



Queensland Health Health Service Investigation Report

Private and Confidential

20 August 2021

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1 Executive Summary

1.1 Introduction

- 1 Following the initial detection of a cluster of severe pneumonia cases in Wuhan, China in December 2019, the World Health Organisation (**WHO**) declared the novel coronavirus (**COVID-19**) outbreak a global pandemic on 11 March 2020.¹
- 2 The first Australian case was reported on 25 January 2020.² Since this time, the total number of cases reported in Australia as at 11 August 2021 is 37,372, with 944 deaths.³ Queensland has reported 1,929 cases of a total 3,725,990 tests with 7 deaths as at 11 August 2021.⁴
- 3 To ensure a high standard of healthcare for COVID-19 positive persons, while protecting the health care system and the community from the risks of transmission, the *Designated COVID-19 Hospital Network Direction (No. 2)* (**Direction**) identifies a network of high-capability hospital facilities to manage the accommodation and care of COVID-19 positive persons and their dependents (as needed) in COVID-19 wards in Queensland.⁵ One such facility is located at The Prince Charles Hospital (**TPCH**) within the Metro North Hospital and Health Service (**MNHHS**) catchment.
- 4 The Direction also protects the health of individuals working in hospital facilities, including TPCH, and thereby the community more widely, through vaccination and personal protective equipment (**PPE**) requirements, routine COVID-19 surveillance testing, and requirements for persons diagnosed, or with the potential to be infected, with COVID-19.⁶
- 5 On 29 June 2021, a TPCH staff member was diagnosed with COVID-19.
- 6 Following their diagnosis and the transmission of COVID-19 into the community, concerns were raised in relation to MNHHS' compliance with COVID-19 directions, guidelines and other requirements in relation to the operation of its COVID-19 ward at TPCH. Specifically, that the staff member who was allegedly working in a CF Concierge role at the entry to the COVID-19 ward was able to work unvaccinated.
- 7 On 5 and 12 July 2021, Dr John Wakefield, Director-General, Queensland Health appointed A/Prof Paul Griffin and Ms Katherine Taylor (**Investigators**) as health service investigators to conduct a health service investigation pursuant to Part 9 of the *Hospital and Health Boards Act 2011* (Qld) and report on matters relating to the management, administration and delivery of public

¹ WHO Director-General's opening remarks at the media briefing on COVID19 -March 2020 [Google Scholar]

² G Hunt (Minister for Health) and B Murphy (Australian Government Chief Medical Officer), First confirmed case of novel coronavirus in Australia, media release, 25 January 2020.

³ <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-case-numbers-and-statistics>

⁴ <https://www.covid19.qld.gov.au/>

⁵ Queensland Health COVID-19 Public Health Rationale.

⁶ Ibid.

sector health services specifically as they relate to MNHHS' operation of its COVID-19 ward and its compliance with relevant COVID-19 public health directions, guidelines and requirements.

1.2 Findings

- 8 Based on review of the documents, written information and interviews conducted with relevant MNHHS officers, the Investigators find the following:
- (a) The COVID-19 ward at TPCH complied with the requirements of 'a COVID-19 ward' as prescribed by the Direction.
 - (b) Insofar as the movement of patients, staff and third parties, MNHHS' document policies and procedures which operationalise the Direction comply with the Direction.
 - (c) Insofar as the vaccination of MNHHS officers is concerned, MNHHS' practices which operationalise the Direction comply with the Direction.
 - (d) There was an appropriate level of awareness by MNHHS officers working in the COVID-19 ward and elsewhere within TPCH of MNHHS' policies, procedures and practices.
 - (e) There was an appropriate level of compliance by MNHHS officers and third parties working in the COVID-19 ward and elsewhere within TPCH with MNHHS' policies and procedures.
 - (f) The TPCH staff member who was diagnosed with COVID-19:
 - (i) was not required to, and did not, enter the COVID-19 ward;
 - (ii) did not provide occasional or intermittent care to a COVID-19 positive patient; and
 - (iii) was not otherwise required by the Direction to be vaccinated for COVID-19.
 - (g) There was no evidence that MNHHS or any individual has failed to comply with the Direction, the *Interim Infection Prevention and Control Guidelines for the management of COVID-19 in Health Care Settings (Guidelines)* or any other requirements relating to the management of a COVID-19 ward and associated infection prevention and control requirements.
 - (h) Opportunities to improve the strength of infection prevention and control locally and at a whole of system level have been identified and are set out in the report.
 - (i) There was no evidence that there has been any breach of the Direction by any person or persons.

2 Appointment

- 9 The Investigators were appointed by the Director-General of Queensland Health (**QH**) pursuant to Part 9 of the *Hospital and Health Boards Act 2011* (Qld) as health service investigators on 5 and 12 July 2021 respectively to:
- (a) investigate and make findings in respect of the following matters:
 - (i) the operation (including associated policies, procedures and practices) of the COVID-19 ward at TPCH as it relates to patient, staff and third party movement from the entry point of TPCH to and from (but not within) the COVID-19 ward; and
 - (ii) the circumstances relating to the vaccination of staff at TPCH, including specifically the circumstances that led to the relevant staff member of TPCH who became infected with COVID-19 allegedly not receiving a COVID-19 vaccination;
 - (b) assess whether MNHHS or any individual failed to comply with the Direction, the Guidelines or any other requirements in place at the relevant time relating to the management of a COVID-19 ward and associated infection prevention and control requirements;
 - (c) identify any opportunities to improve the strength of infection control in relation to the operation of the COVID-19 ward at TPCH or applicable at a 'whole of system' level; and
 - (d) make findings in relation to whether there has been any breach of the Direction by any person or persons.
- 10 The Investigators were not required to investigate or make findings pertaining to how the staff member became infected with COVID-19.
- 11 Copies of the Instruments of Appointment dated 12 and 20 July 2021 and Amended Terms of Reference dated 20 July 2021 is contained in **Annexure A**.

3 Limitations

3.1 Purpose of Report

12 This report has been prepared exclusively for the Director-General, QH, for the purposes identified in the Terms of Reference and the statutory purposes prescribed in the *Hospital and Health Boards Act 2011* (Qld).

13 It should not be distributed, used or relied on for any other purpose or without the written authority of the Director-General, QH.

14 The Investigators do not accept any liability or responsibility for loss suffered by any party arising in whole or part from the dissemination of this report.

3.2 Scope of Investigation

15 The Investigators specifically note the Amended Terms of Reference and have limited their investigation, assessment, findings and this report to matters within the Amended Terms of Reference.

16 Taking into account the timeframe for provision of this report, the COVID-19 related restrictions and lockdowns in July and August 2021 and the consequential increase in demands on MNHHS and its officers (particularly those working in the COVID-19 ward at TPCH), the Investigators:

- (a) defined the **Relevant Time** as being the period from 1:55 pm on 31 May 2021, when the Direction was operationalised, to 29 June 2021, when the relevant TPCH staff member was diagnosed with COVID-19; and
- (b) did not interview each and every MNHHS officer and third party who was logged as having moved to and from the COVID-19 ward during the Relevant Time but:
 - (i) identified, from a variety of clinical and non-clinical roles, some of the MNHHS officers and a third party who had attempted to access the COVID-19 ward and who had been successful and unsuccessful;
 - (ii) invited those MNHHS officers and third party to participate in an interview; and
 - (iii) interviewed some of the MNHHS officers who accepted our invitation as described above.

