

INVESTIGATION REPORT

PREPARED BY [REDACTED] IN CONSULTATION WITH DR [REDACTED]
[REDACTED]

North Rockhampton Nursing Centre, Central Queensland Hospital and Health Service Management, administration and delivery of public sector health services

11 AUGUST 2020

PRIVATE AND CONFIDENTIAL

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Investigation Report

Introduction and Scope

██████████ and ██████████ of Q Workplace Solutions, together with Dr ██████████, ██████████ ██████████ (together, **the Investigators**), have been appointed under section 190 of the *Hospital and Health Boards Act 2011* (Qld) (**HBBA**) by Dr John Wakefield PSM, Director-General, Queensland Health (the **Director General**), to investigate and report on issues relevant to the management, administration and delivery of public sector health services in Central Queensland Hospital and Health Service (**CQHHS**), and systemic issues relating to public health and patient safety including:

- The events that occurred during the period 3 May 2020 and 14 May 2020 surrounding an employee (the **Subject Officer**) attending the workplace at North Rockhampton Nursing Centre (**NRNC**), CQHHS with symptoms of a respiratory infection and while awaiting test results for COVID-19, and
- Action taken during the period 14 May 2020 to 18 May 2020 to respond to the situation.

The terms of reference for this investigation are set out in Terms of Reference signed by Dr Wakefield on 5 June 2020: see **Attachment A**. The terms of reference record the background to the matter and provide that the Investigator is to perform tasks including:

- a) Develop a factual sequence of key events and significant decision-making points on the part of the Subject Officer and others, from the first appearance of symptoms of illness in the Subject Officer until the Subject Officer's suspension from the workplace on 15 May 2020
- b) Having established the sequence of events per (a) above and having regard to relevant evidence including local standard operating procedures determine why the Subject Officer attended the NRNC with symptoms of a respiratory infection and while awaiting test results for COVID-19 and what actions should be taken to prevent a similar occurrence
- c) Considering relevant legislation, policy and procedures, assess whether the Subject Officer has failed to comply with Queensland Health Aged Care Direction No. 3
- d) Considering relevant legislation, policy and procedures, assess whether the Subject Officer has acted in a manner that has exposed residents and employees of the NRNC to COVID-19
- e) Develop a factual sequence of key events and significant decision making points on the part of the CQHHS and Queensland Health in response to becoming aware on 14 May 2020 that the Subject Officer had returned a positive test for COVID-19 until and including 18 May 2020
- f) Having established the sequence of events per (e) above, seek and report an expert's opinion on the quality of the response taking into consideration relevant disaster management legislation, regulations, standards, policies and procedures, and any recommendations that could be made about that response
- g) Report on any other relevant aspects arising during the investigation including any new allegations or evidence of wrongdoing by any person involved in this matter and any local issues, practices, process or policy related deficiencies, and
- h) In relation to (c) and (d) above, and taking into account any expert opinion, otherwise make findings and recommendations relevant to the scope of this investigation relating to the ways in which the overall management, administration and delivery of public sector health services provided by NRNC can be improved.

This investigation report has been separated into parts as follows:

- Part A covers (a) to (d) above
- Part B covers (e) above, and

- Part C covers (g) above.

Paragraphs (f) and (h) above will be covered in a separate report once an expert's opinion is obtained.

This investigation report sets out the investigation process, a summary of evidence obtained during the investigation, and where possible, findings on the balance of probabilities in relation to the alleged conduct.

The original completion date for the Investigation Report was 30 June 2020, however this date was unable to be met on account of various matters outside of the Investigator's control, including the number of witnesses interviewed being greater than originally anticipated, the limited availability of the Subject Officer's legal representative and delays in conducting the Subject Officer's interview. Ultimately, this date was extended to 30 July 2020 for the provision of a draft Investigation Report.

Investigative Process

The following table sets out details of the interviews conducted by the Investigator and the Co-Investigator.

Identifier	Support person	Date of interview	Location of interview
Witness ■	No	10 June 2020	By video conference
Witness ■	No	11 June 2020	By video conference
Witness ■	No	11 June 2020	By video conference
Witness ■	No	12 & 16 June 2020	By video conference
Witness ■	Yes	12 June 2020	By video conference
Witness ■	Yes	15 June 2020	By video conference
Witness ■	No	16 June 2020	By video conference
Witness ■	No	16 June 2020	By video conference
Witness ■	No	17 June 2020	By teleconference
Witness ■	No	18 June 2020	By video conference
Witness ■	No	22 June 2020	By teleconference
Witness ■	No	22 June 2020	By video conference
Witness ■	No	23 June 2020	By video conference
Witness ■	No	23 June 2020	By video conference
Witness ■	No	23 June 2020	By video conference
Witness ■	No	23 June 2020	By video conference
Witness ■	No	24 June 2020	By video conference
Witness ■	No	24 June 2020	By video conference
Witness ■	No	24 June 2020	By video conference
Witness ■	No	29 June 2020	By video conference
Witness ■	No	29 June 2020	By video conference
Witness ■	No	30 June 2020	By video conference
Witness ■	No	2 July 2020	By teleconference
Witness ■	No	6 July 2020	By video conference
Witness ■	No	15 July 2020	By video conference
Subject Officer	Solicitor	22 July 2020	By video conference

