

**PARLIAMENTARY STANDING COMMITTEE OF  
PUBLIC ACCOUNTS**

---

**FINAL REPORT**

**INQUIRY INTO THE GOVERNMENT'S ECONOMIC RESPONSE  
TO THE COVID-19 PANDEMIC**

---

**MEMBERS OF THE COMMITTEE**

**LEGISLATIVE COUNCIL**

Hon Ivan Dean MLC (Chair to 26 March 2021)

Hon Ruth Forrest MLC (Chair from 23 June 2021)

Hon Meg Webb MLC (from 22 June 2021)

Hon Josh Willie MLC

**HOUSE OF ASSEMBLY**

Mr David O'Byrne MP (to 26 March 2021)

Mrs Joan Rylah MP (to 27 July 2020)

Mr Nic Street MP (from 26 August 2020)

Mr John Tucker MP (to 26 March 2021)

Ms Madeleine Ogilvie MP (from 22 June 2021)

Ms Rebecca White MP (from 22 June 2021)

## TABLE OF CONTENTS

<b>Charter of the Committee .....</b>	<b>1</b>
<b>Acronyms .....</b>	<b>2</b>
<b>Executive Summary .....</b>	<b>3</b>
<b>Findings .....</b>	<b>6</b>
<b>Recommendations .....</b>	<b>9</b>
<b>Introduction .....</b>	<b>11</b>
<b>Conduct of the Inquiry and Terms of Reference .....</b>	<b>13</b>
<b>Evidence .....</b>	<b>15</b>
1. Tasmania’s response to the COVID-19 pandemic.....	15
Administrative arrangements .....	15
Public health administrative arrangements .....	15
Establishment of the Ministerial Committee on Emergency Management (MCEN) .....	18
Economic response.....	19
Border control, quarantine and biosecurity .....	22
Communications .....	25
Public communications .....	25
Health communications.....	26
Industry communications .....	27
2. Public health response .....	<b>28</b>
Management of outbreak in hospitals .....	30
Personal protective equipment (PPE) .....	32
Staffing.....	37
Staffing costs.....	39
Pandemic preparedness and initial response .....	39
COVID-19 testing capacity.....	43
Preparedness for further COVID-19 outbreaks.....	45
Quarantine/self isolation.....	47
3. <b>Economic response .....</b>	<b>50</b>
Grants and concessions .....	51
Federal Government Financial Support – JobKeeper and JobSeeker.....	52
Infrastructure spending .....	53
4. <b>Community.....</b>	<b>56</b>
Family violence.....	58
Child safety .....	60

Housing .....	62
Aged care .....	64
<b>5. Education.....</b>	<b>66</b>
<b>6. Justice .....</b>	<b>71</b>
Court system.....	71
Prison system.....	72
<b>7. Tourism and hospitality .....</b>	<b>74</b>
Tourism.....	74
Hospitality.....	77
<b>8. ICT and telecommunications .....</b>	<b>79</b>
<b>9. Primary industries .....</b>	<b>85</b>
<b>10. Racing.....</b>	<b>89</b>
<b>11. Sport and Recreation.....</b>	<b>92</b>
Community sport.....	92
<b>12. Arts.....</b>	<b>95</b>
Appendix 1 COVID-19 chronology, Parliamentary Research Service.....	98
Appendix 1A List of directions and notices related to COVID-19 in Tasmania .....	132
Appendix 1B Details of the Tasmanian Government’s economic support packages.....	141
Appendix 2 Responses to questions on notice .....	147
Appendix 3 List of meetings, witnesses and submissions.....	196

## **CHARTER OF THE COMMITTEE**

The Public Accounts Committee (the Committee) is a Joint Standing Committee of the Tasmanian Parliament constituted under the *Public Accounts Committee Act 1970*.

The Committee comprises six Members of Parliament, three Members drawn from the Legislative Council and three Members from the House of Assembly.

Under section 6 of the *Public Accounts Committee Act 1970* the Committee:

must inquire into, consider and report to the Parliament on any matter referred to the Committee by either House relating to the management, administration or use of public sector finances; or the accounts of any public authority or other organisation controlled by the State or in which the State has an interest; and

may inquire into, consider and report to the Parliament on any matter arising in connection with public sector finances that the Committee considers appropriate; and any matter referred to the Committee by the Auditor-General.

## **ACRONYMS**

ADF	Australian Defence Force
ADII	Australia Digital Inclusion Index
ANMF	Australian Nursing and Midwifery Federation
ATDC	Alcohol, Tobacco and other Drugs Council
ATEOC	Ambulance Tasmania Emergency Operation Centre
AUSMAT	Australian Medical Assistance Teams
CFCs	Child and Family Centres
CSL	Community Support Levy
CSOs	Community Service Organisations
DPFEM	Department of Fire and Emergency Management
DPAC	Department of Premier and Cabinet
ECC	Health Emergency Coordination Centre
ED	Emergency Department
EOC	Emergency Operation Centre
ICT	Information and Communications Technology
MBA	Master Builders Association
MHHOST	Mental Health Homelessness Outreach Support Team
PAHSMA	Port Arthur Historic Site Management Authority
PHEOC	Public Health Emergency Operations Centre
RHEMTs	Regional Health Emergency Management Teams
SCC	State Control Centre
SoNG	Series of National Guidelines
THA	Tasmanian Hospitality Association
THS	Tasmanian Health Service
THSEOC	Tasmanian Health Service Emergency Operation Centre
TICT	Tourism Industry Council of Tasmania
TIPCU	Tasmanian Infection Prevention and Control
TMAG	Tasmanian Museum and Art Gallery
TMEC	Tasmanian Minerals, Manufacturing and Energy Council
QVMAG	Queen Victoria Museum and Art Gallery

## EXECUTIVE SUMMARY

The COVID-19 pandemic has created significant disruption including health and economic challenges around the world. The Committee notes the contribution of all health and other front line professionals whose past and continuing efforts and dedication to the COVID-19 response, are recognised and appreciated.

Comparatively, Australia has been very successful in containing both the spread of COVID-19 and addressing both the health and economic challenges this pandemic has created. As an island state Tasmania has had the ability to limit the movement of people into Tasmania from other parts of Australia where cases of COVID-19 have emerged.

The Public Accounts Committee (the Committee), resolved to undertake an inquiry to consider the responses of the Government in response to the pandemic with particular regard to health expenditure and all aspects of the Tasmanian Government's economic response to the COVID-19 pandemic.

The Government's initial response to administrative arrangements was made in accordance with the *Public Health Act 1997* and the *Emergency Management Act 2006*. The Committee recommends both these Acts be reviewed as soon as practicable to ensure Tasmania's legislative framework for dealing with any future public health emergency or State emergency situation are effectively managed through any learnings gained during the COVID-19 pandemic.

In April 2020 the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020* (the Act) was passed by Parliament to '*reduce the risks to the State, and the risk to, or hardship suffered by, members of the public, arising from, or related to, the presence of the disease in persons in the State or the risk of the spread of the disease between persons in the State*'. This was primarily achieved through the issuance of Notices to give effect to other emergency measures with the Government issuing a number of Notices in relation to COVID-19 in Tasmania pursuant to the Act.

The Director of Public Health and the State Controller also issued a number of Directions pursuant to the *Public Health Act 1997* and the *Emergency Management Act 2006*.

The Committee found overall the Government's response was timely and effective in controlling and preventing the spread of COVID-19. Evidence provided demonstrated clearly how departmental personnel, at all levels, responded promptly and collaboratively to the challenges faced within their jurisdictions. All these State Service employees are to be commended for their efforts.

The Premier, other Party Leaders and Independent Members of Parliament also worked collaboratively and effectively to respond in a timely manner to the rapidly changing environment for the benefit of Tasmanians.

The response by Parliament, government and department's demonstrated an ability to be responsive and agile, as demands and situations rapidly changed. Where policy and operational decisions had traditionally been made in silos, many of these barriers were removed resulting in greater collaboration between departments. This is a model that should be adopted in the future when responding to matters of significant public interest.

The responsive ramping up of areas such as COVID-19 testing, access to personal protective equipment, whilst not without its challenges, was effective in limiting the impact of COVID-19 on the health of Tasmanians and the Tasmanian economy.

The most significant COVID-19 outbreak occurred on the North West Coast and challenged the health workforce significantly not only in the North West but across the State. The Government took unprecedented action to address this by taking over the North West Private Hospital and then closing both the North West Regional and North West Private hospitals which had a broader impact on the State's health services.

There were lessons learnt regarding the outbreak in North West Tasmania, some from other investigations into the outbreak as well as this Report, need to be monitored and inform future decision making. The Committee recommends the Government consider adopting a universal training model for public health staff such as utilised in New South Wales to ensure all Public Health staff are well equipped to effectively scale up operations if and when required.

Organisations supporting and advocating for health professionals provided evidence that communication during the North West outbreak in particular was inadequate and not always timely adding to the anxiety many health workers experienced.

The Committee notes the significant impact on the mental health and wellbeing of many Tasmanians during this period and recommends ongoing attention to monitoring mental health and wellbeing particularly of those most impacted by COVID-19.

The Committee notes the economic support provided across many sectors was generally well targeted and effective. A range of broad and targeted financial support and fee relief was provided and this limited the negative economic impact for many Tasmanians.

The Committee recommends the Government monitor and respond to ongoing vulnerability of Tasmanians at risk of unemployment, reduced opportunities for gaining employment and poor mental health and welfare outcomes. Those particularly at risk include casual workers, women and older jobseekers. Plans and measures implemented to support economic recovery should include targeted and specific programs to assist those seeking and maintaining employment;

Digital inclusion must be a focus of government, particularly for those in areas where digital access is limited or unaffordable and for those who face digital literacy challenges.

Collaborative approaches utilised with regard to vulnerable children and families during periods where school attendance was limited and data sharing to support these families has been very beneficial. These measures should be continued indefinitely.

The use of video-conferencing and online meetings in the courts and in prison have been very useful and should be continued where appropriate. To inform appropriate future use of videoconferencing in the courts and prison systems, the Committee recommends that Government undertake a formal review of its use, resourcing and functionality during the COVID-19 period.

The Report provides a summary of key evidence related to the impact of COVID-19 under the Terms of Reference, for a number of key sectors of the Tasmanian community. This Report should be read in conjunction with all submissions received and transcripts of evidence that are available on the Committee website.

The Committee extends its thanks to all organisations and individuals that contributed to the work of the Committee, particularly in light of often challenging circumstances. The work of this Committee has taken place over an extended period and was interrupted by the calling of the 2021 State election. The Committee wishes to acknowledge the contribution of the previous Chair of the Committee, Hon Ivan Dean MLC, as well as previous Members of the Committee David O'Byrne MP, Joan Rylah MP and John Tucker MP. The Committee also acknowledges the support and work of the Committee Secretariat, Natasha Exel and Allison Waddington, in challenging times adapting as required to ensure work could progress.



**Hon Ruth Forrester MLC**

**Committee Chair**

**13 August 2021**

## FINDINGS

The Committee found:

1. Departmental personnel at all levels responded promptly and collaboratively to the challenges faced within their jurisdictions and are to be commended for their efforts.
2. The COVID-19 pandemic tested the adequacy of existing pandemic plans.
3. The State's pandemic plan has been in place for many years and practised.
4. The State's pandemic plan has been reviewed as a result of the COVID-19 pandemic.
5. Measures taken under the *Emergency Management Act 2006* and *Public Health Act 1997* to address serious public health challenges of the COVID-19 pandemic were effective in containing and reducing spread of the coronavirus.
6. The introduction and implementation of the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020* and *COVID-19 Disease Emergency (Miscellaneous Provisions) No 2 Act 2020* provided a legislative basis to respond to urgent matters related to the management of the COVID-19 pandemic in Tasmania.
7. Border control and biosecurity measures, including hotel quarantine, which limited the movement of people into Tasmania was effective in preventing any incursions of COVID-19 into the State after the initial North West outbreak was contained.
8. The Government took unprecedented action by taking over the North West Private Hospital and then closing both the North West Regional and North West Private hospitals.
9. The closing of the NW hospitals had a broader impact on the State's health services, particularly the Launceston General Hospital.
10. Communication with healthcare staff during the North West outbreak was not always timely or effective.
11. There was concern expressed by health care professionals with regard to a lack of preparedness, particularly on the North West coast, related to staffing and resources, training and the availability of, and guidelines on, the use of PPE.

12. The impact on mental health and wellbeing of health care professionals, particularly in the North West, remains an ongoing challenge.
13. Regular training of Public Health staff, including contact tracing, is a vital component of short and long term public health service delivery.
14. New South Wales has a nationally recognised model for public health training.
15. The Royal Hobart Hospital assay test was designed in-house in January 2020 as commercial test kits were unavailable at that time.
16. While initial testing capacity was low, the ability to quickly and effectively upscale was recognised as critical to detect positive cases and limit the spread of the disease.
17. The COVID-19 pandemic has further heightened awareness of mental health and wellbeing, and the workforce in some sectors have been particularly impacted.
18. The establishment of Vulnerable Children Panels implemented during the COVID-19 pandemic providing greater collaboration between the Department of Education and Communities Tasmania in their oversight of vulnerable children and young people enrolled in government schools has been a positive mechanism.
19. Remote learning was recognised as having a potential impact on student learning and the Department of Education responded with the Bounce Back and Back on Track programs.
20. Women and mature-aged workers have been disproportionately impacted by job losses during the pandemic due to their high levels of employment in the retail, social services, tourism and hospitality sectors.
21. The Government issued a number of notices under the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020* to support Tasmanians to maintain secure tenancies including a moratorium on evictions and rent rises.
22. The lack of access to safe affordable housing limited some vulnerable Tasmanians ability to comply with 'stay at home' directions.
23. Demand for services providing support to victims of family violence increased over the period of the COVID-19 pandemic, and funding was increased to support this demand.

24. The Magistrates Court and Supreme Court have effectively used videoconferencing for court appearances.
25. Jury trials were suspended for four months in Hobart and Launceston and for seven months in Burnie.
26. Court backlogs in both Magistrates and Supreme Courts have increased significantly.
27. Visits to prisons were suspended and the prison system has successfully used videoconferencing as a mechanism to provide visits between inmates and their families and friends.
28. Provisions were made for new prisoners to isolate on entry to the prison.
29. Additional investment in digital infrastructure assisted government departments and employees to work from home where appropriate.
30. A lack of digital literacy, access and inclusion impacted on access to digital health services, contributed to isolation of older Tasmanians and limited engagement of vulnerable families during periods of remote learning and requirements to work from home.
31. Tourism, hospitality, arts and events sectors were significantly negatively impacted by COVID-19 public health responses and Government provided direct and indirect financial support to these sectors by way of grants, tax concessions and intrastate marketing campaigns and travel vouchers.
32. Temporary visa holders and itinerant seasonal workers who lost income resulting in increased vulnerability were financially assisted by the Tasmanian Government with a one-off payment.
33. Some sectors of primary industry were impacted by COVID-19 with difficulties sourcing labour due to closed borders, processing capacity and market conditions.
34. Primary industries were supported by a range of initiatives including grants and other financial support.
35. Racing was suspended for a period of six weeks based on public health advice to reduce inter-regional travel. Tasmania was the only state to suspend all racing. The Government provided financial support in lieu of stakes money to the industry.

## Recommendations

The Committee recommends:

1. A comprehensive review of the *Emergency Management Act 2006* be conducted as soon as practicable utilising lessons learnt during the COVID-19 pandemic.
2. A comprehensive review of the *Public Health Act 1997* be conducted as soon as practicable utilising lessons learnt during the COVID-19 pandemic.
3. Pandemic preparedness plans be reviewed and updated regularly.
4. The Tasmanian Government consider adopting a universal training model for public health staff such as utilised in New South Wales.
5. Mental health and wellbeing support be included as part of annual professional development for health professionals and other frontline workers.
6. Government monitor and respond to ongoing vulnerability of older Tasmanians at risk of unemployment, reduced opportunities for gaining employment, poor mental health and welfare outcomes resulting from loss of employment.
7. Plans and measures implemented to support economic recovery include targeted and specific programs to assist those seeking and maintaining employment;
  - a. Women;
  - b. Casual employees;
  - c. Older jobseekers.
8. Increased investment in public and social housing and safe night spaces be maintained and increased where necessary to ensure all Tasmanians have access to affordable, safe and secure housing.
9. Additional affordable, safe and secure housing options be made available to victims of family violence.
10. Vulnerable Students Panels, implemented during the COVID-19 pandemic providing greater collaboration between the Department of Education and Communities Tasmania in their oversight of vulnerable children and young people enrolled in government schools, be continued.
11. The Department of Education continue to monitor and respond to the impact of COVID-19 remote learning periods on student outcomes.

12. Data sharing arrangements between the Department of Education and Communities Tasmania be maintained, further strengthened and embedded in policy with legislative change if necessary.
13. To inform appropriate future use of videoconferencing in the courts and prison systems, the Government undertake a formal review of its use, resourcing and functionality during the COVID-19 period.
14. Pending the results of the formal review, the Magistrates Court, Supreme Court and prison system continue the use of videoconferencing where appropriate.
15. Government and Tourism Tasmania continue to support and promote intrastate tourism and support for local hospitality, arts and events.
16. Government enhance investment in ICT to support digital inclusion and literacy for all, particularly older Tasmanians, vulnerable families and residents of regional areas.

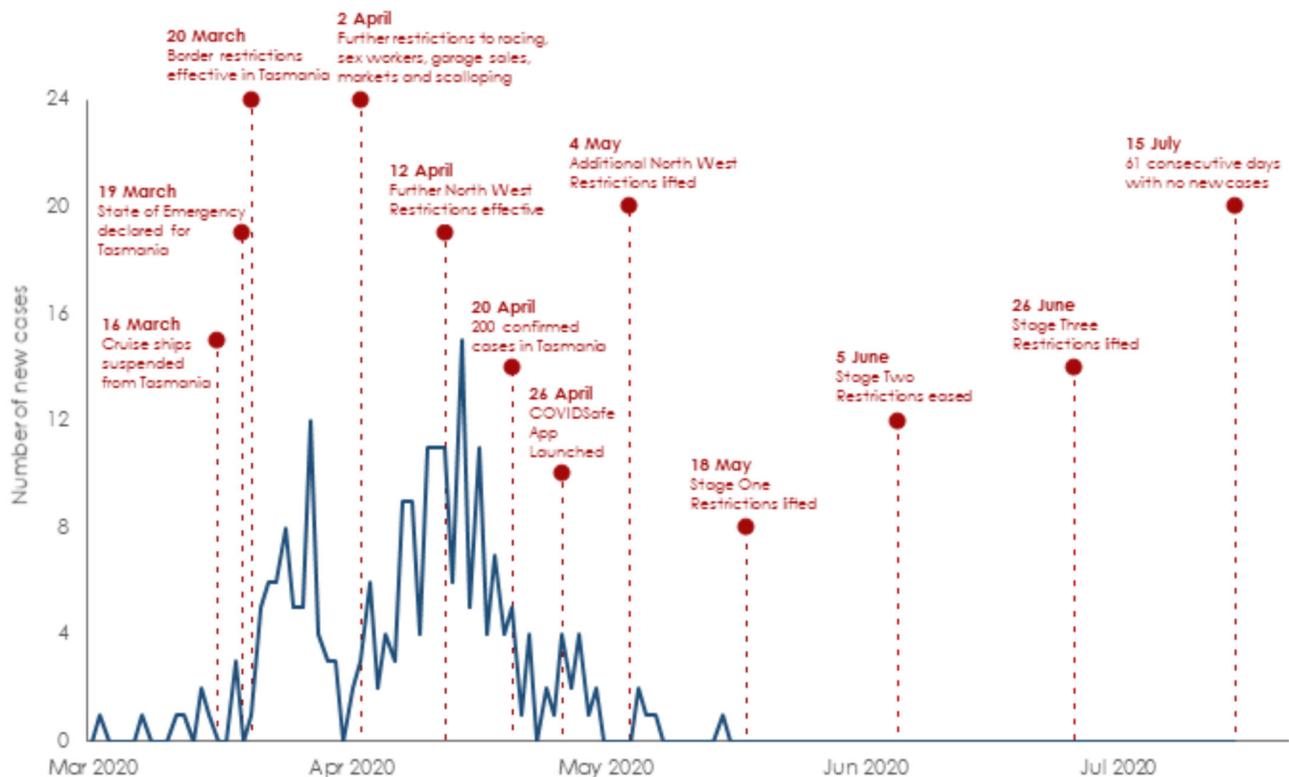
## INTRODUCTION

The first confirmed case of COVID-19 in Tasmania was recorded on 2 March 2020, a public health emergency was declared in Tasmania on 17 March and a state of emergency on 19 March 2020.

A comprehensive timeline of events relevant to Tasmania as a result of, and in response to, COVID-19 is provided in a chronology prepared by the Parliamentary Research Service, Parliament of Tasmania, in Appendix 1. The chronology includes a list of directions and notices related to COVID-19 in Tasmania (Appendix 1A) and details of the Tasmanian Government’s economic support packages (Appendix 1B).

The written submission of the Government provided the below timeline from March to July 2020:

**Figure 1 – Timeline of COVID-19 in Tasmania\***



\*Date of notification to Public Health Services.

Sources: Department of Premier and Cabinet, Public Health Services

Whilst the Terms of Reference particularly refer to health expenditure, the scope of the Inquiry includes all aspects of the Tasmanian Government’s economic response to the COVID-19 pandemic.

Similar inquiries have been conducted in other jurisdictions in Australia including the Public Accounts Committees of the Victorian, New South Wales and Northern Territory parliaments. The Australian Senate has also conducted an inquiry into the Australian Government response to COVID-19.

The Terms of Reference include the impact, progress and outcome of the Government's economic recovery plan. Further inquiries into Tasmania's economic recovery may be necessary as the COVID-19 pandemic continues to impact on our state, national and global economies.

## **CONDUCT OF THE INQUIRY**

### **Terms of reference**

On 27 May 2020 the Public Accounts Committee resolved of its own motion to initiate an inquiry to review the Tasmanian Government's economic response to the COVID-19 pandemic, with the following Terms of Reference:

*To inquire into and regularly report upon the Tasmanian Government's response to the COVID-19 pandemic with particular regard to:*

1. *the timeliness and efficacy of the Government's economic response including stimulus funding and targeted financial support programs/payments;*
2. *health expenditure with specific reference to preparation and response to the COVID-19 pandemic;*
3. *the impact, progress and outcome of the Government's economic recovery plan for Tasmania; and*
4. *any other matter incidental thereto.*

### **Conduct of the Inquiry**

On 29 May 2020, the Committee wrote to the Premier to advise of the establishment of the Inquiry.

On 6 June 2020, the Committee advertised the Inquiry in the three main daily Tasmanian newspapers; the *Advocate*, *Examiner* and *Mercury*. The closing date for submissions was Friday 31 July 2020.

On 1 July 2020, the Committee wrote to 52 potential stakeholders to invite submissions to the Inquiry.

Twenty-eight submissions were received and a list is provided in Appendix 3.

The Inquiry received verbal evidence from 70 individuals representing 27 agencies or organisations. All witnesses to the Inquiry were provided with the opportunity to provide evidence by video-link and a number of witnesses chose this option.

The majority of evidence to the Inquiry was provided between July 2020 and March 2021 and, consequently, may be out-dated at the time of publication of this Report. A list of hearings and witnesses is also provided in Appendix 3.

Details of the Inquiry have been published on the Public Accounts Committee webpage. All submissions and transcripts, with the exception of any in-camera evidence, are included on the webpage.

The Committee intends that this Report be considered in its entirety as the Final Report of the Inquiry. The Report should be read together with all Hansard transcripts and submissions which can be accessed via the Inquiry webpage at:

<https://www.parliament.tas.gov.au/ctee/joint/pacc.htm>.

