are combined. Ultimately, if an individual decides that they do not want to wear a mask at Bunnings, or something of that nature, we have powers under the Emergency Management Act as well, which is enforceable by the police. Of course, any law is subject to challenge in the courts, but we believe that this is an appropriate mechanism to be able to do these things more efficiently.

Clause put and passed.

Clause 13 put and passed.

Clause 14: Parts 12A and 12B inserted —

Mr Z.R.F. KIRKUP: I am very keen at the outset to understand how the Department of Health came up with “IDEC” as an idea. Would the minister enlighten the house?

Mr R.H. Cook: It is such a cool name!

Mr Z.R.F. KIRKUP: It is a cool name.

Mr R.H. COOK: Member, I would like to say that it is drawing upon —

Mr Z.R.F. KIRKUP: Ministerial direction.

Mr R.H. COOK: Yes—that was my grand plan. I guess it is really a very functional name. It describes a situation in which there is an infectious disease of extreme circumstance. From that point of view, I think the nomenclature was really just worked up in conjunction with our friends in the drafting area.

Mr Z.R.F. KIRKUP: I appreciate the —

Mr R.H. COOK: I have more instructions.

Mr Z.R.F. KIRKUP: Sorry, I will yield to the minister.

Mr R.H. COOK: Yes, the definition of “infectious disease extreme circumstance declaration” was crafted upon advice from the Chief Health Officer and modelled on circumstances listed in section 475 of the federal Biosecurity Act 2015, which most consistently reflects a pandemic situation or circumstance.

Mr Z.R.F. KIRKUP: Minister, I note that as part of the requirement for an IDEC declaration, on the same page that we are on now, page 7, proposed section 202A states —

- (3) The Minister cannot make an IDEC declaration unless the Minister —
(a) has considered the advice of the Chief Health Officer; and —

Obviously —

- (b) is satisfied that an urgently notifiable infectious disease is posing a severe and immediate threat, or is causing harm, to human health on a significant scale ...

And that, effectively, a person needs to be detained for more than 24 hours to prevent the spread et cetera. This has obviously been crafted as an immediate response to COVID-19. I guess one of the more curious thoughts that I had is that there are a number of infectious diseases that are urgently notifiable that could pose a severe threat to Western Australia. We have learned to live with all manner of things, for example, but I think they still present an urgently notifiable infectious disease. I assume that this is why the legislation includes the ability for the advice of the Chief Health Officer, for example. I am pretty certain, although I could be wrong, that some form of gastro is an urgently notifiable disease.

Mr R.H. Cook: Measles is a good example.

Mr Z.R.F. KIRKUP: That is right. Obviously, we rely on the advice of the Chief Health Officer about the severity of what that might be. I suppose that the wild assertion might be that this provides the minister with significant power to quarantine a class of individuals for an extended period for things that are already in existence rather than responding directly to COVID-19. I was wondering why it has not been defined as COVID-19, given that this is a COVID-19 response bill and that we have defined COVID-19 legislation in the past, and why it has been extended to other urgently notifiable diseases. There are safety mechanisms to ease the concerns of libertarians that the government will not lock people up because they have got measles, for example. The minister would take the advice of the CHO and his integrity would come into play as the minister.

Mr R.H. COOK: It is a good question, member. I guess ultimately there is a very good chance that we will see some mutation of COVID-19 at some point in time and we will be working with some other disease or a variation of it. From that perspective, it is about making amendments that best fit. In relation to the mechanism by which the minister must seek advice from the Chief Health Officer, that reflects the current public health state of emergency. I cannot do it on my own account. I am required by law to consult the Chief Health Officer and the Chief Health Officer is then required by law to advise me as to whether he thinks the circumstances exist to continue that. We have been going like that since March. Every fortnight, I re-sign the declaration and it is all based upon consultation with the CHO. It is consistent with that way of operating. In addition, the minister has to be satisfied that the urgently notifiable infectious disease is posing a severe and immediate threat or is causing harm to human health on a significant scale. Urgently notifiable infectious diseases are set under part 2 of the Public Health Regulations 2017 and may also be made by order of the Minister for Health. It has to be a significant outbreak; it has to be a significant infectious disease. It cannot just be about a gastro doing the rounds at the local primary school.