Each of the interviewees, other than Witnesses [REDACTED], signed an interview protocol which, among other things, confirmed their agreement to maintain confidentiality and not to victimise other participants involved in the investigation process. Witnesses [REDACTED] confirmed their agreement to the terms of the interview protocol by email. Copies of the signed interview protocols and email confirmations from Witnesses [REDACTED] are **Attachment C** to this report.

All interviewees consented to their interviews being audio recorded. However, the second part of the interview with Witness [REDACTED] and the interview of Witness [REDACTED] which were conducted by telephone were not recorded.

Attachment F to this report contains a table identifying each witness by name and title.

Documents

The documents included in the brief to the Investigator are at **Attachment A**. Further documents provided by Queensland Health are included in **Attachment B**.

During and following their interviews, some interviewees provided the Investigator with relevant documents. These documents have been redacted in respect of the identity of participants in this investigation and all appear in **Attachment D**.

The Investigator has considered all documents provided and relevant documents are discussed in this report.

Witnesses – credibility

General

All interviewees were cooperative with the Investigator and the process. The Investigator accepts that each interviewee made a genuine attempt to give his or her honest recollection of events while speaking with the Investigator. Generally, the Investigator did not have concerns about the credibility of any interviewees.

Subject Officer

[REDACTED]

The Investigators had some difficulty in interviewing the Subject Officer due to the Subject Officer's lack of availability and apparent technical problems in conducting the interview via teleconference. [REDACTED]

However, in interview the Subject Officer was forthright and cooperative and appeared genuine in attempts to provide an honest recollection of events. Further, given:

- the news that the Subject Officer received on the evening of 14 May 2020 (that the Subject Officer had COVID-19) and the Subject Officer's related concerns
- the ongoing questioning of the Subject Officer late into the night on 14 May 2020 and the following days
- the suspension of the Subject Officer from employment on 15 May 2020 [REDACTED]
[REDACTED], and
- the Subject Officer lived [REDACTED]
[REDACTED]

the Investigators do not consider the Subject Officer's reactions to those who questioned the Subject Officer reflect on the Subject Officer's credibility or the truthfulness of the Subject Officer's evidence.

The Subject Officer was also annoyed or angry regarding some matters in interview such as the media regarding the case on 15 May 2020 and the further contact tracing undertaken at the Subject Officer's home by staff from Queensland Health dressed in HAZMAT suits with a police officer at the end of May 2020, but the Investigators consider this a normal reaction and, again, not a matter going to the Subject Officer's credibility or the truthfulness of the Subject Officer's evidence.

Finally, the Investigators observed that a negative attitude may have been taken by managers and leaders within NRNC and CQHHS towards the Subject Officer due to [REDACTED]. The Subject Officer perceived such an attitude. The way the Subject Officer responded to [REDACTED] COVID-like symptoms and the processes on 14 May 2020 and following days was likely influenced by the Subject Officer's perception of the Subject Officer's treatment while at work by managers and leaders.

Summary of Findings

Balance of Probabilities

The Investigator has assessed the evidence set out in this report and made findings on the balance of probabilities. The Investigator has considered the seriousness of the allegations when making findings on the balance of probabilities. Where there was a direct conflict of evidence about an issue, the Investigator has sought to identify documentary or independent witness evidence to establish the position. Where none was available, the Investigator has considered the credibility and consistency of the witness evidence and where possible made a finding.

Overarching Observations

The Subject Officer

The Subject Officer attended work at NRNC in May 2020 when the Subject Officer experienced a mild sore throat and a swollen neck gland and while the Subject Officer was awaiting results for a test for COVID-19. For various reasons including the fact that the Subject Officer had not received relevant education and memoranda, the Subject Officer did not appreciate that the Subject Officer was required to exclude themselves from NRNC in these two circumstances. Further, the Subject Officer did not contemplate that the Subject Officer would have COVID-19 because the Subject Officer had self-isolated for 14 days after returning from an overseas trip [REDACTED]

While the above matters may be difficult to believe in the abstract the Investigators find the Subject Officer's views were genuinely held. Further, there are improvements that could be made to the processes for nurse education, the sharing of information with nurses, workplace culture at NRNC, sick leave and COVID-19 screening for NRNC employees that, if the improvements were made, could have resulted in the Subject Officer being better educated about the exclusion requirements.

The Investigators did not find that the Subject Officer breached Queensland Health Aged Care Direction No. 3 or that the Subject Officer exposed residents and other employees at NRNC to COVID-19.