3.3 Findings

17 The findings reached reflect the Investigators' analysis of the documents and written information produced by QH and MNHHS and provided through interviews with relevant MNHHS officers.

18 The Investigators make no findings as to the accountability which might be brought to bear in respect of any person in relation to their actions with respect to the events the subject of the investigation.

19 The Investigators reserve the right to alter the key and other findings reached in this report should information that is relevant to those key and other findings

subsequently become available after the date of this report. However, the Investigators assume no responsibility for updating this report for events and circumstances occurring after the date of this report.

4 Methodology

4.1 Documents

20 In accordance with the powers conferred upon them by section 194 of the *Hospital and Health Boards Act 2011* (Qld), the Investigators issued QH and MNHHS with a combined total of around 55 requests to produce documents. Some relevant 1,017 documents were produced in response to our requests. A list of the documents produced can be made available on request.

4.2 Information

21 The Investigators issued QH and MNHHS with a combined total of around 72 requests for written information.

22 The Investigators identified from documents produced 18 MNHHS officers and third parties who they considered may have been able to provide information relevant to the matters the subject of investigation. Each MNHHS officer identified was invited to attend an interview with the Investigators.

23 Interviews of MNHHS officers were conducted on 23 July 2021, 26 July 2021 and 11 August 2021. All interviews were recorded and MNHHS officers were provided with a copy of the recording, if requested. Transcripts of the interviews can be made available on request.

4.3 Site Visit

24 The Investigators requested, and MNHHS facilitated, a site visit at TPCH on 15 July 2021. The site visit relevantly included a viewing of the pergola, the corridor leading to the nominated entrance to the COVID-19 ward known as the East Door, the PPE donning station at the East Door, the reception desk where the staff member who became infected with COVID-19 on 29 June 2021 worked as well as the East Door.

4.4 Assessment of Evidence

25 This report sets out the evidence that is relevant and significant to the matters under investigation in relation to each Term of Reference.

26 All evidence provided to the Investigators has been taken into consideration although not all evidence is specifically referred to in this report.

4.5 Relevant Persons

27 In accordance with the principles of procedural fairness, the Investigators considered whether the information obtained in the course of the Investigation was such as may lead them to make a finding adverse to the interests of any person such that they should be provided with an opportunity to respond.

4.6 Confidentiality of Individuals

28 The Amended Terms of Reference state that the names of persons providing information and any patient, staff or other names must be kept confidential and referred to in a de-identified form in the body of the report (with a separate attachment confirming the identity of the persons) unless it is agreed by the Investigators and the Director-General that identification of a person within the

report is essential to ensure that natural justice is afforded to any particular person.

- 29 A de-identified list of all MNHHS officers and the third party invited to attend an interview is contained in **Annexure B**. The names of those MNHHS officers and the third party are identified in a confidential **Annexure C** which will be provided to the Director-General with this report.

4.7 Acknowledgements

- 30 The Investigators acknowledge the provision of documents and written information by QH and MNHHS.
- 31 The Investigators acknowledge the participation of the MNHHS officers who were interviewed and those officers' willingness to contribute information to inform the investigation. Their respective contributions were of considerable assistance to the Investigators.
- 32 The Investigators also acknowledge that MNHHS was receptive to opportunities for improvement when raised and that such improvements (or practical variations of them) were operationalised expeditiously – within hours of the improvement having been raised for consideration.

5 COVID-19 Ward at TPCH

33 By the Direction, a COVID-19 ward is an area that:

- (a) is a separate area from the rest of the hospital;
- (b) has airflow that is isolated from other areas of the hospital;
- (c) has an entry and exit used exclusively for the COVID-19 ward and measures in place to monitor and record who is entering the ward whenever a diagnosed person or quarantined international arrival is present;
- (d) has had an assessment of airflow by a qualified engineer; and
- (e) is clearly identified through signage or other means as a COVID-19 ward.

5.1 Area

34 The COVID-19 ward at TPCH is situated in the former Adult Cystic Fibrosis Centre. **Annexure D** is a map of the COVID-19 ward and immediate surrounds at TPCH.

35 The COVID-19 ward at TPCH is physically separate from the main hospital at TPCH and from the other services provided within the building in which it is located.

5.2 Airflow

36 The airflow to the COVID-19 ward has been assessed by qualified engineers and confirmed to be isolated from other areas of the building in which the COVID-19 ward is located and from other areas of TPCH.⁷

5.3 Entry and Exit

37 There are five entry and exit points to the COVID-19 ward. These entry and exit points are known as the East Door, West Door, Rear Door, East Wing to Garden Door and West Wing to Garden Door and are marked on Annexure D.

5.3.1 Nominated Secure Entrance – the East Door

38 MNHHS' *Model of Operations: Low Acuity COVID Care within Metro North Directorates*⁸ (**MOO**) provides that access to the COVID-19 ward is to be via a nominated secure entrance.

39 MNHHS advised, and MNHHS officers interviewed confirmed, that the East Door is the nominated secure entrance to the COVID-19 ward at TPCH.

40 The East Door is accessible via a corridor which is around 45 metres long and leads directly from a pergola outside of the building to the nominated secure entrance.

⁷ Report dated 25 June 2021.

⁸ Version 0.1 dated 11 March 2021.

- 41 The East Door is fitted with swipe card access points to monitor and record who is entering and, although not required by the Direction, exiting the ward. Access through the East Door was not otherwise electronically restricted.
- 42 Review of the swipe card access logs showed that the East Door was operational and used by MNHHS officers and third parties to enter and exit the COVID-19 ward 1,633 times (around 83% of all entries to and exits from the COVID-19 ward).
- 43 MNHHS advised, and MNHHS officers interviewed confirmed, that the East Door was used exclusively for entry to and exit from the COVID-19 ward. There was no evidence to suggest that this was not so.

5.3.2 Other Entrances – the West, Rear, East Wing to Garden and West Wing to Garden Doors

- 44 The West Door is accessible via a corridor which is around 45 metres long and leads directly from the outside of the building to the West Door.
- 45 Entry through the Rear, East Wing to Garden and West Wing to Garden Doors is directly from the outdoors. The East Wing to Garden and West Wing to Garden Doors are emergency exits.
- 46 The West, Rear, East Wing to Garden and West Wing to Garden Doors are fitted with swipe card access points to monitor and record who is entering the COVID-19 ward.
- 47 Although not required by the Direction, the West, East Wing to Garden and West Wing to Garden Doors are also fitted with swipe card access points to monitor and record who is exiting the ward. The Rear Door is not.
- 48 Access through the West Door was not electronically restricted.
- 49 Access through the Rear, East Wing to Garden and West Wing to Garden Doors (that is the Doors leading directly outdoors) was restricted to a select group of clinical and non-clinical MNHHS officers and third parties known as the '24/7 access group'.
- 50 Review of the swipe card access logs showed that the West, Rear, East Wing to Garden and West Wing to Garden Doors were operational and used by MNHHS officers and third parties to enter and exit the COVID-19 ward around 335 times (around 17% of all entries to and exits from the COVID-19 ward)⁹.
- 51 Interviews with MNHHS officers working both in the COVID-19 ward and otherwise at TPCH confirmed that they had been made aware by 'all staff' and departmental emails (as well as advice from line managers in some cases) that entry to the COVID-19 ward was restricted.
- 52 MNHHS advised that the West, Rear, East Wing to Garden and West Wing to Garden Doors were all used exclusively for access to the COVID-19 ward. None of the MNHHS officers interviewed were aware of an occasion when the

⁹ Because the Rear Door was not fitted with a swipe card access point to monitor and record who is exiting the ward, it is not possible to be any more precise.

