Commonwealth Government COVID-19 Response Inquiry Submission

About us:

Dr [redacted] is a senior research fellow at the [redacted], [redacted]. She conducts research in the areas of research ethics, public health and human rights, particularly with regard to HIV and other blood-borne infections, sexual health and emerging infectious diseases. She is a former President of the Australian Federation of AIDS Organisations (AFAO, 2015-18).

Dr Jane Williams is a senior research fellow at the Australian Centre for Health Engagement, Evidence and Policy at the University of Wollongong. She conducts empirical bioethics research with a broad focus on public health, and infectious disease emergencies more specifically.

In 2020-21, we conducted an in-depth interview study with people (n=73) who were in mandatory quarantine. The study included people in home quarantine (n=15) in the short period before supervised quarantine was mandated, people in hotel quarantine (n=52) and at Howard Springs (n=6). This submission draws on the findings of that study. The study was funded by the APPRISE CRE (NHMRC App 1116530).

Relevant terms of reference: Governance; Key health response measures; Broader health supports for people impacted by COVID-19

Key points

1. Most hotels were not suitable for 14-day quarantine
2. Mandatory supervised quarantine carried risks (safety, mental health, non-COVID physical health)
3. People in quarantine need support, certainty and consistency

1. Hotels are generally not fit for the purpose of 14-day quarantine

The issue

Australia's border closures and mandatory supervised quarantine requirements were effective in protecting most of the country from the pandemic for most of 2020-21. People who completed quarantine generally expressed support for the need for the intervention and, after June 2020, the need to pay for it. Mandatory supervised quarantine was established very quickly and, in the absence of existing quarantine facilities, hotels were an obvious solution. In planning for possible future quarantine requirements for public health emergencies we recommend that hotels are not used. People were significantly negatively impacted by not having access to fresh air or natural light, by not being able to clean, not being able to exercise, and by not being able to eat what and when they wanted to. Study participants who were quarantined in serviced apartments reported much easier experiences than those in standard hotel rooms because they were able to do basic food storage and preparation, exercise, and open windows. [redacted] residents appreciated being able to sit outside but the layout of the units at that facility was not fit for families with young children. We note that some hotel facilities allowed 'fresh air breaks' or similar but these were inconsistent across facilities, inconsistent across days, and tended not to allow exercise (e.g. running was usually reportedly banned). Food standards, lack of choice and timing were significant stressors

and participants with dietary requirements reported that these were inconsistently or not adhered to.

Inconsistencies in the standard and type of facility provided across states and territories, hotels, and duty staff were difficult for people in quarantine to manage. They felt that the 'luck of the draw' aspect of hotel quarantine was deeply unfair and not knowing what to expect before they arrived was a major source of stress.

Proposed solution

If mandatory supervised quarantine is to be used in future pandemics or emergencies, we recommend that the facilities used a) adhere to minimum standards and b) are consistent. Standards include such things as:

- access to fresh air in the room and sufficient space or consistent opportunity to exercise;
- basic capacity for food storage and preparation, including consistent access to grocery or food delivery and careful adherence to dietary requirements and children's needs and preferences;
- provision of cleaning supplies

Consistency might be achieved by instituting a national approach to quarantine.

2. Mandatory supervised quarantine poses avoidable risks

The issue

While quarantine largely prevented the risks associated with SARS-CoV-2 circulating in the community, it posed risks to people inside quarantine. These included: safety risks (e.g. in facilities that were not set up to house small children); episodes of poor mental health related to the requirements of quarantine that occurred both during and in the months following confinement; reportedly insufficient provision of care for injuries or medical issues that were not related to COVID-19; and feeling at much greater risk of catching COVID-19 in quarantine than before traveling to Australia. Some study participants reported emergency situations that were not adequately managed due to COVID-19 regulations and the training and capacity of e.g. security staff who were the first port of call. People in quarantine who had travelled from places with no infection (e.g. New Zealand, oil platforms) were at greater risk of catching COVID-19 in quarantine, and other travellers reported processes (e.g. airport arrival and transfer to hotels) that put them at high risk of infection from other travellers.

Proposed solutions

If quarantine must occur, we recommend that it be risk stratified.

Related to (1), above, we consider that minimum standards for facilities could forestall some of the risks and harms that study participants reported. This would involve adequately planning in advance for the people who are scheduled to arrive in the country. This is particularly pertinent for people traveling with children and for those with disabilities. People entering quarantine should be assured of a facility that meets their basic needs (i.e. is safe, in addition to those factors above), noting that not everyone has the same basic needs.

It must be recognised that emergencies occur, and to have protocols in place that can very quickly manage them with the same urgency as they would outside of a quarantine facility. For example, in

the case of a violent dispute or a choking child, the risks of an infectious disease should not trump the capacity of staff to provide an urgent response.

People who pose no risk of infection to the community should not be required to quarantine.

3. The importance of support, consistency and certainty

The issue

People in quarantine did not know what to expect before they arrived, they did not know when they could leave, and they did not know what would happen day-to-day (e.g. with respect to 'fresh air', food, COVID testing etc). This was a significant source of stress and also completely avoidable. As hotels refined their systems, some offered more information and more certainty about the things that the hotel could control e.g. by providing menus, others did not. The provision of information continued to be a systemic challenge however, and people did not know when they would be released from quarantine. This meant that it was very difficult for them to manage onward travel and similar arrangements, and difficult to manage their own expectations. People in quarantine reported, for e.g., not being able to get COVID-19 (mandatory) test results without an Australian phone number, which in turn led to unnecessary worry and stress.

Possible solutions

Support for people in quarantine must be a priority. There should be a one stop support approach to respond to people's queries and their daily needs. This might include things like liaising with appropriate systems so that people know from the beginning when their quarantine will be finished (assuming no infection), how they will be allowed to leave the facility, systems for getting test results. A dedicated support system could ease the burdens people in quarantine felt about having to call to repeatedly report the same issue (e.g. food that did not meet dietary requirements) or ask the same questions (e.g. whether it would be possible to access fresh air that day). A dedicated support system would help ensure the consistency across jurisdictions and facilities that people in quarantine felt would be fair.

Final notes

Many of the participants in our study requested, unprompted, that we 'tell officials' what they reported and what we found. We appreciate the opportunity to do so via this forum.

As a guiding principle, mandatory quarantine requires a relatively small number of people to make considerable sacrifices for the benefit of the wider community. They ought not to be unfairly burdened in their discharge of a public health responsibility that benefits other people.

References

Haire, B., Gilbert, G. L., Kaldor, J. M., Hendrickx, D., Dawson, A., & Williams, J. H. (2022). Experiences of risk in Australian hotel quarantine: A qualitative study. *BMC Public Health*, *22*(1), 953. https://doi.org/10.1186/s12889-022-13339-x

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