[REDACTED], the Subject Officer's treatment at work before and during May and while the Subject Officer's employment has been suspended could have been more respectful and caring.

Response to the outbreak

Subject to obtaining an expert's opinion, the Investigators have no concerns regarding the quality of the response to the COVID-19 outbreak at NRNC in May 2020. The Investigators observe that the CQHHS [REDACTED] worked extremely well and conscientiously to manage the outbreak. However, the

Investigators have made a number of suggestions for the prevention of a similar occurrence. These suggestions relate to:

- the terms of the Aged Care Direction
- Clinical education
- Information dissemination and compliance
- The management of the Subject Officer, and
- Workplace culture.

Other concerns arising

The Investigators have raised in this report certain other concerns arising from the investigation relating to:

- a) the management of media related to the outbreak
- b) terms of the suspension letter issued to the Subject Officer on 15 May 2020
- c) ██████████ who was at work at NRNC on the evening of 14 May 2020 and was experiencing symptoms of COVID-19
- d) the management of nurse education within CQHHS
- e) aged care ratios and limited senior nurses at NRNC
- f) the adequacy of IT systems for resident records, employee details and employee education in CQHHS, and
- g) clinical leadership and governance.

Part A Factual sequence of events 3-14 May 2020 and assessment of Subject Officer’s conduct

Factual sequence of key events & decisions from 3 May 2020 to and including diagnosis of COVID-19

Date	Key event/decision
Sunday, 3 May 2020	No findings.
Monday, 4 May 2020 Public Holiday in Queensland	The Subject Officer attended NRNC for work as if the day was a normal workday.
Tuesday, 5 May 2020	<ol style="list-style-type: none"> a) The Subject Officer attended work at NRNC from ██████████ to ██████████. b) The Subject Officer’s work at NRNC was ██████████ ██████████ The Subject Officer had contact with some residents and other employees in ██████████ while the Subject Officer worked in ██████████. c) The Subject Officer experienced a mild sore throat from on or about 5 May 2020.

<p>Wednesday, 6 May 2020</p>	<p>a) The Subject Officer attended work at NRNC from [REDACTED] to [REDACTED].</p> <p>b) The Subject Officer's work at NRNC was [REDACTED]. The Subject Officer had contact with some residents and other employees in [REDACTED] while the Subject Officer worked in [REDACTED].</p> <p>c) The Subject Officer experienced a mild sore throat from 5 May 2020.</p>
<p>Thursday, 7 May 2020</p>	<p>a) The Subject Officer attended work at NRNC from [REDACTED] m to [REDACTED].</p> <p>b) The Subject Officer's work at NRNC was [REDACTED]. The Subject Officer had contact with some residents and other employees in [REDACTED] while the Subject Officer worked in [REDACTED].</p> <p>c) The Subject Officer experienced a mild sore throat from 5 May 2020.</p>
<p>Friday, 8 May 2020</p>	<p>a) Aged Care Direction No. 3 came into operation and provided relevantly as follows: <i>... an employee of [a] residential aged care facility ... must not enter or remain on the premises of a residential aged care facility in the State of Queensland ... if ... the person has a temperature equal to or higher than 38 degrees or symptoms of acute respiratory infection...</i></p> <p>b) The Subject Officer attended work at NRNC from [REDACTED] to [REDACTED].</p> <p>c) The Subject Officer's work at NRNC was [REDACTED]. The Subject Officer had contact with some residents and other employees in [REDACTED] while the Subject Officer worked in [REDACTED].</p> <p>d) The Subject Officer experienced a mild sore throat from 5 May 2020.</p>
<p>Saturday, 9 May 2020</p>	<p>No findings.</p>
<p>Sunday, 10 May 2020</p>	<p>No findings.</p>
<p>Monday, 11 May 2020</p>	<p>The Subject Officer did not attend for work at NRNC due to [REDACTED].</p>
<p>Tuesday, 12 May 2020</p>	<p>a) Subject Officer did not attend for work at NRNC due to [REDACTED].</p> <p>b) Subject Officer is tested for COVID-19.</p> <p>c) COVID-19 screening activities for NRNC employees commenced on or after 12 May 2020. From 7 or 8 May 2020 temperature checking had been undertaken.</p>

Wednesday, 13 May 2020

- a) The Subject Officer telephoned the CQHHS Roster Centre before attending for work and asked if the Subject Officer should attend work given the Subject Officer was waiting for a test result for COVID-19. The Subject Officer did not receive a response to the Subject Officer's question from the Roster Centre.
- b) The Subject Officer attended work at NRNC from [REDACTED] to [REDACTED].
- c) On arrival at work the Subject Officer's temperature was taken (by the Subject Officer or someone else) and recorded in writing as normal. The Subject Officer was not asked any questions as part of the COVID-19 screening process at NRNC.
- d) The Subject Officer's work at NRNC was [REDACTED]. The Subject Officer had contact with some residents and other employees in [REDACTED] while the Subject Officer worked in [REDACTED].

