Office of the Auditor General
Serving the Public Interest

Report 1: 2023-24 | 9 August 2023

PERFORMANCE AUDIT

Requisitioning of COVID-19 Hotels

Office of the Auditor General
Western Australia

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ISSN: 2200-1913 (print)
ISSN: 2200-1921 (online)

The Office of the Auditor General acknowledges the traditional custodians throughout Western Australia and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities and their cultures, and to Elders both past and present.

Image credit: AAP Image/Richard Wainwright

WESTERN AUSTRALIAN AUDITOR GENERAL'S REPORT

Requisitioning of COVID-19 Hotels

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THE PRESIDENT
LEGISLATIVE COUNCIL

THE SPEAKER
LEGISLATIVE ASSEMBLY

REQUISITIONING OF COVID-19 HOTELS

This report has been prepared for submission to Parliament under the provisions of section 25 of the *Auditor General Act 2006*.

Performance audits are an integral part of my Office's overall program of audit and assurance for Parliament. They seek to provide Parliament and the people of WA with assessments of the effectiveness and efficiency of public sector programs and activities, and identify opportunities for improved performance.

This limited assurance review forms part of our Office's series on examining aspects of public administration related to COVID-19 pandemic responses.

I wish to acknowledge the entities' staff for their cooperation with this audit.

CAROLINE SPENCER
AUDITOR GENERAL
9 August 2023

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Auditor General's overview

The hotel quarantine program was a significant and untested public health measure as part of the State Government's COVID-19 response following a decision of National Cabinet. Before vaccines were widely available, it was designed to be the first line of defence in preventing the importation and spread of the disease throughout the Western Australian community. It accommodated the many travellers returning from interstate and overseas, and managed their release, infection free, into the community.

This report provides information on the program, including hotel selection and reimbursements, security costs, hotel damage and compensation claims, and traveller payments. The program represents unprecedented government activity that had significant financial and human impacts and involved the use of legislated emergency management powers to requisition and control privately owned and run hotels for use as State quarantine facilities.

With a cost to government and travellers of approximately $475 million, 86,000 people were housed in the hotel quarantine program over a period of 30 months. Health officers and hotel operators demonstrated goodwill and accountability in many critical aspects of the program, and the areas we reviewed were generally well administered and successfully delivered, albeit with some opportunities to improve record keeping to further demonstrate accountable decision making on some key aspects.

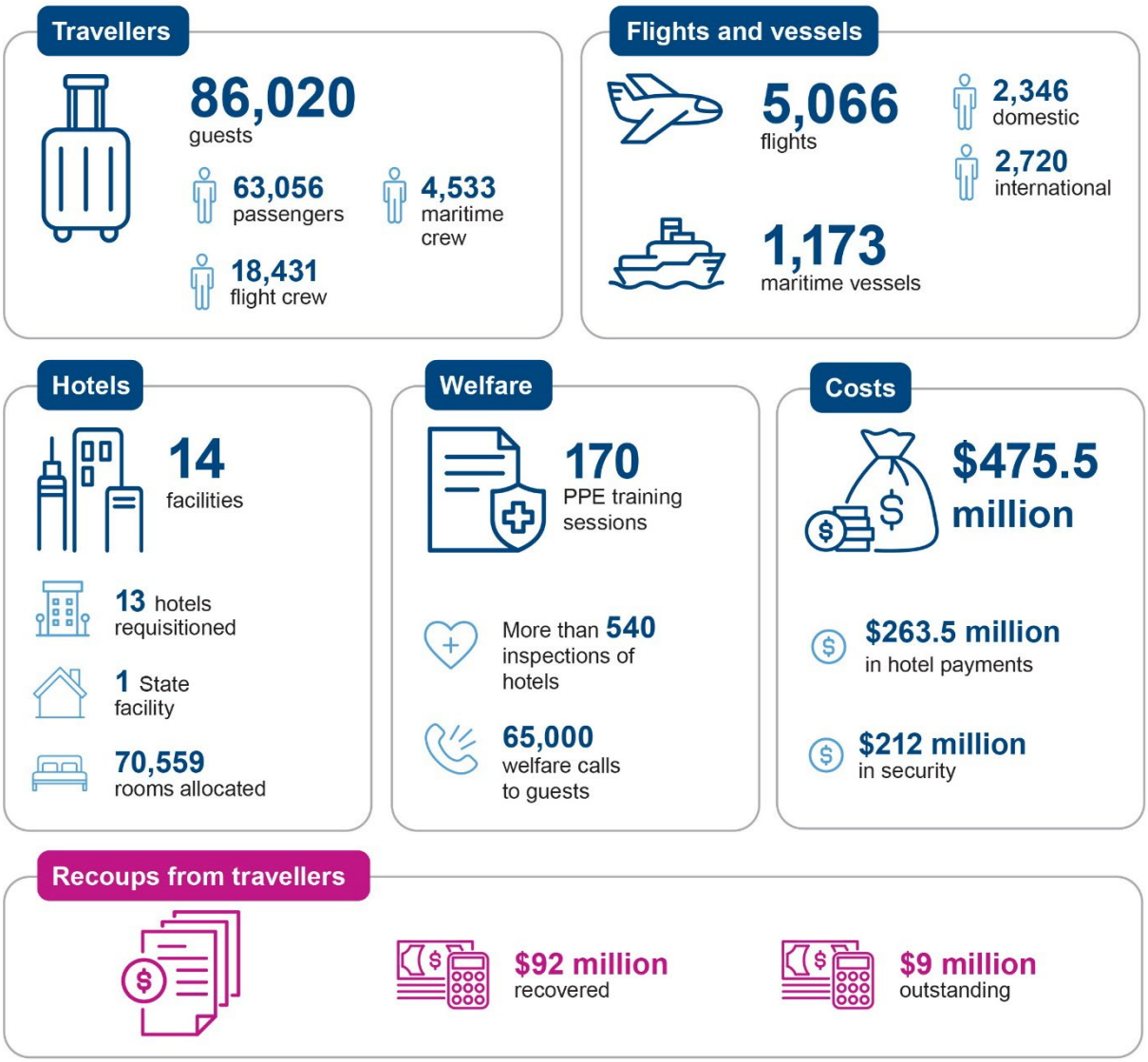
No matter how necessary, by its nature, mandatory quarantine is a significant intrusion into people's lives. Everyone who entered hotel quarantine had their lives disrupted and needed to deal with the challenges of being confined. While this was an administrative review, my team and I were particularly struck by the hard work and caring dedication of the many individuals involved, and the level of co-operation between State and private entities. Under short time frames and ever-changing health advice at both national and state level, staff at the State Health Incident Coordination Centre worked to create and deliver a complicated and difficult program. The hotel staff we spoke to were at pains to mention the diligence and assistance of the health personnel they interacted with.