## EVIDENCE

### 1. TASMANIA'S RESPONSE TO THE COVID-19 PANDEMIC

#### **Administrative arrangements**

The Government response to administrative arrangements was made in accordance with the *Public Health Act 1997* and the *Emergency Management Act 2006*.

The Government subsequently introduced the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020* (the Act) in April 2020 in order to '*reduce the risks to the State, and the risk to, or hardship suffered by, members of the public, arising from, or related to, the presence of the disease in persons in the State or the risk of the spread of the disease between persons in the State*'.

This Bill was supported by Parliament and provided a mechanism enabling the Government to issue Notices to give effect to other emergency measures that would be scrutinised by the Joint Standing Committee on Subordinate Legislation. The Government issued a number of Notices in relation to COVID-19 in Tasmania pursuant to the Act.

The Director of Public Health and the State Controller also issued a number of Directions pursuant to the *Public Health Act 1997* and the *Emergency Management Act 2006*. These Directions are not subject to Parliamentary scrutiny. A full list of these Directions and Notices are attached at Appendix 1C.

Primary responsibility for administrative arrangements during the emergency period resided with the State Controller and the Director of Public Health.

#### **Public health administrative arrangements**

At a public hearing on 28 August 2020, Hon Sarah Courtney MP, Minister for Health, advised that the key departmental responsibilities were:

- State Health Commander;
- The establishment of the Health Emergency Coordination Centre (ECC) by the State Health Commander that works with the Public Health Emergency Operation and Ambulance Tasmania Emergency Operation Centre;
- Tasmanian Service Emergency Operation Centre (THSEOC) which is responsible for the management and coordination of THS regional-level COVID-19 emergency response operations supported by three regional health emergency management teams.<sup>1</sup>

---

<sup>1</sup> Hon Sarah Courtney MP, Transcript of evidence, 28 August 2020, pp.41-42

The Minister also described key personnel involved in the initial response to the COVID-19 pandemic.

*I am joined here today by some of our key departmental personnel who have played and will continue to play a key role in Tasmania's preparedness and response to COVID-19. Kathrine Morgan-Wicks ... the department's secretary, performs the key role of State Health Commander.*

*This role is leading the preparedness and response of the health system in Tasmania. In early March, the State Health Commander established the Health Emergency Coordination Centre. This was led by an incident controller; at first this was a shared role between Cathy Baker and Michelle Searle, and now Ms Searle does this role herself.*

*The ECC facilitates and coordinates the health sector responses across separate Emergency Operation Centres – EOCs – and broader stakeholders. Working closely with the ECC we have a number of emergency operation centres. We have the Public Health Emergency Operation Centre, led by the Director of Public Health, Dr Mark Veitch as the PHEOC Commander. The Ambulance Tasmania Emergency Operation Centre is led by the ATEOC Commander, Han-Wei Lee. We also have the Tasmanian Health Service Emergency Operation Centre, which is led by THSEOC Commander, Tasmania's Chief Medical Officer, Professor Tony Lawler. The THSEOC is supported by three regional health emergency management teams, each responsible for the management and coordination of the THS regional-level COVID-19 emergency response operations in accordance with the direction of the THSEOC Commander.<sup>2</sup>*

---

<sup>2</sup> Ibid

**Figure 1: Level 3 Emergency Management Structure**

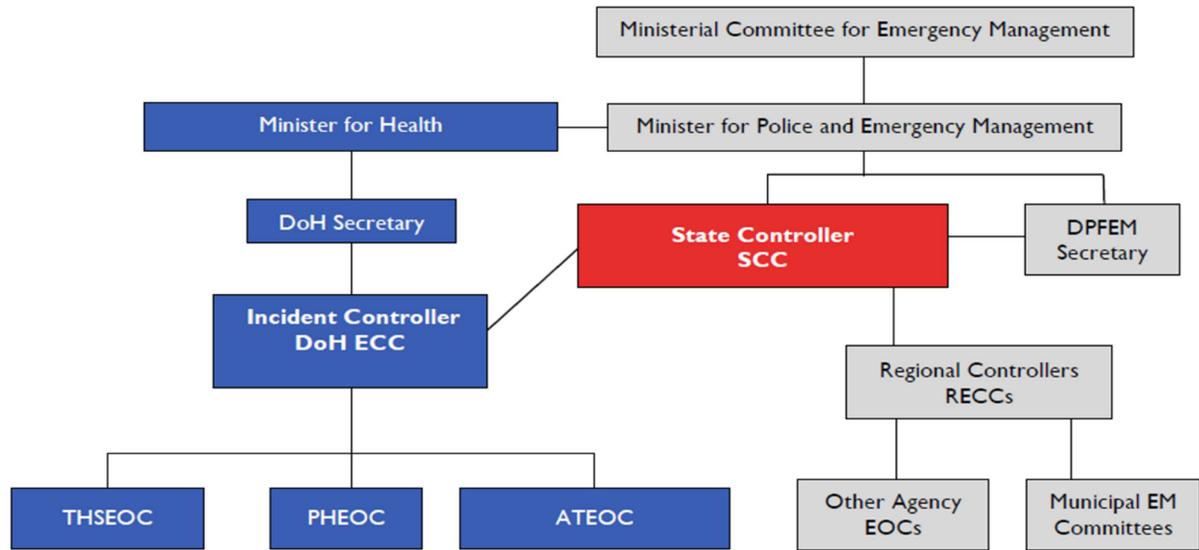


Figure 1: Source: Department of Health

**Figure 2: Level 2 Emergency Management Structure**

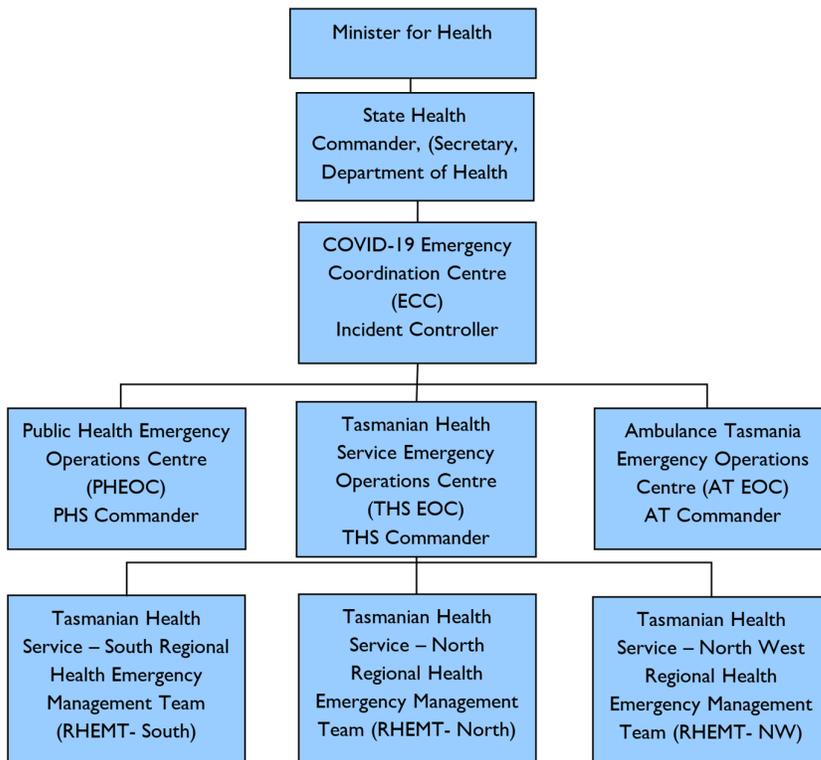


Figure 2: Source: Department of Health

The Committee notes the challenges associated with being fully prepared for a global pandemic such as COVID-19. However, it found that within the Tasmanian health system in relation to staffing levels, communications with staff and the supply and management of personal protective equipment (PPE) advice and communications were not always consistent or timely.

The significant COVID-19 outbreak on the North West Coast, particularly within the North West Regional Hospital, has been the subject of independent review. The interim and final reports of this review should be read in conjunction with this Report to enable a comprehensive understanding of the impacts of the Public Health response to this outbreak.

### **Establishment of Ministerial Committee on Emergency Management (MCEN)**

At a public hearing on 29 June 2020, the Premier advised that a Ministerial Committee on Emergency Management (MCEN) had also been established under the *Emergency Management Act 2006*:

*There is a fourth committee process which you have not raised. That is the Ministerial Committee on Emergency Management, MCEN, which is stood up under the State Emergency Act...*

*We have Darren Hine [State Controller], State Health Commander [Kathrine Morgan-Wicks], the Director of Public Health [Dr Mark Veitch]. The Cabinet receives a briefing, as a standing item, each day that Cabinet sits.*

*In terms of the decision making, all the key people are around the table. Obviously some decisions are the responsibility of the Director of Public Health. The Director of Public Health has a statutory role. The State Health Commander has a statutory role as well. Likewise does the State Emergency Management Controller, Darren Hine. I have never been more comfortable with a group of people working together and being prepared to share information, their thinking on why a decision needed to be made and, importantly, their resolve in some of the more difficult decisions as to why those steps needed to be taken.*

*Regarding the process, all the key people were at the table for the key decisions as they were taken, and they were informed by the advice that was formulated within each of those individual areas. For example, with the public health response, Dr Veitch and the public health officials would prepare that advice. They would consult with the State Health [Commander]. Those matters would then be brought to the attention of the State Controller and decisions were ultimately made.<sup>3</sup>*

---

<sup>3</sup> Hon Peter Gutwein MP, Transcript of evidence, 29 June 2020, p.10

At a public hearing on 28 August 2020, the Minister for Police, Fire and Emergency Management advised the State Controller had jurisdiction over quarantine monitoring and security.<sup>4</sup>

At the same public hearing, the State Controller Mr Darren Hine, advised that quarantine was enforced under section 40 of the *Emergency Management Act*, rather than under a state of emergency and that quarantine restrictions were made on the advice of Public Health.<sup>5</sup>

Mr Hine also advised that Communities Tasmania had been given a role in managing hotel quarantine and had consequently established an emergency control centre and employed and trained private security guards and cleaners.<sup>6</sup>

At a public hearing on 3 February 2021 the Hon Guy Barnett MP, Minister for Primary Industries and Water, outlined the role of Biosecurity Tasmania:

*The COVID-19 emergency is a human health emergency which falls within the jurisdiction of the Emergency Management Act 2006 and the Public Health Act 1997. This legislation is the responsibility of the Minister for Police, Fire and Emergency Management and the Minister for Health and Community Services, respectively. Biosecurity Tasmania officers have been authorised to perform functions under the Emergency Management Act 2006 for administering the state's COVID-19 border controls.*<sup>7</sup>

## **Economic response**

At the first public hearing of the Inquiry in Hobart on 29 June 2020, the Hon Peter Gutwein MP, Premier and Treasurer, advised that \$150 million had been appropriated into Finance General and included in the Appropriation (Supplementary Appropriation for 2019-20) Bill of 2020 to be utilised to meet the costs associated with the Government's response to the pandemic.<sup>8</sup>

The Premier advised the Committee of a key aspect of the Government's social and economic support measures which included two social and economic support packages including Small Business Grants totalling around \$1 billion in value.<sup>9</sup> The Government subsequently introduced a range of economic support measures during 2020 to provide rent relief and support for landlords and tax relief measures during 2020 as outlined in this Report.

The Committee received submissions and evidence indicating concerns related to with the administration of the Small Business Grants with a number of businesses missing out on

---

<sup>4</sup> Hon Mark Shelton MP, Transcript of evidence, 28 August 2020, p.23

<sup>5</sup> Mr Darren Hine, Transcript of evidence, 28 August 2020, p.21

<sup>6</sup> Ibid, pp.23-24

<sup>7</sup> Hon Guy Barnett MP, Transcript of evidence, 3 February 2021, p.37

<sup>8</sup> Hon Peter Gutwein MP, Transcript of evidence, 29 June 2020, p.1

<sup>9</sup> Ibid, p.2

access to financial support through these programs. The Committee requested a list of recipients from the Government. The Government initially did not grant the Committee's request. Following further correspondence with Minister Courtney and the Premier the list was provided to the Committee *in camera*. The Committee further wrote to the Premier seeking permission to publicly release the document as a matter of public interest. This was refused and the Committee referred the matter to both Houses of the Tasmanian Parliament by way of Special Report No 4.<sup>10</sup>

The Committee noted the Report of the Auditor-General No.9 of 2020-21 COVID-19 Support Measures – Small Business Hardship Grant Program. A key conclusion of the Report was that:

*... the implementation and management of the Small Business Hardship Grant Program as measured against the audit criteria was, in all material respects, performed effectively.*<sup>11</sup>

The Committee found overall, the Government's economic response to health expenditure, stimulus spending and community support expenditure had been timely and well-targeted.

Some issues had been identified in relation to the effectiveness of communication in informing the general public in a frequently changing environment, the timeliness and efficacy of communication related to healthcare workers particularly regarding perceived and actual access to PPE and in the assessment and allocation of the Business Support Grants.

The Premier advised that the 2020-21 State Budget would consider and respond to all recommendations from the interim PESRAC Report. The final PESRAC Report was made public on 16 March 2021 at the same time the Premier made his State of the State address. This address responded to the PESRAC final report.

The Committee received evidence that a State of Emergency was declared in Tasmania on 19 March 2020 and the arrangements for the designation of powers under the *Emergency Management Act 2006* and the *Public Health Act 1997* to the:

- Director of Public Health
- State Controller
- State Emergency Management Committee

At a public hearing on 28 August 2020, the State Controller and Commissioner of Police, Mr Darren Hine, advised a State of Emergency was declared by the Premier, such a declaration being a power held by the Premier alone under the *Emergency Management Act 2006*.<sup>12</sup>

---

<sup>10</sup> Special Report, Report No. 40 of 2020, Failure of the Minister to agree to publicly release documents.

<sup>11</sup> Report of the Auditor-General No. 9 of 2020-21, COVID-19 Support Measures – Small Business Hardship Grant Program, p.4

<sup>12</sup> Mr Darren Hine, Transcript of evidence, 28 August 2020, p.23

At a public hearing on 28 August 2020, the Hon Mark Shelton MP, Minister for Police and Emergency Management, described the arrangements and responsibilities of the State Controller:

*The Emergency Management Act 2006 authorises the appointment of the State Emergency Controller to coordinate the whole-of government response to the emergency and under the Act this role is held by the Commissioner for Police, Mr Darren Hine. The State Controller is empowered to direct the use of resources for emergency management as he considers appropriate. The powers are extensive and include, amongst other things, the ability to prohibit, direct, regulate or limit the movement of persons into, within or out of Tasmania.*

*Most notably, these powers have been used to regulate the movement of people during the COVID-19 emergency to require 14 days quarantine. This is based on Public Health advice, The State Control Centre was activated after the state of emergency was declared on 19 March and the State Control Centre is responsible for the coordination of the whole-of-government emergency management, strategic response and recovery activities. The State Control Centre structure comprises policy, recovery, legal and public information advisers as well as Public Health and operational liaison functions and each of these functions is supported by teams in the State Control Centre. At its peak approximately 40 people were working in the State Control Centre from DPFEM, DPAC, State Growth, Health and Local Government.<sup>13</sup>*

Mr Hine described how the role of the State Controller broadly operated on a daily basis:

*When we first started, we had about 40 people, as the minister said. We were meeting with every head of agency in the State Government. We met every day at 8 o'clock, so we could understand who was doing what, any issues that came up and make sure we were all well coordinated.*

*Then we had a State Control Centre – SCC – meeting every day. Again, that was more the detail around every agency, including local government associations and all the members on the State Emergency Committee. Every day we had meetings in relation to that. I briefed the minister about what was occurring; I would brief the Ministerial Committee for Emergency Management. ... We were reviewing quite closely with Public Health. The SCC has various cells or units within it, and as State Controller I need support from various units.*

*Sophie heads the policy team, and I think there were maybe eight or nine at the height. Again, any direction had to be backed up by policy, and any direction change needed to be scrutinised. We have a legal cell to do the directions, and we need to take the legal advice to make sure we follow the Emergency Management Act.*

---

<sup>13</sup> Hon Mark Shelton MP, Transcript of evidence, 28 August 2020, p.20

*We also have a public information unit. Mandy Denby is a well-credentialed emergency management communicator, and she also has a very dedicated and professional team that works through the State Control Centre, getting information out to the public and making sure we have the right messaging. They are responsible for the website as well. They are working on our communications to make sure the community understands where we are going, and what we have in place to assist them when we do eventually take down border restrictions. It needs to happen, and it will happen at the appropriate time.*

*We have a recovery adviser and area that looks at the recovery issues going into the future. We have a Public Health liaison person, Dr Scott McKeown, the Deputy Public Health Director, who works with Dr Mark Veitch and, again, he is well credentialed. We have worked really well with them. Scott works in the office and provides us with policy advice on those tricky or grey issues. We understand that Public Health and Health are the lead combat agencies, and our job is to assist them. Dr Scott and everyone within the SCC have been working very hard.<sup>14</sup>*

## **Border control, quarantine and biosecurity**

From 20 March 2020, the Australian border was closed to all non-citizens. Tasmania introduced a mandatory 14-day quarantine for all non-essential travellers on 21 March 2020. Whilst some restrictions were eased for certain states, restrictions remained in place until 30 November 2020.

Primary responsibility for border control arrangements was shared between Biosecurity Tasmania in relation to managing passenger arrivals and Communities Tasmania in relation to quarantine arrangements.

At a public hearing on 3 February 2021, the Hon Guy Barnett MP, Minister for Primary Industries and Water advised:

*Biosecurity Tasmania has played a critical role in processing the passenger arrivals into Tasmania's airports and seaports. Since last December, Biosecurity Tasmania has appointed an additional 80 border staff to undertake the important role of ensuring the emergency management and Public Health directions are adhered to at our borders.*

...

*The Budget locked in \$6 million for continued delivery of traveller assessment and border control across the state, with the continued operation of the G2G PASS and the Tas e-travel system.<sup>15</sup>*

---

<sup>14</sup> Mr Darren Hine, Transcript of evidence, 28 August 2020, pp.37-38

<sup>15</sup> Hon Guy Barnett MP, Transcript of evidence, 3 February 2021, p.37

Ms Deidre Wilson, Deputy Secretary, Department of Primary Industries and Water, further elaborated on the border control measures in place at a public hearing on 3 February 2021:

*Since March 2020, Biosecurity Tasmania border operations have included the coordination and management of passengers arriving at the border – both airports and ports – to ensure compliance with COVID-19 in strict directions. At that time, of course, there were fewer flights coming into Tasmania and fewer movements so effective passenger clearance procedures did require an increase in staffing levels at the border. We had up to seven Biosecurity officers per arrival to make sure we were meeting the requirements from the State Controller and the now Deputy State Controller and we were able, based on risk, to move our resources to meet that demand.*

*As things have moved towards more passenger movements, we have moved the new cohort of 80 officers on so they're available to meet the fluctuating demands.<sup>16</sup>*

The movement of essential workers into and out of the State created challenges for industries relying on specialist workers. The Tasmanian Minerals, Manufacturing and Energy Council (TMEC) written submission noted:

*Movement of people presented a number of challenges and TMEC believes the extraordinary commitment to minimising people movement particularly by our members who significantly reduced the use of Fly In Fly Out (FIFO) helped the situation both in practical terms but also in the terms of optics. After the first call by TMEC to its members to produce "critical roles" which would need to travel in from interstate which identified approximately 30 roles, the second cut of the list saw less than 12 roles identified. This was achieved at some personal cost – in one case a manager left his family in NSW and temporarily relocated to Tasmania to avoid the need to travel as frequent. In other cases, resources were shared between companies and in some cases, decisions were made to delay activities – which attracted heightened risk and potentially a cost penalty. Overall, the minerals and manufacturing sectors exercised appropriate diligence when considering which skill sets were essential.*

*One of the surprises was when trying to determine how many Tasmanian based FIFO workers normally travelled in and out of the state. Attempts to capture this number, mainly by asking interstate mining operations where their workers came from identified approximately 250 workers. Again, TMEC was never able to determine the accurate picture given other priorities at the time. The obvious benefit to TMEC was whether the 12 or so specialists who were flying into Tasmania as essential travellers, could be found amongst the 250 who were residential in Tasmania.<sup>17</sup>*

---

<sup>16</sup> Ms Deidre Wilson, Transcript of evidence, 3 February 2021, p.40

<sup>17</sup> Tasmanian Minerals, Manufacturing and Energy Council, Written submission 8, p.2

In a public hearing on 28 August 2020, Mr Ray Mostogl, CEO, TMEC further described challenges associated with border closures and the movement of workers across the borders:

*That was obviously seen as a real threat, particularly with border closures, but also with the threat of bringing in the disease, so we as an organisation spoke to our members and said we really need to bring the list back to only essential. We did not really have a starting point. If somebody needed to do a job over on the west coast, they would ring up an interstate contractor and say, 'Bring in 50 people; go and do what you need to do', and that was business as usual, so under this circumstance that was not possible.*

*We had a list, originally around 30 or 40 essential roles and we challenged and pushed that back. We ended up getting down to 11 roles we felt you could not operate your business without. This is what we submitted to the Government to say, 'From an industry point of view, these were the critical roles for us', except that it was a case-by-case assessment by the State Controller and that movement is where we held our ground at. It has probably increased a bit from there since then because work was deferred to achieve that list of 11. That was okay for a couple of months, but there were some things businesses could not operate without having a statutory inspection or having some of those things done.*

**Ms FORREST** – *In broad terms, Ray, what areas were the 11 positions in?*

**Mr MOSTOGL** – *They were mainly mining. There was wire rope testing capability which is very specialised and not something you need all the time here. It is not a role that would be 100 per cent occupied in Tasmania. Some of the businesses shared roles. Where it was a geotech, it was a little bit generic, and businesses were able to share expertise to try to keep the borders secure.<sup>18</sup>*

At a public hearing on 28 August 2020, Mr Hine provided information on the process for persons arriving in Tasmania via the *Spirit of Tasmania*:

**CHAIR** – *Just one further question on the quarantine, about the people coming back from Victoria off the Spirit, in their own vehicle. What direction do they receive when they arrive off the Spirit, onshore in Tasmania?*

**Mr HINE** – *Senior Sergeant Semmens is our person who deals with a lot of the exemptions and the processes. If someone has spent time in an affected region – for example, Victoria and Queensland – in the last 14 days, and they are required to quarantine, they are met by Biosecurity and police officers, and they are given information and directions about what they should do once their status is established with the G2G PASS. For example, if someone has to quarantine, their car is put into a block of land alongside the Spirit. Then they are taken to a hotel quarantine facility.*

---

<sup>18</sup> Mr Ray Mostogl, Transcript of evidence, 28 August 2020, p. 72

*They spend their 14 days in the hotel, then get bussed back to their car, and then obviously they are allowed to continue on.*<sup>19</sup>

## **Communications**

### **Public communications**

At a public hearing on 28 August 2020, Mr Hine, noted the establishment of a Public Information Unit which managed the coronavirus website and a Public Health liaison person<sup>20</sup> as well as a dedicated call centre/hotline.