Doors were used other than for the purpose of accessing the COVID-19 ward. One MNHHS officer described being denied swipe card access to the COVID-19 ward via the Rear and West Wing to Garden Doors.

53 The West, Rear, East Wing to Garden and West Wing to Garden Doors were, as far as the Investigators are able to ascertain, used exclusively for access to the COVID-19 ward.

54 MNHHS advised that the West, Rear, East Wing to Garden and West Wing to Garden Doors were placed in 'lockdown mode' on 30 July 2021 and a manual door handle to the Rear Door was mechanically locked on 13 August 2021. These doors are no longer accessible by MNHHS officers or third parties other than in the event of an emergency.

5.4 Signage

55 The East Door was fitted with externally facing signage which identified the ward as a COVID-19 ward. **Annexure E** is an example of MNHHS' signage on the East Door.

56 MNHHS officers interviewed described the signage as 'a stop sign' and 'a PPE sign' containing instructions on how to don PPE and a 'sign letting everyone know they must speak to the CF Concierge (**Concierge**) or call the team leader' prior to entering the COVID-19 ward. The role of the Concierge is discussed below.

57 MNHHS advised that the West, Rear, East Wing to Garden and West Wing to Garden Doors were not fitted with externally facing signage like that which was present on the East Door.

58 MNHHS advised that the West, Rear, East Wing to Garden and West Wing to Garden Doors are now also fitted with externally facing signage, erected on 30 July 2021 as an administrative control measure. **Annexure F** is an example of MNHHS' signage on the West, Rear, East Wing to Garden and West Wing to Garden Doors.

59

Finding:

The COVID-19 ward at TPCH complied with the requirements of 'a COVID-19 ward' as prescribed by the Direction.

Opportunities to improve the strength of infection control:

Where it is practicable, it would be ideal from an infection prevention and control perspective, that there be a single entry point to and exit from a COVID-19 ward and that all other doors through which staff and third parties might access the ward be placed into 'lockdown mode' and release only in the event of an emergency.

It is, however, acknowledged that a single entry point to and exit from a COVID-19 ward may not always be practicable. In such circumstances, it is recommended that:

- 1 each entry point to and exit from the COVID-19 ward be described as a nominated entry point; and
- 2 each nominated entry point be subject to the same:
 - a. infection prevention and control measures; and
 - b. means of ensuring all MNHHS officers and third parties entering the ward are compliant with the entry requirements of the Direction and with the Guidelines.

It is recommended that signage be placed on each nominated entry point:

- 1 advising that the ward is a COVID-19 ward;
- 2 advising that each MNHHS officer and third party's entry to the ward is to be recorded on each occasion that they enter the ward; and
- 3 otherwise setting out the entry requirements of the Direction and Guidelines.

It is recommended that signage be placed on any other door to the ward:

- 1 advising that the ward is a COVID-19 ward;
- 2 advising that entry to and from the ward is to be via the nominated entry point/s i.e. there is to be no entry or exit through the door;
- 3 advising that each staff member or third party's entry to the ward is to be recorded on each occasion that they enter the ward; and
- 4 otherwise setting out the entry requirements of the Direction and Guidelines.

If the West and/or Rear Door in the COVID-19 ward at TPCH become operational again in the future, MNHHS' policies and procedures should be updated to refer to each as a nominated entry point.

As the East Wing to Garden and West Wing to Garden Doors are emergency exits, a PPE station cannot safely be situated in proximity to them (discussed in more detail below). It is recommended that these two Doors are not operationalised in the future other than for their intended purpose i.e. as emergency exits.

Consideration should be given to updating the Direction to reflect these recommendations.

6 PPE Donning and Doffing Stations

60 For droplet and contact transmission based precautions, the Guidelines recommend that health care workers wear PPE at all times while providing care to COVID-19 positive patients. Sentinel to a health care worker's ability to do so is access to such PPE when entering an area where COVID-19 patients are accommodated.

61 On site inspection, the East Door was observed to be fitted with a PPE donning station. MNHHS advised that there was a doffing station fitted inside the East Door and that there were PPE donning and doffing stations in proximity to the inside of the West and Rear Doors.

62 MNHHS officers confirmed on interview that PPE was routinely donned before entering the COVID-19 ward 'red zone' via the East, West and Rear Doors.

63 The East Wing to Garden and West Wing to Garden Doors, that is the emergency exits described above, were not fitted with PPE donning and doffing stations. It is reasonable for emergency exits not to contain PPE donning and doffing stations because they should be kept clear at all times.

64 Consistent with the usual operation of a ward like the COVID-19 ward in a hospital setting, the Investigators understand that neither of the emergency exits were intended by MNHHS to be used as entry and exit points to the COVID-19 ward.

65 Review of the swipe card access logs for the East Wing to Garden Door revealed three instances of COVID-19 ward officers entering or exiting the COVID-19 ward, two on one day and within a four minute period and the other on the following day. Why those COVID-19 ward officers used the East Wing to Garden Door on those isolated occasions, and whether and how they donned and doffed PPE on entry and exit, could not be ascertained.

66 MNHHS advised that the East Wing to Garden and West Wing to Garden Doors were placed in 'lockdown mode' on 30 July 2021 and not accessible by MNHHS officers or third parties other than in the event of an emergency.

67

Finding:

Noting that there had been a total of 1,968 entries and exits to the COVID-19 ward, the three entries and exits via the East Wing to Garden Door described above are not considered to be indicative of a concerning pattern of behaviour from an infection prevention and control perspective. They may, however, be an example of less than ideal infection prevention and control practices.

Opportunities to improve the strength of infection control:

The absence of reporting and investigation of the three entries and exits via the East Wing to Garden Door described above may represent an opportunity for MNHHS to review and improve its audit and quality and safety practices. This is discussed further under Infection Control Breaches and 'Near Misses' below.

It is recommended that a system of rigorous audit of compliance with the entry requirements of the COVID-19 ward be initiated by a senior staff member involved in the day to day practical operation of a COVID-19 ward:

- 1 very regularly whilst the day to day operations of a COVID-19 ward and the audit are established; and
- 2 less frequently though still regularly thereafter.

It is recommended that PPE donning and doffing stations be fitted on each operational entry point to and from a COVID-19 ward.

It is recommended that emergency exits to and from a COVID-19 ward be placed into 'lockdown mode' so they are not accessible by any person other than in the event of an emergency.