I would also like to acknowledge the impact on a group who perhaps did not receive recognition in the public mind, but who experienced all the uncertainty and long hours of some of the toughest front line delivery roles during the pandemic. The essential role the hotels and their staff played in running the hotel quarantine program cannot be understated. While the program provided hotels with welcome revenue during difficult times for the hospitality industry, it also presented the real challenge of a dramatically altered operating environment. Hotel staff faced frequently changing job responsibilities, difficult interactions with guests as well as the stress and social stigma of being continually exposed to the threat of infection.

This is my Office's 12th report[1] specifically examining matters relating to the COVID-19 response. This series of work provides transparency and assurance on aspects of public administration and performance by State and local government entities in Western Australia, during what has been a very challenging and unusual time globally for governments, businesses and the community. It is a period we can hopefully now put behind us and return to a more normal operating environment. It is important, however, that we understand what went well and what we could have done better, so that the right lessons are learned for any future extended emergency or public health response.

[1] Office of the Auditor General, *Auditing the State's COVID-19 response*, OAG website, accessed 1 August 2023.

Hotel quarantine at a glance



Source: OAG based on Department of Health data

Figure 1: Key figures of the hotel quarantine program

Introduction

This limited assurance review forms part of our Office's series on examining aspects of public administration related to COVID-19 pandemic responses.

The objective of this review was to provide information to Parliament and the public on the WA Government's requisitioning of facilities as part of the State's COVID-19 hotel quarantine program. We reviewed hotel selection and reimbursements, hotel damage and compensation claims, and traveller payments.

In conducting the review, we drew on findings and observations noted during our last three annual financial audits of the Department of Health (DoH) and interviewed key staff from the DoH (including from the Infection Prevention and Control unit), the Department of Finance and the State Health Incident Coordination Centre (SHICC). We also interviewed hotel management.

This was a limited assurance direct engagement, conducted under section 18 of the *Auditor General Act 2006*, in accordance with Australian Standard on Assurance Engagements ASAE 3500 *Performance Engagements*. We complied with the independence and other ethical requirements related to assurance engagements. The approximate cost of undertaking the limited assurance review was $205,000.

Background

WA reported its first COVID-19 case on 21 February 2020. The following weeks saw more cases in WA, primarily from returning overseas travellers. As COVID-19 infections increased, the WA Government declared a State of Emergency on 15 March 2020 and a Public Health State of Emergency on 16 March 2020.

Under the State of Emergency management framework, WA Health was the Hazard Management Agency responsible for managing health aspects of the crisis. WA Health appointed an incident controller and activated the Public Health Emergency Operations Centre (PHEOC) and SHICC. SHICC was an interagency unit, with staff from entities such as the departments of Health, Finance and Fire and Emergency Services.

On 27 March 2020, National Cabinet decided all travellers entering Australia from 11.59 pm on 28 March 2020 would be required to undertake 14 days of mandatory, supervised isolation at a designated facility. It was identified that in the absence of an effective vaccine, quarantining would be used to control and limit the spread of COVID-19 so critical health resources were available for patients' requiring treatment.

On 28 March 2020, the WA Government issued the *Self-Quarantine Following Overseas Travel Directions (No. 2)*, which required arriving international travellers to reside in a quarantine centre for 14 days.[2] Arriving interstate travellers were also required to quarantine in a State facility if they did not have access to suitable premises.