*We also have a public information unit. Mandy Demby is a well-credentialed emergency management communicator, and she also has a very dedicated and professional team that works through the State Control Centre, getting information out to the public and making sure we have the right messaging. They are responsible for the website as well. They are working on our communications to make sure the community understands where we are going, and what we have in place to assist them when we do eventually take down border restrictions. It needs to happen, and it will happen at the appropriate time.*<sup>21</sup>

The written submission of TasCOSS reported positive levels of communication with the Government during the pandemic and urged that this continue:

*The industry has valued close and open communication with the government during the pandemic, including the ability to work with the State Control Centre on issues arising for Tasmanians and the community services industry, and work with funders around the need to vary contracts and reporting requirements. It is hoped this will continue. As we move into the recovery phase, more consultation will be key, particularly in regard to the ability to provide services to cohorts that will remain or become newly vulnerable to the ongoing and longer-term impacts of COVID-19.*<sup>22</sup>

The written submission of Mr Matthew Cloudsdale expressed the view that there had been a lack of clarity and a degree of confusion regarding 'stay at home' directions/requirements and access to public spaces for exercise, particularly when changes were made:

*Some of the regulations were unclear and open to interpretation which created confusion. An approach to police on one occasion led to no clear response. I refer to the stay at home messaging unless you needed to leave home for purposes including exercising. Government Reserves including many beaches and National Parks were closed but there were many other options for bushwalking. There was no clarity about how far you could go to undertake such walks beyond the requirement that you needed to return to your home base at night. Many believed they could not leave*

---

<sup>19</sup> Mr Darren Hine, Transcript of evidence, 28 August 2020, p.27

<sup>20</sup> Ibid, p.37

<sup>21</sup> Hon Sarah Courtney MP, Transcript of evidence, 28 August 2020, p.64

<sup>22</sup> TasCOSS written submission 21, p.5

*their municipality or town or even their home. When the restrictions were eased to 30 kilometres from home many believed any activities including walking were restricted to that area.*<sup>23</sup>

### **Health communications**

At a public hearing on 4 November 2020 Mr Tim Jacobson, Secretary of HACSU, stated:

*I would say more broadly, that the guidance that's been provided to the Government by Public Health has been very good. From our perspective, the guidance that has been provided by Public Health officials to the Tasmanian Government, in relation to those prevention strategies and control strategies that needed to be put in place, was very good. I suggest that given the unchartered territories that we've been in and we are at, particularly the circumstances on the north-west coast, some very good, sound decisions were made in relation to those decisions, particularly as we moved through the early stages.*<sup>24</sup>

However, Mr Jacobson went on to say:

*The issues for us really sit at an agency level. One of those issues relates to communication. From the outset, we have encountered both at a micro level – so, at a workplace level – but, more importantly, at a big-picture level, at a macro level, a severe disconnect between announcements of Government, and the time limits around the information that was provided to the workforce, to those people who were supposed to operationalise or implement decisions as they were being made.*<sup>25</sup>

In relation to infection control, Ms Emily Shepherd, Secretary Tasmanian Branch Secretary of the Australian Nursing and Midwifery Federation (ANMF), representing almost 9 000 nurses, midwives and care workers, pointed out that many of the updates in respect of infection control procedures were still communicated via email and that it was difficult for staff to access emails within their shifts.<sup>26</sup>

*We have raised this with the inquiry into the outbreak. Communication was really difficult at the time for members to get clear, concise answers. Information was coming from the Australian Government, Tasmanian Government, Public Health, THS and the Department of Health, and there was the difficulty for members hearing about positive cases via social media.*

*When Public Health announced the cases of positive health care workers, that was often how some of our members found out that there were cases at the North West Regional Hospital. Some of our members also found out about the hospital shutting down from patients in emergency department who had been watching the Premier's*

---

<sup>23</sup> Mr Matthew Cloudsdale, written submission 1, p.1

<sup>24</sup> Mr Tim Jacobson, Secretary HACSU, Transcript of evidence, 4 November 2020, pp. 61-62

<sup>25</sup> Ibid, p.62

<sup>26</sup> Ms Emily Shepherd, Transcript of evidence, 3 February 2021, p.27

*address. However, our members were actually working in that clinical environment at that time, and had not received an email to say that they needed to watch the Premier's address about the hospital shutting. Clearly there needs to be better communication processes and an integrated IT system that doesn't just incorporate -health records but also incorporates HR information, to make sure there are readily accessible avenues to reach all staff in a timely way. Certainly that added to the feeling of being devalued at the time.<sup>27</sup>*

### **Industry communications**

The written submission of TMEC noted the importance and effectiveness of communication from the beginning of the pandemic:

*Overall TMEC has found the State Government's response to the pandemic to be highly effective. Having been involved with organisations in other states during the initial response, TMEC believes the clarity of communication, opportunities to consult and decisiveness all added up to an environment which permitted businesses to get on with adapting to suit the changing environment.*

...

*Communication was so critical and was effective from the earliest moment. As a peak body, we were given opportunities to have direct contact with both Ministers and their offices and the various State officers. Participating in the round table sessions also provided insights being experienced in one sector, which in some cases had yet to become significant in the minerals and manufacturing sectors. These early insights enabled planning to be carried out in advance and therefore made adapting less arduous than it would have been otherwise.*

*The clarity of messages, particularly from the Premier permitted the use of information throughout our membership base. This was a highly critical factor – when there is ambiguity and it relies on individuals to interpret what may have been meant, it leads to different responses from businesses, which in turn creates doubt and confusion, which ultimately results in people doing nothing (for fear of doing the wrong thing or being wasteful).<sup>28</sup>*

At a public hearing on 28 August 2020, Mr Mostogl expressed appreciation for the effective communication from the Government and went on to say:

*...I have to give credit to the core parliament. The cooperation from the Labor Party, the Greens ... and the independent members. The whole parliament.<sup>29</sup>*

---

<sup>27</sup> Ms Emily Shepherd, Transcript of evidence, 10 September 2020, pp.23-24

<sup>28</sup> Tasmanian Minerals, Manufacturing and Energy Council, Written submission 8, p.1

<sup>29</sup> Mr Ray Mostogl, Transcript of evidence, 28 August 2020, p.70

## 2. PUBLIC HEALTH RESPONSE

In its written submission the Government advised that it had allocated \$150 million to meet increasing health costs associated with COVID-19. The submission noted the Government had signed the *National Partnership on COVID-19 Response* which established a 50-50 shared funding arrangement between the Commonwealth and the states and territories to fund additional costs incurred by state health services.<sup>30</sup>

On 28 August 2020 in a public hearing, the Hon Sarah Courtney MP, Minister for Health provided a breakdown of expenditure to date:

*I might just provide some more information particularly with regard to staffing expenditure if that is helpful. The estimated salary and wages for the COVID-19 response in 2019-20 is \$10.7 million. This represents additional costs above normal staffing levels. It does not include the cost of existing staff who were redirected to the COVID-19 response.*

...

*The estimated salary and wages for the COVID-19 response in 2019-20 is \$10.7 million. As I said, this includes an estimated \$8.2 million incurred by the Department of Health above normal staffing levels. This comprised \$749 000 for the Health Emergency Coordination Centre; \$1.1 million for the Public Health Emergency Operation Centre, \$307 000 for the AT Emergency Operation Centre; and \$6.1 million for the testing clinics. The \$10.7 million also includes \$2.5 million incurred by other agencies and reimbursed by the Department of Health which comprised \$1.5 million to DPAC for the call centre staffing; \$118 000 to DPIPWE for the public information unit; \$342 000 for the emergency coordination centre for DPFEM; and \$493 000 for DPIPWE for additional staffing at Border Control.<sup>31</sup>*

At this hearing Dr Mark Veitch, Director of Public Health, provided an overview of COVID-19 cases and fatalities in Tasmania:

*I will provide a brief overview of what has been a very extensive response and actions throughout Tasmania over the last six months. Tasmania has experienced 226 diagnosed cases of coronavirus infections since the first case in early March. Around one-third of these were acquired overseas and around two-thirds in Tasmania and, as the minister said, sadly there were 13 deaths in total amongst these cases.*

*The most prominent feature of coronavirus in Tasmania to date has been the outbreak in the north-west. Ultimately, this amounted to 138 cases comprising 80 staff members of the hospitals, 24 patients in one or another health care facility, one resident of an aged care facility and 33 other people who were mostly contacts of*

---

<sup>30</sup> Government of Tasmania, Written submission 4, p.2

<sup>31</sup> Hon Sarah Courtney MP, Transcript of evidence, 28 August 2020, p.64

*staff or patients. Ten deaths were associated with this outbreak; they comprised nine hospital inpatients who acquired infection and one aged care facility resident.*<sup>32</sup>

At a public hearing on 10 September 2020, Ms Kim Jose, Tasmanian Branch President of Public Health Australia advised:

*In Tasmania we have been well served by a small but highly skilled core public health workforce. The public face of that workforce has been the Tasmanian Director of Public Health, Dr Mark Veitch, who has extensive experience in communicable disease surveillance and control. He served as Chairman of the Communicable Diseases Network of Australia from 2015 to 2017. Dr Veitch has been well supported by the Deputy Director of Public Health, Dr Scott McKeown, and the CEO of Public Health, Dr Sean Harper. The work of the entire public health workforce to date needs to be commended.*<sup>33</sup>

In a letter dated 11 August 2021<sup>34</sup>, the Minister for Health provided the following figures on the number of staff employed in Public Health prior to the outbreak of COVID-19 and as of 31 August 2020 broken down by category (health professionals, administration etc):

Public Health Services, Paid Headcount by Award	Pay period end date 07/03/2020	Pay period end date 05/09/2020
Allied Health Professional	45	56
Health & Human Services Award Band 1-9	58	73
Health & Human Services Award HSO 1-5	0	1
Nurses	10	23
Salaried Medical Practitioners	7	9
Senior Executive Service	1	1
Visiting Medical Practitioner	1	0
UTAS Staff	0	3
<b>Total</b>	122	166

In the same letter, the Minister advised that the [COVID-19 Public Health Emergency Operations Centre \(PHEOC\) Incident Action Plan](#) was released in April 2020. The Public Health Services – COVID-19 Escalation Management Plan was provided to the Government on 30 June 2020.<sup>35</sup>

In relation to a pandemic plan for Police, Fire and Emergency Management, the State Controller advised:

<sup>32</sup> Dr Mark Veitch, Director of Public Health, Transcript of evidence, 28 August 2020, p.43

<sup>33</sup> Ms Kim Jose, Transcript of evidence, 10 September 2020, p.27

<sup>34</sup> Letter dated 11 August 2021, Minister for Health, p.1

<sup>35</sup> Ibid, p.2

*In relation to DPFEM and policing, yes, it has had a big impact but we have had a pandemic plan for many years. We have practised that. We have put it into place. We have updated it as a result of COVID-19.<sup>36</sup>*

## **Management of the outbreak in hospitals**

Cases of COVID-19 were managed in Tasmania's major hospitals. The significant COVID-19 outbreak on the North West Coast, particularly within the North West Regional Hospital, has been the subject of independent review. The interim and final reports of this review should be read in conjunction with this Report to enable a comprehensive understanding of the impacts of the Public Health response to this outbreak.<sup>37</sup>

On 4 April 2020, as a result of the COVID-19 outbreak in these hospitals, the Government took over the control and management of the North West Private Hospital and subsequently closed both the North West Regional Hospital and the North West Private Hospital for deep cleaning on 13 April 2020.

At a public hearing in August 2020, the Minister for Health provided the following information in relation to the closure of the hospitals:

*The response to the COVID-19 pandemic was significant and has seen the Department of Health required to take unprecedented action to protect our staff, our patients and our community. Notably, we have seen two hospitals closed and furloughed during the north-west outbreak, the North West Regional Hospital and the North West Private Hospital and we continue to see the ongoing effects of the COVID-19 situation at the Mersey. The north-west outbreaks saw our statewide health system truly come together. Patients were transported to other facilities while both sites were cleaned, and the ED reopened with the assistance of the AUSMAT team.<sup>38</sup>*

At a public hearing in August 2020, Chief Medical Officer Prof Tony Lawler advised that over 1 000 staff had been furloughed and, together with their households, instructed to self-isolate.<sup>39</sup> The Inquiry also noted that the Government had provided \$1million to support frontline workers with accommodation.

At a public hearing on 10 September 2020, Ms Shepherd advised the Committee that key challenges for ANMF Members were amplified during the outbreak in the North West Regional and North West Private Hospitals and on the health system more broadly.

Ms Shepherd stated:

---

<sup>36</sup> Mr Darren Hine, Transcript of evidence, 28 August 2020, p.30

<sup>37</sup> [COVID-19 Northwest Regional Hospital Outbreak Interim Report](#), Government of Tasmania, 29 April 2020

<sup>38</sup> Hon Sarah Courtney MP, Transcript of evidence, 28 August 2020, p.42

<sup>39</sup> Hon Mark Shelton MP, Transcript of evidence, 28 August 2020, p.39

*...there were varied levels of preparation. Certainly, at the Royal Hobart Hospital we saw early preparation and consultation with us in terms of plans around the hot/cold areas and how COVID-positive patients would be managed. Similarly, at the Launceston General Hospital.*

*There was a general feeling among our members, particularly on the north-west coast that they were somewhat behind the eight ball in terms of preparation. We also raised concerns in the preparation phase before we had cases of COVID-19 in Tasmania in relation to staffing levels and what additional resources would be put in to support nurses and midwives, particularly in the public sector. We advocated across the private sector and HQO as well. Certainly, we had concerns about the availability of a replacement workforce in terms of casual pool and permanent pool staff across the state, noting that the north-west coast at that time didn't have a replacement workforce in terms of that permanent pool which we'd been advocating for some time.*

*We also have concerns about the workloads and the stress and strain that a COVID-19 outbreak would place upon members as in terms of use of PPE – the donning and doffing and additional time that that takes – and then the increased acuity of patients with COVID-19 and the health complications that we've seen across the world.*

*Unfortunately, some of those calls for additional resources weren't always met with an immediate response. One of our key concerns was that it was obvious that our members were struggling during the pandemic. Obviously, the north-west coast was one instance, but when the North West Regional Hospital closed we saw additional presentations from the North West Regional and also from the Mersey Community hospital emergency department with decreased opening hours. We saw significant additional presentations and work priorities transfer to the Launceston General Hospital ED. Our members from that department have indicated they didn't see a concurrent increase in staffing and resourcing both from a nursing and a medical perspective, and support staff.<sup>40</sup>*

With regard to the mental health and well-being of medical and nursing staff, Ms Shepherd stated in February 2021:

*Mental health support is an area we are still very concerned about, particularly in relation to staffing levels.*

And

*There is willingness from management to put in resources. ERPs [Enterprise Resource Planning] highlighted to our members that there have been some additional resources in some areas, particularly in the north-west where additional psychological support has been offered, including group sessions. Our view is that*

---

<sup>40</sup> Ms Emily Shepherd, Transcript of evidence, 10 September 2020, p.15

*there needs to be a model with an ongoing mental health plan where these sessions are facilitated and part of the educational professional development calendar where people are checking in with their mental health, rather than a need to be an individual going to seek assistance.*<sup>41</sup>

Mr Jacobson stated in relation to communications to health sector workers:

*In terms of the information going to employees, what I would say is that a lot of that information was being distributed by electronic means, but not everyone in our health service has access to a computer. Not everyone has access to a computer at home. A lot of those workers were often left out of the loop, simply because there was no regard given to how information should be directed to them, particularly among certain cohorts of workers.*<sup>42</sup>

## **Personal protective equipment (PPE)**

Availability of, and access to, PPE was an area of great interest and concern during the pandemic, especially in the North West. The Committee was informed of the state stockpile and orders placed for additional PPE.

In a letter dated 25 July 2020 in response to questions taken on notice, the Premier advised that hand sanitiser had been ordered on 26 March 2020 and that an order for masks, gowns, face shields, respirators, gloves, wipes and goggles was made on 15 April 2020.<sup>43</sup>

The response to the Question on Notice is attached at Appendix 2.

The Hon Sarah Courtney MP, Minister for Health also advised that in the 2019-20 financial year, \$44.2 million had been spent on COVID-19 response PPE.<sup>44</sup>

**Ms MORGAN-WICKS** – *Thank you, minister. If I may note certainly from late February and March, PPE monitoring was absolutely a significant issue for the department to keep an eye on. In terms of the order for 15 April, an order for 30 million does not cross your desk every day. I have a very strong memory of signing that order, in particular, and having discussions with the staff to make sure we were ordering from a supplier who had the bona fides, that we were doing it appropriately through our procurement mechanisms and also noting our Treasurer’s instruction in relation to urgent procurement under COVID-19 –*

**Ms FORREST** – *Was there a specific Treasurer’s instruction for COVID-19?*

**Ms MORGAN-WICKS** – *Yes, there was in relation to procurement. Certainly, in terms of that order, it was a very large placement but we also had our standing supplies of PPE. It was not the case that prior to 15 April we had reached zero in relation to any supply. Standard supplies of PPEs remained in our hospitals, but the 15 April supply*

---

<sup>41</sup> Ms Emily Shepherd, Transcript of evidence, 3 February 2021, p.30

<sup>42</sup> Mr Tim Jacobson, Transcript of evidence, 4 November 2020, p.63

<sup>43</sup> Hon Peter Gutwein MP, Response to Questions on Notice, 25 July 2020

<sup>44</sup> Hon Sarah Courtney MP, Transcript of evidence, 28 August 2020, p.49

*was a large forward supply noting the global shortages that were occurring and trying to also cater for a pre-placement.*

*Regarding the perceptions of PPE, because we had concerns and issues directly raised by staff and we also had some theft that was investigated in relation to PPE, I was very concerned to make sure we locked down key COVID-19 items of PPE. That included N95 respirators, hand sanitiser – and I can tell you hand sanitiser is sometimes a little difficult to lock down in itself. In addition to our standing stock, we also looked at our distribution model. Staff in our hospitals will have fond memories of absolutely overflowing supply cabinets where they could access stock. At this time, we had to take measures with our nurse unit managers and appropriate senior staff actually to have access to then refill our PPE on a daily distribution process.<sup>45</sup>*

Ms Morgan-Wicks also informed the Committee of the need to secure supplies of PPE in hospitals as a result of reported thefts:

*Regarding the perceptions of PPE, because we had concerns and issues directly raised by staff and we also had some theft that was investigated in relation to PPE, I was very concerned to make sure we locked down key COVID-19 items of PPE. That included N95 respirators, hand sanitiser – and I can tell you hand sanitiser is sometimes a little difficult to lock down in itself. In addition to our standing stock, we also looked at our distribution model. Staff in our hospitals will have fond memories of absolutely overflowing supply cabinets where they could access stock. At this time, we had to take measures with our nurse unit managers and appropriate senior staff actually to have access to then refill our PPE on a daily distribution process.*

*... We had reports of theft reported to us from the ANMF in relation to staff reporting concerns that stock was walking out of hospitals. I am aware of one of the investigated thefts relating to hand sanitiser at the Mersey Community Hospital.<sup>46</sup>*

In relation to the timing of the order for additional PPE on 15 April 2020, Ms Shepherd expressed the following view:

**Mr WILLIE**– *Emily, the Premier provided some information to the committee around when the first PPE order was made. The first order, other than hand sanitiser, was made on 15 April 2020. Does that surprise you?*

**Ms SHEPHERD** – *Yes, it does surprise me because we were advocating back in February in terms of the stockpile, when we started to see COVID-19 spreading across the world. We had been advocating and requesting information throughout the pandemic about what the stockpiles of PPE were. Because we were anxious to be able to provide our members with reassurance. It is alarming to hear that it was 15 April.<sup>47</sup>*

---

<sup>45</sup> Transcript of evidence, Kathrine Morgan-Wicks, 28 August 2020, p.46

<sup>46</sup> Ibid, pp.46-47

<sup>47</sup> Transcript of evidence, 10 September 2020, pp.16-17

In relation to the timing of the order for PPE, State Health Commander Ms Morgan-Wicks advised:

*... we also had our standing supplies of PPE. It was not the case that prior to 15 April we had reached zero in relation to any supply. Standard supplies of PPE remained in our hospitals, but the 15 April supply was a large forward supply noting the global shortages that were occurring and trying to also cater for a pre-placement.*

...

*PPE was a very complex, fast moving environment at that time.*

...

*We already had state and Commonwealth stockpiles in relation to masks, which we would then distribute if required, but that kind of call was not made in March and April because we had our standing stock of PPE which was available in our hospitals.*

*Our concern has been to prepare for ultimate surges in COVID-19 presentations and what the PPE team, as part of our emergency centre, has determined, has been to prepare a state emergency medical stockpile which is six months' worth of PPE based on our modelling from the actual usage during the north-west outbreak and applied across our four acute hospital environments and also our district hospitals.<sup>48</sup>*

The Committee noted *Report of the Auditor-General No. 13 of 2020-21 – COVID-19 – Allocation, distribution and replenishment of Personal Protective Equipment*, which examined the allocation, distribution and replenishment of PPE from 17 March 2020 to February 2021.<sup>49</sup>

A key finding of the Auditor-General's Report was that control over PPE stock was not fully effective for two agencies prior to and at the beginning of the COVID-19 pandemic. This was because stock records did not accurately record the quantity of PPE stock held at the beginning of the COVID-19 pandemic, there were shortfalls in recommended levels of PPE stock required to be held for a pandemic response and there were instances where PPE stock was not fit for use due to expiry past its use by date or quality deficiencies.

The Auditor-General found, however, that these issues were addressed promptly by the relevant agencies once identified and concluded that there was no cause to believe that the allocation, distribution and replenishment of PPE during the first 10 months of the COVID-19 pandemic was not effective.

Mr Jacobson informed the Committee of issues including communication, training and rationing reported by hospital staff in relation to the availability and use of PPE:

*Similarly, on a micro level – particularly in the early stages, when it was well known that as a state we had difficulty obtaining adequate supplies of PPE, particularly P2*

---

<sup>48</sup> Ms Katherine Morgan-Wicks, Transcript of evidence, 28 August 2020, pp. 46-48

<sup>49</sup> [Report of the Auditor-General No. 13 of 2020-21: COVID-19 – Allocation, distribution and replenishment of Personal Protective Equipment](#), 24 June 2021.