7 Concierge

- 68 In accordance with the Guidelines, PPE is recommended for health care workers while providing care to COVID-19 positive patients. Standard infection control and prevention precautions, particularly good hand hygiene practice, is otherwise best practice.
- 69 An Administrative Officer, known as the Concierge, works from 7 am to 11 pm daily. The Concierge is stationed at a reception desk.
- 70 The reception desk is around 15 metres from the East Door. The location of the reception desk is marked on Annexure D. The reception desk does not form part of the COVID-19 ward.
- 71 They are required to remain posted at the reception desk and to use the telephone to communicate with staff in the COVID-19 ward.
- 72 On site inspection, the reception desk was observed to be fitted with a Perspex screen. As discussed above, the airflow to the reception desk is separate from the airflow to the COVID-19 ward.
- 73 The Concierge described having appropriate access to hand sanitiser at that desk and its surrounds as an infection prevention and control measure.
- 74 The Concierge and other MNHHS officers described, on interview, the Concierge being instructed to vacate the reception desk and surrounds on every occasion when COVID-19 positive patients were transferred by a Transfer Team from the pergola to the COVID-19 ward. This is discussed in more detail under 'Movement of Patients' below.
- 75 MNHHS described the Concierge's role as being to provide 'advice to patients, officers and third parties regarding entry requirements' and ensure that the East Door is closely monitored to prevent an infection control breach.
- 76 The Concierge does this by:
- (a) ensuring that, other than in the circumstances permitted by the Direction, all MNHHS officers and third parties entering the COVID-19 ward are vaccinated for COVID-19, have been 'fit tested' and have been trained in donning and doffing PPE;
 - (b) ensuring that all MNHHS officers and third parties who enter the COVID-19 ward have completed the vaccination log which is maintained on a clipboard by the Concierge at the reception desk; and
 - (c) advising all MNHHS officers who enter the COVID-19 ward that they must submit to 'saliva swabs' for 14 days from their last entry to the COVID-19 ward.
- 77 The Concierge who became infected with COVID-19 demonstrated an appropriate level of understanding of the nature and extent of their role on interview. The Concierge was confident of their compliance, and the compliance of MNHHS officers and third parties, with the requirements of entry to the COVID-19 ward at TPCH via the East Door at all times they worked.

78 MNHHS officers working in the COVID-19 ward and otherwise at TPCH additionally confirmed that the Concierge routinely performed the above described tasks and then contacted an authorised person in the COVID-19 ward to verify that they could enter the ward. This is discussed in more detail under 'Movement of Staff and Third Parties' below.

79 The Concierge's role did not extend to the provision of the matters outlined above on the West, Rear, East Wing to Garden and West Wing to Garden Doors.

80

Finding:

The Concierge plays a valuable role in monitoring staff compliance with requirements of entry to the COVID-19 ward via the East Door.

The infection prevention and control measures in place in respect of the Concierge, including their work environment, was consistent with best practice.

In compliance with the Direction, the Concierge was not required to enter, and did not enter the COVID-19 ward and did not provide occasional or intermittent care to a COVID-19 positive patient. The use of the infection prevention and control precautions discussed above was appropriate.

Opportunity to improve the strength of infection control:

It is recommended that a Concierge is stationed on each nominated, and/or otherwise operational,¹⁰ entry point to a COVID-19 ward to monitor staff compliance with the requirements of entry to the ward.

The Investigators' recommendation in relation to the vaccination of MNHHS officers and third parties in designated COVID-19 facilities is discussed in more detail under 'Vaccination' below.

¹⁰ Noting that the Investigators recommend that each operational entry point to a COVID-19 ward be a nominated entry point as discussed above.

8 Vaccination of TPCH Staff

- 81 The Direction requires MNHHS officers who work in or enter the COVID-19 ward, or who provide occasional or intermittent care to COVID-19 positive patients, to comply with the vaccination requirements set out in the Direction. In particular, they must be vaccinated for COVID-19.
- 82 Audit of MNHHS' staff and third party vaccination logs retained by the Concierge and sourced by MNHHS from the Australian Immunisation Register, as well as swipe card access logs for all Doors did not reveal that any MNHHS officer or third party entered the COVID-19 ward without having received at least their first dose of a COVID-19 vaccination.
- 83 The staff member at TPCH who became infected with COVID-19 was working as the CF Concierge (amongst other Concierge roles) at the Relevant Time.
- 84 The Concierge was 'on boarded' at TPCH and accepted a letter of offer on 11 May 2021. MNHHS advised that whilst COVID-19 vaccination was not mandated for the Concierge role, all MNHHS officers were being encouraged, through a range of communication methods, to be vaccinated for COVID-19.
- 85 Evidence of MNHHS' many communications promoting COVID-19 vaccination was observed. Additionally, the Concierge's supervisor and other clinical and non-clinical MNHHS officers interviewed confirmed MNHHS' advice about its promotion of COVID-19 vaccination to its officers.
- 86 Although the Concierge could not specifically recall being told of the availability of COVID-19 vaccinations for them, they recalled being advised that COVID-19 vaccination was optional for their role and the Concierge advised that they had intended to be vaccinated for COVID-19 in the future.
- 87 As discussed above, the Concierge was not required to, and did not, enter the COVID-19 ward. This was confirmed by the Concierge and on audit of the swipe card access logs for all Doors. As discussed above, the Concierge advised that they did not provide occasional or intermittent care to a COVID-19 positive patient.
- 88 Further and as discussed above, the Concierge was required to vacate, and did vacate, the reception desk and immediate surrounds on every occasion when COVID-19 positive patients were transferred by a Transfer Team from the pergola to the COVID-19 ward. This was confirmed by the Concierge.

89 **Finding:**

In compliance with the Direction and as far as the Investigators can ascertain, there was no evidence of any MNHHS officer or third party having entered the COVID-19 ward without having received at least their first dose of a COVID-19 vaccination.

As the Concierge was not required to enter and did not enter the COVID-19 ward and did not provide occasional or intermittent care to a COVID-19 positive patient, they were not required by the Direction to be vaccinated for COVID-19.

Insofar as the vaccination of MNHHS officers is concerned, MNHHS practices which operationalise the Direction comply with the Direction.

Opportunities to improve the strength of infection control:

As an additional infection prevention and control measure, it is recommended that, as the availability of COVID-19 vaccination increases, consideration be given to mandating COVID-19 vaccination for all officers and third parties who work in proximity to a COVID-19 ward, such as those who:

- 1 work in or enter the same building as a COVID-19 ward; or
- 2 may otherwise have reason to be in the same physical location as COVID-19 positive patients at designated COVID-19 hospitals.

Consideration should be given to updating the Direction to reflect this recommendation.

9 Movement of Patients, Staff and Third Parties from the Entrance of TPCH to and from the COVID-19 Ward

9.1 Patients

90 The Guidelines provide for COVID-19 positive patients to wear a surgical mask to contain secretions when being transported and moved. The Guidelines provide that MNHHS officers and third parties should maintain PPE for contact and droplet precautions (long sleeved preferably fluid resistant gown or apron, gloves, surgical mask, eye protection) when moving COVID-19 positive patients.

91 MNHHS advised that COVID-19 positive patients were moved to and from the COVID-19 ward with a surgical mask donned.

92 MNHHS' *COVID-19 Suspected, Probable and Confirmed Patient Transfer Procedure (MNHHS' Procedure)*,¹¹ which applies to all medical, nursing and support officers required to transfer suspected, probable or confirmed COVID-19 positive patients, states that on the Queensland Ambulance Services' (QAS) arrival at the pergola, a Transfer Team from the COVID-19 ward consisting of at least two Registered Nurses (RN) don PPE and ensure the corridor is clear for the patient's arrival. One RN directs traffic and opens and closes doors ahead of the second RN and the COVID-19 positive patient. The second RN meets the QAS at the pergola, accepts the patient from the QAS and takes them into the COVID-19 ward. The first RN is responsible for ensuring that the COVID-19 positive patient has no contact with walls, doors or any other surfaces within the corridor during the transfer to the ward.