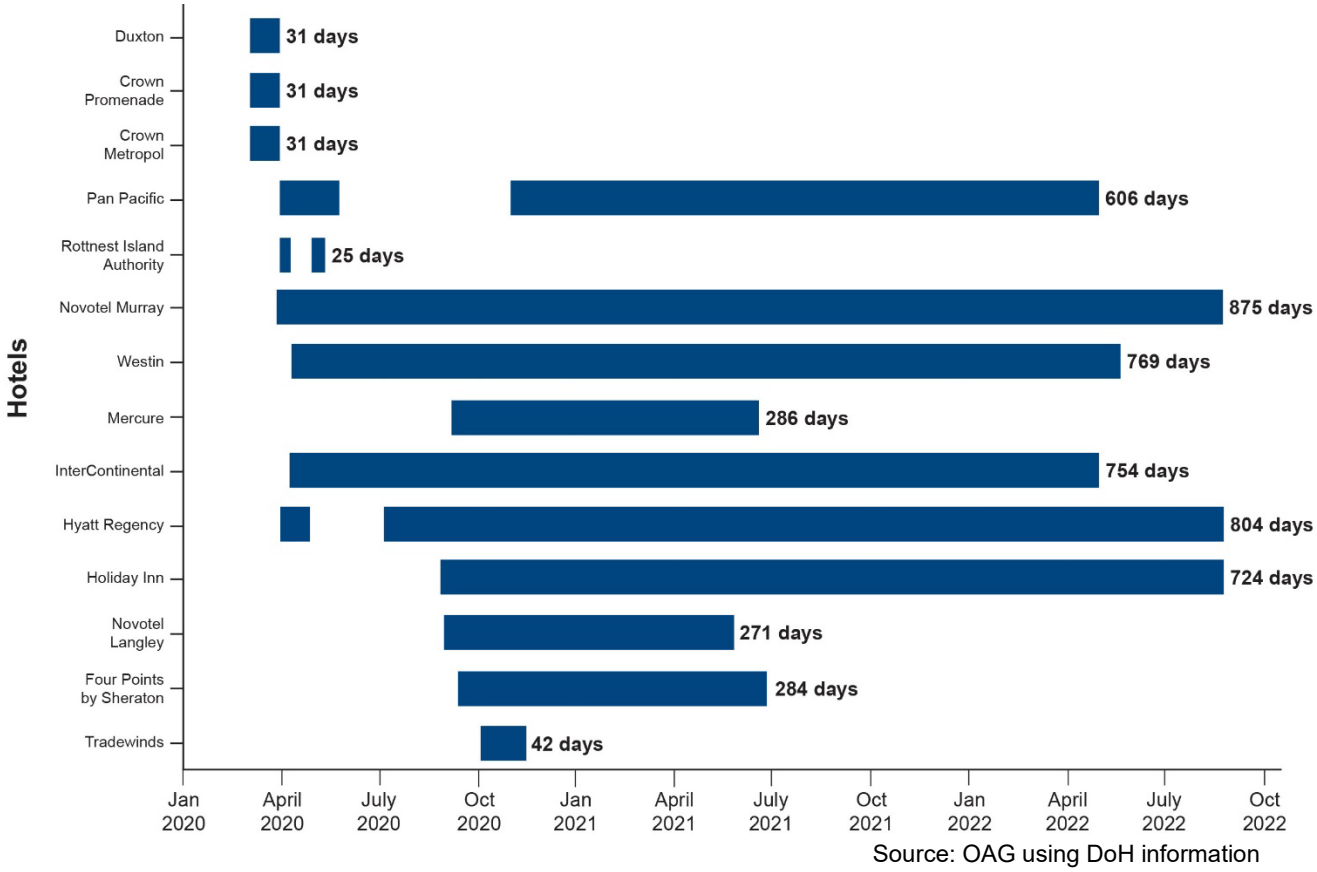
To meet these requirements, the State's hotel quarantine program was established. While the program provided a housing solution for travellers it was primarily a health program to achieve the lowest possible spread of COVID-19. SHICC was responsible for all aspects of the quarantine program.

The hotel quarantine program covered arrival of travellers to the State, transport to hotels, accommodation, meals, medical and pathology needs, and security services. Many entities and stakeholders contributed to the program, including PHEOC, the WA Police Force,

[2] This direction built on the existing *Self-Quarantine Following Overseas Travel Directions (*18 March 2020*)* which allowed overseas travellers to self-quarantine on arrival at home.

St John Ambulance, the Public Transport Authority, PathWest, Perth Airport, the Australian Border Force, the Department of Communities, and security contractors.

The program was administered by a team within SHICC. Hotels were requisitioned under section 182 of the *Public Health Act 2016* (the Act), which allows an emergency officer to take control of any premises or property, and each was provided a formal notice. The program involved 14 venues (Figure 2), including 13 requisitioned hotels and accommodation on Rottnest Island. The number of hotels involved varied over time, from three to 10 and room capacity ranged from 900 to 2,746 rooms.



Source: OAG using DoH information

Figure 2: Summary of hotels' involvement in the hotel quarantine program, including total number of days

Aspects of the hotel quarantine program have been part of previous examinations including:

- a 2020 national review of hotel quarantine management and structures which identified areas of good practice[3]
- a 2021 review commissioned by the WA Government to identify opportunities to strengthen practices. Delivered in three stages, the review identified a range of practice changes to strengthen infection prevention and control,[4] governance and risk management structures,[5] data systems and information sharing.[6]

[3] Department of Health and Aged Care, *National Review of Hotel Quarantine,* 23 October 2020.

[4] Weeramanthri T, *Review of Western Australia's Hotel Quarantine Arrangements: Interim Advice #1,* February 2021.

[5] Weeramanthri T, *Review of Western Australia's Hotel Quarantine Arrangements: Interim Advice #2 Governance and related issues,* March 2021.

[6] Weeramanthri T, *Review of Western Australia's Hotel Quarantine Arrangements: Final Advice,* March 2021.

In June 2021, the Australian Government announced it would fund and build a $400 million purpose-built quarantine facility in Bullsbrook, WA. This Centre for National Resilience facility is owned by the Australian Government but licensed to and operated by the State Government. The centre was not used as part of the State's quarantine program, as quarantine requirements ceased before it was ready. The State Government allocated $13.5 million to operate the facility for an initial 12-month period. DoH advised that by 30 April 2023, $8 million has been paid for commissioning, transitional and operational costs. DoH intends to return the facility to the Australian Government at the end of the 12-month term in August 2023.