Thursday, 14 May 2020

- a) The Subject Officer attended work at NRNC from [REDACTED] to [REDACTED].
- b) On arrival at work the Subject Officer's temperature was taken (by the Subject Officer or someone else) and recorded in writing as normal. The Subject Officer was not asked any questions as part of the COVID-19 screening process at NRNC.
- c) The Subject Officer's work at NRNC was [REDACTED]. The Subject Officer had contact with some residents and other employees in [REDACTED] while the Subject Officer worked in [REDACTED].
- d) The Subject Officer's COVID-19 test returned a positive result at approximately 8pm. The Subject Officer was advised of the Subject Officer's positive result for COVID-19 by telephone just after 8pm. The Subject Officer was directed to self-isolate at home by telephone just after 8pm.

A detailed summary and discussion of evidence in respect of the above sequence is in **Attachment E** to this report. The Investigators also made the following relevant findings in respect of the period prior to 3 May 2020 that are also discussed in more detail in **Attachment E**.

- a) The Subject Officer did not know before 3 May 2020 that the Subject Officer was required to self-exclude from NRNC if the Subject Officer had a mild sore throat with no fever.
- b) The Subject Officer did not know before 3 May 2020 that the Subject Officer was required to self-exclude from NRNC if the Subject Officer had been tested for COVID-19 and was awaiting the test results.
- c) The Aged Care Quality and Safety Commission issued a requirement on 22 April 2020 for staff of and visitors to aged care facilities to be screened. This included a requirement for temperature checking and suggested screening questions relating to recent travel, close contacts and physical symptoms. This requirement was advised to managers at NRNC on 12 May 2020.
- d) By 3 May 2020 NRNC employees were required to notify the CQHHS Roster Centre of any emergent sick leave rather than NRNC. This notification process did not include any questioning of employees regarding their symptoms and directions to employees regarding action required if their symptoms were fever with a sore throat or shortness of breath.

Reason/s for Subject Officer's conduct

The Subject Officer did not know before 3 May 2020 that the Subject Officer was required to self-exclude from NRNC if the Subject Officer had a mild sore throat with no fever. The Investigators accept the Subject Officer's evidence that the Subject Officer did not know that the Subject Officer was required to self-exclude from NRNC if the Subject Officer had a mild sore throat, in the Subject Officer's words an 'itchy throat', with no fever. The Subject Officer did not consider the Subject Officer's mild sore throat was a symptom of a respiratory infection that would have indicated the Subject Officer was potentially suffering from COVID-19. The Subject Officer is [REDACTED] (See further Attachment E row 1.)

The Subject Officer did not know before 3 May 2020 that the Subject Officer was required to self-exclude from NRNC if the Subject Officer had been tested for COVID-19 and was awaiting the test results (see further Attachment E row 1).

The Subject Officer's understandings on 3 May 2020 may be surprising given the Subject Officer is [REDACTED] working in aged care who was aware of COVID-19 and had previously taken precautions to prevent contracting and spreading of COVID-19. However, the Investigators accept the Subject Officer's evidence.

The Subject Officer returned from a [REDACTED] trip overseas [REDACTED] and self-isolated at home for 14 days. Having complied with this requirement, the Subject Officer did not contemplate that the Subject Officer would have contracted COVID-19 since returning to Australia despite a short [REDACTED] trip to [REDACTED]. Ultimately the view of at least one of the [REDACTED] involved in this matter is that the Subject Officer was probably correct in that the Subject Officer did not contract COVID-19 in Australia.

The Subject Officer was tested for COVID-19 at the Subject Officer's request. The Subject Officer's evidence is that the Subject Officer's GP did not consider the test necessary. Neither the Subject Officer's GP nor the pathology lab workers who took the swab from the Subject Officer advised the Subject Officer to self-isolate while awaiting the test results. The Investigators accept this evidence.

A screening process for NRNC including temperature checking *and* screening questions was required by the Aged Care Quality and Safety Commission from 22 April 2020 (see evidence of Witness [REDACTED] in row 1 of **Attachment E**). However, this screening was not specifically required by Witness [REDACTED] at NRNC until 12 May 2020 (see evidence of Witness [REDACTED] in row 1 of **Attachment E**). Further, the Subject Officer was not screened adequately on arrival at NRNC on 13 and 14 May 2020 in that the Subject Officer was not asked about any symptoms the Subject Officer may have been experiencing. While it is not clear that if the Subject Officer had been asked screening questions the Subject Officer's responses would have resulted in the Subject Officer's exclusion from the workplace, this may have occurred however, the questions should have been asked.