*masks – the messages, particularly in our hospitals and health facilities were very mixed – particularly messages to workers who wouldn't normally use personal protective equipment.*

*Equipment orderlies, cleaners, et cetera, were not used to using it. Certainly, in the early stages, they had not been trained in their use of it, and there were mixed messages given to them by senior staff members as to whether they should or shouldn't use certain types of personal protective equipment. Again, leading to a significant level of confusion, a considerable level of concern and fear, and often a view that decisions were made not on the basis of staff safety, but on the basis of rationing the PPE for themselves or for other staff.*

*Particularly at the Royal, for example, in the very early stages, not only were we unable to obtain PPE masks, but we were unable to obtain a consistent supply of hand sanitiser. We know that in the uncertain circumstances, sanitiser was being taken from some wards and moved to other wards – from less 'hot' wards to more 'hot' wards – simply because of lack of supply, leaving those workplaces without even the most basic of protections. Cleaning supplies, et cetera – again, confusion about their use and implementation of their use.<sup>50</sup>*

At a public hearing on 10 September 2020, Ms Shepherd stated:

*I think there were significant levels of concern around personal protective equipment and the availability of it, as well as the recommendations around guidelines on use of personal protective equipment. There was also generalised fear and anxiety around whether there would be sufficient supplies.*

*In the early days of the outbreak, particularly at the North West Regional Hospital, we were continually advocating on behalf of members and trying to understand what the stockpile was like. Our members were reporting instances where they were being directed to use the same mask for four hours and to be conscious of how they were using them because there was limited supply. Particularly at the LGH, we had members report being told to keep the used PPE in a plastic bag potentially for recycling purposes. Obviously that was a proposed strategy in the event that PPE became difficult to obtain, or wasn't able to be obtained at all. That caused significant concern for our members.<sup>51</sup>*

However, Ms Shepherd went on to say:

*We welcomed the appointment of the state-wide coordinator of personal protective equipment to ensure that PPE was being delivered to sites based on use. Previous to the appointment of that position we understood PPE was being delivered to the clinical areas based on retrospective average usage, which obviously didn't correlate to the areas which were high users of PPE during the COVID-19 response.*

---

<sup>50</sup> Mr Tim Jacobson, Transcript of evidence, 4 November 2020, p.63

<sup>51</sup> Ms Emily Shepherd, Transcript of evidence, 10 September 2020, pp.15-16

*Certainly, we felt more comfortable and were able to allay our members' anxiety around PPE when we started to see the levels of PPE stockpile being communicated to members, including levels of PPE on order and what the national stockpile levels were as well. That was very welcome. Certainly there's a much more general feeling of satisfaction that there will be appropriate PPE for our members when they need it in the clinical environment. If there is another wave of COVID-19.<sup>52</sup>*

At a subsequent public hearing in February 2021, Ms Shepherd reported:

*...there is generally a feeling among members that there is good access to appropriate PPE. We greatly welcomed the rolling out of fit testing, which we were advocating for, to ensure that the PPE our members were using across the state was actually ensuring their safety, and many of our members have taken up that opportunity.<sup>53</sup>*

In a letter to the Committee dated 11 August 2021, the Minister for Health advised:

*Prior to and at the time a public health emergency was declared on 17 March 2020, PPE supply for Tasmanian public hospitals was managed by the Department of Health, through a dedicated Statewide Supply Unit.*

*Over the next two weeks, as PPE demand rapidly increased and existing stockpiles reduced, additional FTE were assigned to support source, monitor and coordinate PPE supply to public hospitals, other public healthcare services, and non-health care settings. This team was located in the DoH COVID-19 Emergency Coordination Centre, and worked under the leadership and direction of John King, a dedicated Senior Executive Service Officer who commenced in April 2020.<sup>54</sup>*

---

<sup>52</sup> Ibid, pp.15-16

<sup>53</sup> Ms Emily Shepherd, Transcript of evidence, 3 February 2021, p.26

<sup>54</sup> Letter dated 11 August 2021, Minister for Health, p.2

## Staffing

Ms Jose noted a number of gaps in the current public health workforce in Tasmania:

*As well as those skills the pandemic has highlighted gaps in the current public health workforce such as the limited numbers of nurses with training in public health to support response efforts and manage contact tracing and testing processes; limited numbers of trained field epidemiologists who can provide critical contextual information for managing local clusters such as what happened in the north-west of Tasmania; and also outdated information and data systems to support the effective response at the scale that was required.*

*In addition to that, here in Tasmania many of our roles are single person dependent, which is not unexpected in a small jurisdiction, but in the event of such scale and complexity and over such an extended period of time places significant stress on individuals to coordinate and respond appropriately.*

*...the pandemic has highlighted the extraordinary needs for surge capacity both locally and nationally, and in Tasmania the local response did require short-term secondment and employment of people from outside the core public workforce. Initially an additional 40 staff were seconded from the university to provide support to the core public health team.... Twenty four of those staff came from the Menzies Institute for Medical Research alone and they included epidemiologists, outbreak modellers, bio-statisticians to assist with surveillance and cluster management.<sup>55</sup>*

Mr Jacobson expressed similar reservations as to workforce gaps and inadequate surge capacity:

*The other issue – and I will come back to it – was workforce preparedness. I have to say, in the beginning – certainly in March, April and even subsequently – we had been raising concerns about workforce preparedness, about the extent to which the department had put adequate resources into sourcing, identifying and investigating, and securing, a dedicated surge workforce, particularly in the event of further outbreaks.*

...

*We were engaged very early in the piece at our request, not because the department made a decision to do it. The department took an arm's length approach to dealing with us, and I would argue continues to do so in relation to workforce preparedness. We still at this stage are unclear as to what processes and programs have been put in place to ensure that we have an adequate supply of workers in the event of a major outbreak.<sup>56</sup>*

---

<sup>55</sup> Ms Kim Jose, Transcript of evidence, 10 September 2020, p27

<sup>56</sup> Mr Tim Jacobson, Transcript of evidence 4 November 2020, p.63

With regard to support of staff at the LGH and North West Regional and North West Private hospitals Mr Jacobson advised:

**Ms FORREST** – *Another area I wanted to touch on, was that you talked about when staff were furloughed or put into quarantine in the north-west and it was just an all-out sort of approach. It was, literally, overnight. Of course, patients still get sick – not just from COVID-19 but from a range of other things, and women still give birth, and so all those people who required medical care had to go to Launceston, predominantly. They weren't doing surgery at the Mersey and they certainly weren't delivering babies there either. I know the pressures the LGH midwives particularly were under, but also in other areas when they were receiving patients reluctantly at times from the north-west. What support are you aware was given to the staff at the LGH to manage that?*

**Mr JACOBSON** – *I am not aware of any significant support that was provided at all, to be completely frank.*

**Ms FORREST** – *Have you heard anything to the contrary?*

**Mr JACOBSON** – *No, I haven't.*<sup>57</sup>

In relation to increasing the public health workforce, Dr Veitch and the Minister for Health advised:

*With the onset of the pandemic in January, and the expectation of the need for more staff, we brought some more casual staff on, and some short-term contract staff, around February and March. Those staff enabled us to respond to the outbreaks in the north-west from Hobart, and also did the other cases of coronavirus that were managed in the course of the first few months. That group has now been supplemented. We sought additional funding – and Kath may have the actual numbers somewhere in here, but it is up to around 20.*

**Ms COURTNEY** – *We had 20 additional recently and we have had a lot of interoperability from other agencies, as well as nurses coming across from different parts of the THS into Public Health to supplement it earlier in the year around contact tracing, as well as originally the Public Health Hotline as well, so we had significant additional resources.*

**Ms MORGAN-WICKS** – *Yes, and surge capacity. The efforts have gone into develop a health surge workforce, which is close to some 700 recently retired or other members of the public who have been able to demonstrate their recent professional registration for example. We have engaged over 180 of those already to assist our management of the pandemic.*<sup>58</sup>

---

<sup>57</sup> Ibid, p.70

<sup>58</sup> Transcript of evidence, Kathrine Morgan-Wicks, 4 November 2020, p.104

## Staffing costs

At a public hearing on 28 August 2020, the Minister for Health provided figures on staffing costs to date:

*The estimated salary and wages for the COVID-19 response in 2019-20 is \$10.7 million. As I said, this includes an estimated \$8.2 million incurred by the Department of Health above normal staffing levels. This comprised \$749 000 for the Health Emergency Coordination Centre; \$1.1 million for the Public Health Emergency Operation Centre, \$307 000 for the AT Emergency Operation Centre; and \$6.1 million for the testing clinics. The \$10.7 million also includes \$2.5 million incurred by other agencies and reimbursed by the Department of Health which comprised \$1.5 million to DPAC for the call centre staffing; \$118 000 to DPIPWE for the public information unit; \$342 000 for the emergency coordination centre for DPFEM; and \$493 000 for DPIPWE for additional staffing at Border Control.<sup>59</sup>*

## Pandemic preparedness and initial response

At a public hearing on 28 August 2020, the Minister for Health and the Secretary of the Department of Health provided the following observations and overview regarding the Department's response to infection control:

***Ms COURTNEY** – What I will start with is that usage of PPE and infection control are a core part of our clinicians' job. It is part of their training, part of what they do. Because of the nature of the work they are in, they are refreshed, even outside pandemics.*

*From my personal observations of having spoken to a number of nurses in various wards before we had the outbreak around the state, and the fact that we see each year in winter, with influenza, the way hospitals already manage infectious diseases – I am not drawing a parallel between the flu and COVID-19 in terms of their community impact, but I make it clear that this is a core part of what people do.*

*I understand the THS medical nursing and allied health professionals are trained in infection prevention and control, which includes participation in mandatory education held annually, including PPE use and hand hygiene. There is also appropriate clinical expertise in respiratory illness.*

*In January 2020, the Public Health Service established the Incident Management Team, and in February, the Royal Hobart Hospital Department of Pathology, Microbiology and Infectious Disease Services developed protocols for testing in hospitalisation of cases.*

*This outlined the actions required to respond and provide care to persons with suspected or confirmed COVID-19. The process is similar to that used for other*

---

<sup>59</sup> Transcript of evidence, Hon Sarah Courtney MP, 28 August 2020, p.64

similar infectious diseases. These arrangements formed the basis of protocols for other Tasmanian hospitals and were rolled out in February 2020. Areas of our major hospitals also ran a series of internal scenario-based simulation and training exercises commencing in mid-February 2020 as part of overall preparedness for COVID-19. These COVID-19-specific simulations were incorporated into established training programs with a range of interdepartmental exercises taking place to support organisational preparedness.<sup>60</sup>

**Ms MORGAN-WICKS** – In the north-west there was regular communication with managers and staff around training, the resources and also the protocols for managing COVID-19, which included reconfiguration of various units within hospitals, changes to no visitor or staff screening et cetera. People needed to be aware and trained up for those different escalation levels that our hospitals had planned to move through.

In the north-west, however, in relation to training, we had PPE training resources circulated to staff from 30 January. Cleaning staff underwent training by infection control specialists on 3 February. We had updated PPE videos, including donning and doffing procedures, circulated to staff on 13 February. We had presentations delivered to hospital auxiliary staff on 24 February and catering staff on 2 March, covering hand hygiene, social distancing, respiratory hygiene, cough etiquette and exclusion periods if symptoms of an acute illness; and clinic staff orientation on COVID respiratory screening, including face-to-face PPE donning and doffing practice, specimen collection and documentation training on 10 March.

We had PPE training for the North West Regional Hospital wards and an anaesthetic ED COVID-19 intubation training day was held on Friday, 20 March. From 24 March through to 31 March, the following areas underwent face-to-face training covering topics such as PPE, respiratory and hand hygiene, cough etiquette and social distancing – attendants, catering staff, theatre staff, anaesthetics, emergency department, ambulance staff, pharmacy staff and speech therapy.

There was also critically clinical involvement in the development of plans to respond to COVID-19. They were the ones who were responsible for preparing our hospital escalation management plans which outlined it. They had to be practised in those necessary changes should a trigger of COVID-19 appear in the hospital, such as a number of suspected cases or a positive case that was actually in a hospital.

Following the interim report into the north-west outbreak, which we published on 29 April, we also put additional resourcing into place to absolutely double-down once more in relation to the very extensive list of training that I just read out. That is in relation to clinical nurse educators being appointed to coordinate training, PPE buddies and coaches appointed to support appropriate PPE donning and doffing and

---

<sup>60</sup> Transcript of evidence, 28 August 2020, p.52

*infection prevention and control specialists providing support and guidance on site in the north-west.*<sup>61</sup>

Prof Tony Lawler, Chief Medical Officer, provided the following additional information in relation to staff training:

*In terms of the lessons we have learnt from the outbreak, I think it is important to note we had already instituted lessons prior to the release of the interim report. In fact, while it was a significant challenge to respond to the closure and the furloughing of staff, we didn't waste that time during those two weeks where the 1000-plus staff were furloughed. We were able to put in place individual support processes, but also we used that opportunity to utilise online and face-to-face training and, in fact, mandate training prior to return to work.*<sup>62</sup>

The Minister for Health informed the Committee that upon receiving the North West Regional Hospital Outbreak Interim Report in April 2020, the Government accepted all recommendations and implemented them with a high priority:

*Senior members of the THS and department met regularly to ensure we took a comprehensive approach, which resulted in some significant initiatives, including the recruitment of an infectious diseases specialist specifically for the north-west, the development of new training in PPE, a new outbreak management plan, the implementation of stronger screening processes in our hospitals and improved auditing of infection prevention and control.*<sup>63</sup>

At a subsequent public hearing on 4 November 2020, the Minister for Health was presented with questions in relation to the State's preparedness for a second outbreak:

**Ms FORREST** - ... I am interested in a pretty detailed explanation about our tracking and tracing capacity, and how it works, from a basic level right through... from the initial notification, the test, and where to from there.

**Ms MORGAN-WICKS** – Thank you, Ms Forrest. In terms of our state's system preparedness, really our key planks are about –

- *ensuring high levels of COVID-19 testing in the community, and also in facilities that are managed in terms of entrance to the state*
- *maintaining our public health capacity, including an effective contacting and tracing quarantining capability, as you have noted*
- *maintaining our rapid response capability to plan for and prevent, manage and treat any outbreaks*

---

<sup>61</sup> Ibid, p.53

<sup>62</sup> Prof Tony Lawler, Transcript of evidence, 28 August 2020, p.54

<sup>63</sup> Hon Sarah Courtney MP, Transcript of evidence, 28 August 2020, p.42

- *ensuring our hospitals and ambulance service are resourced, equipped, trained and ready to provide the best clinical care to our COVID-positive patients*
- *maintaining, for as long as possible, all our other health services – as we saw, for example, during the pandemic, with various step-downs in health services so that we could prioritise for COVID, and this includes an assessment of our capacity to provide business-as-usual health services.*

*Our surge capacity to respond to an outbreak is monitored on a very regular basis, noting what is happening in terms of our FTE, our staff, our sickness, and presentations – for example, at hospitals – and also in terms of the surge capacity that is coming through.*

*Our bed capacity – so, including our reconfiguration plans for our hospitals to provide our ‘hot’ and ‘cold’ ED capacity.*

*Our levels of critical PPE – including ventilators, our blood products, medication and consumables.*

*Those are all things we are monitoring on a very regular basis. It is not a ‘set and forget’ – for example, after an outbreak, or assuming zero for so many days. We are continuing to monitor our health system preparedness on a weekly basis.<sup>64</sup>*

And

**Ms MORGAN-WICKS** - *...As state Health Commander, there has been a significant amount of preparation and planning across our hospital environments, particularly for outbreak management.*

*On 28 April, I think it was, we published our interim report in relation to the north-west outbreak, which made some 17 recommendations, with a significant number focused on improving our outbreak management capabilities, our training, our contact tracing within hospitals, our systems that are going to respond to quickly identify, and also the testing of healthcare workers and associated households of healthcare workers in the event of a hospital outbreak.*

*Each hospital has an outbreak management plan. We have a governance structure in place which has regional health emergency management teams. In terms of our RHEMTs that have stood up and are currently operating, at the moment, with a zero-case environment, all hospitals are at a level one response level.<sup>65</sup>*

At the same public hearing, Dr Mark Veitch explained the rapid response capability within public health and the measures being taken on contact tracing:

---

<sup>64</sup> Kathrine Morgan-Wicks, Transcript of evidence, 4 November 2020, pp. 75-76

<sup>65</sup> Ibid, p. 95

*Dr VEITCH - ...When we get a notification from the laboratory, it is usually run through that someone has been diagnosed with coronavirus, and that is then run through to our communicable disease response team – and broadly what happens there is they contact the case, gather information about the case and about their movements, and try to understand the circumstances about where they could have become infected, and also look at where that person may have posed a risk during the time they were infectious.*

*This is a very familiar process. The team that runs this has been doing this sort of thing for whooping cough, meningococcal disease, measles and the like for many, many years. At its heart, it is a very familiar process for those core members of the team who have been doing it for a long time.*

*The process in relation to coronavirus is defined in a national guideline, which we call SoNGs – one of the Series of National Guidelines – and that is a nationally agreed protocol for how you approach the management or the investigation of a case of coronavirus.<sup>66</sup>*

## **COVID-19 testing capacity**

The Premier provided the following information regarding orders of testing kits in correspondence of 25 July 2020 responding to Questions on Notice:

*The Royal Hobart Hospital (RHH) assay test was designed in house in mid-January as commercial test “kits” were unavailable at that time. There are several components to the test as used and these were ordered starting from 21 January 2020.<sup>67</sup>*

Full responses to questions taken on notice are attached at Appendix 2.

At a public hearing on 28 August 2020, the Minister for Health advised of the following steps taken to increase testing capacity across Tasmania:

*With regard to the testing sites we have around the state at the moment, particularly with the weather we have been having recently, it has been an enormous effort by those teams of people, and we all want to acknowledge them because the weather hasn't been tops. They have done an outstanding job, being very front line. With regards to the laboratory, we have expanded the physical footprint of the laboratory at the Royal Hobart Hospital. The laboratory has moved into a new location and we have been able to bolster staffing by bringing in staff from other areas. We have seen a lot of collaboration across different parts of both government and non-government organisations.*

---

<sup>66</sup> Dr Mark Veitch, Transcript of evidence, 4 November 2020, p.76

<sup>67</sup> Hon Peter Gutwein MP, Response to Questions of Notice, 25 July 2020

*We have purchased additional lab equipment to be able to ensure that we can do additional testing. With the additional laboratory equipment that we bought, we actually bought complementary brands of lab-testing equipment so that we had complementary consumables, which is one of the key areas of demand. I note that has been a key focus particularly of Lou Cooley who heads up that area within the Royal Hobart Hospital.*

*As Dr Veitch said in his opening statement, it has been very impressive that we are able now to test the required number of Tasmanians on a day-in, day-out basis. We still have up our sleeves significant surge capacity and we saw that we were able to flex and use the surge capacity we had at the time in the north-west outbreak at the aged care facility, when through collaboration with the private sector which did the collection of samples for us, we were able to collect samples across those three sites and get them processed, I think, in around a 24-hour period, which was just extraordinary. I might get the secretary to make some further comments on testing.*

**Ms FORREST** – *The SES volunteers did the run. Three times during the night.*

**Ms COURTNEY** – *They did the run down. It was extraordinary and everyone worked through the night to get it done. It was a fabulous team effort.*

**Ms MORGAN-WICKS** – *I think the collaboration we had between our volunteers and also the agencies assisting in those testing efforts is really to be commended. I think as Dr Mark Veitch would note, in a pandemic the standing-up of testing capacity is one of those critical planks that we absolutely have to get right to make sure we are continuing to monitor what is happening in terms of the community with illness.*

*The first tests in THS clinics were undertaken on 5 March and we have significantly increased our sample collection, our transporting, couriering and our laboratory testing capacities since that time. I remember when tests were reported in our daily reports in just double figures, but certainly now in terms of the capacity, I am very pleased with the way that Tasmanians have responded to the call that when symptomatic to come and get tested.*

*We have also had a bit of a mixture between our public capacity, our Commonwealth capacity, in terms of Primary Health Tasmania, that have coordinated GP-led respiratory clinics so that we currently have three of those also operating in Tasmania, and also our private laboratory capacity. For some time, we have not had on-island capacity in terms of COVID-19 testing through the private facility, but that has recently also been stood-up. We have been working quite closely between our amazing laboratory team led by Lou Cooley at the Royal, together with our private capacity. We are, in a surge, able to collect from 1800 to over 2000 tests, for example, in a day and the laboratories are working 24/7 to have teams of people coming in and changing over in terms of machines.<sup>68</sup>*

---

<sup>68</sup> Transcript of evidence, 28 August 2020, pp.55-56

At a public hearing in February 2021, the Secretary of Communities Tasmania, Michael Pervan, advised that security staff engaged at hotel quarantines underwent a weekly COVID-19 test.<sup>69</sup>

## **Preparedness for further COVID-19 outbreaks**

Ms Jose noted that a predicted increase in pandemic incidents required an increased investment in public health:

*Due to a range of factors, such incidents as we are currently experiencing are predicted to increase in frequency in coming years. In order to respond to these types of incidents as well as continue the work that they usually undertake around prevention does require increased investment in public health. That is not just about personnel but the whole range of aspects that support that work: infrastructure, education and training, and public health systems both locally and nationally.<sup>70</sup>*

Terry Slevin, Chief Executive Officer of Public Health Australia, provided information on the public health officer training programs delivered in New South Wales and Victoria:

*We know, for example, that a public health officer training program has been operating in New South Wales for 30 years – every year for the last 30 years, New South Wales has recruited people with undergraduate and post-graduate public health training and put them in a competitive process to be entered into this public health officer training program. They have trained over 200 people in this program; more than half of them still work in New South Wales Health and the public health system. They have a network of public health units around the state that are trained and have a high level of expertise, and can respond in these circumstances. When the outbreaks occur, at the most local level there is someone nearby with senior public health expertise who has a network of public health workers around the state who they can work with and draw upon the best possible expertise.*

*That is why many people believe that is why New South Wales has done better than Victoria, which hasn't had a similar program. It had a public health officer training program that ran for a short time with a very modest resource but that stopped in 2013. Over the last probably 20 years, the DHHS infrastructure in Victoria, and we are starting to understand more of that, has been diminished. IT and a whole range of the infrastructure necessary to respond in this crisis circumstance has been degraded over that time or hasn't kept up.*

*.....we believe now is the time in Australia to start the discussion about looking at a CDC with state and territory buy-in so there is a genuine seat at the table for all jurisdictions with both cash on the table and a seat at the table to contribute to*

---

<sup>69</sup> Hansard transcript 3 February 2020, p.15

<sup>70</sup> Ms Kim Jose, Transcript of evidence, 10 September 2020, p.27

*developing that national infrastructure.... It wouldn't work if it were just a federal agency. It needs to have the jurisdictions involved because the powers for intervention, as well you know, at a legal level and in terms of local capacity are at the jurisdictional level. When it comes to Tasmania's next step, there is a fundamental question: do you have enough public health people who are adequately trained?*<sup>71</sup>

In a public hearing on 3 February 2021, Ms Shepherd provided feedback from health workers on recruitment and education and training in Tasmanian health care facilities:

*In relation to staffing across the state, we are hearing from members that there are difficulties in filling vacancies, difficulties with recruitment. Our members are reporting to us that permanent positions have been advertised but have been unable to be filled because of lack of applicants. This is having an impact on our members' fatigue levels, which remain quite high, particularly after a very difficult years, and in addition to the workload that COVID-19 prevention has brought with it.*

...

*Some of our members have reported that it is difficult to access the education and training that has been put in place to support the COVID-19 response because of high workloads and not being able to get off to attend that education.*

...

*Our solution is to fully fund a relief factor that includes all types of leave.*<sup>72</sup>

In relation to a further outbreak in Tasmania, Ms Shepherd stated:

*There still is a concern, among our members on staffing and whether we would have sufficient numbers to respond, not just within the Tasmanian Health Service, but Public Health, our testing clinics and also within aged care.*<sup>73</sup>

Similar views were expressed by Mr Jacobson:

*We don't know how many staff in the event of an outbreak will simply make themselves unavailable if they're casual employees. We don't know, for example – and this was an issue we raised with the ambulance service very early in the piece as well, and they didn't know – how many staff had co-morbidities that would necessitate that worker being stood down in the event of an outbreak – for example, if they have an autoimmune issue et cetera. None of that information is known.*

*The problem we have had from the outset is that we don't even know how many workers we have available, let alone in the event of an outbreak. We have an ageing workforce, particularly in the aged care sector as well as in our public health system,*

---

<sup>71</sup> Hansard transcript 10 September 2020, pp.29-30

<sup>72</sup> Ms Emily Shepherd, Transcript of evidence, 3 February 2021, pp.26-27

<sup>73</sup> Ibid, p.30

*which would probably exclude from the outset a lot of workers, simply on the basis of age and risk.*<sup>74</sup>

## **Quarantine/self-isolation**

On 20 March 2020, the Government announced mandatory self-isolation for all non-essential arrivals into Tasmania. In April 2020, the Government directed all patients, staff and household members of staff who had been in Tasmania's North West hospitals since 27 March 2020 to self-isolate for 14 days. The administrative arrangements for quarantine are discussed above.

At a public hearing on 28 August 2020, Hon Mark Shelton MP, Minister for Police, Fire and Emergency Management, advised the Committee:

*...individuals coming back to Tasmania who have come from hotspots have to go into mandatory quarantine and other returning residents can self-quarantine at home. There is security around the hotel situation and private security firms are employed to maintain the security around there as well as government liaison officers who are situated in those situations.*

*...security firms are engaged to provide 24-hour security presence in the quarantine hotels and the number of security guards deployed at each site is determined by the base layout.*<sup>75</sup>

Ms Shepherd (ANMF) stated:

*The single cases that have occurred in hotel quarantine have been very well managed, and largely managed within the hotel quarantine space, rather than relying on transfer to the acute hospitals.*

...