Conclusion

The hotel quarantine program was considered an essential part of WA's COVID-19 response and followed the national approach adopted for traveller quarantine. It sought to minimise the spread of a highly contagious virus into the community. No dedicated quarantine facilities existed in WA to accommodate the many travellers attempting to return from overseas. A large, complex quarantine program was developed with short notice in response to national and State policy decisions, that changed over time to meet new demands. The State's unprecedented use of powers under the *Public Health Act 2016* to take control of 13 private hotels to quarantine travellers was central to the program.

The program lasted for 30 months, with payments to hotels and security services costing roughly $475.5 million. Of this, $92 million has been recouped from travellers and another $9 million is outstanding. It housed more than 86,000 people, including international and domestic travellers, humanitarian arrivals, and flight and maritime crews.

Our review found the program was generally well administered. Operating a program of this kind and size, during a dynamic health crisis, required considerable effort and care. Staff were operating in a high pressure, evolving and uncertain environment. It was a complex program, made-up of multiple venues each with its own teams, that needed to be organised and trained to work with a health, rather than hospitality, focus. For the program to be successful staff needed to work collaboratively with stakeholders from other State government entities and private enterprise to find solutions. The DoH and hotel staff we spoke with were all dedicated individuals, and their hard work during trying times needs to be acknowledged.

DoH told us hotels were chosen based on their ability to meet care-based criteria, staff at hotels were provided ongoing instruction in personal protective equipment (PPE) and practices to help them safely operate, and a scheme of regular payments was put in place to ensure hotels were compensated and had operating funds.

However, in many cases the rationale behind key decision-making was not captured and record keeping systems were inadequate. It is not readily apparent why certain hotels were selected and others were not. While a plan to guide this process was started it was never finished, and DoH could not demonstrate the identified criteria were always considered. Similarly, DoH could not readily explain how the daily rate paid to hotels was determined to demonstrate it would provide fair and reasonable compensation to private operators. As existing financial records are not detailed, DoH has limited insight into the specific cost of individual components in the program, on which to inform learnings.

As noted in our recent review of the procurement of rapid antigen tests, during emergency responses it is reasonable to expect some condensed decision-making, and less comprehensive documentation than normal.[7] Normal processes may not always be able to

[7] Office of the Auditor General, *Financial Audit Results – State Government 2021-22 – Part 2: COVID-19 Impacts*, OAG website, 3 May 2023, accessed 1 August 2023.

be followed. While this may be understandable in the earliest and uncertain parts of a crisis, the hotel quarantine program operated for 30 months. During this kind of longer response, entities need to remain aware of the need to balance timely action with being able to demonstrate appropriate consideration of costs and options. Record keeping is essential to demonstrate fair dealing with citizens, suppliers and proper accountability for public money. Indeed, records also offer a valuable source of learnings for reviews during the emergency and any future incidents.

Findings

The program was developed quickly in response to policy decisions

Hotels were assessed against criteria, but records are incomplete

The hotel quarantine program was put in place very quickly. The decisions on 27 and 28 March 2020 by National and WA Cabinets requiring travellers to quarantine meant facilities needed to be available within days. The first hotels were requisitioned on 30 March 2020. Prior to the announcements of the Cabinet decisions, WA did not have plans on how to implement non-home based[8] quarantine on a large scale.

SHICC considered hotels the best type of facility for quarantine, as they had infrastructure for looking after well people. DoH told us other facilities, such as university boarding houses, were considered but that these would not be suitable. At the time, the full impact of the virus was emerging and experiences in other jurisdictions suggested a high risk of travellers needing to be hospitalised. When selecting hotels, SHICC focussed on those within the Perth city centre to allow close access to hospitals.

In April 2020, SHICC drafted its *Hotel Acquisition Plan* to guide its identification and acquisition of suitable facilities. The draft plan outlines baseline requirements for safely isolating individuals including:

- self-contained rooms
- personal bathrooms
- basic facilities (kettle, fridge, entertainment (WiFi/TV))
- individual room security
- on-site catering, including room delivery.

However, it is unclear how individual hotels were ultimately selected for inclusion and if they met the plan's baseline requirements. DoH could not provide records to show how the initial hotels were assessed. In addition, they were only able to provide assessments for four hotels considered in July 2020 and 16 considered in September 2020. The assessments varied in criteria and the level of detail captured.

DoH told us no dedicated record keeping system was created for SHICC and staff used their home entities' systems. This means that should records exist, they may not easily be accessed by any reviews during and after the emergency.

We acknowledge that during the opening stages of a crisis, where decision-making is rapid, it may not be possible to maintain the normal standards of record keeping. However, to meet the principles of transparency, fair treatment and good public governance it is important entities capture and retain the basis of decision-making as soon as possible.

The selection criteria for hotels were periodically revised as new information became available, although this was not reflected in the draft plan or any other documents DoH were able to locate. SHICC added or removed hotels to meet changing needs such as:

- emerging advice on transmission risks through ventilation

[8] The WA Government Pandemic Plan (March 2020) includes the option of home quarantine and isolation measures.

- assessments by social workers
- anticipated higher demand after changes to border restrictions.

Hotel participation in the program was not optional. In line with the Act, requisitioned hotels were provided with written notice that the State was taking control of the venue. DoH told us it consulted with each hotel prior to requisitioning but could not provide us with any records of these consultations. One hotel we spoke with said they were not consulted and the first they knew of their requisitioning was when they received the written notice.

Hotel quarantine started winding down from March 2022, as changing policies meant only unvaccinated travellers needed to quarantine. The number of hotels was progressively reduced, with the last three released on 22 August 2022.