93 MNHHS COVID-19 ward officers demonstrated an appropriate level of understanding of MNHHS' Procedure on interview, and the Concierge and other non-clinical MNHHS officers reported having been required to vacate, and having vacated, the reception desk and immediate surrounds each and every time that a COVID-19 positive patient was transferred by a Transfer Team from the pergola to the COVID-19 ward.

94

Finding:

Insofar as it relates to the movement of patients, the MNHHS' Procedure complies with the requirements of the Guidelines and all other requirements in place relating to the management of a COVID-19 ward and associated infection prevention and control requirements, and with the requirements of the Direction.

There was no evidence that MNHHS' Procedure was not operationalised as intended.

¹¹ Version 1.0 effective May 2021.

9.2 Staff and Third Parties

- 95 The MOO states that only an authorised person has authority to enter the COVID-19 ward and that all other persons with permission to enter may only enter under the supervision of an authorised person.
- 96 The MOO states that on the person's arrival, an authorised person will escort them to the nominated secure entrance and supervise the donning of PPE.
- 97 The MOO states that all persons must check into and out of the COVID-19 ward with what is described as a time and date stamp.
- 98 As discussed above, interviews with MNHHS officers working in the COVID-19 ward and otherwise at TPCH demonstrated an appropriate level of understanding of, and compliance with, the process of and requirements for entry to the COVID-19 ward.
- 99 As discussed above and in compliance with the Direction, each of the East, West, Rear, East Wing to Garden and West Wing to Garden Doors are fitted with swipe card access points to monitor and record who is entering the ward.
- 100 Interviews with MNHHS' officers working in the COVID-19 ward and otherwise at TPCH confirmed an appropriate level of understanding of the:
- (a) restrictions and requirements on entry to the COVID-19 ward;
 - (b) need to swipe into and out of the COVID-19 ward for the purposes of electronically monitoring movement.

9.2.1 Swipe Card Access Logs Revealing Uneven Numbers of Entries and Exits

- 101 Review of the swipe card access logs demonstrated an uneven number of entries and exits to and from the COVID-19 ward.
- 102 Interviews with MNHHS officers revealed three circumstances when MNHHS officers and third parties did not routinely swipe into and out of the COVID-19 ward as follows:
- (a) during the transfer of COVID-19 positive patients to the COVID-19 ward, one RN in the Transfer Team ('the clean nurse') swipes the other RN ('the contaminated nurse') out of and into the COVID-19 ward;
 - (b) to facilitate delivery of goods and services (waste, linen, food and deliveries), the East Door may be swiped as an entry from outside or an exit from inside the COVID-19 ward, without a corresponding exit or entry respectively, as the East Door is not closed; and
 - (c) when a MNHHS officer exits the COVID-19 ward via the Rear Door (because it is not fitted with a swipe card exit point as discussed above).
- 103 None of these circumstances are concerning from either a monitoring or an infection prevention and control perspective or considered contrary to the Direction.

9.2.2 Swiping Other Persons In as an 'Act of Courtesy'

104 While none of the MNHHS officers interviewed had swiped another MNHHS officer or third party into the COVID-19 ward, MNHHS advised that it understood that this had occurred on occasion 'as an act of courtesy'.

105 Although it is not possible to say with any degree of precision, it appears from the swipe card access logs that such 'acts of courtesy' occur infrequently. Further information about any such occurrences could not be ascertained.

106 MNHHS says and MNHHS officers on interview confirmed that:

- (a) MNHHS officers and third parties were routinely reminded that they were to swipe on both entry and exit to electronically record movement;
- (b) signage was on the East Door reinforcing the requirement for all persons to swipe on entry to and exit from the COVID-19 ward; and
- (c) MNHHS officers and third parties did not ordinarily swipe each other into and out of the COVID-19 ward.

107

Finding:

The MOO complies with the requirements of the Direction. MNHHS' Procedure was generally operationalised as intended.

Noting that there had been a total of 1,968 entries and exits to the COVID-19 ward, the infrequent occasions of swiping others in and out of the COVID-19 ward is not considered to be indicative of a concerning pattern of behaviour from an infection prevention and control perspective. It may, however, be an example of less than ideal infection prevention and control practices.

Opportunities to improve the strength of infection control:

The absence of reporting and investigation of the infrequent occasions of swiping others in and out of the COVID-19 ward may represent an opportunity for MNHHS to improve its audit and quality and safety practices. This is discussed in more detail under Infection Control Breaches and 'Near Misses' below.

It is recommended that a system of rigorous audit of compliance with the entry requirements of the COVID-19 ward be initiated by a senior staff member involved in the day to day practical operation of a COVID-19 ward:

- 1 very regularly whilst the day to day operations of a COVID-19 ward and the audit are established; and
- 2 less frequently though still regularly thereafter.

It is recommended that the role of the Concierge at TPCH be updated to include provision of a further verbal reminder to MNHHS officers and third parties to swipe on entry to the COVID-19 ward.

It is recommended that MNHHS officers and third parties working in a COVID-19 ward and otherwise in a designated COVID-19 hospital be routinely

reminded that all persons are to swipe on entry to a COVID-19 ward for the purpose of electronically recording movement.

It is recommended that signage be placed on all doors to a COVID-19 ward reinforcing the requirement for all persons to swipe on entry and exit to the COVID-19 ward.

10 Infection Control Breaches and 'Near Misses'

108 The MOO states that all breaches and 'near misses' in infection control are to be managed in real time by MNHHS COVID-19 ward officers and:

- (a) verbal de-escalation strategies to remediate the event/s or situation/s employed;
- (b) designated persons notified of the event/s or situation/s, the action taken and outcome and clarification of any further action required; and
- (c) the breach or 'near miss' documented in MNHHS' risk management system.

109 Examples of 'near misses' and 'breaches' are provided. An example of a 'near miss' is a MNHHS officer or third party with incomplete/incorrect PPE prior to entering the COVID-19 ward and of a 'breach' is a COVID-19 positive patient leaving their room.

110 MNHHS advises no 'near misses' or 'breaches' were reported.

111

Finding:

The investigation demonstrated 99.85% compliance insofar as the movement of patients, staff and third parties are concerned and 100% compliance insofar as the vaccination of staff and third parties is concerned.

Whether or not the remaining 0.15% were 'near misses' could not be ascertained.

Opportunities to improve the strength of infection control:

As discussed above, the absence of reporting and investigation of those possible 'near misses' may represent an opportunity for MNHHS to improve its audit and quality and safety practices.

It would be best practice from an infection prevention and control perspective for the following matters to be documented in the risk management system as 'near misses' to enable remediation of them:

- 1 MNHHS officers and third parties entering or exiting the COVID-19 ward via non-designated entries;
- 2 MNHHS officers and third parties not always swiping on entry (and exit if MNHHS wishes) for the purpose of electronically recording movement; and
- 3 MNHHS officers and third parties possibly with incomplete PPE prior to entering the 'red zone' in the COVID-19 ward.

It is recommended that MNHHS document the possible 'near misses' described in this report in its risk management system and review and report those in accordance with its safety and quality processes and the Direction as required.