*There is certainly a significant degree of confidence among the health professionals working within those hotels about the level of preparation that [had] gone in, taking learnings from other hotel quarantine scenarios around the country to ensure that they are as safe as possible.*<sup>76</sup>

At a public hearing in February 2021, Hon Roger Jaensch MP, Minister for Housing, was questioned about his Department's responsibilities related to quarantine hotels, managed under the Department of Communities. Minister Jaensch provided the following information in relation to quarantine hotels:

*When the State Control Centre and the State Controller decided to establish quarantine hotels at the end of March 2020 ... instructions came out for the Department of Communities Tasmania to secure the properties and to 47rganize*

---

<sup>74</sup> Mr Jacobson, Transcript of evidence, 4 November 2020, p.69

<sup>75</sup> Hon Mark Shelton MP, Transcript of evidence, 28 August 2020, p.43

<sup>76</sup> Ms Emily Shepherd, Transcript of evidence, 3 February 2021, p.32

*private security firms to be present at those hotels. The initial hotels were engaged on the same day, Monday, 30 March, along with security providers. Providers of security services were required to demonstrate they had all relevant licences and insurances. They are required by state law to only employ licensed security guards. In the national discussion about these matters, there have been different approaches to this in different jurisdictions, particularly associated with the rapid build up of workforce to fulfil these roles.*

*In Tasmania we have had private security providers engaged by the Department of Communities from existing suppliers with licences, insurance and all licensed guards. In the international quarantine hotels, we also have the involvement of the Australian Defence Force as well as private security staff. In those cases, security is overseen by Tasmania Police, which has the onsite presence, the ADF at the perimeters and entrances, and security company providers working between them. This has served us well. Public Health has provided the protocols regarding infection control and prevention and regimes for donning and doffing of PPE. Training has been provided through the security companies for that and has been effective thus far as well.<sup>77</sup>*

The Secretary of Communities Tasmania, Mr Pervan provided the following information in relation to setting up quarantine hotels:

*We had 48 hours to procure the hotels, the catering, the cleaning and the private security. There was no tender, it was direct procurement. I sought advice from the Secretary of Treasury about how to go about that, and from the Crown Solicitor, who, bless him, turned around a letter of engagement that picked up all the legal essentials of a procurement such that we could use that. He turned that around in 24 hours. That, as an example of how the hotels have been operating for the last 11 months, has been about a very strong and very valuable collaboration between multiple agencies. It was not a tender, they were direct procurements in accordance with the powers under the Emergency Management Act.<sup>78</sup>*

Mr Pervan also provided the following information in relation to training of quarantine staff:

*The advice on what was required was provided by Public Health. Training in the use of PPE has come from the TIPCU, the Tasmanian Infection Prevention and Control Unit, which sits between the THS and the Public Health division. It has been one of the things that is unique to this experience – that there is not a centre of excellence or an authority you can go to anywhere in Australia on human quarantine. There are no large quarantine facilities. There are others that are mentioned a lot. Most states don't have much more than a capacity to quarantine individuals, as in one or two people.*

---

<sup>77</sup> Hon Roger Jaensch MP, Transcript of evidence, 3 February 2021, pp.11-12

<sup>78</sup> Mr Michael Pervan, Transcript of evidence, 3 February 2021, p.12

...

*Eleven months ago face masks were not required. Now, they are required to wear PPE and to don and doff it. Over time we have had our sites inspected by WorkSafe. On one of the sites in the north, we needed to make some minor changes around perimeter security because of the nature of that site. Otherwise they were found to be compliant with WorkSafe legislation, which has some very heavy requirements around infection control that most people don't know about. The processes of induction have changed over time, and there are many people out there – from guests to hotel staff to members of the public – who are very vigilant in observing people's use of PPE in the quarantine facilities and report it very quickly and it is responded to equally quickly.*

...

*From the outset, from the beginning of April, we developed a contactless model, which is a little different to other jurisdictions. The hotel and security staff don't actually enter a guest traveller's room at all. That is only done after they depart by cleaning staff who are masked and gowned to do the deep clean. Security staff aren't allowed to touch any bags or anything the traveller has touched. We keep them very, very separate, as well as the hotel staff. The check-in is done over the phone and remotely, so one of the ways we mitigate the risk is to make sure that good, standard health service infection controls are observed right through the hotel.<sup>79</sup>*

The Committee requested details regarding the number of staff, training of security staff and cost of hotel quarantine. The response from the Minister is attached in Appendix 2.

---

<sup>79</sup> Ibid, p.15

### 3. ECONOMIC RESPONSE

At the first hearing of the Inquiry on 29 June 2020, the Premier advised the Government had announced two social and economic support packages totalling around \$1 billion to provide additional funding for health-related services and support and business assistance, including grants, loans and support for individuals and households.<sup>80</sup>

The Premier responded to questions regarding the decision-making process to allocate stimulus funding:

***Ms FORREST** - ... I want to focus on the first term of reference initially and go back to my first question about the process and the prioritisation and the decision-making process about the stimulus funding. Where it was to go and the intended outcome.*

***Mr GUTWEIN** – The first package was developed earlier in the year prior to when the full extent of the economic impact was understood and before the necessary significant actions we had to take in closing down businesses and entire sections of the economy. There was a process within Cabinet undertaken for both package one and package two. The ministers considered those industry and community sector areas that required support. Suggestions and ideas in consultation with their departments were raised. Treasury and the Minister for Finance and myself then considered those matters and we provided a final update to the Cabinet of the package we would be bringing forward.*

*If you compare it to a normal budget process, this was a long way from what you would consider to be the normal process of putting together a budget. Time frames were much shorter; there was a need to act quickly. The packages that were brought forward, while on one hand some would argue that they were sufficient, others might argue they were not broad enough. What we did was based on the information we had at the time and our understanding of what was occurring in our economy and also our community. With advice we put the packages together.<sup>81</sup>*

The Government's written submission noted Tasmania has entered into the *National Partnership on COVID-19 Response* with the Australian Government:

*Through the Agreement, the Australian Government will provide funding to the States and Territories for additional costs incurred by state health services in responding to the COVID-19 outbreak from 21 January 2020. The arrangements include:*

- *an upfront advance payment to the States upon signing the Agreement (Tasmania to receive \$2.1 million);*

---

<sup>80</sup> Hon Peter Gutwein MP, Transcript of evidence, 29 June 2020, p.2

<sup>81</sup> Ibid, pp.5-6

- *Hospital Service Payments – the Australian Government will provide a 50 per cent contribution for costs incurred by States for the diagnosis and treatment of COVID-19, including suspected cases;*
- *State Public Health Payments – the Australian Government will provide a 50 per cent contribution for costs incurred by States for other COVID-19 activity undertaken by State public health systems for the management of the outbreak.*

*In addition, the Australian Government has confirmed that some types of additional expenditure incurred by other State and Territory agencies in responding to the COVID-19 outbreak will be claimable under the NPA. These include:*

- *public health communications, operations and telehealth;*
- *additional cleaning of schools and public transport;*
- *personal protective equipment; and*
- *costs relating to testing clinics and call centres.<sup>82</sup>*

## **Grants and concessions**

The Government's primary economic response to businesses affected by the pandemic was the Economic Assistance Package to Support Small Businesses and Jobs and a Business Support Package announced on 10 July 2020. The Government also announced a number of tax relief measures and deferrals.

Available grants included business support grants, hardship grants, energy grants, extensions to home builder grants and a rent relief and landlord support fund.

Concessions, price freezes and waivers included payroll tax, land tax, energy price caps and waivers, business vehicle and taxi registration and school levy and other student charges.

A comprehensive list of the Tasmanian Government's economic support packages as of 26 February 2021 is provided in Appendix 1.

Mr Steve Old, CEO Tasmanian Hospitality Association made the following observations in respect of grants and concessions to the hospitality industry:

*A number of grant programs were rolled out over periods and a lot of them were very beneficial to some of our members. There were some members that didn't qualify for certain grants and that put them in difficulties. I understand Carl was one of those, and he'd be happy to talk about it after this.*

*I consider one of the biggest problems we had with the vast majority of the grants programs rolled out was they were oversubscribed. There was an under-appreciation by government departments of how many businesses were in trouble. The end result was on the day of lockdown, hospitality – and I had this conversation*

---

<sup>82</sup>Government of Tasmania, Written submission 4, p.11

*with the Premier – would have preferred to lock down straightaway and hopefully come out of it more quickly, rather than a slow death of slowly closing our businesses down. The Premier listened to us, which we appreciated. The end result is that hospitality businesses were all in hardship. They were all in a difficult time.*

*Any grant program was beneficial, but again some of the criteria made it a bit harder. For example, the energy deal was put out there saying you can get energy assistance, but only a few of them are Aurora customers. Not everyone's with Aurora now, because a lot use contractors to get their energy deal because they can't get the best deal through Aurora.*

...

*A lot of hospitality businesses out there are facing a lot of hardship. I talked to Ivan and the TasWater committee yesterday, saying I don't believe we've reached the toughest period for hospitality venues yet. I said yesterday, Ivan, to put this into perspective – we've come off a winter where the tourist industry does it tough. We are now going through summer, which is the period when they normally make a good amount of money, but it's going to be another winter because they've been in lockdown, and then we're going to face another winter. So, hospitality is basically going to face three winters in a row before we face another summer in, let's say, September/October 2021.<sup>83</sup>*

### **Federal Government Financial Support – JobKeeper and JobSeeker**

Whilst not the responsibility of the Tasmanian Government, the Committee received evidence from a number of witnesses of the importance of the JobKeeper program and increased JobSeeker allowance.

Shelter Tas at a public hearing in August 2020 stated that the introduction of the JobKeeper scheme and the increased JobSeeker allowance had averted a housing crisis for many Tasmanians. Ms Pattie Chugg, CEO of Shelter Tas advised:

*There's the JobSeeker. We found the increase in money for the unemployed or people on the youth allowance has averted a lot of things. One of the things that our members are telling us is that they're not seeing people as much because they have the means to be able to afford their housing or other services.*

*JobKeeper is another issue. For 30-something thousand people that is putting a real safety plank underneath a whole lot of things. That's keeping people in their housing; it's keeping people employed; it's giving people the confidence that they can get through this because, as you would have heard through this inquiry, there are a lot of mental health issues around insecurity for people.<sup>84</sup>*

---

<sup>83</sup> Mr Steve Old, Transcript of evidence, 4 November 2020, p.3

<sup>84</sup> Ms Pattie Chugg, Transcript of evidence, 28 August 2020, p.83

At a public hearing on 4 November 2020, Mr Old noted the importance of the JobKeeper scheme but also noted that changing eligibility requirements had had an impact on some businesses:

*Yes, obviously, the JobKeeper program was hugely beneficial, not only to our industry but a lot of industries. Our industry said early on we want to see it extended to Christmas, if not into the new year, which did occur. We would have preferred that the program eligibility changed slightly. It was pretty hard for a lot of venues past 27 September to get eligibility for the program.*

*We did a survey of our board alone – the board members run about 58 venues. About 10 were going to be on it after 27 September, for a variety of reasons – one being that a lot of them have bottle shops and bottle shops are high turnover but not high profit. That bumped them out – you have to be at least 30 per cent affected to get JobKeeper. I believe the program itself from the federal government was unbelievable. We had a lot of support from the Premier and Minister Courtney. We had a lot of support from the Labor Party in opposition as well to talk to the federal government to get that program extended, even though it wasn't everything we wanted. In response to the first question – it was hugely important. It's fair to say without the JobKeeper program a large number of businesses in hospitality would have gone under.<sup>85</sup>*

## **Infrastructure spending**

At a public hearing on 23 September 2020, the Minister for Infrastructure, Hon Michael Ferguson MP provided the following overview of infrastructure spending:

*Department of Health: \$79.1 million; they reflect the revision of timing of cashflows for the Royal Hobart Hospital redevelopment, the Mersey Community Hospital, and rural hospitals and ambulance station operations.*

*The Department of Communities: \$28.1 million due to revised cashflows for the Affordable Housing Strategy, housing new projects, and redevelopment of Ashley.  
TasTAFE: \$21.7 million, which relates to revised cashflows for various TasTAFE campuses, and other training infrastructure assets.*

*DPIPWE: \$16.6 million, which is primarily due to revised cashflows for the Cradle Mountain experience project and Parks infrastructure.*

*Department of Justice: \$16.1 million, due to revised [sic] lows for the new Southern Remand Centre.*

---

<sup>85</sup> Mr Steve Old, Transcript of evidence, 4 November 2020, pp.3-4

*For my department of State Growth: \$10.5 million, which is primarily due to revised timing of roads program funding...<sup>86</sup>*

...

*In general, COVID-19 has not directly resulted in material delays to the planning and delivery of on-island Government infrastructure projects. Across all agencies significant resources have been directed towards the response to COVID-19. In many cases this has resulted in additional activity on top of the business-as-usual of agencies, including project planning and delivery. In some cases, and particularly in Health and Communities Tas, conscious decisions have been made to redirect resources, personnel resources predominantly, away from project delivery during the response. That has resulted in some delays to some projects. Some project reprofiling may occur as a result of any of these delays. However, that is expected to be balanced out by bringing forward other projects and new stimulus funding which has been announced by both the Tasmanian and the Australian Governments.<sup>87</sup>*

Mr Matthew Pollock, Master Builders Association Executive Director, gave evidence related to public and private investment:

*In other areas, public investment in non-residential projects has started to pick up, which is encouraging, in those projects which the Government can bring forward reasonably quickly.*

*The latest building approvals data from the Bureau of Statistics is a testament to that. In the three months since the economic recovery plan was announced there has been around \$81 million in public non-residential projects approved. That compares to around \$21 million of public non-residential projects approved in the three months previous to that announcement.*

*That being said, there are still some very significant areas of weakness in the sector and some concerns moving forward. It is a big sector, highly capital intensive and government money cannot do all the heavy lifting. There are still grave concerns in terms of the retreat of private investment from the market, particularly in those major projects in the commercial construction sector. We are still looking at an estimate of around \$1 billion-worth of private projects that have been postponed since around mid-March this year, particularly those projects exposed to the tourism and education sectors, which understandably have also been some of the hardest hit due to COVID-19.<sup>88</sup>*

Mr Michael Bailey, CEO Tasmanian Chamber of Commerce and Industry, also highlighted the importance of attracting private investment to Tasmania:

---

<sup>86</sup> Hon Michael Ferguson MP, Transcript of evidence, 23 September 2020, p.4

<sup>87</sup> Ibid, p.1

<sup>88</sup> Mr Matthew Pollock Transcript of evidence, 29 September 2020, pp.45-46

*... I believe that we are going to need to work hard to get investment across the line. Any investment we have in this state that is coming from something other than government is going to be absolutely critical. Talking to some experts in the field, they are suggesting that the federal government's deficit might be over a trillion by the time we finish with all the government bonds and bits and pieces that have been put into the market. So again, any money that is coming in from investors, we will need to work really hard to make sure we can keep.*

*We being a little more flexible in local government, with approving – or at least an entrepreneurial approach to help developers through the process of approval. We know that we are starting to lose workers out of the construction sector who are going to the mainland. So we know we need to work quickly in areas. I was disappointed to see that although we had record numbers of promises with infrastructure from the federal and state governments, we saw in the last data pack that it is in fact 8 per cent below the actual money out of the door.*

*We need to get some of those promises in a delivery phase so we will be making sure that both state and federal governments know that is a priority.<sup>89</sup>*

---

<sup>89</sup> Mr Michael Bailey, Transcript of evidence, 18 September 2020, p.21

## 4. COMMUNITY

The Inquiry received evidence from community service organisations and the general public in relation to community mental health and wellbeing, housing, family violence and aged care.

The written submission of TasCOSS provided an overview of Government support extended to the community care sector:

*The second aspect of the Tasmanian Government's response to COVID-19 was direct support for community services organisations (CSOs). This enabled service providers to continue to offer services, often by changing their service model to adapt to COVID-related restrictions and the needs and, where possible, preferences of their service users. Key among these were:*

*Investing in a community services industry coordination role for TasCOSS. This facilitated communication both between the industry and government, and within the industry. CSOs found this to be an extremely valuable communication channel.*

*Essential Technology Funds. These allowed CSOs to purchase hardware and software to enable service staff to work from home and to deliver services remotely, including by providing devices and data to service users.*

*Flexibility of contracts. Government funders informed many organisations they were not required to deliver all contract outcomes or deliver on usual reporting during the pandemic period. This was highly valued by the industry because it allowed them to adapt their services to ensure continuity for their service users. (As noted below, however, some organisations struggled to deliver COVID-related responses as well as deliver their routine services.)*

*Additional funding to provide mental health and family violence support. Funding to these areas allowed services to offer more services and engage with people in the population particularly vulnerable as a result of isolation, anxiety and the financial and other stressors of COVID-19.*

*Funding for Alcohol, Tobacco and Other Drugs Council (ATDC) to ensure service continuity. The funding supported alcohol, tobacco and other drugs services to respond to the impact of COVID-19 at a time of heightened demand for those services.*

*Various other organisations including emergency relief providers, Neighbourhood Houses Tasmania, Council of the Aging, Youth Network of Tasmania and Volunteering Tasmania also received funds to respond to the impacts of Covid-19 on their service-users or population groups.*

*The industry has valued close and open communication with the government during the pandemic, including the ability to work with the State Control Centre on issues arising for Tasmanians and the community services industry, and work with funders*

*around the need to vary contracts and reporting requirements. It is hoped this will continue. As we move into the recovery phase, more consultation will be key, particularly in regard to the ability to provide services to cohorts that will remain or become newly vulnerable to the ongoing and longer-term impacts of COVID-19.*

...

*This funding enhanced the capacity of our industry to provide support for Tasmanians who required services, including emergency housing, as well as primary prevention awareness campaigns.<sup>90</sup>*

The written submission of TasCOSS made a general recommendation for community based mental health initiatives:

*The impact of COVID-19 on the mental health of Tasmanians is expected to continue for some time. Addressing this ongoing need, and need that is expected to be at higher levels than pre-COVID-19, requires an appropriately-resourced integrated, community-based mental health response.<sup>91</sup>*

The written submission of COTA Tasmania (Council on the Ageing) discussed the potential impact of social isolation:

*COTA Tasmania is very concerned about the impacts on the mental health of older people who have been socially isolated during this period and are fearful of the risk associated with re-engaging with community activities, even as other community members are reconnecting through the recovery period. Public health advice for people aged 70 and over has recommended staying at home to protect their health. This advice has remained in place until recently when a risk-based approach has been incorporated in the messaging.*

*Even before the pandemic, a large proportion of the Tasmanian population had risk factors for loneliness and social isolation including older age, entering retirement and living alone.*

*Loneliness is associated with decreases in health status and quality of life, but social isolation can also reduce quality of life and place burden on the health system and community services.<sup>92</sup>*

COTA Tasmania made similar points in relation to the impact of job losses on women and mature age workers:

*Women have also been disproportionately impacted by job losses during the pandemic due to their high levels of employment in many of the hardest hit industries including retail, social services and the tourism and hospitality sectors. Many older women in the workforce have low superannuation balances, low levels of savings and*

---

<sup>90</sup> TasCOSS, Written submission 21, pp.4-5

<sup>91</sup> Ibid, p.8

<sup>92</sup> COTA Tasmania, Written submission 14, p. 6

many live in rental accommodation. As a result they are not well prepared to withstand long periods of unemployment and may be forced into early retirement and reliance on the pension.

...

*COTA Tasmania is concerned about the ongoing impacts of the pandemic on mature age workers. It is essential that any plan for economic recovery include targeted and specific programs to assist older jobseekers to find and maintain employment during the economic downturn.*<sup>93</sup>

## Family violence

The Committee did not receive specific data in relation to anecdotal evidence of increased levels of family violence during the pandemic, especially related to the 'stay at home' Direction. The Committee notes the PESRAC recommendation related to family violence recommending the Government review this matter as a priority.

At the first public hearing of the Inquiry on 29 June 2020, the Premier advised of additional financial support of \$2.7 million included in the Government's initial social and economic package and noted:

*The package brought significant funding in the community sector in relation to additional funding for family violence and sexual assault.*<sup>94</sup>

The Government's written submission to the Inquiry advised:

*Safe at Home is the Tasmanian Government's integrated criminal justice response to family violence. It involves a range of services working together to protect and support victims of family violence, including young people and children, while making offenders responsible for their behaviour. The Government has provided \$1.9 million across Safe at Home services, including:*

- *increased staffing for the Court Support and Liaison Service to support survivors navigate and engage in the court process thereby holding offenders accountable;*
- *continuation of a dedicated Safe at Home Legal Practitioner in the North-West of Tasmania to support and advise survivors of family violence;*
- *increased capacity for the Family Violence Counselling and Support Service to deliver the extended hours service; increased staffing of the Adult Program to proactively engage with victim-survivors of family violence and enhance their safety; and continuation of increased staffing for the Children and Young Persons' Program to support children to recover from family violence;*
- *increased resources for the Magistrates Court to support the efficient progress of family violence matters through the criminal justice system and engagement with Safe at Home;*

---

<sup>93</sup> Ibid, p.4

<sup>94</sup> Hon Peter Gutwein MP, Transcript of evidence, 29 June 2020, p.6

- *additional specialist Safe at Home Police Prosecution in the South and North-West to support the criminal justice process; and*
- *increased capacity for the Safe at Home Coordination Unit to increase the efficiency of Safe at Home.*<sup>95</sup>

At a hearing on 28 August 2020, Mr Don Challen, Chair Premier's Economic and Social Recovery Advisory Committee (PESRAC), was asked about support for family violence and mental health services:

**Ms FORREST** – ... *I know the Government has put some significant additional funding into mental health services, family violence and emergency food relief. I am particularly interested in the mental health and family violence aspect, particularly family violence if they are hidden. When we were in the hard lockdown in the north-west, it was impossible to know whether, predominantly, women and children were safe in that time. You have asked the Government to review that quickly. I assume you were asking them to review the additional funding, that is the way it is worded. Does the council have a view on the amount of funding put into it and the way it was distributed, or are you are asking for a review so we can better target it in the future?*

**Mr CHALLEN** – *It is more the latter. It is hard to be certain the money that has been put in there is adequate to deal with whatever the issues are. There actually is not a lot of evidence in any of these areas yet and is why the recommendation is cast the way it is because it is hard to be more definitive when there is not much data around. Because things were done very quickly, we are trying to say here that Government has a quick look at what is being done with your extra money and make sure it is achieving the benefit the community needs.*<sup>96</sup>

The written submission of Ms Leanne McLean, Commissioner for Children and Young People (CCYP) made to PESRAC in July 2020 explained that initial lower reports of family violence may not accurately reflect current or future levels:

*While I understand that reports of family violence to police have been lower during COVID-19 than for the same time last year, I have received anecdotal evidence to the effect that contacts with some family violence services have increased. This would be consistent with international evidence of an increase in family violence in the context of 'lockdowns'. It is anticipated that the incidence of family violence will continue to be influenced as we move through the recovery phase. For example, it has been suggested that family violence may increase further later this year when household incomes reduce as JobKeeper ceases and the Coronavirus Supplement ends.*<sup>97</sup>

Hon Roger Jaensch MP, Minister for Housing, was questioned about access to housing for victims of family violence.

---

<sup>95</sup> Written submission 4, Government of Tasmania, p.7

<sup>96</sup> Mr Don Challen, Transcript of evidence, 6 August 2020, p. 49

<sup>97</sup> Ms Leanne McLean, Written submission 3, p.6

**Ms FORREST** – *For women with families escaping family violence, we know that when the lockdown was on, it was extremely difficult to leave, and also very dangerous. There was a fall in reporting, for the obvious reason that women cannot report when they are locked down with a perpetrator. Have you, through Housing services, seen an increase in women and families seeking shelter as a result of family violence?*

**Mr JAENSCH** – *I know there has been an increase in the capacity to receive survivors, victims or people fleeing family violence through the Rapid Rehousing program, with an additional 20 properties made available through that program.*

...