Controls were put in place to reduce the spread of the virus and help guests cope with quarantine

At the start of the program, hotels did not have the specialist knowledge of infection control needed to operate as a quarantine facility. Hotel staff do not normally need to understand how to use infection control PPE or have suitable procedures in place to safely provide food and manage guests confined to their rooms. Quarantine involved a different pattern of accommodation and relationship with guests, as guests were staying involuntarily and could not leave their rooms.

From 6 May 2020, DoH provided hotel staff with face-to-face training on infection control.[9] Training was provided by the DoH Infection Prevention and Control (IPC) unit, a team of four to eight registered nurses with specialist qualifications in infection prevention and control. From May 2020 to March 2022, the IPC unit provided more than 170 face-to-face training sessions on PPE use and cleaning protocols to hotel staff, contractors and security. In addition, DoH advised us SHICC employed an IPC consultant to deliver a further 167 inductions and face-to-face training sessions.

The IPC unit also developed general guidelines (Figure 3) for State quarantine facilities and guidance on issues such as cleaning sites following exposure and social distancing in the workplace. IPC staff told us training and guidelines were updated as new health advice and information on transmission of COVID-19 became available.

[9] All facilities received training, except for the three which left the program on 30 April 2020.

Source: DoH

Figure 3: Example of guidance on PPE use for State quarantine facilities

IPC staff regularly inspected hotels to ensure training and protocols were followed and from May 2020, more than 540 inspections were conducted.[10] On average, hotels were visited twice a month in 2020, rising to 2.7 times in 2021. This large body of work provided an opportunity to not only review PPE use and compliance with safety protocols in check in, food delivery and general practices but also educate and speak with hotel, cleaning and security staff about issues identified and questions that arose.

Quarantine is a challenging environment and SHICC established a health and wellbeing telehealth service of social workers, occupational therapists and welfare officers to identify and address guests' mental health needs. DoH told us guests were contacted by the service within 72 hours of arrival and screened for a range of risk factors such as existing mental health conditions, grief, and alcohol and drug use. The service was established in April 2020 and conducted more than 65,000 calls to guests.

However, even with this support for hotels and guests, delivering the program was challenging for hotel staff. One hotel we spoke with talked about how quarantine's strict isolation affected guest behaviour. This meant staff had to manage aggressive guests or guests with psychological conditions well outside what staff would encounter in a hospitality setting. These experiences and the tension of working in close contact with potential COVID-19 cases, took a toll on the mental health of hotel staff. The Tourism Council WA approached government on behalf of the hotels for funding for staff counselling and wellness support.

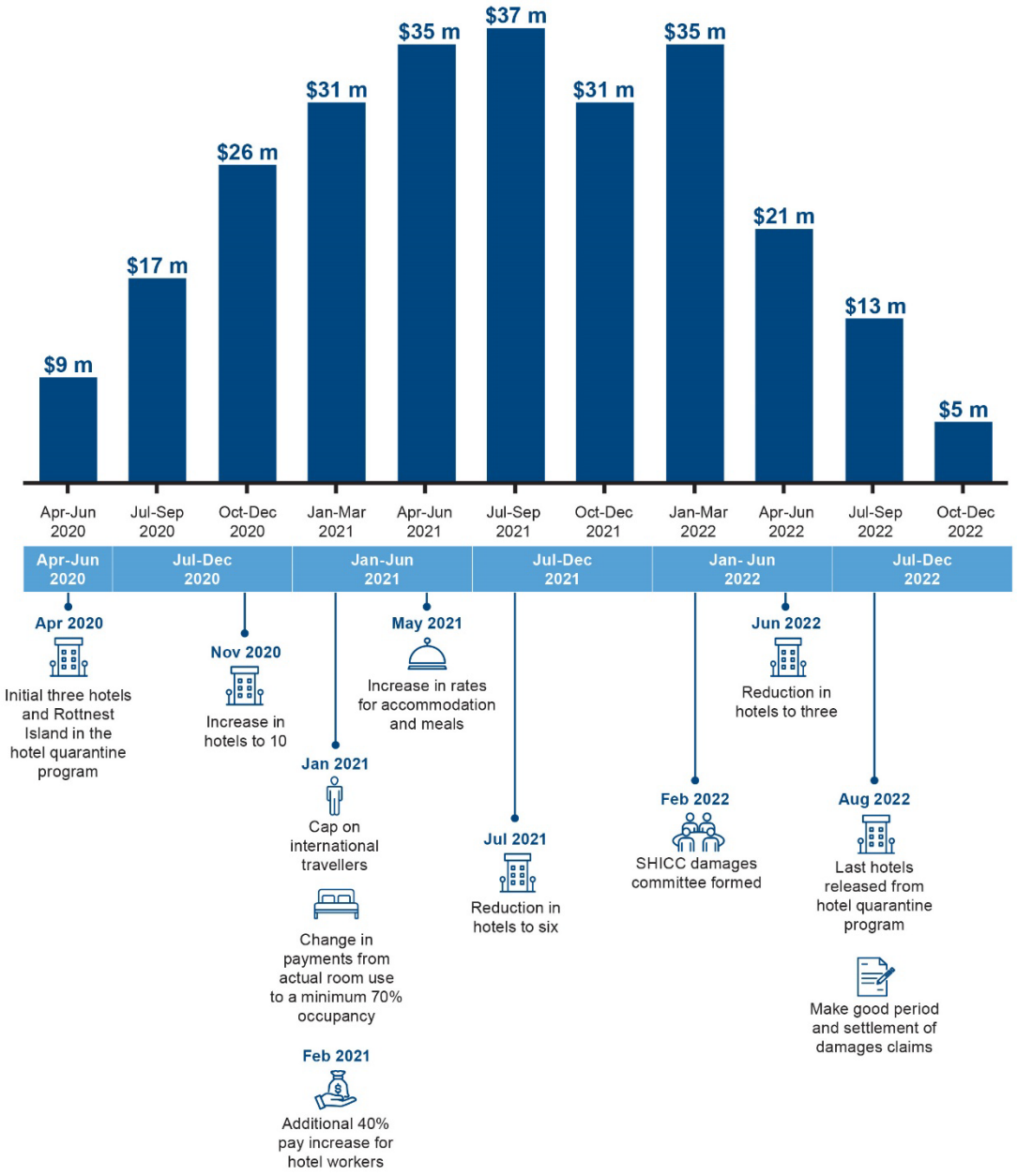
[10] All facilities were inspected by the IPC unit, except for the three that left the program on 30 April 2020.