The Subject Officer was also not asked on 13 May 2020 about the reasons for the Subject Officer's leave on 11 and 12 May 2020 on the Subject Officer's return to the facility on 13 May 2020. The process for leave notification to the CQHHS Roster Centre from 31 March 2020 did not include any enquiry regarding reasons for the notified leave. However, prior to the establishment of the Roster Centre and in accordance with a memorandum from Witness [REDACTED] issued on 13 March 2020 staff members who reported sick to NRNC were to be asked about their symptoms and if they advised certain symptoms including a sore throat they were to be tested for COVID-19 and excluded from their workplace while awaiting the test results (see evidence of Witness [REDACTED] in rows 1 and 5 of **Attachment E**). If the pre-31 March 2020 (pre-Roster Centre local process for questioning from a dedicated registered nurse regarding the causation of employees' sick leave – see evidence of Witness [REDACTED] in row 1 in **Attachment E**) process had been in place, or of there was a more collaborative and caring culture between leaders and managers with their staff at NRNC, the Subject Officer may have been excluded from NRNC on 13 and 14 May 2020.

Action required to prevent similar occurrence

The Investigators consider the following actions could be taken within CQHHS to prevent a case like the NRNC COVID-19 outbreak in May 2020:

Aged Care Direction

- a) The Queensland Aged Care Direction could be made explicit in terms of:
 - The requirement to not attend NRNC care homes while awaiting a COVID-19 test result, and
 - The specific symptoms currently experienced by employees that necessitate exclusion from CQHHS facilities, noting 'symptoms of acute respiratory infection' did not describe the Subject Officer's clinical situation.

Clinical education

- b) The CQHHS COVID-19 presentation to employees could be made explicit in terms of:
 - The requirement to not attend NRNC care homes while awaiting a COVID-19 test result, and
 - The specific symptoms in employees that necessitate exclusion from CQHHS facilities.
- c) Nurse education in CQHHS could be enabled with sufficient human resources to ensure nurse educators and clinical facilitators have sufficient time to provide clinical coaching style education to ensure contemporary clinical knowledge relevant to area of practice generally but specifically in critical situations such as COVID-19.
- d) Nurse educators could be deployed to backfill clinical line management since a single facilitator is not able to urgently educate over 300 employees.
- e) Governance of nurse educators should be centrally managed through the Executive Director of Nursing & Midwifery to the Nursing Director Education and Research to reduce variance and ensure knowledge transfer across all clinical areas including aged care and disability services and so minimise clinical risk.
- f) Nurse Units Managers and Directors of Nursing could be specifically required to ensure all nurses who report to them are current and up to date with education (mandatory and professional) and all organisational information when they return from any period of leave.
- g) CQHHS leadership could ensure that orientation of employees deployed to other or new units is fulsome and complete so that, for example, information sources and repositories are identified.

Information dissemination & compliance

- h) Directors of Nursing could be required to ensure the timely implementation of directions from the Aged Care Quality and Safety Commission. The evidence establishes that on 22 April 2020 the Aged Care Quality and Safety Commission required a screening process for NRNC including temperature checking **and** screening questions. However, this screening was not specifically required at NRNC by CQHHS until 12 May 2020.
- i) Nurse Units Managers and Directors of Nursing could be required to certify compliance with directions issued by the Chief Health Officer and the Aged Care Quality and Safety Commission. The evidence establishes that the Subject Officer was not screened adequately on arrival at NRNC on 13 and 14 May 2020 in that the Subject Officer was not asked about any symptoms the Subject Officer may have been experiencing.
- j) Nurse Units Managers and Directors of Nursing could be specifically required to ensure all nurses who report to them are aware of the content and terms of current memoranda directed to them in a timely way including employees returning from recreation and emergent leave. It appears that electronic communications cascade is not an effective medium to communicate with all nursing (and other) employees especially where low numbers of computers are available or clinical employees are time poor or focused on clinical care delivery.

- k) Line manager/ Directors of Nursing could be specifically accountable for ensuring that COVID-19 screening processes for employees at CQHHS facilities are fully complied with.
- l) Line management of nurses working across units could be clarified so that when staff are deployed from one unit to another unit the 'in unit' line management accountability of deployed staff falls to the unit manager in which the nurse is currently working to ensure, for example, communication of relevant memoranda or other information.
- m) Directors of Nursing/line managers could undertake regular rounding of units and employees to ensure issues are raised early and remediated quickly where necessary.
- n) When establishing a new process such as a Roster Centre resource for management of emergent leave/replacement high level communication is required to reach all nursing employees. This could include 'in unit' Nurse Unit Manager discussions and clarity of script for administrative staff about how to access clinical guidance regarding attendance at work.

Suspension letter

- o) Given the Subject Officer was directed to self-isolate at home from the evening of 15 May 2020 (a direction with which the Subject Officer was required to comply under the *Home Confinement, Movement and Gathering Direction* issued by the Chief Health Officer), the issue of the suspension letter could have been delayed until sufficient contact tracing was undertaken with the Subject Officer. Initiation of the disciplinary process made information critical to the investigation difficult to obtain. The Subject Officer could, rather, have been treated as a patient.