Mr Z.R.F. KIRKUP: Minister, obviously last year is a very good example. We had a seasonal flu that killed 90 people. I realise that the seasonal flu is not what we are dealing with here, but under the current requirements, that is an immediately notifiable disease, so it falls within the category. Of course, we have seen other examples. I realise that as a generality, the severity of harm to humans is not as much as what we are dealing with now, but 90 people died last year. I believe that in previous legislation we have defined “coronavirus” in not only health bills, but also other bills that have come to this place. I appreciate that it will mutate. This is why I point to the gazettal and I appreciate the necessity to publish it.

Another concern is that I think there was a significant outbreak of hepatitis in remote Aboriginal communities up north, which we spoke about last year. I could be wrong. When we spoke about it, it was sweeping across the northern parts of Australia. It started off in far north Queensland, came across the Northern Territory and hit the Kimberley. That posed a severe threat and harm. The infectious disease extreme circumstance declaration is expansive and necessary, and no doubt would support part of the public health response. We are trying to gauge at what point the minister would initiate it. If we think that we will be faced with a similar situation with a massive flu outbreak—90 people dying is significant; I realise that it is not an anomaly—what is the threshold? There is no threshold in the bill that defines what the death or severity will be, for example.

Mr R.H. COOK: Indeed, ultimately, it comes down to a clinical decision. We would seek the advice of the Chief Health Officer. An IDEC declaration enlivens particular powers with respect to a serious public health incident and a public health emergency. We would have to have one of those two preconditions before making an IDEC declaration. It would take more than the flu, although I take the member’s point. In July this year, we had seven cases of flu. That is not because the flu is not out there; it is because people have been physically distancing and practising good personal hygiene, and, lo and behold, all of a sudden there is no flu in the community. We

have spared the loss of many lives. You and I and others may like to speculate about what we will do next year. If we have dealt with COVID-19 and we are bumping into a flu season, what will be the public health response now that we know what we are capable of? That is for another day. The minister has to also be satisfied that the ability to quarantine persons for longer than 24 hours is likely to be needed to prevent or control the entry of that disease, so it has to be a particularly special set of circumstances. We want people to go away for a specific period, longer than 24 hours, because we have a particular set of circumstances. At the end of the day, this is why we have incredibly capable people around the country called chief health officers. I am also advised that the IDEC has no power on its own. It only enlivens a waiver of the CHO's detainment decision.

Mr Z.R.F. Kirkup: The attempt to quarantine; is that right?

Mr R.H. COOK: That is right; and it only comes down to the issue of detainment. There are other aspects of it that are beyond the reach of these amendments.

Mr Z.R.F. KIRKUP: I thank the minister for that response. I will move on to proposed sections 202B and 202C, which refer to the duration of an IDEC declaration and the extension of an IDEC declaration. As far as I understand, an IDEC declaration remains in force until the end of the period of three months commencing on the day on which it first came into effect. Why is that the case? Why was a three-month window chosen as a necessity to be enshrined in this legislation?

Mr R.H. COOK: I am advised that the three-month period is in line with the federal Biosecurity Act 2015 and was simply recommended by the Chief Health Officer as an appropriate time.

Mr Z.R.F. KIRKUP: Proposed section 202C refers to the extension of the IDEC declaration. At page 9, proposed subsection (4) states —

Each extension, or further extension, of the duration of an IDEC declaration cannot exceed 3 months, but there is no limit on the number of extensions as long as subsection (2) is complied with.

Can the minister explain the necessity to include that as an item? My reading of this—appreciating that I am not a lawyer—is that each extension cannot exceed three months, but there is no limit on the number of extensions. I assume that because the government has to comply with the commonwealth biosecurity arrangements that say that we have to have three months, it does not want to limit how many times that needs to be repeated but it cannot go more than three months because it has to be consistent with the commonwealth Biosecurity Act. Is that effectively it?