*As part of the COVID-19 response, \$2.7 million was allocated across the family violence service system; \$1.9 million extra for Safe at Home, for more on-ground workers across the state, including counselling, court support, legal support and police prosecution; \$310 000 to community-based specialist family violence support services to increase their capacity to respond; \$260 000 to increase the Rapid Rehousing pool, with 20 additional properties, as I said; \$100 000 to establish one-off flexible support packages of up to \$6000 to support victim survivors; \$100 000 for a communication project to promote services and key messages to help those impacted by family and sexual violence; and \$5000 for a range of crisis accommodation services to purchase materials for children's entertainment and educational purposes during isolation.*

*... the reporting to Tasmania Police remains close to the three-year average ... As at 31 December, there were 10 additional cases housed in Rapid Rehousing, above the average. ... As part of the Rapid Rehousing portfolio, 50 properties are dedicated to people escaping family violence. An additional 10 were taken up during this period to 31 December.<sup>98</sup>*

## **Child Safety**

The Committee received information from Hon Roger Jaensch MP, Minister for Human Services, in relation to actions taken in relation to children in state care or considered at risk:

*A range of payments, incentives and assistance were available both through Communities Tasmania and in conjunction with the Department of Education in terms of young people in out-of-home care and their ability to access online learning through being able to buy bandwidth and devices and data et cetera. That was one aspect. I think the more important innovation that happened, which we've been able to sustain, has been a very close working relationship between the Child Safety Service and the Department of Education.*

---

<sup>98</sup> Transcript of evidence, 3 February 2021, pp. 6-9

*In normal times an important role is played by schools and teachers in quietly surveilling the kids in their care. They're one of the key sources of information regarding concerns raised with the Child Safety system. One of the things we needed to deal with is that if schools were closed and kids were no longer there, we wouldn't have that passive surveillance of kids who may be at risk or who may be exhibiting signs of neglect or harm.*

*An arrangement was created on a regional basis where the information held about known at risk or vulnerable children and families was shared between the two departments. Each would have their own means of maintaining contact with those children and families through teaching and through Child Safety visits. There was the ability to make sure there was a sharing of intelligence. If there hadn't been contact, or if concerns were raised through those contacts, it was able to be passed between the agencies and responded to. There was direct follow-up in cases of grave concern and they could ramp up other forms of support or offers of assistance.<sup>99</sup>*

Minister Jaensch also advised that child cases considered urgent, high-priority and high risk were dealt with according to normal protocols:

*It's safe to say that urgent, high-priority, high-risk cases were dealt with according to normal protocols. Family visits were limited in cases just to observe that proximity and contact. Provisions were made, including by providing devices and data, for there to be more virtual contact with family members but also with Child Safety staff.*

*One of the things that has emerged is that sometimes more frequent, less formal, less organised contact with Child Safety staff has turned out to be better and the kids have responded better to it than less frequent, scheduled, organised, face-to-face visits where lots of people's days have to be organised around it. There has been some benefits from that which will carry forward.<sup>100</sup>*

When questioned regarding Child Safety's role in managing the risk to children and making sure that there was that passive surveillance Mr Pervan responded:

*... that is where the vulnerable children panels were very active. If we did not have eyes on a child going to school because for various reasons that was not possible or it did not happen, we continued to have home visits, particularly for high-risk children. This is a bit of a raw nerve, there was a mention in another place that during the lockdown things like home visits stopped. As far as the Child Safety Service went, that is not the case. We continued to go to people's homes, to sit down with them, to meet with them, sometimes with PPE, sometimes not, because it was not known at that stage that that would be required. The visits continued, particularly*

---

<sup>99</sup> Hon Roger Jaensch MP, Transcript of evidence, 3 February 2021, p.16

<sup>100</sup> Ibid p.17

*to high-risk children, particularly when there were not eyes on them at a school or in any other context.*<sup>101</sup>

## **Housing**

The Shelter Tas written submission provided the following overview in relation to COVID-19 housing initiatives:

*Announcement in April of almost \$4.3 million for additional housing and homelessness support for vulnerable Tasmanians*

- *Moratorium on evictions initially until the end of June, then extended until the end of September*
- *Freeze on rent increases across private rental and social housing, extended until the end of September*
- *The COVID-19 Rent Relief Fund which assists renters who have lost income due to COVID-19 with up to \$2000 to help pay their rent, available to tenants experiencing COVID-19 related hardship and are in rental stress; that is, they are paying more than 30 per cent of their income in rent and with less than \$5000 in savings*
- *Extended (COVID) Brokerage to assist people experiencing homelessness into temporary motel and hotel accommodation*
- *A new Health Screening program for people experiencing homelessness*
- *A new Mental Health Homelessness Outreach Support Team (MHHOST)*
- *\$2.6M to fund the expansion of the Hobart Safe Space (low barrier 24 hour shelter), and the establishment of a Safe Space in Burnie and Launceston for people sleeping rough*
- *Rent Waiver for all “head-leased” properties rented from the Department of Communities, expiring 31 August 2020*
- *Financial support for people on temporary working and student visas, including those on spousal visas needing access to family and domestic violence shelters*
- *Announcement in June of \$100 million to deliver an additional 1000 new social houses, in partnership with Community Housing Providers, along with a further 220 dwellings brought forward under the Affordable Housing Strategy.*<sup>102</sup>

The Shelter Tas written submission further noted:

*Public health measures that require people to stay home, maintain social distancing and isolate where necessary, all rely on people having somewhere to live. Increasing*

---

<sup>101</sup> Mr Michael Pervan, Transcript of evidence, 3 February 2021 p. 18

<sup>102</sup> Shelter Tas, Written submission 7, pp.3-4

*numbers of Tasmanians were facing a chronic shortage of affordable housing long before the COVID-19 health emergency. Hobart has been in the top two capitals for unaffordable rentals since the National Rental Affordability Index began in 2015. Hobart has been Australia's least affordable capital city since 2018. The chronic lack of affordable rental housing leads to increasing numbers of people experiencing homelessness across the state. In 2016, 1622 Tasmanians were experiencing homelessness on Census night, and we know that number is much higher now. In 2019, CoreLogic reported that rents in Hobart had increased by 45.7% over the last 10 years, far outstripping people's incomes and ability to pay.<sup>103</sup>*

The TasCOSS written submission recommended greater investment in social and affordable housing:

*The stay-at-home message during the worst of the COVID-19 outbreak so far in Tasmania highlighted more than ever the importance of safe and secure shelter. Investing in more affordable housing will not only improve the community's health and wellbeing, it will create direct and indirect jobs in construction and other sectors.<sup>104</sup>*

At a public hearing on 3 February 2021, Hon Roger Jaensch MP, Minister for Housing made the following observations:

*One of the things we saw ... is a lot of the churn stopped. There were not as many new applications for the Social Housing Register, partly possibly because of those protections in the market, and also the extra income that people have had, which has made their existing housing arrangements more secure. Everyone was probably also waiting to see what happened.*

*Through the lockdown periods of the pandemic, there was a general lessening of activity in terms of new applications and movements. We are not yet seeing a return to any stable state just yet. There is a lot of change still happening, which we need to keep monitoring and responding to in terms of the market*

*There are around three and a half thousand people on the social Housing Register right now. The average time for priority applicants waiting, I understand, is around 63 weeks – noting that is the average time. It doesn't necessarily reflect the experience of the larger number of applicants who may be housed in a far shorter period. The number, the average, tends to be increased significantly by a smaller number of applicants with very specific needs who may be waiting a good deal longer to be placed because there aren't necessarily suitable properties available for them, and they take time to acquire.*

*... there is stock coming online every day due to investments that we commenced a year and more ago. There is a constant entry of new stock into the market. I think*

---

<sup>103</sup> Ibid, p.1

<sup>104</sup> TASCOS, Written submission 21, p.7

*that with the removal of some of the safeguards, there will be more churn and movement in the market generally, even in social housing, and so more openings will be created in existing housing stock in social housing and the private market as well for people to be moving into. I expect there will be some relief there, in terms of our waitlist and wait times as properties free up that way.*

...

*Vacancy is typically below 1 per cent. It's comparable to, and tighter than, the private market. We have a very short turnaround time for properties between tenants – I think typically below 1 per cent vacancy across the portfolio of 13 000-odd homes across Tasmania.<sup>105</sup>*

The Committee requested details regarding the availability of public housing by local government area. The response from the Minister is included in Appendix 2.

## **Aged care**

Aged care, whilst the responsibility of the Federal Government, was also impacted by the COVID-19 pandemic. The written submission of COTA Tasmania provided the following general feedback:

*Feedback from many older Tasmanians is that they value the quick response to close Tasmania's borders and the ongoing caution exercised by the Tasmanian government in the reopening of our borders with states where COVID-19 hot spots are occurring.<sup>106</sup>*

At a public hearing in August 2020 Ms Morgan-Wicks provided an overview of the arrangements for aged care in Tasmania:

*Our Department of Premier and Cabinet has been facilitating, coordinating, from a state response, the relationship with the aged care sector and in particular the evolving nature in terms of the actions that are under way by the Commonwealth regulator but also the Commonwealth Department of Health and Aged Care.*

*In terms of the state response, residential aged care is offered to approximately 4000 people by 29 organisations across 77 sites in Tasmania. Aged care is funded and regulated by the Australian Government. As State Health Commander, I am responsible for the state health response which includes – and for a long-time aged care has been nominated as one of those vulnerable areas – starting the preparation for outbreak management.*

---

<sup>105</sup> Hon Roger Jaensch MP, Transcript of evidence, 3 February 2021, p.3

<sup>106</sup> COTA Tasmania, Written submission 14, p.2

*Our Director of Public Health in the PHEOC has been leading that outbreak management preparedness for aged care. We have had Public Health physicians working through in terms of an outbreak management framework and a toolkit that has been published to assist our aged care centres in Tasmania to prepare in the event of a positive case. We did have one positive case in an aged care centre in Tasmania as part of the north-west outbreak and we quickly moved through in terms of that outbreak management, the testing and the escalation of that centre, stopping the transfer of staff. That was all done in close collaboration with the Commonwealth, given its responsibilities for aged care.*

*In the Department of Health, we are in process of establishing an aged care emergency operations centre under our Health Emergency Coordination Centre. It will sit the same as our THS, our hospitals' EOC, our AT EOC and our Public Health EOC; we will have an aged care EOC that will be led by our Chief Nurse, Francine Douce.*

*In terms of the engagement with aged care in Tasmania, we have undertaken pilot visits to provide a health support visit to really engage from our perspective, using specialist infection control and Public Health resources to go and talk to the clinicians on the ground in aged care.*

*To understand their preparedness and what assistance we could provide, whether it is in relation to PPE support, we maintain the Commonwealth pandemic stockpile, for example, and have pre-positioned parts of our stockpile to assist in terms of aged care.<sup>107</sup>*

The written submission of TasCOSS drew the Inquiry's attention to the Government's campaign to raise awareness of elder abuse as part of an effort to address concerns that stress and isolation caused by COVID-19 could result in increased instances of elder abuse.<sup>108</sup>

---

<sup>107</sup> Ms Morgan Wicks, Transcript of evidence, 28 August 2020, p.41

<sup>108</sup> TASCOS, Written submission 21, p.4

## 5. EDUCATION

The impact on access to education and education staff welfare was raised with Hon Jeremy Rockliff MP, Minister for Education. At a public hearing on 4 November 2020, Minister Rockliff stated:

*There is no doubt that the COVID-19 pandemic has had significant impact on our entire Tasmanian community, including our child and family centres, schools and libraries. At every stage of the pandemic the Department of Education has been strategically focused on the following priorities: supporting the safety and wellbeing of learners and staff; supporting the ongoing learning of our children and young people, as well as providing ongoing access to our library resources; and supporting our families and communities. This has required the department to be agile and responsive around the use of resources. We have seen frequent and regular communication and collaboration with parents and carers, principals, department leaders, Catholic and independent schools, other agencies and unions and maintain a clear focus on the department's values of courage, aspiration, growth and respect. It is of utmost importance to me that all students are well supported to succeed and we keep people safe.<sup>109</sup>*

Minister Rockliff provided an overview of events in relation to the management of schools:

*Guided by Public Health advice, schools were able to undertake additional site cleaning and there was centrally arranged provision of supplies of hand sanitiser, liquid soap and PPE.*

*As at 30 June, the combined expenditure on these items for schools was \$2 million dollars, with funding able to be recouped by the national partnership being managed by the Department of Health.*

*To support staff to not turn up at work when feeling unwell, the decision was made for relief arrangements to be simplified and made accessible, with all school relief costs for all unplanned relief to be met centrally. For the period April to June 2020 the cost of relief for covering personal leave, COVID-19 relief, maintaining casual hours and additional cleaning relief was approximately \$6.8 million dollars more than the same period in the prior year – as you would appreciate.*

*The department also redeployed internal resources to work with the Department of Communities Tasmania, to establish vulnerable student panels to mitigate the impacts of COVID-19 on our most vulnerable learners, and ensure relevant supports were put in place.*

---

<sup>109</sup> Hon Jeremy Rockliff MP, Transcript of evidence, 4 November 2020, p.16

*As the COVID-19 numbers rose in Tasmania, a decision was made to support children and young people to learn at home; however, all sites remained open for those learners and families who were unable to do so. Reflecting our focus on equity of access, 6400 electronic devices were loaned to students who did not have access to technology. Internet dongles were made available to students without internet access.*

*The department redirected resources to support the development of learning-at-home materials and the delivery of professional learning to support online delivery of learning. Over 200 online professional learning opportunities were provided for staff in the last two weeks of term one. There is much to celebrate and be thankful for, about the flexibility and responsiveness of our staff.*

...

*In recognition of the economic impact that COVID-19 had on our families, all school levies were waived for 2020 at a cost of \$14.4 million. In addition, \$1.1 million for other student charges such as international and interstate trip deposits, camp fees and miscellaneous charges such as band fees, swimming and vocational clothing and equipment was also waived.*

*Supporting our partnership with the early childhood education and care sector, 81 rent agreements that the department has with services co located with school and CFC's [Child and Family Centres] were paused for six months. Combined with 35 rent agreements for other businesses, the total waived cost was \$354 483. Subsequently rent waivers have been extended for a further three months. For both levies and rent relief, schools have been provided funding to offset the revenue reduction in order that they could maintain resource levels to support students. The government also allocated \$16.5 million towards the maintenance of schools, libraries and Child and Family Centres, which will provide ongoing benefits to our learners, while supporting business around the state in the recovery from COVID-19.<sup>110</sup>*

The Secretary of the Department of Education, Mr Tim Bullard provided an overview of actions taken to support the mental health of Departmental staff:

*We haven't surveyed staff around their wellbeing, but what we have done is have a cascading approach to how we've looked after the wellbeing of staff, which has started with senior leaders and principals across the department. As the minister referred to, we already had a principal action plan underway. Part of that is really responsive support for principals who maybe aren't tracking as well as they would hope in terms of mentoring and other supports that we can make available through the department. Certainly, we put those in place. Personally, between myself and*

---

<sup>110</sup> Hon Jeremy Rockliff MP, Transcript of evidence, 4 November 2020, p.17

*Deputy Secretary Learning Trudie Pearce, we're available 24/7 for principals who needed support. We recognise that people have different set points about how they dealt with the pressures.*

*We also put in place similar supports for other departmental leaders. We commissioned an organisation called FBG, they're workplace psychologists. They worked closely with our senior staff in the agency around two things: around their own wellbeing, which obviously is really important to make sure that they can continue to operate, but also really importantly how they were going to look after the wellbeing of staff members more broadly.*

*Those strategies combined, I think, gave us a really strong basis for supporting staff. We are also very flexible in working arrangements. We recognise that for some staff, either because they were medically vulnerable, especially in the early days just psychologically unfit to attend work, that we made, wherever we could, working-from-home arrangements for those staff.<sup>111</sup>*

Minister Rockliff provided the following figures on school attendance during 2020:

*Attendance of students, days of learning at home – 19 days primary schools and senior secondary schools and 29 days secondary schools. I have a table of attendance rates here and if I go to the average from 28 April 2020 to 22 May 2020, the total attendance including learning at home and learning at school was 96.1 per cent. Learning at home was 71.9 per cent and learning at school – school sites remained open for those who were unable to learn from home – was 24.2 per cent on average.*

*If we go to term two, week 1, week 2, week 3, week 4, attendance at school sites during learning at home, the average on site attendance was approximately 25 per cent, so total learning participation was 96 per cent. As to the number of students who have not yet returned to school during COVID-19, I am advised 70 students reported learning at home as at term 4, week 1. Only students who are medically vulnerable to COVID are being supported and recorded as learning at home and this has been the case since the beginning of term 3.<sup>112</sup>*

The written submission of the Commissioner for Children and Young People (CCYP) provided the following information:

*The Tasmanian Government is to be commended for establishing, during the pandemic, Vulnerable Students Panels, which allow for greater collaboration by the Department of Education and the Department of Communities Tasmania in their oversight of vulnerable children and young people enrolled in government schools. In my opinion, these panels should be continued as they provide a mechanism for continued enhanced collaborative monitoring of and provision of support to vulnerable students who are enrolled in the government school system. Shared data*

---

<sup>111</sup> Mr Tim Bullard, Transcript of evidence, 4 November 2020, p.20

<sup>112</sup> Hon Jeremy Rockliff MP, Transcript of evidence, 4 November 2020, p.22

*arrangements should be further strengthened and embedded in policy and if necessary – legislated.*

*As noted in research undertaken by the Peter Underwood Centre at the University of Tasmania, many Tasmanian children and young people, and especially vulnerable students, will have experienced learning losses during the pandemic. It is vitally important to implement and provide support for initiatives to identify and mitigate these learning losses.*

*These initiatives should be targeted to all age groups, from infants and children engaged in early years learning, to young people participating in vocational training and apprenticeships, as well as those completing year 11 and 12. Noting the evidence for the benefits of quality play-based early learning, such initiatives could include scaling-up early learning programs for those aged 0 to 4 years.<sup>113</sup>*

Minister Rockliff provided detail regarding the 'Bounce Back to Learning' Program:

*The Bounce Back to Learning at School Program was developed back in June 2020. ... particularly in our early years, which are so important in education, that there wasn't a noticeable gap in that engagement with our young people. That initiative was implemented to support our youngest learner, K to 2, who missed opportunities for face-to-face learning to build on the momentum of family engagement and also support educators and schools.*

*The Bounce Back package included additional classroom support provided by early learning educators who worked in partnership with teachers to identify learner needs and provide resources and tailored learning opportunities. These measures recognise the significant impact that a good start in early years has on our educational outcomes. Identifying whether support would be best placed was determined based on various data sets including literacy and numeracy levels in kindergarten students and information from the school improvement team. In terms of disengagement, a back on track pilot program is now underway, aiming to reconnect young people who are not currently enrolled with the approved educational training provider and address their values to learning, assisting them to re-engage education or training...<sup>114</sup>*

The written submission of TasCOSS made the following recommendation in relation to education and training generally:

*Employment and training programs, especially targeting groups more harshly affected by COVID's impact on employment such as women and young people and those at risk of long-term unemployment. Helping Tasmanians to get back into work is central to our recovery. Employment and training programs should focus on areas of workforce need, among which is community services, where workforce shortages*

---

<sup>113</sup> Commissioner for Children and Young People, Written submission 3, p.9

<sup>114</sup> Hon Jeremy Rockliff MP, Transcript of evidence, 4 November 2020, p.24

*exist and where demand is expected to grow, particularly in disability, aged care and early childhood. Programs should include adult literacy skills, digital literacy, health literacy and other adult learning because of the strong social, economic and health benefits in doing so.*<sup>115</sup>

The written submission of TMEC drew the Committee's attention to the potential long-term impact on apprentices, with a possible shortfall in 3-4 years of qualified people:

*This effect was seen in 2013, following the GFC and the shortage of resources in Tasmania meant interstate resources had to be used, project costs escalated due to labour shortages and ironically the shortage of graduating workers impacted the ability to train the next cohort of apprentices starting out. Early Skills Tasmania data shows approximately 700 less training contracts were started in May and June 2020 when compared with the same months in 2019. If this trend continues, the impact will materially impact Tasmania's ability to rebuild part of its economy. Support continues to be needed for employers to keep hiring apprentices and trainees in 2020 and possibly 2021 so Tasmania avoids a resource shortfall when activities pick up.*<sup>116</sup>

---

<sup>115</sup> TasCOSS, Written submission 21, p.8

<sup>116</sup> Tasmanian Minerals Manufacturing and Energy Council, Written submission 8, p.3

## 6. JUSTICE

### Court system

The Committee received evidence from Hon Elise Archer, Attorney-General and Minister for Justice, regarding arrangements in the Supreme Court and Magistrates Court throughout the pandemic, with both court systems adopting new technology to manage case-loads.

At a public hearing in March 2021, Penny Ikedife, Administrator of Courts, Magistrates Courts of Tasmania, advised:

*The Magistrates Court's main concern in response to COVID-19 was to ensure the safety of members of the public who were required to attend court in some form or other, and also to maintain the court process itself, so that matters were still coming before the court and being dealt with. What we were required to do in the first instance was ensure that any density and social distancing requirements were met. That meant we had to turn to IT to help us maintain a caseload that enabled matters to flow through the court system. We had a very heavy reliance on Zoom, and also telephone link-ups, for court matters to be dealt with in that way.<sup>117</sup>*

However, Ms Ikedife advised that the Magistrates Courts had recently reverted to more overall face-to-face appearances and added:

*I think it's important to stress that some types of appearances are better suited to in-person appearances, whereas the more administrative or shorter appearances might be better suited to video link which we use extensively, particularly with the prison.<sup>118</sup>*

Ms Ikedife advised that the Magistrates Court backlog had increased 26 per cent between the months of April and June 2020 and that it would be an estimated 14 months before it could recover to pre-COVID levels.<sup>119</sup>

Supreme Court Registrar Jim Connolly advised that that jury trials were suspended for four months in Hobart and Launceston and for seven months in Burnie<sup>120</sup> and that the Supreme Court had also utilised new technology in order to deal with Court matters.<sup>121</sup>

Mr Connolly also advised that the Supreme Court case backlog was approximately 30 percent higher than five years ago.<sup>122</sup>

---

<sup>117</sup> Ms Penny Ikedife, Transcript of evidence, 5 March 2021, p.2

<sup>118</sup> Ibid, p.6

<sup>119</sup> Ibid, p.8, 10

<sup>120</sup> Mr Jim Connolly Transcript of Evidence, 5 March 2021, p.8

<sup>121</sup> Ibid, p.12

<sup>122</sup> Ibid

The Attorney-General advised that acting judges had been extended for an additional two years to provide increased capability and that recruitment for a seventh Supreme Court judge was about to commence.<sup>123</sup>

## **Prison system**

At a public hearing in March 2021, Hon Elise Archer MP, Minister for Corrections stated:

*I am extremely proud of what the department, through Ginna Webster, has been able to achieve, and of course through Ian Thomas and his management of the prison. ...Had we had a positive [COVID] result in the prison, then you can imagine it could have been disastrous.*<sup>124</sup>

Mr Ian Thomas, Director of Prisons advised the Committee that around \$3 million had been spent on infrastructure and PPE and that all prisoners entering the system had spent 14 days in isolation before entering the prison population.