Workplace culture

- p) Directors of Nursing could be specifically accountable for ensuring a collaborative and respectful culture in CQHHS care homes between Nurse Units Managers and their teams that enables strong, caring working relationships among nurses and between nurses and their managers and leaders.

Allegations against Subject Officer

The table below contains a detailed summary and discussion of the evidence along with the Investigator's findings regarding the Subject Officer's conduct.

Allegation	Discussion of evidence	Finding & reasoning
Whether the Subject Officer has failed to comply with Queensland Health Aged Care Direction No. 3?	<p>Queensland Health Aged Care Direction (No. 3) published at 5.30pm on 8 May 2020 provides, relevantly, as follows:</p> <p><i>5. A person must not enter, or remain on, the premises of a residential aged care facility in the State of Queensland from the time of publication of this direction until the end of the declared public health emergency unless:</i></p> <ul style="list-style-type: none"> • <i>the person is an employee or contractor of the residential aged care facility; or</i> • <i>the person's presence at the premises is for the purposes of providing goods or services that are necessary for the effective operation of the residential aged care facility ...</i> <p><i>6. Despite paragraph 5, a person referred to in paragraph 5(a), (b) ... must not enter or remain on the premises of a residential aged care facility in the State of Queensland from the time of</i></p>	<p>Not substantiated</p> <p>The Subject Officer attended work from 5 May 2020 when the Subject Officer was experiencing symptoms of COVID-19.</p> <p>However, Queensland Health Aged Care Direction No.3 was not published until 8 May 2020. Further, there is no evidence of the Subject Officer being made specifically aware of the Direction. In any case, the Subject Officer was not experiencing a temperature or 'symptoms of acute respiratory infection'. Accordingly, in attending work on 5, 6, 7 and 8 May 2020 with symptoms of COVID-19 the Subject Officer</p>

Allegation	Discussion of evidence	Finding & reasoning
	<p><i>publication of this direction until the end of the declared public health emergency if:</i></p> <ul style="list-style-type: none"> <i>during the 14 days immediately preceding the entry, the person arrived in Australia from a place outside Australia; or</i> <i>during the 14 days immediately preceding the entry, the person had known contact with a person who has a confirmed case of COVID-19; or</i> <i>the person has temperature equal to or higher than 38 degrees or symptoms of acute respiratory infection ...</i> <p><i>A person to whom a public direction applies must comply with the direction unless the person has a reasonable excuse.</i></p> <p>The Investigators accept the NRNC is a residential aged care facility for the purpose of the Direction extracted above. The Investigators also accept that the Subject Officer is an employee of NRNC who attended for work at NRNC on 5, 6, 7, 8, 13 and 14 May 2020 (see Attachment E rows 1, 4, 5, 6, 7, 12 and 13).</p> <p>On 15 May 2020 Witness ■ issued a letter to the Subject Officer on behalf of CQHHS that included the following:</p> <p><i>... it is alleged that you failed to follow a lawful direction, as contained in the Aged Care Direction (No.3), effective 8 May 2020 (attached). Specifically; [sic] it is alleged you attended work prior to receiving appropriate clearance to do so after undergoing medical testing for a viral illness suspected to be coronavirus (COVID-19).</i></p> <p>The Investigators also accept the evidence of Witness ■ (see Attachment E row 13) to the effect that:</p> <ul style="list-style-type: none"> the Subject Officer returned a positive test for COVID-19 on 14 May 2020, and the Subject Officer advised Witness ■ when he spoke to the Subject Officer by telephone with Witness ■ just after 8pm on 14 May 2020, that the Subject Officer had experienced symptoms of COVID-19 from about 5 May 2020. These were a mild sore throat and a swollen neck gland. <p>See also the Subject Officer's evidence in row 13 of Attachment E.</p>	<p>was not in breach of the Direction.</p> <p>The Subject Officer had mild symptoms of COVID-19 when the Subject Officer attended for work at NRNC on 5, 6, 7 and 8, May 2020.</p> <p>The Subject Officer did not attend for work on 9, 10, 11 or 12 May 2020.</p> <p>The Subject Officer was tested for COVID-19 on 12 May 2020 and returned a positive test on the evening of 14 May 2020.</p> <p>The Subject Officer worked at NRNC on 13 and 14 May 2020 but was not experiencing symptoms of COVID-19 as described in Aged Care Direction No.3.</p> <p>However, nothing in Queensland Health Aged Care Direction No.3 specifically required the Subject Officer not to attend for work at NRNC while awaiting the result of the COVID-19 test.</p> <p>Accordingly, the Investigator finds that the Subject Officer did not fail to comply with Queensland Health Aged Care Direction No. 3 on 13 and 14 May 2020.</p>