It is recommended that a system of rigorous audit of compliance with the entry requirements of the COVID-19 ward be initiated by a senior staff member involved in the day to day practical operation of a COVID-19 ward:

- 1 very regularly whilst the day to day operations of a COVID-19 ward and the audit are established; and
- 2 less frequently though still regularly thereafter.

It is recommended, from a best practice infection prevention and control perspective, all matters identified on audit of compliance be managed in accordance with a COVID-19 ward's MOO in real time to enable the early identification, investigation and remediation of any and all possible deviations and deviations from policy, procedure and best practice.

Annexure A

QUEENSLAND HEALTH
INVESTIGATION INTO COMPLIANCE WITH COVID-19 PUBLIC HEALTH DIRECTIONS AND REQUIREMENTS
METRO NORTH HOSPITAL AND HEALTH SERVICES

AMENDED TERMS OF
REFERENCE

1. Purpose

The purpose of this Health Service Investigation (**the Investigation**) is to investigate and report on matters relating to the management, administration and delivery of public sector health services, specifically as they relate to Metro North Hospital and Health Service's (MNHHS) operation of its COVID-19 ward at The Prince Charles Hospital and its compliance with relevant COVID-19 public health directions, guidelines and requirements, arising from the events that occurred in June 2021 in which a staff member of The Prince Charles Hospital (part of MNHHS) became infected with COVID-19 and transmitted this into the community.

2. Appointment

- 2.1. Under section 190(1) of the *Hospital and Health Boards Act 2011* (HHBA), following my assessment that they are qualified for the appointment because they have the necessary expertise and/or experience, I have appointed Health Service Investigators (**Investigators**) to conduct this Investigation.
- 2.2. The Investigators must investigate the matters outlined under Section 4 below 'Scope of the Investigation', in compliance with the Instrument and conditions of appointment, and prepare an Investigation Report in accordance with section 199 of the HHBA.

3. Background

- 3.1. On 29 January 2020, under the *Public Health Act 2005*, the Minister for Health and Minister for Ambulance Services made an order declaring a public health emergency in relation to coronavirus disease (COVID-19), which declaration has been extended and remains in place.
- 3.2. Pursuant to section 362B of the *Public Health Act 2005* the Chief Health Officer, Queensland Health (**CHO**), has made Public Health Directions (directions) in response to the declared public health emergency for COVID-19 (refer: [Chief Health Officer public health directions | Queensland Health](#) for current and superseded versions).
- 3.3. Relevantly, the CHO has made a direction in relation to operators of designated COVID-19 hospitals, *Designated COVID-19 Hospital Network Direction (No. 2)* ([Designated COVID-19 Hospital Network Direction \(No. 2\) | Queensland Health](#)) and issued various guidelines, including *Interim infection prevention and control guidelines for the management of*

COVID-19 in healthcare settings (Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings 1.14 - 4 October 2020).

- 3.4. Concerns have been raised in relation to compliance by MNHHS with COVID-19 directions, guidelines and other requirements relating to the operation of its COVID-19 ward at The Prince Charles Hospital. Specifically, how a staff member working in a concierge role at the entry to the COVID-19 ward, was able to work unvaccinated.

4. Scope of the investigation

- 4.1. The Investigators are to investigate and report on the following matters relating to the management, administration and delivery of public sector health services:
 - 4.1.1. Investigate the operation (including associated policies, procedures and practices) of the COVID-19 ward at The Prince Charles Hospital as it relates to patient, staff and third-party movement from the entry point of The Prince Charles Hospital to and from the COVID-19 ward.
 - 4.1.2. Investigate the circumstances relating to COVID-19 vaccination of staff at The Prince Charles Hospital, including specifically those circumstances that led to the relevant staff member of The Prince Charles Hospital who became infected with COVID-19 allegedly not receiving a COVID-19 vaccination.
 - 4.1.3. Based upon the findings in 4.1.1 and 4.1.2 above, assess whether MNHHS or any individual has failed to comply with the *Designated COVID-19 Hospital Network Direction (No. 2)*, the *Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings* or any other requirements in place at the relevant time relating to management of a COVID-19 ward and associated infection, prevention and control requirements.
 - 4.1.4. Based upon the findings in 4.1.1 and 4.1.2 above, identify any opportunities to improve the strength of infection control in relation to the operation of COVID-19 facility at the Prince Charles Hospital or applicable at 'whole of system' level.
- 4.2. The Investigators, taking into account matters identified in 4.1 above, are to make findings and recommendations relevant to the scope of the Investigation in a Report relating to the ways in which the overall management, administration and delivery of public sector health service as they relate to management of COVID-19 wards and associated infection, prevention and control measures can be improved to prevent similar occurrences in future both at MNHHS and at a system-wide level. These recommendations may consider directions and policy; implementation of directions and policy; audit and assurance; support and training for staff and supervisors.

4.3. The Investigators are required to make findings in relation to whether there has been any breach of the CHO Direction by any person or persons. In making such a finding, investigators are to provide such person(s) with an opportunity to respond to such a finding, consistent with the principles of natural justice.

4.4. The investigators are not required to investigate or make findings pertaining to how the staff member became infected with COVID-19.

5. Power of the Investigators

5.1. The Investigators have all the powers given to them under section 194 of the HHBA including to enter a public sector health service facility when it is open; and to access, copy or take extracts of any documentation under the possession or control of MNHHS relevant to this Investigation and which may assist the Investigation. This authority includes documentation which contains 'confidential information' as defined in the HHBA, noting and complying with the confidentiality obligations as an Investigator pursuant to section 197 of the HHBA, and Part 7 of the HHBA, as it applies.

5.2. The Investigators must make every reasonable effort to obtain any other material or documentation that is relevant to the Investigation. The Investigators may, in accordance with section 197(3)(a) of the HHBA, disclose information given to the Investigators during the Investigation to someone else to the extent necessary to perform the Investigators' functions under, or in relation to, the HHBA.

6. Conduct of the Investigation

6.1. The Investigators must notify any person who provides information for the Investigation that they have been appointed as an independent Health Service Investigator, having no conflict or perceived conflict of interest regarding the matters under Investigation.

6.2. The Investigators must be aware of, and comply at all times with, the provisions of Part 9 of the HHBA which govern the undertaking of this Investigation, including (but not limited to) the duty of confidentiality.

6.3. To the extent that any matters arise relating to the disclosure of any confidential information in compliance with mandatory reporting under the Health Practitioner Regulation National Law (Queensland), or other legislative requirements, these matters must first be brought to my attention in accordance with section 197(4)(a)(ii) of the HHBA.