In relation to staffing arrangements, Mr Thomas advised:

*We made a decision early on that we needed to maintain safety for all, but we still needed to operate the prisons, so we quickly moved to a split roster system in all the prisons for our correctional staff, an A and a B, which meant a different roster pattern for the staff. It meant that if we had an outbreak in team B in any facility, we could still operate. That was day and nightshift, so we still had two sets of nightshifts operating as well.*<sup>125</sup>

Mr Thomas advised that face-to-face visits between prisoners and their families had been cancelled in late March 2020, with Zoom visits introduced in early May 2020. In relation to the impact on prisoners and their families as a result of cancelled face-to-face visits, the Minister advised:

*There was a positive impact, I'd like to report, because we increased technology, whereas it wasn't readily available in any frequent sense prior to that. It all went to fully online visits – and so you even had the family dog being present, which may sound a little bit silly, but prisoners don't get to see their family dog very often. With that sort of access, a lot of them have continued, haven't they, Ian, opting for that option. That is something that I am encouraging that we continue, and that we continue to fund, because there have been some enormous benefits and positives.*<sup>126</sup>

---

<sup>123</sup> Hon Elise Archer MP, Transcript of evidence, 5 March 2021, p.11

<sup>124</sup> Ibid, p.16

<sup>125</sup> Mr Ian Thomas, Transcript of evidence, 5 March 2021, p.17

<sup>126</sup> Hon Elise Archer MP, Transcript of evidence, 5 March 2021, p.18

In relation to PPE in the prison system, Mr Thomas advised:

*We took advice from Public Health and were able to provide appropriate training as to how to don the PPE, right through to whether it was only normal prison operations but being aware of COVID-19. Through Public Health we were able to get advice on the type of PPE to use, how to don it and how to engage with somebody who would be COVID-19 positive.<sup>127</sup>*

Mr Thomas also advised of accommodation arrangements for prisoners:

*Our initial response was to ensure that we had enough isolation beds for the different categories and cohorts of prisoners. We did a very quick analysis about roughly how many people we got in each week, and how many beds we needed to create maximum, medium and minimum security. From that we identified beds in the two reception prisons for maximum security and then we had division 8 unit in women's stood up as our isolation centres. That meant we could isolate every new reception coming in for 14 days. It bought us 14 days, if you like, to manage the population that they would go into when they had finished their isolation period.*

*In conjunction with that, some of the bunk beds we have installed as part of our surge capacity across the state were in greater and more frequent use than they would be normally, because we were having to keep people isolated.*

*Often when somebody had finished isolation and if there wasn't a single cell accommodation for them to go to immediately, they would spend a short period of time in a double cell until they went on to single accommodation. The priority was that everybody for that period could isolate for 14 days.<sup>128</sup>*

---

<sup>127</sup> Mr Ian Thomas, Transcript of evidence, 5 March 2021, p.21

<sup>128</sup> Ibid, pp.21-22

## 7. TOURISM AND HOSPITALITY

### Tourism

The tourism and hospitality sectors have been impacted significantly through the COVID-19 pandemic. Border closures, both international and national, resulted in major reductions in the number of tourists travelling to and around Tasmania. The 'stay at home' requirements resulted in the temporary closure of most accommodation facilities (other than those used for hotel quarantine) and restaurant/food businesses either closed or altered their service models to provide take-away food only.

At a public hearing on 29 September 2020, Mr John Fitzgerald, CEO of Tourism Tasmania stated:

*As you are all aware, tourism and hospitality has been one of the most highly impacted sectors of the economy through the COVID-19 crisis.<sup>129</sup>*

State and Federal Government financial support through Small Business Grants and JobKeeper provided support for many of the businesses impacted.

Mr Luke Martin, CEO, Tourism Industry Council Tasmania (TICT) noted the prompt government response to these challenges:

*Given the circumstances, particularly the public service and at a political level, the ministers that we deal with, the rapidness of the response that has been in place to support businesses and operators since March has been at a level I never witnessed before, and I have been around this for a couple of decades now. When you look at the roll-out of programs and I can refer to two initiatives specifically, the voucher system, within three weeks a concept, an idea, a need, saw \$7.5 million of vouchers actually in people's pockets, eventually. You do not see that sort of responsiveness from government normally.<sup>130</sup>*

Mr Martin further noted state government support where the JobKeeper program did not extend to foreign workers:

*The second example I would give would be the stepping in where the federal government very badly let us down, which was the failure to provide support for our foreign workforce. One of the worst things we have seen play out over the last six months was the failure of the federal government to extend JobKeeper or any assistance to our foreign workforce across the country. Frankly, in Tasmania, that meant we had foreign workers stranded in regional parts of the state with no income and no support.<sup>131</sup>*

---

<sup>129</sup> Mr John Fitzgerald, Transcript of evidence, 29 September 2020, p.28

<sup>130</sup> Mr Luke Martin, Transcript of evidence, 18 September 2020, p.2

<sup>131</sup> Ibid

The State Government further initiated intrastate travel vouchers in an effort to encourage intrastate tourism. At a public hearing on 29 September 2020, Mr Fitzgerald advised the Committee that the Government had introduced the *Make Yourself at Home* travel voucher scheme to provide incentives for travel to Tasmanian locations after the lifting of the 'stay at home' requirements. Mr Fitzgerald stated:

*As you are all acutely aware, the intrastate market is the only market available to Tasmania at the moment. Over and above the travel vouchers, our organisation is rolling out a program of intrastate marketing this year worth at least \$1.5 million and we're not normally in the intrastate market. I'm sure many of you are aware that our primary objective is to drive mainland Australian and international visitation demand to Tasmania, but without those markets available to us we've turned our attention to the intrastate market.*

*You're probably familiar with the Make Yourself At Home platform that's been rolling out pretty extensively through the Tasmanian media. Anecdotally, we've been very pleased with Tasmanians' responsiveness to get out and travel in Tasmania to support our sector and our communities. I think all the evidence is that regional Tasmania is a beneficiary of the travel that's occurring.*

....

*Getting Tasmanians moving out and about as quickly as possible was a motivation but it doesn't begin and end with the travel voucher scheme. Our campaign will go right through this financial year and then we'll look beyond that as to the role for potentially keeping Tasmanians moving and who should play a role in that part going forward.<sup>132</sup>*

Mr Fitzgerald further commented that the travel vouchers had not created equal benefit in all areas of the State:

*Of course, not everyone's winning out of this. We're filling a pretty big gap with not having the interstate market available to Tasmanians so we appreciate that everyone is not performing optimally. We do not have any explicit data because most of our data is retrospective. It arrives after the fact. Our data comes through our connection to those organisations – you have heard from Tom Wootton from West by North West this morning – so by being connected into our Tourism Industry Council of Tasmania, the Tasmanian Hospitality Association, the four regional tourism organisations, some of the accommodation outlets, including organisations like Airbnb et cetera.*

*Our evidence is largely anecdotal at this stage. It is fair to say what is happening is that regional tourism is mostly going reasonably well. In fact, it is the urban situation that is struggling if anything. Occupancy in Hobart is at quite low levels. Unsurprisingly, our population base, of course, is based in our cities largely, so*

---

<sup>132</sup> Mr John Fitzgerald, Transcript of evidence, 29 September 2020, p.28

*particularly people based in Hobart are getting out and about into regional Tasmania.*<sup>133</sup>

Mr Fitzgerald also advised that Tourism Tasmania normally focussed on interstate and international marketing but, in 2020, was rolling out an intrastate marketing program worth \$1.5 million.<sup>134</sup>

At a public hearing on 18 September 2020, Mr Martin noted the importance of the summer period of 2020-21 for tourism and hospitality businesses in light of the travel restrictions in place at the time and the Tasmanian border closed to non-Tasmanians and non-essential workers:

*I think you all understand that summer – whatever summer is – is going to be incredibly important to us because next year’s winter is going to be challenging. Whilst we have the stimulus flowing, we have the intrastate market this year, we are clearly going to need some sense of summer that is more than Tasmanians market, because we know, looking six to 12 months down the track, winter is going to be tough.*<sup>135</sup>

At a public hearing on 29 September 2020, Tom Wootton, CEO of the relatively new industry organisation West By North West made the following observation in relation to opportunities for Tasmania’s west coast, north-west and King Island tourism sector:

*... to look to the flipside, I’ve also been surprised at the level of positivity and optimism shown by the industry at a time when they had every right to be completely defeated. Like I said, they’re in throes of development. They’re looking forward to Tasmania sitting at the forefront of the new world as a destiny/visitation point of view and very actively wanting to understand what they can be doing to help at this time.*<sup>136</sup>

Mr Wootton also made the following point in relation to support provided by the Government to the tourism sector in regional areas:

*...you might say traditionally that it’s not always free-flowing or perhaps fractured at the regional level through to state. Whereas, this time, this crisis has really created a real streamline and a lot of synergy. It’s brought us all really close together. That would be true of the regional tourism network – us RTOs working together really closely but working closely with state Government as well.*<sup>137</sup>

The written submission from the Port Arthur Historic Management Site Authority (PAHSMA) highlighted the issues related to long-term economic recovery:

*We suggest that PAHSMA is in a unique situation as a government body that operates an extensive and (current conditions aside) profitable tourism enterprise. In line with most tourism businesses many of our staff are seasonal, with the intent*

---

<sup>133</sup> Ibid, p.29

<sup>134</sup> Ibid, p.28

<sup>135</sup> Mr Luke Martin, Transcript of evidence, 18 September 2020, p.3

<sup>136</sup> Mr Tom Wootton, Transcript of evidence, 29 September 2020, p.3

<sup>137</sup> Ibid p.4

*that staffing demand is met as operations require. The commitment to continue to pay public servants is a commendable step by the State Government, particularly in the context of the unavailability of Job Keeper or Job Seeker payments to state government employees. However, this has meant that we have not been able to respond to a serious and substantial loss in tourism income with a reduction in our most significant standing cost, that of Tourism staff salaries. While the decision made by the Government has meant a welcome opportunity for our staff to continue to be paid and is not to be disparaged, as an organisation we find ourselves in a financial position that will not easily or quickly recover.<sup>138</sup>*

## **Hospitality**

At a public hearing on 4 November 2020, Mr Steve Old, CEO, Tasmanian Hospitality Association (THA) made the following statement:

*I firmly believe that the hospitality industry was probably one of the hardest hit... I don't think there's been the full respect given to the hospitality industry and what the operators have gone through with COVID, and currently. I don't think a lot of people appreciate the difficulties a lot of hospitality venues are still going through. A lot of them have delayed bills, but all they've done is prolonged paying those bills. They might be still open at the moment, or they might be about to open their doors again, but I can tell you those bills are still sitting there ready to be paid and at some point they are going to get called in.<sup>139</sup>*

Mr Old made a similar point in relation to loans:

*... they are great when a bank won't give you assistance. But at some point you still have to pay back that debt. It might be interest-free. We fully support it and fully appreciate it but I make the point that the debt still has to be paid at some point. All these things that get racked up with "we'll give you an interest-free loan, we will give you this", is fine, but any business knows that bill has to be paid back at some point.*

<sup>140</sup>

Mr Old and Mr Carl Windsor spoke about the mental health impacts of COVID-19 on business owners and hospitality workers:

**Mr OLD** -*It is one that we are going to have to keep a close watch on, however we can do that, because I have talked to restaurateurs, pub owners and accommodation venue owners who are very professional and run a very good business. Even then I worry about where they are at in relation to their mental health at times ... I can't imagine what it would be like if you ran a business for 35 years, you built it up and*

---

<sup>138</sup> Port Arthur Historic Management Site Authority, Written submission 12, p.2

<sup>139</sup> Mr Steve Old, Transcript of evidence, 4 November 2020 pp.3-4

<sup>140</sup> Ibid p.5

were ready to hand it onto your daughter or your son, and in six months a thing called COVID has come in and wiped that completely out.

...

*I don't think from a hospitality perspective we are by any means out of this yet and I worry about that. ...*

**Mr STREET** – *Do you get many businesses coming to you asking for assistance with mental health, or is it more about your organisation educating your members about where the services are for them to go to? Do you have somebody on staff who deals with this, or do you direct them to an external body?*

**Mr OLD** – *If we have someone come directly to us we would know the services like Lifeline and stuff that the government put out earlier that they could go to. We got all that information from the government straight up. We have also set up our own website now which has all that sort of information on it such as Lifeline and who you contact, et cetera.*

*With the contractors we have running the Great Customer Experience Program, one of the things we got them to do through COVID was to basically be like a call centre. They rang every operator in the industry, member or not, and just kept touching base with them telling them about the latest grants that had been put out, giving them information and asking how their mental health was going and all that. ... They have been able to get in touch with every operator in the state probably four, five, six times throughout COVID. That is a credit not only to the Government for the support they gave us for the Great Customer Experience Program, but the contractors have been able to touch base with every operator to ask, 'How are you going, are you alright, is your family alright, is there anything we can do?'<sup>141</sup>.*

...

**Mr WINDSOR** - *...I think there is a higher proportion of mental health issues in hospitality than in any other industry, especially in kitchens. If you look at the make-up of chefs in particular, they are someone who goes to work, they work in a high-pressure environment. It's hot, there's fire, there's sharp knives, lots of yelling. It's a high adrenalin job and they sit at this high adrenalin for 12, 14, 16 hours a day and then they go home. They start drinking because they want to keep the buzz going on. They take drugs because they want to keep the buzz going on. All these things are due to a mental instability. They're self-medicating. They don't realise what's going on.<sup>142</sup>*

---

<sup>141</sup> Mr Steve Old, Transcript of evidence, pp.9-10

<sup>142</sup> Mr Carl Windsor, Transcript of evidence, p.10

## 8. ICT AND TELECOMMUNICATIONS

The written submission of TasICT, Tasmania's peak industry body for the Information, Communication and Technology (ICT) sector raised the issue of under investment in IT infrastructure, together with the inability of the local sector to access Government projects:

*The Tasmanian Government itself needs an upgrade of its ICT infrastructure both for its own internal administration and for delivery of customer services. For too long in Tasmania, underinvestment in ICT infrastructure and digital transformation meant that Tasmania has fallen behind other states and territories leaving critical infrastructure aging, unreliable and unproductive. This underinvestment was laid starkly bare during the response to COVID-19 with antiquated paper-based processes slowing the response to the emergency and choking delivery of essential services.*

*It is vital that this lack of digital readiness be addressed urgently and the underinvestment in ICT in Tasmania be turned around by including ICT infrastructure funding in the measures being taken to restart the economy. This would provide an economic stimulus to benefit the medium and long-term future of Tasmanian-based ICT companies. ICT infrastructure funding must be allocated in a way that allows the local ICT industry to partner with the Tasmanian Government to upgrade customer service delivery.<sup>143</sup>*

The TasCOSS written submission made the following recommendation in relation to digital inclusion:

*As the Government recognises, digital inclusion brings multiple benefits to Tasmania's economy and society. And, in an increasingly connected world, internet access must be regarded as an essential service. It brings benefits to managing health and finance, accessing education and employment, connecting with friends and family and of course navigating government services which are increasingly online. Investing in greater digital connection across the state and in the knowledge, confidence and skills required to take advantage of that connection would benefit thousands of Tasmanians who are currently not accessing the internet – up to 25% of households in some parts of the state.<sup>144</sup>*

At a public hearing on 28 August 2020, Dr Charlie Burton, Manager Policy, TasCOSS also recommended telecommunications concessions to low income Tasmanians.

**Dr BURTON** - *The Government and utility companies did the right thing during COVID-19 by extending hardship programs and committing to no disconnections and*

---

<sup>143</sup> TasICT, Written submission 11, pp.1-2

<sup>144</sup> TasCOSS, Written submission 21, p.8

*that kind of thing, so we welcome those measures. We would actually advocate for those sorts of measures to continue; there's no reason to cut anyone's electricity off.*

*Given the essential nature of internet connectivity now, telecommunications concessions should be added to the suite of concessions that low-income Tasmanians receive. Many people are working from home now; many services are only delivered online.*

**Ms FORREST** - *Or being educated at home.*

**Dr BURTON** - *Yes. I think a continuation of those existing hardship measures would be the right thing to do.*<sup>145</sup>

The written submission of COTA also discussed the importance of digital inclusion, particularly for older Tasmanians:

*Any crisis response plan should include elements to mitigate the impact of a future crisis, or a recurrence of the current crisis. Building community resilience is key. The ability of many older Tasmanians to cope in the face of the pandemic has been compromised by low levels of digital engagement.*

*While many older Tasmanians are effective users of digital technology, Tasmanians over the age of 65 are among some of the most digitally excluded populations in Australia and Tasmania. In 2019, Tasmanians over 65 years had the second lowest Australian Digital Inclusion Index (ADII) score of all demographic groups in Tasmania.*

*The problems are most acute for older Tasmanians who are not in paid employment and are seeking work in the new online environment and those who live in regional and rural areas where access to assistance is limited. Increased reliance on digital communication during the pandemic has brought into sharp focus the difficulties faced by those in the community who are not digitally connected.*

*While there a number of smaller scale initiatives that are helping people to cross the digital divide, Tasmania would benefit from a comprehensive program to address digital access, affordability and ability.*<sup>146</sup>

At a public hearing on 10 September 2020, Mr Martin Anderson, CEO, TasICT also discussed the 'digital divide' and advised that it had been working with TasCOSS on a response to Tasmanians, particularly senior citizens, that don't have access to digital services:

---

<sup>145</sup> Dr Charlie Burton, Transcript of evidence, 28 August 2020, p.101

<sup>146</sup> COTA Tasmania, Written submission 14, p.5

*In terms of the COVID response... the Intermedium report on State and Territory Government in Australia ranks Tasmania last behind Northern Territory, behind South Australia, and we are getting further behind.*<sup>147</sup>

And

*We see that the under-investment has a real material impact on Tasmanians. For example, COVID-19 is a perfect storm from that point of view, because we believe that Tasmania is the only state and territory government without a digital health strategy.*

*The fact that there is no strategy in terms of digitising health services means that we are slower to deliver services in that space. I understand that there are challenges in collecting information and distributing it through the COVID-19 response. That could have been addressed if there were better services in that space. Also, the Tasmanian Government has not deployable cyber security capabilities.*<sup>148</sup>

The ANMF made a submission to the independent inquiry into the North West hospital outbreak of COVID-19. In this submission, it recommended better IT and electronic records for contact tracing<sup>149</sup>. At a public hearing on 3 February 2021 Ms Shepherd stated:

*We're very pleased to hear that the Tasmanian Government has put significant funding into improving IT, which hopefully will improve ease of access and electronic storage of staff contact details, to better enable contact tracing for nurses and midwives, particularly within the public sector.*<sup>150</sup>

The Commissioner for Children and Young People outlined the issue of eSafety in its written submission:

*During the pandemic, children and young people have been spending more time at home — and more time online. This has provided children and young people with valuable opportunities to learn and connect from home with families and friends during the pandemic. However, the extra time spent online has also heightened the risks to the safety of children and young people, including: excessive screen time; unsafe content such as misinformation, scams and pornography; cyberbullying; sexting; online gaming; and unwanted contact and grooming. I note that in response to these heightened risks, the eSafety Commissioner is delivering innovative information and support programs about eSafety to children, young people, parents*

---

<sup>147</sup> Mr Martin Anderson, Transcript of Hansard, 10 September 2020, p.5

<sup>148</sup> Ibid, 10 September 2020, p.7

<sup>149</sup> Tabled document 2, ANMF submission to the Independent Review of the Response to the North-West Tasmania COVID-19 Outbreak, ANMF, p.13

<sup>150</sup> Ms Emily Shepherd, Transcript of evidence, 3 February 2021, p. 26

*and carers, teachers and others who may be working online with children, such as psychologists.*<sup>151</sup>

At a public hearing on 4 November 2020, Hon Michael Ferguson MP, Minister for Science and Technology responded to questions raised regarding the Government's response to COVID-19 in ICT:

*We've done a lot of work in the last six years building up our ICT capability from a cyber-resilience point of view as well as ensuring that we have service providers who are able to deliver on our architecture and our needs.*

*We've built that architecture and I am very pleased to be able to say that in the leadup to the pandemic when the Government needed to rapidly scale up, particularly from a point of view of resourcing the public service to be able to work from home, we had that architecture in place and were able to use those panels variously to scale up and to quickly adapt to those very different circumstances and working conditions. We've released our strategy for digital industry and service transformation.*<sup>152</sup>

*That is, of course, Our Digital Future, which was released this year, and which I've provided to the committee. That is the first strategy of its kind for our state. It has been drafted in consultation with all of the government agencies and working in partnership with the ITC sector, Tas ITC the Australian computer society. We are very proud of the road map that our digital future sets out and in future as we continue to make investments in this space from a Tasmanian government point of view I will be very clear that my priorities continue to be around cyber security and digital transformation.*

...

*In the COVID-19 pandemic the first responsibility was not digital transformation per se. It was keeping Tasmanians safe. However, as I articulated earlier, we spent most of the last parliamentary term, those four years, investing in new ICT procurement arrangements. We call it NT3 and they positioned Tasmania perfectly to be able to scale up back in March when we needed to start saying to public servants that you need to work from home.*

*A key component was to rapidly increase the capability of the Government ICT network itself and its associated resources to support the sudden and significant increase in the number of employees working remotely. You would have barely heard about this, because it worked so seamlessly. Focused ICT coordination across Government enabled:*

---

<sup>151</sup> Commissioner for Children and Young People, Written submission 3, p.7

<sup>152</sup> Hon Michael Ferguson MP, Transcript of evidence, p. 34

- *Remote working solutions, which included virtual private networks and internet traffic management;*
- *Additional cyber security protections;*
- *Increased network capacity and band width;*
- *Telephony solutions, including soft phones and enabling remote working call queues; and*
- *Inter-agency collaboration and facilitation of inter-agency solutions.*

*They are the whole-of-government responses. Each agency needed to do different things to address their particular business needs.*

*... in very short time frames we were able increase the corporate internet links from two, 1 gigabyte per second services to two, 4 gigabyte per second services. The corporate internet usage showed that we met that demand increase. It went from less than 2000 megabytes per second at the beginning of the month of March to nearly 4000 megabytes per second at the end of that month. Those internet upgrades that occurred during that period were seamlessly procured and a real testimony to the capability that we have developed here in the Tasmanian Government.<sup>153</sup>*

Mr Brett Stewart, Acting General Manager Business and Trade Department of State Growth, when commenting on ICT support for small business added:

*In the 2019-20 financial year, we provided an additional \$100 000 - that was obviously at the back end of that financial year as a result of COVID - and a further \$50 000 for next financial year. Then, as a result of an element of one of the small business response packages, we've also boosted this program by a further \$500 000 over the next two financial years. That's a total additional commitment of \$650 000.*

*... For the 2019 calendar year we had 287 000 coaching sessions made available - they are free, two-hour coaching sessions. For the period from March until a couple of weeks ago we had 713, so a significant uplift in demand in that area.*

*Through our contacts with the Tasmanian business community it was very clear that not only being able to access that coaching was important, but then being able to go back for a follow-up session with a further two hours was really a vital, additional requirement, and so we've made that available.<sup>154</sup>*

With regard to cybersecurity, Dr Glenn Lewis, Chief Information Officer stated:

*The threat to cybersecurity is increasing significantly and exponentially so we are constantly working and have a program of work to protect Tasmanian government*

---

<sup>153</sup>Ibid, pp.39-40

<sup>154</sup> Mr Brett Stewart, Transcript of evidence, 4 November 2020, p.41

*systems and information that Tasmanian government agencies hold for citizens around cybersecurity. In particular, we've seen quite a significant increase of COVID-19-related activity during the pandemic, a lot of COVID-19-specific phishing emails, spam-type emails, and SMS phishing-type emails where fraudulent text messages come in. That cybercriminal-type activity is quite sophisticated. We saw an increase of well-articulated spam or phishing emails that were often timed and related to major announcements by the federal government in particular around things like JobSeeker or JobKeeper, with people trying to take advantage and put in place malicious approaches for citizens around some of those initiatives. ...*

*Each agency has its own staff responsible for cybersecurity within that agency. In addition, and over and above that, we have a central whole-of-government cybersecurity team in Digital Strategy Services in the Department of Premier and Cabinet. That team is responsible for coordinating an overall cybersecurity program for the Tasmanian Government, advising the agencies of the protections and supporting them to mitigate the risks.<sup>155</sup>*

---

<sup>155</sup> Dr Glenn Lewis, Transcript of evidence, 4 November 2020, p.44

## 9. PRIMARY INDUSTRIES

In a written submission to the Committee of 31 July 2020, Tasmanian Seafood Industry Council (TSIC) advised that Tasmanian rock lobster and abalone exports to China had halted in January 2020 as a result of the pandemic. The closure of food service outlets throughout Australia in March 2020 had had a further very significant impact on sales of seafood:

### **29 January**

*To support the Tasmania's rock lobster industry, the Government enabled Tasmanian rock lobster quota to be rolled over into the next year quota to support fishers impacted by local restrictions on movement in China, associated with the coronavirus outbreak. This meant fishers who had not caught the permitted amount due to the sudden market changes will be able to add this shortfall to the amount they can catch next quota year, which started on 1 March 2020.*

### **17 March**

*After allowing for annual fees and levies to be paid by instalment [sic] in, rock lobster, giant crab and fin fisheries, and for abalone divers, the government announced that these fees will now be waived for 12 months at a cost of \$3.7 million.*

### **27 March 2020**

*As part of the Government's \$985 million stimulus package, they delivered an additional \$1.8 million for our fisheries sector that supports thousands of jobs across the state, especially in our regional areas. Specific measures included:*

- *\$604,000 for fee relief for a range of wild fisheries licence fees, including commercial dive, scallops and fishing vessels;*
- *\$427,000 for licence and rental fees relief for shellfish farming;*
- *\$770,000 for ShellMAP Program Fee Relief.<sup>156</sup>*

At a public hearing on 3 February 2021, the Hon Guy Barnett, Minister for Primary Industries and Water advised:

*In the agriculture and seafood sectors we've worked directly with industry to manage the impacts of the pandemic and to plan for recovery. The Tasmanian Government has provided support to the agriculture and seafood sectors through fee relief, direct relief, financial support, market development that is critical to ensuring their long-term viability.<sup>157</sup>*

...