Allegation	Discussion of evidence	Finding & reasoning
	<p>The Subject Officer denies a breach of Aged Care Direction No. 3 on the basis that:</p> <ul style="list-style-type: none"> the Subject Officer was not aware of the Direction the Direction was only in force from 8 May 2020, and the Subject Officer did not have a temperature or symptoms of acute respiratory illness from 5 – 14 May 2020. 	
<p>Whether the Subject Officer has acted in a manner that has exposed residents and employees of the NRNC to COVID-19?</p>	<p>As above, the Investigators accept the evidence of Witness ■ to the effect that:</p> <ul style="list-style-type: none"> the Subject Officer returned a positive test for COVID-19 on 14 May 2020, and the Subject Officer advised Witness ■ when he spoke to the Subject Officer by telephone with Witness ■ just after 8pm on 14 May 2020, that the Subject Officer had experienced symptoms of COVID-19 from about 5 May 2020. These were a mild sore throat and a swollen neck gland. <p>Further, Witness ■ concludes on page 2 of the Witness ■ Report that the Subject Officer would likely have been infectious with COVID-19 from 3 May 2020.</p> <p>As above, the Investigators accept that the Subject Officer worked at NRNC on 5, 6, 7, 8, 13 and 14 May 2020. The Investigators also accept the evidence of the Subject Officer that the Subject Officer did not consider that the Subject Officer had COVID-19 because the Subject Officer had self-isolated for 14 days when the Subject Officer returned from overseas [REDACTED].</p> <p>The Subject Officer denies that the Subject Officer exposed residents or staff at NRNC to COVID-19 because:</p> <ul style="list-style-type: none"> No one contracted the virus from the Subject Officer, and When the Subject Officer was at work the Subject Officer practised good hand hygiene and cleaned [REDACTED] after use. <p>The evidence of Witness ■ is that on 14 May 2020 in the evening there was a [REDACTED].</p>	<p>Insufficient information to substantiate</p> <p>The Subject Officer experienced symptoms of COVID-19 from about 5 May 2020.</p> <p>The Subject Officer was tested for COVID-19 on 12 May 2020. The test result returned on 14 May 2020 was positive.</p> <p>The Subject Officer attended work at the NRNC on 5, 6, 7, 8, 13 and 14 May 2020 when the Subject Officer likely came into close contact with other employees and residents of NRNC.</p> <p>No one else at NRNC contracted COVID-19.</p> <p>The source of the Subject Officer's contraction of the virus is not known. Consequently, the infectious period for COVID-19 is uncertain for the Subject Officer.</p> <p>There is some doubt about whether the Subject Officer was in an infectious stage of COVID-19 when the Subject Officer attended NRNC on 5, 6, 7, 8, 13 and 14 May 2020.</p> <p>Accordingly, the Investigators are not able to determine whether the Subject Officer exposed residents and employees of NRNC to COVID-19.</p>

Allegation	Discussion of evidence	Finding & reasoning
	<p>working at NRNC who had a temperature and flu-like symptoms on 14 May 2020 and so could have spread COVID-19, although ultimately this person tested negative to COVID-19.</p> <p>Witnesses ██████████, all ██████████ ██████████, now consider it unlikely that the Subject Officer was infectious when working at NRNC in May 2020 because no other cases of COVID-19 were detected and based on the Subject Officer's blood test. However, no one interviewed is certain in this regard.</p>	

Part B Factual sequence of events 14-19 May 2020

Factual sequence of events from COVID-19 diagnosis to and including 18 May 2020

Date	Key event/decision
Thursday, 14 May 2020	<ul style="list-style-type: none"> a) Contact tracing in respect of Subject Officer commenced. b) An Incident Management Team (the IMT) was established within CQHHS to manage the Subject Officer's positive COVID-19 test results. c) The IMT decided to lockdown NRNC. d) A rapid response team from the CQHHS Public Health Unit attended NRNC and commenced testing of staff and residents for COVID-19 and isolation and quarantine measures in respect of staff and residents at NRNC. e) A COVID-19 outbreak was declared at NRNC.
Friday, 15 May 2020	<ul style="list-style-type: none"> a) The Subject Officer did not attend work at NRNC. b) Contact tracing in respect of Subject Officer continued. c) The IMT continued to manage the Subject Officer's positive COVID-19 test results. d) The rapid response team from the CQHHS Public Health Unit continued testing of staff and residents for COVID-19 and directing quarantine measures in respect of staff and residents of NRNC. e) Witness ██████ decided to immediately suspend the Subject Officer's employment and CQHHS issued a suspension letter to the Subject Officer. f) On or about this date a decision was made to appoint new Director of Nursing and Medical Commander for NRNC. g) The CQHHS infection control team commenced work at NRNC. h) Queensland Health issued a media release regarding the case of COVID-19 ██████████ at NRNC.