6.4. With prior notification to, and facilitation by me or the MNHHS Chief Executive (as appropriate), the Investigators will:

- (a) interview those persons who the Investigators believe may be able to provide information relevant to the Investigation, which may include persons who are not employees of the department or a HHS; and

- (b) request a HHS and/or the department (as applicable) to give any lawful and reasonable directions to its employees which may be required during the Investigation. For example, to provide a lawful and reasonable direction to an employee to maintain confidentiality, to attend an interview, or to provide copies of documents in their possession or control. The Investigators must inform me of any failure to comply with a direction given.
- 6.5. The Investigators may co-opt specialist clinical, clinical governance, human resource management expertise or opinion, administrative assistance, information technology assistance, or other assistance, where necessary, in accordance with section 197(3)(a) of the HHBA. The Investigators must obtain my prior approval, before incurring any expenses in this regard.
- 6.6. Where the Investigators propose to make a comment, finding or recommendation that may be adverse to a person, the Investigators must first afford that person an opportunity to respond to the substance of any allegations against them, or any potential adverse comment, finding or recommendation about them.
- 6.7. The Investigation Report prepared in accordance with section 199 of the HHBA must specifically address the matters outlined in Section 4 Scope of the investigation above. The Investigators are to provide in the body of the Investigation Report their assessment of the evidence and reasons for their findings.
- 6.8. A summary of evidence relied upon by the Investigators in order to make a finding is to be referred to in the Investigation Report.
- 6.9. The names of persons providing information to the Investigators, and any patient, staff or other names, must be kept confidential and referred to in a de-identified form in the body of the Investigation Report (with a separate attachment confirming the identity of those persons), unless it is agreed by the Investigators and me that the identification of a person within the Investigation Report is essential to ensure that natural justice is afforded to any particular person.
- 6.10. Information is able to be disclosed by the Investigators to legal advisors under section 197(3)(a) of the HHBA. Arrangements and costs relevant to Investigators obtaining legal advice will be organised by Queensland Health.
- 6.11. The Investigators are to provide the following within 7 days (or as otherwise agreed) of receiving the Instrument of Appointment and these Terms of Reference:
- (a) an Investigation plan, including any persons who are to be interviewed;
 - (b) an estimate-of hours of work required to complete the Investigation; and
 - (c) confirmation in writing of an ability to meet the timeframes for the conduct of the Investigation, including the due date for the Investigation Report;

- 6.12. The Investigators are to notify me about the progress of the Investigation at regular intervals, as will be agreed following the submission of the Investigation plan.
- 6.13. Any request for an extension of the due date for the Investigation Report must be made to me in writing at least 7 days before its due date and include supporting reasons.
- 6.14. The Investigators are to submit to me the Report described in section 6.7 of these Terms of Reference):
- (a) by ~~13 July~~ **2 August 2021** (or as otherwise agreed by me), a draft Investigation Report;
 - (b) by ~~16 July~~ **5 August 2021** (or as otherwise agreed by me) the final Investigation Report (*noting that such Report, or an executive summary of it, with any necessary redactions in compliance with law, may be released publicly*) identifying key issues, findings and recommendations.
- 6.15. If necessary, the Investigators should report to Shelley Nowlan, Acting Deputy Director-General, Clinical Excellence Queensland (or other person nominated by me) for further instructions during the course of the Investigation, including if specific issues of concern may be identified in relation to individual culpability or blame.

7. Financials

- 7.1. Terms and conditions relating to the Investigators' professional rates, out-of-pocket expenses, travel arrangements and other relevant matters are contained in the Conditions of Appointment for provision of the Investigators' services.

8. Media

- 8.1. Should any Investigator be approached by a representative of the media, the Investigator is to make no comment about the investigation and refer the media representative to the Media Unit, Integrated Communications, Queensland Health, via news@health.qld.gov.au.

Signed this^{20th}..... day of July 2021.


DR JOHN WAKEFIELD PSM
DIRECTOR-GENERAL
QUEENSLAND HEALTH

**UPDATED INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, DR JOHN WAKEFIELD, Director-General, Queensland Health, **appoint**, pursuant to Part 9 of the Hospital and Health Boards Act 2011 (Qld) (HHBA), **Dr Paul Griffin** ("the appointee"), as the Lead Investigator to investigate and report on matters relating to the issues detailed within this Instrument and the Terms of Reference, relevant to the management, administration and delivery of public sector health services in Metro North Hospital and Health Service (**the Investigation**), and provide a written report to me (**the Investigation Report**) by 16 July or such other date as agreed by me.

Conditions of appointment

1. The appointment is made in accordance with section 190(1) of the HHBA to conduct a health service investigation (the Investigation) in accordance with the appointee's Terms of Reference and subject to any conditions stated in this Instrument of appointment (section 191 HHBA).
2. The appointment commenced on the date of the Instrument of Appointment dated 5 July 2021 and will end on delivery of the required Investigation Report.
3. The appointee/s must, as appropriate, work co-operatively with, and share relevant information (including confidential information, in accordance with the Terms of Reference) during the Investigation with Ms Katherine Taylor, Infection Control Manager/Clinical Nurse Consultant (CNC). The Wesley Hospital, and any other Health Service Investigators appointed by me under Part 9 of the HHBA, and must prepare a joint report (the Investigation Report) to me under section 199 of the HHBA.



DR JOHN WAKEFIELD PSM

DIRECTOR-GENERAL

QUEENSLAND HEALTH

20/7/2021

**INSTRUMENT OF APPOINTMENT
HEALTH SERVICE INVESTIGATOR**

I, DR JOHN WAKEFIELD, Director-General, Queensland Health, **appoint**, pursuant to Part 9 of the *Hospital and Health Boards Act 2011* (Qld) (HHBA), **Katherine Taylor**, Infection Control Manager, The Wesley Hospital, ("the appointee"), as a Health Service Investigator to investigate and report on matters relating to the issues detailed within this Instrument and the Terms of Reference, relevant to the management, administration and delivery of public sector health services in Metro North Hospital and Health Service (**the Investigation**), and provide a written report to me (**the Investigation Report**) by 16 July or such other date as agreed by me.

Conditions of appointment

1. The appointment is made in accordance with section 190(1) of the HHBA to conduct a health service investigation (the Investigation) in accordance with the appointee's Terms of Reference and subject to any conditions stated in this Instrument of appointment (section 191 HHBA).
2. The appointment commences on the date of this Instrument and will end on delivery of the required Investigation Report.
3. The appointee/s must, as appropriate, work co-operatively with, and share relevant information (including confidential information, in accordance with the Terms of Reference) during the Investigation with any other Health Service Investigators appointed by me under Part 9 of the HHBA relevant to this Investigation and must prepare a joint report (the Investigation Report) under s199 of the HHBA with such other appointed Health Service Investigators to me under section 190(1) of the HHBA.



DR JOHN WAKEFIELD PSM

DIRECTOR-GENERAL

QUEENSLAND HEALTH

12 / 07 / 2021

Annexure B

List of Interviewees

	Staff or Third Party Identifier	Staff or Third Party Role	Date and Time of Witness Interview	Location of Witness Interview
1.	Clinical – Nursing 1	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
2.	Clinical – Nursing 2	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
3.	Non-Clinical 1	Wardsperson, TPCH	2.10 pm, 11.08.2021	TPCH
4.	Clinical – Medical 1	Director of Infectious Diseases, TPCH	11.00 am, 23.07.2021	TPCH
5.	Non-Clinical 2	Wardsperson, TPCH	Did not proceed.	Did not proceed.
6.	Clinical – Nursing 3	Clinical Nurse / Acting Nurse Unit Manager, TPCH	Did not proceed.	Did not proceed.
7.	Non-Clinical 3	Health Service Chief Executive, MNHHS	8.30 am, 23.07.2021	RBWH
8.	Clinical – Nursing 4	CNC Infection Control, TPCH	1.30 pm, 23.07.2021	TPCH
9.	Non-Clinical 4	Administrative Relief and Casual Pool Coordinator, TPCH	3.00 pm, 23.07.2021	TPCH
10.	Clinical – Nursing 5	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
11.	Non-Clinical 5	CHUBB Security	Did not proceed.	Did not proceed.
12.	Clinical – Nursing 6	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
13.	Clinical – Allied Health 1	Dietician, TPCH	1.10 pm, 11.08.2021	TPCH
14.	Clinical – Nursing 7	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
15.	Clinical – Nursing 8	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
16.	Non-Clinical 6	Administrative Officer – CF Concierge, TPCH	9.00 am, 26.07.2021	TPCH
17.	Clinical – Nursing 9	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
18.	Clinical – Nursing 10	Registered Nurse, TPCH	3.10 pm, 11.08.2021	TPCH