Mr R.H. COOK: It is simply the same situation we have with a public health emergency. Every fortnight I have to renew it, and under an IDEC, it is every three months. We have to go full circle and retest the criteria against which the IDEC declaration was made in the first place. It is not limiting the number of declarations that can be made, but it is to say that we have to do it every three months and retest against those criteria.

Mr Z.R.F. KIRKUP: With respect to the process that the government would go through to make sure that it meets those criteria—excuse my ignorance, but I have never been the Minister for Health—I assume that the minister sits down with the CHO and goes through the legislative requirements. Is that minuted? How is that taken note of? Ultimately, if this was ever tested, I imagine that there would need to be some record that the minister had gone through the effort of making sure that that was complied with and met those requirements.

Mr R.H. COOK: Essentially, member, the minister makes a declaration that a person has gone through the process. To give the member an idea of what that looks like at the moment, I receive an email from the department to say, “Minister, it’s coming to the end. You now need to consult the Chief Health Officer.” The Chief Health Officer sends me an email saying, “Minister, I’ve formed a view. We believe that you should extend the public health emergency.” Therefore, I have consulted and then I can fill out the declaration.

Mr Z.R.F. KIRKUP: I will move to proposed section 202D, “Revocation of IDEC declaration”, on page 9, which states —

(1) The Minister may, by written declaration, revoke an IDEC declaration ...

I am going through the process the minister just explained. There is some form of words the minister has to issue to effectively revoke the declaration, but is that then provided to anybody? What happens after a IDEC is revoked? Does it have to be published in the *Government Gazette* or something like that? How is that it has been revoked published? Does it go to someone else? I believe that the publishing requirement under proposed section 202E is for the publication of only the IDEC declaration, not the revocation. I could be wrong.

My apologies, proposed section 202E states —

(1) The Minister must publish notice of a declaration made under section ... 202D.

In that case, I will move from that to proposed section 202E(3), which states —

A failure to publish notice of the declaration does not affect the validity of the declaration.

I raised this provision in my contribution to the second reading because it is something that I am particularly concerned about. I do not quite understand why we need to include that provision. Aside from there being an established procedure in place, why do we effectively have this insurance mechanism that suggests that if the government does not get around to publishing it, it still matters anyway? Surely the publishing requirement is important.

Mr R.H. COOK: Member, I am advised that the failure to publish or gazette the IDEC declaration or its revocation should not affect its legal validity. We could contemplate the situation in which things need to be done so quickly to allow for the efficient management of an infectious disease, and a technical requirement should not negate a health necessity. The publication a little time later is sufficient. This is because there is no change to the existence of the serious public health risk or the public health state of emergency. It is also consistent with the publishing provision for a public health state of emergency declaration.

Mr Z.R.F. KIRKUP: It is great to see the Acting Speaker.

The ACTING SPEAKER (Ms M.M. Quirk): It is great to see you, too. Now, get on with it!

Mr Z.R.F. KIRKUP: Does the minister have an anticipated time frame for the requirement that the IDEC declaration needs to be gazetted?

Mr R.H. COOK: I am advised that it has to be as soon as practicable. Obviously, the *Government Gazette* is published once a week or twice a week, so we would anticipate that it would be somewhere between 48 and 72 hours at the most.

Mr Z.R.F. KIRKUP: In that case, for argument's sake, with respect to my concerns about the provision, we are not talking some months after it has been made. If the minister cannot get it done in the bi-weekly run, but a week or two after, that effectively will not invalidate the initial IDEC declaration being in place.

Mr R.H. COOK: That is correct.

