

Inquiry into the Government's response to the Covid-19 pandemic

Dr andrew turner

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YOUR SUBMISSION

Submission:

Quarantine System

I have written to the Prime Minister about the Commonwealth's primary constitutional responsibilities for pratique (health clearance) for ships and aircraft entering Australia, the quarantine of returning Australians and infection control at Aged Care Homes. These functions all relate to how quarantine practice prevents the transmission of diseases. Victoria also needs to upgrade the quarantine practices applied to hotel quarantine and public hospitals.

I was employed by the Victorian government for 38 years and was appointed a quarantine officer at Geelong in 1963 by Sir William Refshauge and acted as Chief Quarantine Officer (Animals) for Victoria between 1976 and 1995. This role and authority was set out in the Commonwealth Quarantine Act given that the Constitution allocates responsibility for border quarantine to the Commonwealth Government. I retired as Chief Veterinary Victoria Officer in 2000

I am curious about why the state government took on the function of quarantining passengers arriving into Australia. Constitutionally, this is a Commonwealth responsibility. Did the Commonwealth formally delegate its border quarantine powers and functions to the States? What account was taken of those who would administer quarantine at the hotels? Were the companies and their personnel assessed for competence for what they would apply to the quarantine of the returning Australians? What procedures were undertaken to ensure that the requirements of quarantine were being applied at each of the hotels at the outset? If not undertaken, why not? Have any of those administering the quarantine at the hotels a deep experience in quarantine procedures in a variety of situations? Checking, checking and rechecking is all part of operating an effective quarantining system. Why didn't such checking reveal shortcomings?

The statistics of the number of health care workers and staff in Hospitals and Aged Care Homes is very worrying given such places should be free of infections, not aggregation and dissemination points. This raises the issue of quarantine practices applied by and to staff, residents and families at Aged Care Homes and Hospitals. The serious breakdown of infection control/quarantine in two Sydney Aged Care Homes early in the pandemic should have resulted in the infection control/quarantine practices being revamped for all Australian Aged Care Homes and Hospitals. I seek your advice as to why was this not so? What auditing was carried out to assess the risks that inadequate application of infection control practices were being carried out?

There were fears of a pandemic of avian influenza in 1997 and 2004-08 and there was a pandemic of swine flu in 2009. Were there not national and state plans and protocols for infection control prepared at this time? Finally, I have been astounded there was a belief that COVID-19 was initially primarily transmitted by fomites orally and ignoring aerosol transmission. The animal coronaviruses of poultry and pigs are primarily transmitted by aerosol and they evolved from an initial respiratory disease to affect other body organs as

now seen with COVID-19.

I hope that now, quarantine and public health infection control functions are taken far more seriously, requiring full time public service employees to be selected, trained and equipped to carry out quarantine functions and auditing.

Yours sincerely

Andrew Turner

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Do you have any additional comments or suggestions?:

I have posed a series of questions that i think you might find relevant to the inquiry and what went wrong. it has just occurred to me. Who did the operators think they were going to be able to restrict movement without police/army backup?

regards

andrew

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Signature:

AJ Turner