Hotels received over $260 million in payments

Requisitioning provided hotels with an income but DoH could not explain how early rates were set

In accordance with section 203 of the Act, SHICC arranged regular payments to hotels for their services. The State Government paid $263.5 million for accommodation, meals, damages to property, compensation and ancillary costs such as cleaning, laundry and installation of CCTV monitoring. The hotels we spoke with acknowledged involvement in the program provided reliable income during a difficult time of closed borders and significantly reduced activity, and prevented further job losses.

The volume of payments made to hotels (Figure 4) over the life of the program varied as the program size changed in response to the emergency. Quarterly costs increased from October 2020 to July 2021, when the highest number (up to 10) of hotels were used.



Source: OAG based on DoH data

Figure 4: Summary of all payments made to hotels by quarter and key events

DoH confirmed payments for accommodation made up the majority of the $263.5 million but cannot easily break this down into individual components.[11] SHICC created manual registers to record financial information including payments to hotels, damages and security costs but these were not maintained and are incomplete. DoH has told us this was due to a lack of resources. Having clear payment categories would provide DoH with transparency on how money has been spent on the key components of the program.

The rationale underpinning the daily rate paid to hotels is not clear. For the three hotels involved for the first month of the program, SHICC set a daily rate of $175 per room used. DoH could not explain how SHICC arrived at this rate and advised the quick establishment of the program did not allow for standard research and price comparison.

The rate was for accommodation and meals, as SHICC engaged a private contractor to deliver the non-accommodation aspects of the program for the first three hotels (Crown Metropol, Crown Promenade and Duxton) from 28 March 2020 to 26 April 2020. The contractor delivered reception services, catering, linen management, waste management (including clinical waste), security and other logistics such as internal food delivery. These services were obtained under the emergency provisions for $2.8 million without a formal contract and ended when the three hotels were released from the program. The hotels were formally released from the program on 30 April 2020.

The $175 rate continued to form the basis for the remainder of the hotel quarantine program. This meant hotels engaged later in the program were providing additional services for the same or similar rates. Daily rates for hotels after April 2020 varied from $170 to $185 per room depending on the hotel. However, now hotels were required to provide accommodation, meals, full facility services and the staff to deliver them. Ancillary costs, such as cleaning or laundry, were assessed on a case-by-case basis.

DoH told us rates were discussed with hotels but it was unable to provide any records to confirm this. During the first 12 months of the program, hotels requested rate increases they felt were reasonable for the services they provided and improved market conditions, but new rates were only considered and approved from March 2021.

In addition to responding to hotel requests, SHICC changed payments to hotels over time, in response to the emergency and new policy decisions:

- January 2021 – payments shifted from a per room to a minimum occupancy model. Responding to rising global infection numbers, the State Government halved WA's international arrival capacity. SHICC shifted payments to a guaranteed payment of 70% occupancy to support hotels and ensure continuity of staffing and service delivery at the requisitioned facilities.
- February 2021 – payments to eligible hotel and security staff increased by up to 40%, after the State Government implemented a policy which prevented these employees from secondary work.
- May 2021 – as public health restrictions eased, SHICC increased the rates for accommodation and meals across all hotels to reflect their ability to charge higher market rates. Accommodation rates were increased to align with the star rating of each hotel, and meal rates were increased to $65 per person across all hotels (Table 1).
- Hotels in the program for more than one year could apply for a further increase in rates for accommodation and meals. This follows price variation clauses common in State

[11] Hundreds of payments were made through a single expenditure code. DoH would need to do considerable work to identify individual items.

Government contracts. Two hotels applied for the variation and their rates were increased by the Consumer Price Index of 1.4%.

Hotel star rating	Initial rate		Revised rate (May 2021)	
	Accommodation	Meals	Accommodation	Meals
★★★★	$110	$65	$150	$65
★★★★½	$110-$120	$65	$150-$170	$65
★★★★★	$110-$120	$50-$65	$170	$65

Source: OAG based on DoH data

Table 1: Summary of rate changes in May 2021

Hotels were compensated for property damages and other losses

In addition to the payments for the use of the hotel, the State Government compensated hotels for property damage.[12] DoH were not able to provide us with the exact amount hotels claimed in damages, but have told us that at least $9.4 million has been approved. These claims include excessive wear and tear to furniture and fittings, replacement of carpets and flooring, missing or stolen small electrical appliances, repairs to bathrooms and damage from guests smoking in rooms (Figures 5 and 6).

Initially, hotels submitted damage claims directly to the Minister for Health for assessment and approval. In February 2022, SHICC formed a committee to evaluate the reasonableness of claims and approve payments. DoH engaged loss adjustment consultants to assist reviewing some damage claims and bolster the due diligence of assessment outcomes. To expedite the process, hotels could submit claims to the committee using an online e-form.