Mr Z.R.F. KIRKUP: I will move to part 12B, "Recovery of certain costs relating to exercise of powers". Under proposed section 202G, "Terms used", a hotel is described as —

- (a) a motel;
- (b) a hostel;
- (c) a lodging house;
- (d) a boarding house;
- (e) a serviced apartment;
- (f) any other premises prescribed by the regulations;

First, what regulations? I assume it is any other regulations issued subsequently, but I may be wrong. I will start there. What other premises are prescribed by the regulations?

Mr R.H. COOK: The term is described in a manner to capture a range of scenarios. This term includes the ability to have other forms of accommodation to be prescribed in regulations to ensure legal certainty as to their inclusion. This will allow, for instance, accommodation on Rottneest Island and on cruise ships and other vessels to be included as the need arises. This will not include situations in which people are required to reside in hospital. It is not the government's intent to charge people for hospital or medical services under this new fee provision. It is not intended, as yet, to prescribe additional premises in the public health regulations. It is really just acknowledging that as time goes on there could be other ways we can accommodate people. I think at one point with the *Artania*, we had a whole bunch of staff stay on the vessel to keep the ship ticking over. In that context, they would be, for want of a better description, technically hotel quarantining.

Mr Z.R.F. KIRKUP: I assume that if the minister ever had to deem the Perth Convention Centre as an area of mass accommodation, the regulations would effectively allow for that site to be included as a hotel. That is the sort of breadth of the definition, I suppose, proposed by this legislation. In that case, the minister could effectively deem any premises to be included for the purposes of this legislation being exercised anywhere that the government saw fit to ensure that someone had to be mandatorily quarantined where the premises were operated by a third party. I assume fees for that would be recouped.

Mr R.H. COOK: This proposed section gives light to the fact that "hotel quarantining" is the common usage of the term that we have at the moment for accommodating people for the purposes of quarantining, but understanding that this is a changing situation and that in the future we might have some other solutions or ways of doing this. It is really just accepting that it is a fast-changing situation and we need a bit of flexibility here.

Mr Z.R.F. KIRKUP: Does the minister have a breakdown of the facilities currently being utilised for "hotel quarantine", in a more colloquial parlance? Where do the facilities fit? Is the Westin hotel defined as a motel, for example? I do not know. It would not be a serviced apartment and I am curious to understand where

it would fit in. Could the minister perhaps provide a breakdown of the existing facilities currently being used and where they might fit?

Mr R.H. COOK: The Perth hotels currently being used for quarantine include the Novotel Perth Murray Street Hotel, the Westin Perth, the InterContinental Perth City Centre, the Mercure Perth and the Hyatt Regency Perth. I assume that they are licensed under various descriptions such as lodging house and so on. I think it is really to capture the definition of a hotel in the very broadest terms.

Mr Z.R.F. KIRKUP: I saw an article a number of weeks ago now about a gentleman from Queensland who was self-isolating in a serviced apartment. Potentially, he got news coverage because he had visitors over. In the case of a serviced apartment, when the individual has already entered into an agreement with the operator and paying the fees to be there, will they also be levied potentially in this case? I appreciate that in a normal hotel environment that makes a lot of sense because a person is not paying for their accommodation in the Westin hotel, but in the serviced apartment where the gentleman was already paying for an existing long-term or medium-term accommodation arrangement, will he be paying this fee on top of that? A serviced apartment is obviously very different from a hotel, for example. They are not getting a weekly linen change or the meal service.

A member interjected.

Mr Z.R.F. KIRKUP: I always enjoy seeing the member for Mandurah this late at night; I really do.

They are obviously not getting daily meals or the linen changed or things like that, so in the case of a serviced apartment, how is that differentiated from what exists in the longer term situation?

Mr R.H. COOK: This only accounts for hotels or hotel quarantine situations operated by the State Health Incident Coordination Centre. In that case, it was part of the international protocols around international seafarers. An arrangement was struck by the commonwealth government as part of an international arrangement for the movement of seafarers around the world, so that merchant ships could keep operating. It was not part of our operation, essentially. The member is right: in that situation, it would be a very different set of circumstances, but in practical terms, it was not our gig. This is only for hotels that are operated by the state government under the auspices of the SHICC.