Saturday, 16 May 2020	<p>a) The Subject Officer was tested for COVID-19 a second time via nasal swab and blood test.</p> <p>b) Residents of [REDACTED] of NRNC moved to other CQHHS facilities.</p>
Sunday, 17 May 2020	<p>a) The Subject Officer returned a second positive test for COVID-19.</p> <p>b) A decision was made to move some [REDACTED] residents away from NRNC.</p> <p>c) A further media release was issued by Queensland Health regarding resident movements at NRNC as a result of a case of COVID-10 [REDACTED] at NRNC.</p>
Monday, 18 May 2020	<p>a) The Subject Officer returned a positive blood test for COVID-19.</p> <p>b) [REDACTED] residents were moved to the [REDACTED] of NRNC as quarantine measure.</p> <p>c) Ongoing COVID-19 testing, lockdown, quarantine and related directions given regarding NRNC.</p>

A detailed summary and discussion of evidence in respect of the above sequence is in **Attachment E**.

Part C Other issues

Other issues arising

While no further findings have been made, the evidence taken in this matter has revealed the following additional relevant matters:

- a) **Media:** The media regarding the Subject Officer's contraction of COVID-19 included details that could potentially have enabled the identification of the Subject Officer and which detrimentally affected the Subject Officer. For example, [REDACTED]
[REDACTED]
- b) **Suspension letter:** The terms of the suspension letter issued to the Subject Officer on 15 May 2020 were very direct and [REDACTED]. The evidence of the [REDACTED] who were required to deal with the Subject Officer for contact tracing and other purposes from 14 May 2020 was that the issue and terms of the letter made the Subject Officer more difficult to obtain critical contact information from. The letter also did not indicate the likely period of the suspension.
- c) **[REDACTED] with symptoms:** Witness [REDACTED]'s evidence is that the rapid response team that attended NRNC late on the evening of 14 May 2020 determined that a [REDACTED] was working at NRNC who had had close contact with the Subject Officer and was experiencing symptoms of COVID-19. These symptoms were a sore throat, fatigue and body aches. The identity of this employee was not revealed by the investigation and the employee's COVID-19 test results were negative. However, the employee had attended work at NRNC with symptoms of COVID-19, that is, a similar alleged position to the Subject Officer.
- d) **Nurse education:** Nurse education within CQHHS is not managed centrally but split into three functions (being general, mental health and care homes) including an education function across four care homes including NRNC. Since December 2019 nurse education across the four care homes has been the responsibility of [REDACTED]. The evidence of the [REDACTED]

and others was that since the commencement of the COVID-19 pandemic and especially during the NRNC outbreak in May 2020 the [REDACTED] has not been able to fulfil all of the requirements of nurse education across the care homes. In particular, the [REDACTED] had particular difficulty from 15 May 2020 providing orientation and other education to the large number of temporary nurses at NRNC including due to the fact that there are three separate record keeping systems across the four facilities for which the [REDACTED] has responsibility. This matter was raised as an issue by Witnesses [REDACTED]

- e) **Aged care ratios and senior nurses:** While this was not tested as a proposition it was the evidence of several witnesses that NRNC has not implemented appropriate aged care nurse to resident ratios. Further, there is a lack of senior nurses and leadership at NRNC. These issues were raised by Witnesses [REDACTED].
- f) **IT systems:** Several witnesses raised concerns regarding IT systems within CQHHS related to resident records, employee details and employee education. In respect of each type of record it was asserted that hard copy rather than electronic records had to be relied on which resulted in delays and inaccuracies. This issue made management of residents and employees from the evening of 14 May 2020 especially difficult for people who had not previously worked at NRNC.
- g) **Clinical leadership:** Clinical leadership for the aged care and rehabilitation services in CQHHS was raised by five witnesses an issue of concern. Specifically, concerns were raised regarding visibility of clinical leadership and leadership behaviours.
- h) **Clinical Governance:** Three issues regarding clinical governance at NRNC were raised:
 - i. Witness [REDACTED] raised the issue of professional governance inclusivity specifically citing the change management process for staff from the 'SAGE' unit to NRNC in early-mid 2019
 - ii. Witness [REDACTED] raised the issue of the apparent ignoring by [REDACTED] at NRNC of several business cases for implementation of aged care ratios, and
 - iii. Witness [REDACTED] suggested there was a lack of transparency of rostering for nurses at NRNC.

Conclusion

This concludes the Investigation Report. We hope that the information and findings will assist you in this matter. Please do not hesitate to contact us should you require any further information.

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

11 August 2020

Attachment A:
Terms of Reference and Briefing documents

Attachment B:
Documents provided by Queensland Health

Attachment C:
Conduct of Interview Protocols

Attachment D:
Interviewee Documents

Attachment E:
Summary of Evidence – 3 – 18 May 2020 Sequence of Events

Attachment F:
Interviewee Pseudonym Key