One of the committee's key assessment criteria was a consideration of whether the damage was the direct result of the program. Damage claims needed to include photographs of damaged items. However, as SHICC did not assess the condition of the hotels when they joined the program, the committee had nothing to directly compare claims against. DoH told us it relied on an inherent expectation that rooms and their contents, would be appropriate for standard hotel business.

[12] Section 182 (1) of the *Public Health Act 2016*.

Case study 1: Property damage

Hotels are not designed for quarantine use. The program saw guests spend an unusually high proportion of time in their rooms. This led to damages to fittings and furnishings for which hotels could claim compensation.

Source: DoH

Figure 5: Excessive wear and tear to furniture and fittings

Source: DoH

Figure 6: Damaged carpets and flooring in rooms and common areas

Under the Act, hotels could also write to the Minister for Health with a claim for compensation for intangible losses, such as loss of income or impact on brand and reputation.[13] Hotels could apply to the State Administrative Tribunal for review if they were not satisfied with the Minister's decision.

[13] The *Public Health Act 2016* Part 13 entitles hotels to claim just and reasonable compensation for intangible loss or damages caused by workers or guests completing quarantine requirements.

DoH has advised that seven compensation claims have been received from five hotels. These included claims for marketing and public relation expenses, loss of revenue due to inability to make bookings and prolonged repairs to rooms, and loss of food and beverage sales. Six compensation claims were settled by the time of this report. One is with the State Administrative Tribunal for review.

Over $212 million was paid for security services

Security services were considered essential to ensuring quarantine protocols were followed, and more than $212 million was paid to outsourced security services between March 2020 and March 2023 (Table 2). This amount includes the security personnel at quarantine hotels and vaccination centres. DoH is unable to precisely identify the cost of each but from the information provided to us by DoH, security at the hotels formed more than 96%. Establishing the exact cost would involve considerable additional effort.

	2019-20	2020-21	2021-22	2022-23*	Total
Outsourced security costs	$8.3 million	$95.7million	$107.3 million	$0.9 million	**$212.2 million**

Source: OAG using DoH data

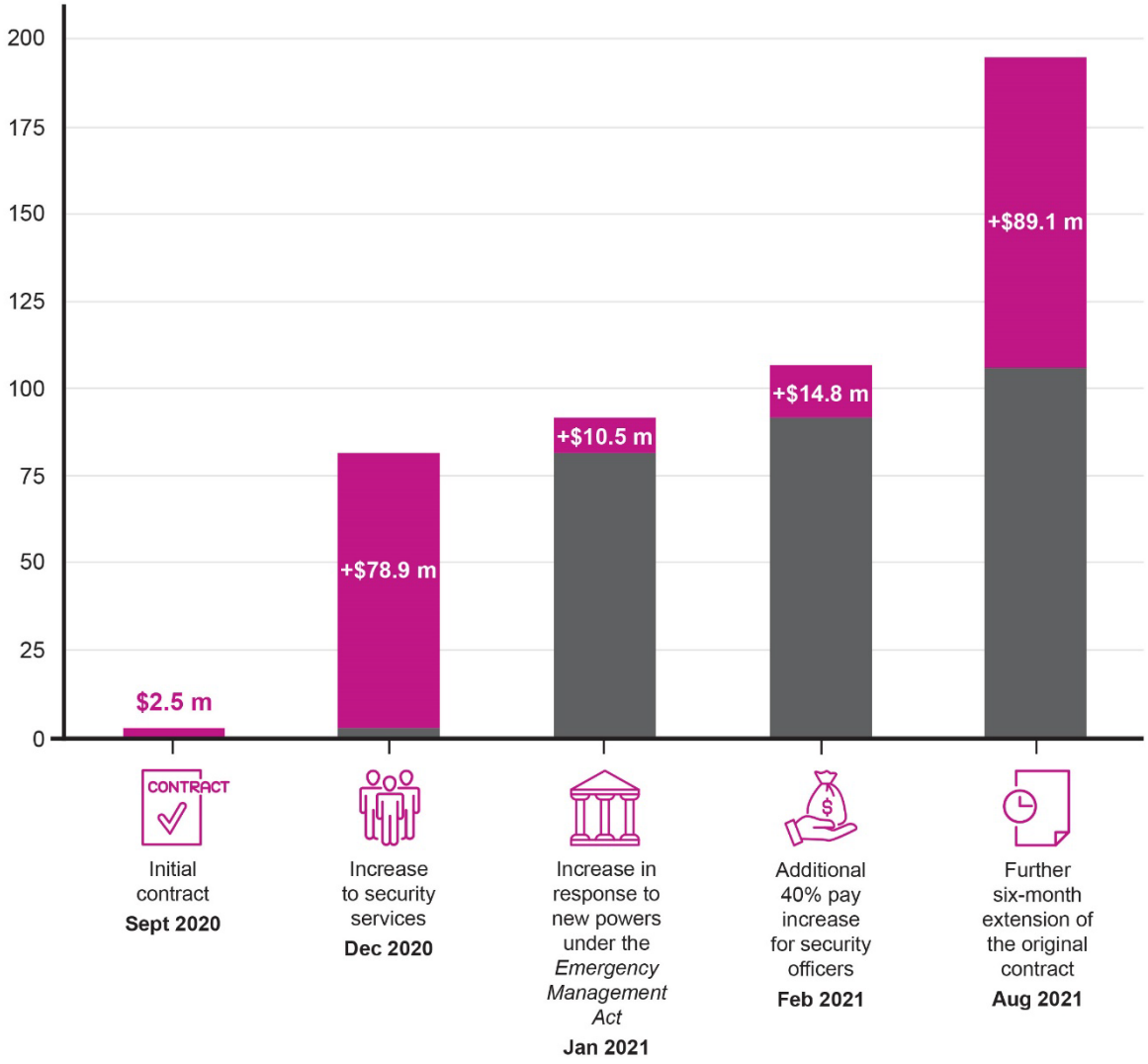
** This figure only includes costs until 31 March 2023.*

Table 2: Summary of outsourced security costs

SHICC initially acquired hotel security services under emergency arrangements with five service providers. This lasted for around six months and there were no formal documented terms and conditions.