Mr Z.R.F. KIRKUP: I thank the minister for that answer. Moving on to proposed section 202H, “Fee payable by hotel-quarantined person in relation to cost of quarantine”, a lot of detailed and very prescriptive requirements are imposed on the Chief Health Officer. The date of the invoice, the name of the hotel-quarantined person to whom the invoice relates and the fee payable all have to be provided. Why is it necessary to go into such detail here, talking about invoices and dates and things like that? To use a Kevin Rudd term, I appreciate the specificity, but I am surprised to see such granular detail in this legislation, given that we have not legislated the flat fee, for example; it will be done by regulation. Usually agencies prefer very broad definitions that are then redefined by regulations as they see fit. Why would the government consider it necessary to outline the specific information on the invoice in this bill?

Mr R.H. COOK: I am advised that core legal contents would be required on the invoice. Obviously, there is other information that may be included on the invoice, but this is the guts of it, essentially, to make it a legal instrument.

Mr Z.R.F. KIRKUP: I realise there are members in another place who prefer very prescriptive activity in legislative considerations; others prefer regulations so that they can be flexible. I am just concerned that, for example, if there were an incorrect date on the invoice, it would nullify the activity. I realise that that may be a moot point, but I appreciate that it could be otherwise defined under regulations, and fairly easily, without taking up so much of the department’s time in putting this part together.

I will move on to proposed section 202J, “Fee may be waived”. The member for Riverton raised the individual circumstances of one of his own constituents, and I have raised the case of Rob and Rosemary in my constituency; I appreciate that the minister has said that that is something that could be reviewed, although I will now have to hassle the Minister for Community Services about that, given the contribution made earlier. This provides for the fee to be waived for hotel quarantine services. Can the minister explain a little more the process by which the Chief Health Officer would be approached for that to be waived? What formalities will be in place? My understanding of what the minister said earlier about the cases raised by both the member for Riverton and me is that it is an operation of the Department of Communities, but under this provision the Chief Health Officer will have to be approached, and he is the one who has to waive it. Why is the process run by the Department of Communities, but the Chief Health Officer is ultimately in charge of who has their fees waived?

Mr R.H. COOK: I think that is a fair question. The member is quite right: the actual process with regard to the hardship scheme or the waiving of fees is managed by the Department of Communities. The department has the expertise and specialist skills required to manage these sorts of issues. It would ultimately make a recommendation to the Chief Health Officer, who would already have delegated his or her functions under this provision to the SHICC,

at least in an operational sense. It is really just an understanding that the Chief Health Officer relies upon the experts in the field on the gauging, understanding and management of hardship issues.

Mr Z.R.F. KIRKUP: I thank the minister for the response. On one hand, proposed section 202H is very prescriptive about the invoicing requirements, whereas proposed section 202J is not particularly prescriptive about the process for waiving fees, for example. I appreciate that we will work through it, but there will be some endpoint, I suppose, when we will have to approach the Department of Communities to advocate on behalf of constituents who find themselves in those circumstances. Ultimately, it is quite a process. Until the minister said what he said this evening, I was going to provide correspondence to the Chief Health Officer to waive Rob and Rosemary's fees, but of course there is nothing in this legislation to say that he—Dr Robertson—needs to consult with the Department of Communities.

Mr R.H. COOK: Again, I guess it is anticipating that ultimately we may be in a different place and a different time in the future, but for the moment, I can assure the member that he should refer his inquiry to Minister McGurk as the Minister for Community Services. I will certainly forward the correspondence the member for Dawesville has already sent me to that minister for management.

Mr Z.R.F. KIRKUP: I thank the minister; I appreciate his help in getting Rob and Rosemary's fee situation reviewed. I appreciate that the Department of Communities is perhaps best placed to assess an individual in that circumstance; it would come across that all the time in its day-to-day business. However, under proposed section 202J(b), the Chief Health Officer can otherwise consider that it is appropriate in the circumstances to do so—that is, to waive the fees in other certain circumstances. I really welcome that, because I think it is important to provide the Chief Health Officer with the necessary general power to do that in a very quick manner. Can the minister envisage what other circumstances there might be, just in case there are other things that might not fall under the Department of Communities' definition of a situation of hardship? I think this is a good part, for what it is worth; I am not trying to be laborious. It is a good point, but it is quite open-ended.