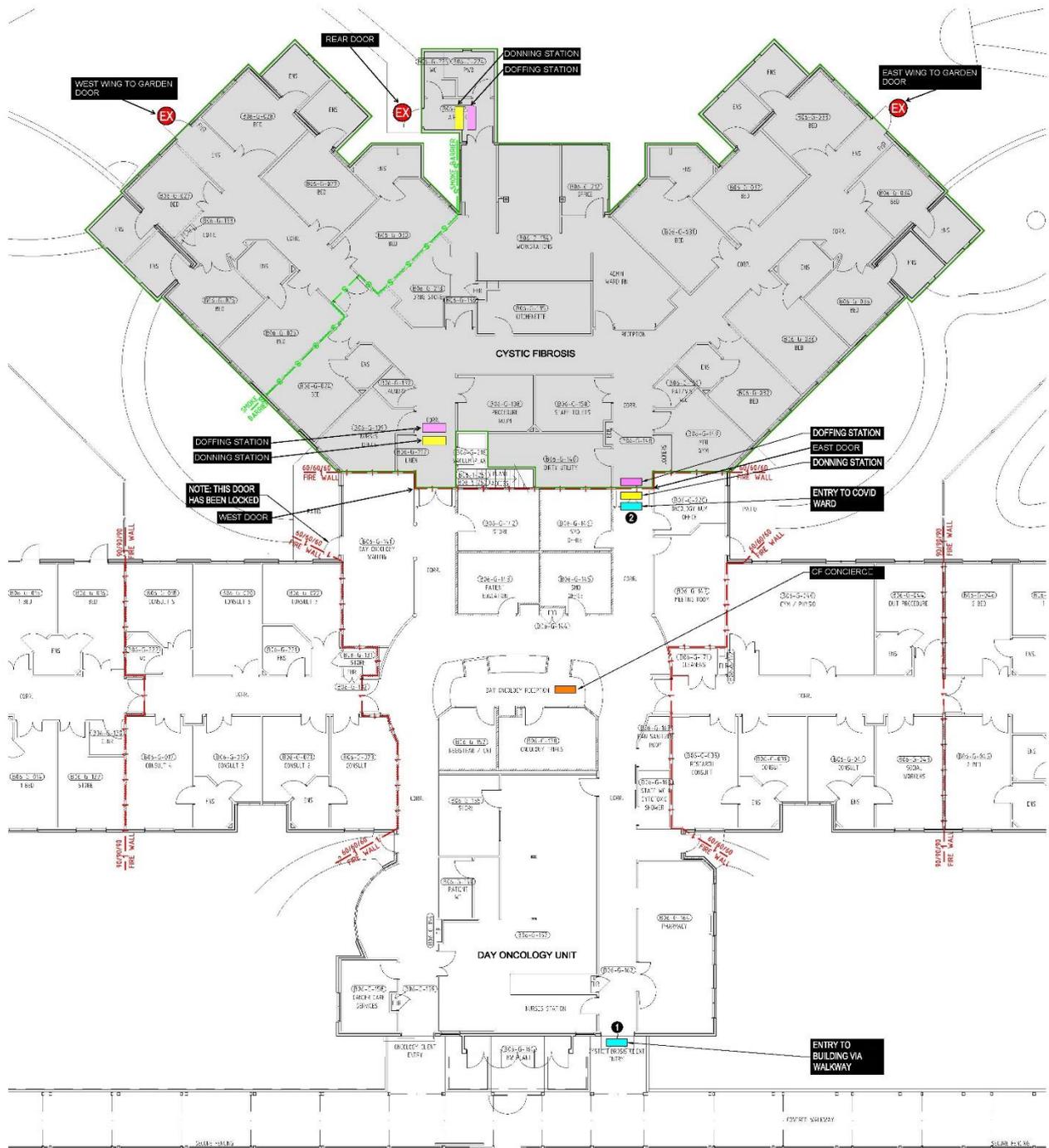
Annexure C

List of Interviewees – CONFIDENTIAL

	Staff or Third Party Identifier	Staff or Third Party Name	Staff or Third Party Role	Date and Time of Witness Interview	Location of Witness Interview
1.	Clinical – Nursing 1	██████████	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
2.	Clinical – Nursing 2	██████████	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
3.	Non-Clinical 1	██████████	Wardsperson, TPCH	2.10 pm, 11.08.2021	TPCH
4.	Clinical – Medical 1	██████████ ██████	Director of Infectious Diseases, TPCH	11.00 am, 23.07.2021	TPCH
5.	Non-Clinical 2	██████████	Wardsperson, TPCH	Did not proceed.	Did not proceed.
6.	Clinical – Nursing 3	██████████	Clinical Nurse / Acting Nurse Unit Manager, TPCH	Did not proceed.	Did not proceed.
7.	Non-Clinical 3	██████████ ██████	Health Service Chief Executive, MNHHS	8.30 am, 23.07.2021	RBWH
8.	Clinical – Nursing 4	██████████	CNC Infection Control, TPCH	1.30 pm, 23.07.2021	TPCH
9.	Non-Clinical 4	██████████	Administrative Relief and Casual Pool Coordinator, TPCH	3.00 pm, 23.07.2021	TPCH
10.	Clinical – Nursing 5	██████████	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
11.	Non-Clinical 5	██████████ ██████	CHUBB Security	Did not proceed.	Did not proceed.
12.	Clinical – Nursing 6	██████ ██████████	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
13.	Clinical – Allied Health 1	██████████ ██████	Dietician, TPCH	1.10 pm, 11.08.2021	TPCH
14.	Clinical – Nursing 7	██████████	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
15.	Clinical – Nursing 8	██████████	Registered Nurse, TPCH	Did not proceed.	Did not proceed.

16.	Non-Clinical 6	██████████	Administrative Officer – CF Concierge, TPCH	9.00 am, 26.07.2021	TPCH
17.	Clinical – Nursing 9	██████████ ██████████	Registered Nurse, TPCH	Did not proceed.	Did not proceed.
18.	Clinical – Nursing 10	██████████ ██████████	Registered Nurse, TPCH	3.10 pm, 11.08.2021	TPCH

Annexure D



- CF CONCIERGE
- ENTRY 1- INTO BUILDING
2- INTO COVID WARD
- DOFFING STATION
- DONNING STATION
- COVID (IAC) WARD
- EMERGEN

Metro North Hospital and Health Service

The Prince Charles Hospital
Engineering Department



Queensland
Government

Rev.

Annexure E

COVID WARD



Before entering this ward all STAFF must

1. Vaccinated against COVID
2. Fit Tested and wear that type of P2/N95 Mask
3. Commence mandated Surveillance testing (Saliva Swab) and continue this surveillance until 14 days since the last entry to ward
4. Scan your hospital ID and QLD Check-In QR code

3440-3036-9301v5

Annexure F



3436-1106-9973v1