SHICC adapted its approach as it became evident hotel quarantine would be needed for longer. In September 2020, SHICC advertised widely for security services under the standard procurement rules and an assessment panel selected four qualified providers. DoH told us this allowed for improved rates and terms, and easier contract management. Over the life of the program two businesses received more than 90% of the total payments for hotel security services.

Security costs increased as SHICC responded to emerging security issues and changes to the program. This included making variations to the initial $2.5 million security contract for an increase in number of hotels, implementation of a 40% pay raise for security officers to prevent secondary employment and the increased time of the program (Figure 7).



Source: OAG based on DoH information

Figure 7: Timeline of major contract variations for outsourced security after September 2020

The State recovered $92 million through a user pays model

Roughly 35% of total payments to hotels have been recovered through fees paid by travellers. From 17 July 2020, anyone who arrived in WA and was directed to enter hotel quarantine was required to contribute to the cost of their stay.[14] This followed a National Cabinet decision recognising the significant cost of State hotel quarantine programs on taxpayers.

The fee was set to partially recover the cost of accommodation, meals and cleaning. Other program costs including hotel security, transport, logistics and healthcare, were funded by the State. A standardised fee was set so travellers would know what they would have to pay:

- $180 per day for a person not in shared accommodation
- $180 per day for the first person and $60 per day for each additional person over the age of six years in shared accommodation.

[14] Following amendments to the *Public Health Act 2016* (WA) and the Public Health Regulations 2017 which took effect from 12 September 2020 but backdated to 17 July 2020.

The approach in setting a standardised fee was consistent with cost recovery practices in other jurisdictions. It included fee waivers for reasons such as financial hardship and DoH told us 6,861 travellers received either full or partial fee waivers.

To ensure all travellers were billed, DoH developed a web-based tool to pull together hotel occupancy records and flight manifests, as well as health records.[15] It also extended its existing Research Electronic Data Capture (REDCap) application to allow contactless hotel check outs, which was used to verify length of stay.

DoH told us that since October 2020, invoices have been raised for $113.4 million in fees. At the time of reporting $92.1 million (81.2%) has been received and $9.1 million is outstanding (Table 3).

Type	Amount	Invoices (%)
Recovered	$92.1 million	81.2
Outstanding	$9.1 million	8.0
Cancelled*	$12.2 million	10.7
Total	**$113.4 million**	

Source: OAG using DoH information

** Invoices were cancelled for a range of reasons included when guests received a waiver or exemption after the invoice was issued.*

Table 3: User pays invoices at 30 April 2023

[15] State Health Quarantine and Isolation Release and Arrivals (SHQIRA) system.

Recommendations

For any future events where the State Government may need to take control of private property during a State of Emergency, public sector entities should:

1. develop documented criteria to guide the selection of facilities and record how these were implemented

   Implementation timeframe: July 2024

   DoH response:

   Supported, noting criteria will depend on the given circumstances of the event, and subsequent evolution.

2. as part of early planning, assess what aspects may be outside normal operations for facilities, and provide suitable procedures and appropriate training for facility staff as soon as possible

   Implementation timeframe: Ongoing and as required

   DoH response:

   Supported, noting procedure and training will depend on the circumstances of the event.

3. as soon as practicable, resume standard record keeping practices to support key decision-making.

   Implementation timeframe: Ongoing and as required

   DoH response:

   Supported.

Response from the Department of Health

WA Health accepts the recommendations of the report.

In response to the identification of the infectious agent SARS COV-2 and subsequent World Health Organisation declaration of a global pandemic on 11 March 2020, the Governor-General declared that a human biosecurity emergency existed. This declaration gave the Commonwealth Minister for Health extensive powers to issue directions to combat the biological hazard. This was the first time in Australian history that these powers, under the *Biosecurity Act 2015*, have been used and cannot be underestimated in the subsequent overall response by WA Health.

WA Health used the principles of the Infectious Disease Emergency Management Plan and the Respiratory Infectious Diseases Emergency Response Plan to guide the community and health system during an unprecedented modern global pandemic. However, without a vaccine to prevent significant illness and death and no herd immunity to a novel virus that can spread rapidly, the only mechanisms immediately available were infection prevention and control measures including Personal Protective Equipment, social distancing and isolation/quarantine measures. Through the support of the public, these measures were successful in helping to keep Western Australians safe by limiting the spread of COVID-19 in the community.

Whilst acknowledging the findings, it must be noted that WA Health was required to comply with the directions set by National Cabinet to ensure all travellers into Australia would be required to quarantine in a designated facility. The timeframes from decision to implementation did not allow for the usual procurement and record keeping processes to be implemented with all actions undertaken in good faith and with the health and wellbeing of the community at the forefront of responses.

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Auditor General's 2023-24 reports

Number	Title	Date tabled
1	Requisitioning of COVID-19 Hotels	9 August 2023

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