Mr R.H. COOK: There is also the sense that ultimately it really depends what is there in the future. At the moment, the Department of Communities is managing these things; I am aware, for instance, that in Victoria it is the Department of Health and Human Services. Potentially, Health would be doing its own work on that. This is what we have at the moment. The Chief Health Officer is the decision-maker in the context of the Public Health Act, so I guess he is the authorised officer to make these decisions. Despite the fact that at the moment we are doing it under the recommendations of the Department of Communities, ultimately he has to ink the decision. It may be that in the future the Department of Communities will have a different capacity and will be able to take that on. From that perspective, it is really just the framework that we are going to work with. I can assure the member that at the moment we are relying upon the expert advice of the Department of Communities to adjudicate these things.

The scheme will be accessible by vulnerable cohorts, including those with low incomes or those facing financial hardship; people arriving on certain visa subclasses, including refugee or humanitarian reasons; and those experiencing family and domestic violence. To give the member some information, an excerpt from the manual that people are given states that eligibility is assessed against criteria including, but not limited to, an individual being unable to meet current financial obligations such as home loans and immediate living expenses; those who are unemployed or who are on JobKeeper, JobSeeker or another relevant Centrelink service; Australians studying overseas; those who have lost a business entity, home or possessions due to COVID-19; or those affected by a natural disaster.

Mr Z.R.F. KIRKUP: I suspect the document will need to be quite fluid if things change. I do not think there is much need to necessarily change it.

Mr R.H. Cook: I am happy to make that available.

Mr Z.R.F. KIRKUP: I appreciate that, minister. If the Department of Communities provides that advice to the Chief Health Officer, given the generosity of the minister herself, I am certain there will be good outcomes for my constituents in particular in that case.

Proposed section 202K, "Recovery of fees", on page 13 states —

An amount not paid by a person in accordance with this Division is recoverable in a court of competent jurisdiction as a debt due to the State from the person.

Although it is not explicit, will the director general of the Department of Health initiate such court action or will the Chief Health Officer do that?

Mr R.H. COOK: Member, I am advised that existing WA Health financial policy, functions and processes support invoice generation and delivery, records management and potential revenue collection. It sounds like it is a central office function. For the member's information, if an invoice is raised from someone who is having an episode of

care at a hospital, it is managed by the health service provider. I guess in this instance, it is just the central area of the Department of Health itself.

Mr Z.R.F. KIRKUP: So it is the director general in that sense.

Mr R.H. Cook: Yes.

Mr Z.R.F. KIRKUP: I appreciate that. Thank you very much. It is not a health service provider; it will have to be Health and, in that case, the director general.

Proposed section 202M, “Recovery of costs and expenses of requiring premises to be cleaned”, probably makes a lot of sense to a lot of people. One of the issues we raised during the briefing was whether an individual or entity might be directed to have their facilities disinfected specifically by the Department of Health or state services. Does the minister envisage that will ever be the case? Obviously, we are not a cleaning company and I cannot imagine that the state owns a cleaning company, so we would have to specify the disinfecting process that would take place. If the entity directed to disinfect believes it can comply with that, it would be up to it to do so and engage a private contractor. This is because the *Artania* —

Mr R.H. Cook: The *Al Kuwait*.

Mr Z.R.F. KIRKUP: — the *Al Kuwait* did not have that capability. In that case, the state engaged a third party to deep clean the vessel and, effectively, we bore the cost at that point.

Mr R.H. COOK: Yes, member; I think that pretty much sums it up beautifully. The intent here is not to have a flying squad from the Department of Health. My understanding is that in these circumstances, ultimately, advice is simply provided by the Public Health Emergency Operations Centre, or the PHEOC as it is affectionately referred to, which will specify the level of cleaning required. That is what took place with the *Artania*. The *Artania* had the capacity and the workforce to do that. There were similar circumstances with the *Al Kuwait*, which did not have that capacity; therefore, we had to take responsibility for that and ensure that it happened.

In relation to non-quarantine hotels where a COVID-19 case has been staying, the state is happy to provide advice on how to ensure that a room or floor is properly cleaned and disinfected to ensure the safety of staff and guests. In the unlikely event that the state provides the cleaning and disinfecting of the room or floor, there is an ability for the state to recover the costs of this. Ultimately, we do not anticipate this being a frequently used clause. We are in the process of undertaking, I guess, what were considered pertinent amendments to the Public Health Act at this point in time. The *Al Kuwait* is fresh in our mind, so we thought this would be a useful provision to have.

Mr Z.R.F. KIRKUP: On page 14 of my consultation draft, proposed section 202M(2)(b) states —

in relation to a vehicle — the owner, operator, lessee or charterer (as is relevant) of the vehicle at the time that the vehicle was required to be cleaned or disinfected.

I assume this is a catch-all. For instance, if an individual was in a taxi or a bus or something like that and an agency like the Public Transport Authority were to seek cleaning or disinfecting services from Health, will the government seek to cost-recover from other agencies, effectively?

Mr R.H. COOK: It would technically be possible, but it is highly unlikely. The Public Transport Authority is an agency that undertakes a lot of cleaning and is doing so in double-time at the moment. It is cleaning a lot of buses and trains as an extra measure during these times of COVID-19. Health has a big workforce but I do not think a COVID-19-specific flying squad is anticipated. This provision is more about making sure we have capacity to instruct people to undertake deep cleans and make sure we have some management of that as well as, ultimately, a step-in capability and recovery of those resources if necessary.

It is important to make sure that people are aware this is not an opportunity to charge hotels for the cleaning they undertake. Let me be really clear on that. This is about very specific circumstances. Hotels already have extensive cleaning capacity and it would be simply a matter of ongoing discussion and communications and advice from the Public Health Emergency Operations Centre.

Clause put and passed.

Clause 15: Section 203 amended —

Mr Z.R.F. KIRKUP: Proposed section 203(1) provides for “a person who suffers loss or damage because of the exercise, or purported exercise” of the act and “is entitled to be paid just and reasonable compensation for the loss or damage”. Could the minister provide, for the benefit of this house, some explanation about what that might mean? I know, in brief, it was damage to property, premises or animals at one point. Can the minister give us a more fulsome explanation beyond what is provided in this subsection?

Mr R.H. COOK: Clause 15 narrows the circumstances in which compensation may be claimed by the general public under section 203 of the Public Health Act. The intent of this amendment is in recognition of the unique circumstances brought about by a pandemic, public health emergencies and incidents. It is an essential amendment

to ensure that the state is not automatically liable to compensation claims by persons affected by the exercise of a serious public health incident power; an emergency power; a power under part 12, division 6, “Other powers exercisable during public health state of emergency”; or section 199, “General provisions regarding powers”, relating to an emergency officer. Instead, the ability to claim compensation is narrowed to just and reasonable compensation for the loss and damage attributed to premises, property or animals.

As a footnote, this change reflects the more conservative positions of section 78 of the Emergency Management Act. Under that act, compensation may be claimed only for loss and damage attributed to such things as destruction of property and animals. To provide some context, we were confronted in the early days by trying to work out whether the measures we put in place were done under the provisions of the Public Health Act or the Emergency Management Act. One of the reasons that made us rely so heavily on the Emergency Amendment Act was the concern, particularly for people in quarantine and things like that, that people would come to the state for compensation. It is interesting that in Victoria and New South Wales, they do not have such compensation clauses. They rely very heavily on their public health acts because they do not have that fear. From that point of view, and given that we are detaining people, this is an appropriate amendment.

Mr Z.R.F. KIRKUP: One of the concerns that has been raised with me is the indemnity of hotels in their role. Some hotels over east have incurred significant reputational damage when things have gone awry. I presume this clause does not open hotels to the possibility of more substantive claims or anything like that being made against them. More than that, is the government looking at the question of indemnity? We are relying on hotel quarantine locations to act for some time as pseudo-health facilities. I assume that does not open them to liability, because they have been directed to undertake an act.

Mr R.H. Cook: Do you mean hotels?

Mr Z.R.F. KIRKUP: Yes. I understand it is a bit of a deviation from this clause, but has the government looked at it? Is indemnity a concern?

Mr R.H. COOK: Member, thank you very much for raising this, because obviously there is some anxiety about the role that hotels play in this. It is important to put on the record that the compensation provisions in the Public Health Act 2016 and the Emergency Management Act 2005 relate to claims against the state when the loss or damage is suffered because of the exercise of powers by the state. The Public Health Act amendments narrow the circumstances of when compensation can be claimed by the general public under proposed section 203. If a member of the public wants compensation for loss or damage arising from a direction to quarantine, that claim has to be made against the state, and members of the public should be advised of such. The hotels themselves are acting subject to a lawful direction themselves, rather than undertaking a particular action. In an operational sense as well, we understand that hotels are providing just a facility. It is staffed by the Department of Health and secured by contractors on behalf of the Department of Health. From that point of view, the hotels do not play any role in the detainment or what might be some sort of loss of liberty that would give rise to any sort of claims against them.

Clause put and passed.

Clause 16 put and passed.

Title put and passed.

Third Reading

MR R.H. COOK (Kwinana — Minister for Health) [10.32 pm]: I move —

That the bill be now read a third time.

MR Z.R.F. KIRKUP (Dawesville) [10.32 pm]: I would like to again place on the record my appreciation for the minister and his advisers and the work they do in guiding the house through important and timely legislation. It is a testament to the good work of the minister and his team that we can get through something relatively smoothly without too much trouble; of course reflecting that the Public Health Amendment (COVID-19 Response) Bill 2020 is part of a national cabinet decision. Before this legislation came to this place it was part of conversations that the minister had with us early on to say that this is something we should anticipate and this is where we are going. I again thank him for his close working relationship so that we can continue to legislate to protect the health of all Western Australians. I note and look forward to working with the Minister for Community Services in trying to waive some of the fees for those residents of Halls Head who had their hotel room breached and part of the security compromised. Other than that, I commend the bill to the house and look forward to its expeditious passage to be made into law so that we can help recover costs for those hotel-quarantined individuals.

MR R.H. COOK (Kwinana — Minister for Health) [10.33 pm] — in reply: I place on the record the government’s appreciation of other members of this place supporting the Public Health Amendment (COVID-19 Response) Bill 2020. This is important legislation as we continue to try to find a sustainable approach to the wicked issues that we are confronted with under COVID-19. We thank members for their support. I would like to thank

Extract from *Hansard*

[ASSEMBLY — Tuesday, 11 August 2020]

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Mr Roger Cook; Mr Zak Kirkup; Mr Shane Love; Mr Bill Marmion; Mr Vincent Catania; Dr Mike Nahan

the advisers, both from within my office and the department, who have guided us through this legislation and very much thank everyone for the speedy passage of it. I take the opportunity to also place on the record my absolute appreciation for the doctors, nurses, allied health and support staff from the Department of Health and the incredible work they are doing. In particular, I thank those nurses and logistics technicians who stepped up and said that they are happy to go to Victoria as part of Western Australia's efforts to support our friends on the east coast with their current outbreak. I also want to thank all those people in the Western Australia Police Force and the Department of Communities and everyone who has formed the great workforce that has helped us manage the COVID-19 pandemic, or our experience of it to date. On that basis, I commend the bill to the house.

Question put and passed.

Bill read a third time and transmitted to the Council.