---

<sup>156</sup> Tasmanian Seafood Industry Council, Written submission 15, pp.3-4

<sup>157</sup> Hon Guy Barnett MP, Transcript of evidence, 3 February 2021, p.38

*...with respect to seafood, we were the first state in Australia that responded in terms of rock lobster and the problems regarding China in terms of the rollover of that quota. We delivered a \$5 million support package, direct financial support. Thanks very much to the Premier – he responded so swiftly to those requests and that provided support for rock lobster, giant crab, scale fish, abalone and shellfish growers. Strong support for the fishing industry, and then with fee and licence relief. We provided support to the Tasmanian Seafood Industry Council in terms of responding in the workplace because of the mental health issues. Rural Alive and Well provided that initiative to TSIC so that was very much appreciated – the Stay Afloat campaign.<sup>158</sup>*

COVID-19 had a substantial impact on the agriculture workforce reliant on itinerant seasonal workers.

At a public hearing on 5 March 2021, Peter Cornish, CEO of Fruit Growers Tasmania, advised the Committee the Government had established the Agricultural Coordination Group in April 2020 and that it had been a very effective information sharing forum across the industry, as well as an Agricultural Workforce Roundtable.

*The Government established the Agricultural Coordination Group in April 2020. This proved a very effective forum across industry, sharing of information as well as the provision of advice to and from Government.*

*This included the development of safe workplace guidelines for agriculture. In this regard, both Safe Farming Tasmania and WorkSafe Tasmania have consistently provided practical support to agricultural businesses.*

*The real benefit and the learnings to take out of this, is the approach that was taken by both these organisations, we believe. They provided templates, check lists and guidelines that made compliance easier. They didn't focus on what industry couldn't do, they focused on what was likely to achieve positive health and safety outcomes.<sup>159</sup>*

Mr Cornish further advised the Government had provided financial support for temporary visa holders and opted in to the restart of the Seasonal Worker Program:<sup>160</sup>

*Our fruit growers were delighted that these returning seasonal workers were included in the first stage of the relief of border restrictions announced on 18 September. Again WorkSafe Tasmania worked very cooperatively with growers.*

*At the same time, it was really important for us to get access to additional workers from overseas through the Seasonal Workers Program, direct from the home countries across the Pacific and Timor-Leste. It was important that the Tasmanian*

---

<sup>158</sup> Ibid, p48

<sup>159</sup> Mr Peter Cornish, Transcript of evidence, 5 March 2021, p.74

<sup>160</sup> Ibid p.74

*Government opted-in to the restart of the Seasonal Worker Program in early September 2020. It was one of the first to do so, which was again, very welcome.*

*This was a long and complex process and I don't think either industry or government knew how hard and how much work was taken to put this together. With charter flights, hotel quarantine, no Border Force capability here, and the need for the government to negotiate with other states. It was a very significant effort, particularly from the part of government.<sup>161</sup>*

...

*While the response from the federal government to our initiatives was probably best described as patchy, undoubtedly the response from the Tasmanian government was rapid and comprehensive. Many of our initiatives were not original and were also being worked upon by the Government leading up to this time, having held discussions with industry for a number of months.<sup>162</sup>*

In a written submission to the Committee of 31 July 2020, the Tasmanian Farmers and Graziers Association (TFGA) advised:

*TFGA members have already been impacted by COVID-19 with difficulties in sourcing labour due to border closures, decreases in processing capacity potatoes, and decreased wool prices. Some members have indicated losses so far of up to 40% of their business income compared to the same time last year and with COVID-19 continuing into the foreseeable future, these losses may further increase.*

*When TFGA members were surveyed on the financial support they have received from the Tasmanian State Government the majority (81%) indicated they have not received support. Of the 19% that had received support, they indicated it was through the State Government Small Business Hardship Grant, apprenticeship support as well as delays in electricity payments.*

...

*Overall, the feedback from TFGA members on the State Government's response to COVID-19 is very positive. Most surveyed believe that the State Government has communicated clearly and that the State Government has provided enough financial support at this point.<sup>163</sup>*

At a public hearing on 3 February 2021, Hon Guy Barnett MP, Minister for Primary Industries and Water, noted COVID-19 has had a substantial impact on the agriculture workforce reliant on itinerant seasonal workers.

*COVID-19 has had a substantial impact on the agriculture workforce reliant on the itinerant seasonal workers to meet the labour demands during the peak period we're in at the moment. The Tasmanian Government introduced measures to mobilise*

---

<sup>161</sup> Ibid, p.76

<sup>162</sup> Ibid, p.74

<sup>163</sup> Tasmanian Farmers and Graziers Association, Written submission 17, p.1

*Tasmanian residents to help with the planting, production and harvest seasons, to get the fruit picked, harvest the vegetables and to crush those grapes and get them off to market. That is progressing well. In addition to supporting local residents to access jobs in agriculture, we are also filling employment gaps unable to be met by the Australian workforce through the Australian Government's specific Pacific Labour Scheme and the Seasonal Worker Program.*<sup>164</sup>

The TMEC written submission also drew the Committee's attention to the risk associated with maritime crew entering Tasmania:

*The number of ship pilots working for TasPorts is very small. Had the pandemic impacted the health (recognising foreign crewed ships from locations which may have different pandemic controls, offset by some crews being on board for more than 14 days) of the pilots, it could have disrupted sea freight which would have shut down mining and possibly minerals processing, in addition to general freight disruptions. There may be other critical roles in Tasmania which have a very small number of "experts" and therefore those organisations may need to revisit their contingency planning given what COVID-19 has taught us so far.*<sup>165</sup>

---

<sup>164</sup> Hon Guy Barnett MP, Transcript of evidence, 3 February 2021, p.38

<sup>165</sup> Tasmanian Minerals, Manufacturing and Energy Council, Written submission 8, p.3

## 10. RACING

At a public hearing on 5 March 2021, Hon Jane Howlett MLC, Minister for Racing, advised that, on the basis of advice from Public Health, all codes of racing ceased on 2 April 2020. Racing did not resume until mid June 2020:

*From 2 March when the first COVID-19 positive was identified in Tasmania, Tasracing established practices and controls in line with, and in some cases, in advance of mainland states, to minimise the risk of community infection. This was a particularly challenging time for everyone, and the industry worked very hard to abide by the significant restrictions that were necessary to mitigate the risk of infection. However, risk remained.*

*Following the advice from Public Health, the Government announced the cessation of racing on Thursday, 2 April, with immediate effect. This decision to cease racing was based on advice to reduce interregional travel in order to lower the risk of the contagion.<sup>166</sup>*

The Minister provided evidence regarding an industry support package:

*The \$2 million per month support package developed by the Government was set at a level that was broadly equivalent to continuing the full value of the stakes money and other code funding continuing to be invested in the industry over the duration of the shutdown. The support package was funded through Tasracing with additional assistance as required through a government loan.<sup>167</sup>*

At a public hearing on 6 August 2020, Mr Paul Eriksson, CEO Tasracing, informed the Committee of the level of demand for the support package:

*Over the 10 weeks, a total of 723 applications were received. The following assistance by code was provided: thoroughbred - 76 trainers applied; 89 horses were approved; \$2.035 million was paid out. In standardbreds or harness, 111 trainers applied, 653 horses were approved, and \$1.466 million was paid out. In greyhounds, 127 trainers applied, 1200 greyhounds - I apologise for the round number, but that is what it was - were paid out on, \$505 000 was paid. In addition to this, we also supported payments for Clerk of Course horses, seven clerks across two months, \$14 700. Overall, a total of \$4.021 million was paid out.<sup>168</sup>*

The Minister provided evidence in relation to the support package provided to industry.

*Tasracing worked with the Racing Industry to develop a support package that would develop two objectives. The first was to manage the welfare issue that would arise*

---

<sup>166</sup> Hon Jane Howlett MLC, Transcript of evidence, 5 March 2021, p.39

<sup>167</sup> Ibid, p.40

<sup>168</sup> Mr Paul Eriksson, Transcript of evidence, 6 August 2020, pp.15-16

*should racing animals be spelled, and also to incentivise keeping these animals in work, in order that they could resume racing once the crisis had passed.*

*The second objective was to keep participants in the industry. I am pleased to say that both these objectives were achieved. Trainers were incentivised to continue animals in work, rather than send them to agistment.<sup>169</sup>*

The Minister added:

*The Tasmanian Racing Industry's major sponsor, Ladbrokes, also made a contribution as well. They contributed \$150 000 as a bonus under the Ladbrokes Fast Start program to reward participants across all three codes when racing resumed.*

*The support package was successful as upon the return of racing we saw very strong fields across all three codes. We had to put on 12 additional harness races and 16 additional thoroughbred races needed to be programmed in July and August to cater for the demand. The greyhounds took a little bit longer to come back due to restrictions on trialling opportunities, but we were pleased that their fields were full as well by mid-July.<sup>170</sup>*

The Committee received verbal evidence from representatives from the Tasmanian Trotting Club, the Tasmanian Racing Club and the Hobart Greyhound Racing Club which indicated that the industry was not fully satisfied with the support provided.

At a public hearing on 6 August 2020, Mr Steve Devereux, CEO Tasmanian Trotting Club advised:

*The rescue package was called a package. It was not much of a package. It was the stake money the industry already had anyway through the government grants and the income. It was actually news to us that Mr Eriksson earlier on today said they had actually drawn down on the loan option with the Government. That has not been the case. The industry has been told clearly that would not happen and the industry was not in favour of it happening. Even up until industry meetings in early July, we were told they had not drawn down on that loan so I am not sure what has changed but we have not been made aware of any reason to draw down on it. ... My understanding is that it was a five-year payback so you would say it was a substantial amount of money they have accessed.<sup>171</sup>*

In relation to the decision to cease all racing, Mr Devereux made the following observations:

*It was probably hard for the clubs to take when they saw Racing Victoria continue probably with less protocols than we had in place at the time and even now, they are*

---

<sup>169</sup> Hon Jane Howlett MLC, Transcript of evidence, 5 March 2021, pp.39-40

<sup>170</sup> Ibid, p.46

<sup>171</sup> Mr Steve Devereux, Transcript of evidence, 6 August 2020, p.54

*in stage 4 lockdown and still racing. We went through that period without a lot of transparency and correspondence from Government or Tasracing to be honest.*

*There were some greyhound guys actually on the highway when the announcement came through, halfway to a race meeting. That is how quick it happened. There had been some discussion leading into it but it was a shock to the industry and no matter how we dress it up, there will be some long-term ramifications and, as an industry, we need to look at the future and the funding of the industry and where we sit with stake money versus administration because it has got itself a little bit out of kilter.<sup>172</sup>*

Mr Eriksson also provided an explanation as to the decision to cease all races on 2 April 2020:

*... you have individuals travelling from small communities into centres and then going back to the small communities and my understanding is that that was a significant risk. Not only do you have travel between the three regions but even within the region from small communities and back out, that they would normally not visit...<sup>173</sup>*

---

<sup>172</sup> Ibid, p.53

<sup>173</sup> Mr Paul Eriksson, Transcript of evidence, 5 March 2021, p.48

## 11. SPORT AND RECREATION

### Community sport

At a public hearing on 5 March 2021, Hon Jane Howlett MLC, Minister for Sport and Recreation noted the expected impact on community sport as a result of COVID-19:

*There were some dire predictions about the COVID-19 restrictions, that they would have going on as far the viability of community sporting organisations, with the Australian Sports Foundation predicting as many as 25 per cent of clubs would not survive.<sup>174</sup>*

The Minister advised the Committee a support program of \$1.91 million had been provided to 25 state sporting organisations under the Sport and Recreation COVID-19 Grants Tranche 1. A further \$5 million had been provided to 432 clubs under Tranche 2 of the program to assist with return to play. Minister Howlett stated:

*While many rosters and competitions in Tasmania were delayed and some competitions did not proceed at all in 2020, in general the impact has been less severe than it may have been or it was anticipated to be, which was very pleasing for us.*

*The funding provided through the Sport and Recreation COVID-19 Grants Tranche 1 provided \$1.9 million to 25 state sporting organisations which assisted in keeping 186 people employed in the sector from March to August 2020. This was really important because retaining staff meant that those organisations also retained corporate knowledge and had the people and resources to guide and assist their associations, leagues and clubs throughout the restrictions and during the resumption of activity.*

*We provided funding to 432 clubs to assist with return-to-play needs through Tranche 2; distributed nearly \$5 million through the Improving the Playing Field; and only two days ago announced the Tranche 3 and 4 grants programs. We also boosted Ticket to Play through the provision of two rather than one voucher for each eligible child in 2020-21 to address cost as a barrier to children to participate in sport, and we also increased the age of Ticket to Play from 17 years old to 18 years old as well. Ticket to Play is proving extremely successful and I know how grateful many clubs, associations and parents are for this.<sup>175</sup>*

The Minister provided the Committee with details related to the impact of COVID-19 on the funds available to support community sport funded through the Community Support Levy (CSL):

---

<sup>174</sup> Hon Jane Howlett MLC, Transcript of evidence, 5 March 2021, p.59

<sup>175</sup> Ibid, p.59

*The final impact on the pandemic of the CSL funding can't be determined yet until the end of this financial year.*

Ms Helen Langenberg, Manager Sport and Recreation, Department of Communities Tasmania, added:

*In 2019-20 the CSL fundings were effectively disbursed through the 2019-20 major grants program which went ahead in 2019-20 and the first round of minor grants program was also offered and went ahead and grants were paid.*

*The only thing that wasn't distributed in 2019-20 was Round 2 of the minor grants program which was held pending, as the minister advised, clarification on the amount of funding that was available. The CSL funding for 2019-20 was effectively disbursed to the sector -*

...

*Given the fact that Improving the Playing Field offers funding for infrastructure projects, funding of between \$25 000 and \$250 000, we questioned whether there was a need for major grants given the purposes are ostensibly the same. After the discussion with the sector, that's why we've offered instead using the CSL funds still for the benefit of sports and recreation clubs. That's providing the funding for Tranche 3 and Tranche 4 - Tranche 3 being the small grants of up to \$300 000 for the Return to Play.<sup>176</sup>*

And:

*The 2020-21 CSL funding - internally we were reviewing the major and minor grants programs anyway. We do that regularly each year with each of our grants programs. We got to a point where we actually felt that the minor and major grants as they were weren't quite fit for purpose anyway in terms of the size and the scope of the projects we could fund using those.*

*So we'd undertaken the start of a review of that. It's been overtaken a little by the COVID-19 response so we're repurposing the 2020-21 CSL funds for Tranche 3 and Tranche 4. Between now and the end of this financial year, we'll be looking at what the impact of that has been for the sector and getting feedback from the sector. Then we'll come up with, as the minister advised, a future plan of what that CSL funding might look like, knowing that it must be for the benefit of sport and recreation clubs.<sup>177</sup>*

The Minister further clarified the funding arrangements:

*Tranche 3 will close on 9 April 2021 or when funding is exhausted. Organisations will be funded on a first in basis, as well. That is really important. Organisations*

---

<sup>176</sup> Ms Helen Langenberg, Transcript of evidence, 5 March 2021, p.70

<sup>177</sup> Ibid, p.72

*funded under Tranche 2 are not eligible to apply for Tranche 3. Approximately \$250 000 will be available for distribution under Tranche 3.*

*Tranche 4 will provide sport and recreation clubs with funding of between \$3000 and \$25 000 to assist with the purchase of much needed equipment. Tranche 4 will close on 19 April 2021. It is important to note, that with this, applicants will be required to contribute at least 20 per cent of the total project cost. Tranche 4 is a competitive grants program and approximately \$750 000 will be available for distribution under Tranche 4.*

*The two grants program, Tranches 3 and 4, are being administered with available Community Support Levy - CSL funding - for 2020-21.<sup>178</sup>*

---

<sup>178</sup> Hon Jane Howlett MLC, Transcript of evidence, 5 March 2020, p.73

## 12. ARTS

At a public hearing on 5 March 2021, Hon Elise Archer MP, Minister for the Arts, advised prior to COVID-19 the arts was one of the fastest growing sectors in Tasmania, contributing an estimated \$179 million to the economy and employing over 5 000 Tasmanians.<sup>179</sup>

The Minister advised the Committee:

*... Obviously, COVID-19 has had a significant impact, and has been extremely challenging for our arts community. Social gathering restrictions has meant that most work in the arts industry ceased almost overnight, and indeed overnight, with many of our cultural and creative organisations, businesses and events forced into hibernation. In addition, some of our iconic venues, such as TMAG, QVMAG and Theatre Royal, were also closed.<sup>180</sup>*

The Minister advised the Committee of a number of early actions taken to support the Arts sector:

*I acknowledge their incredible resilience and cooperation so early in the pandemic. I was very pleased that we - and I will be very careful not to say we were the first state to act, because another state will probably try to correct me - but we were definitely one of the first states to act, in March in fact. There was an outbreak, and we had a stimulus of an additional \$1.5 million to screen, contemporary music and arts organisations.*

*In addition, arts organisations that were businesses accessed nearly \$4.3 million in support through the Small Business Sustainability and Recovery Grant program. Also, \$3.8 million in capital funding went to TMAG.*

*Throughout this period, I also released the recovery strategy. It started off as our strategy, but it would have been pretty ridiculous to release a strategy that didn't address COVID-19, so it morphed into the Recovery Strategy: 2020 and Beyond. It has the new \$4 million in additional funding to the arts sector attached to its initiatives, I am very pleased to report.*

*Not only did we have stimulus funding, there's also the \$4 million worth of additional funding. I can share with you today in more detail how that's being directed, by way of the arts recovery support initiative, the New Work for New Markets initiative - something I'm very fond of, because community arts is something that I've wanted to address. We have allocated \$1 million to community and cultural development at the grassroots level.*

---

<sup>179</sup> Hon Elise Archer MP, Transcript of evidence, 5 March 2021, p.27

<sup>180</sup> Ibid, p.27

*We've also put in an additional \$500 000 over two years to the Screen Innovation Fund, which was a new fund I implemented coming into this portfolio.*

*Finally, the Live Performance Support Program is now open as well, to give some surety to performances and events. Should circumstances change, the Government will also take some responsibility for those cancellations, and provide relief of between \$10 000 and up to \$100 000 for any cancellation of events.<sup>181</sup>*

Ms Jacqui Allen, Deputy Secretary Cultural and Tourism Industry Development Department of State Growth, further noted:

*One of the funding programs was an arts and screen fund. That was the first time we've brought together arts practitioners with screen practitioners and given them a specific bucket of funding to create digital and online content. We also provided additional funding through Screen - \$250 000 for the Screen Development Fund. The development stage of the Screen project is something that can be done at home, online. It doesn't require large numbers of people on set.<sup>182</sup>*

The Committee sought advice from the Minister regarding capacity restrictions for performing arts venues.

**Mr WILLIE** - ... *If we can move to the performing arts. There is still a 75 per cent capacity restriction on venues. It is my understanding that Public Health has to be involved if you want to go over the 250 limit. Other states appear to be doing different things. You have announced some more measures there in regard to \$10 000 to \$100 000 guarantee -*

**Ms ARCHER** - *The live performance initiative.*

**Mr WILLIE** - *What sort of consultation have you had with the industry and is \$10 000 to \$100 000 enough, particularly for those larger events? ...*

**Ms ARCHER** - *That particular funding is to give them certainty to plan events that will fit within that amount of money. We are talking about productions. They can pre-apply. I announced yesterday that they should put their applications in, so that when they are planning events from now they can do so knowing that there will be a pre-approved amount from the department that they will receive. It is up to them to decide whether or not to take the risk of having an event or a performance should conditions change.*

*In relation to the framework, everybody has concentrated on other states doing other things; some states having 100 per cent capacity. When you look at the detail, they still have the two-metre social distancing rule. .... It is very easy for a lot of them*

---

<sup>181</sup> Ibid, p.27-28

<sup>182</sup> Ms Jacqui Allen, Transcript of evidence, 5 March 2021, p.29

*to say we are at 100 per cent capacity, but when you look at it in reality it is not necessarily that.*

*What has stood us in good stead in this state is following Public Health advice. To go over that 75 per cent for venues that can cater for more than 250 people is the wearing of masks. It is something we were able to work with Public Health on, to give those larger venues some greater capability. We can go into that in more detail.<sup>183</sup>*

Ms Allen added:

*We ran two consultative forums with representatives of performing arts venues and Public Health, both to talk through the Public Health restrictions and the kind of issues and pressures that the venues were trying to manage.*

*At the moment there is a new direction that allows theatres and cinemas to move to 75 per cent of capacity. It is by approval of the Director of Public Health. They need to submit a plan for how they will manage that. There is still a requirement that the audience capacity remains within one person per two square metres. If the venue, in moving to a 75 per cent capacity, will compromise the one in two square metres rule, then there is a requirement that everyone who is front-of-house needs to wear a mask. Equally, there are other management strategies that the venues are working on with Public Health which might involve staged entry and exit to the venues and looking at moving people through bars differently.<sup>184</sup>*

The Committee had resolved on 24 March 2021 to hear from key stakeholders in the arts community who had publicly expressed concerns regarding patron restrictions threatening the ongoing viability of many arts organisations. Within days of this resolution the government lifted seating capacity to levels that had been sought by many stakeholders. Soon after the State 2021 election was called and Parliament prorogued. The Committee therefore did not hear from these witnesses. The Committee notes that performance venues are now operating with capacities that enable financial viability.

---

<sup>183</sup> Hon Elise Archer MP, Transcript of evidence, 5 March 2021, pp.30-31

<sup>184</sup> Ms Jacquie Allen, Transcript of evidence, 5 March 2021, p.31

## Chronology

Parliamentary Research Service

Authors: Kate Roberts & Dr Catriona. Ross



Last updated: 7 July 2021

---

## COVID-19 crisis

---

### Introduction

The novel coronavirus (2019-nCoV, later named COVID-19) that originated in Wuhan, China, was recognised in Australia as a disease with pandemic potential on 21 January 2020.<sup>1</sup> The first Australian case of COVID-19 was confirmed on 25 January 2020 in Victoria. The Australian Government activated its coronavirus emergency response plan on 27 February 2020. COVID-19 was declared a pandemic by the World Health Organization (WHO) on 11 March 2020. All states and territories signed a National Partnership Agreement on COVID-19 Response on 13 March 2020 to ensure the capacity of the health system to respond.

The Tasmanian Government's management of COVID-19 sits in the context of the [national response](#), as well as state-specific public health and emergency management legislation, plans and documents.

The legislative framework enabling a public health emergency response in Tasmania includes the *Public Health Act 1997* and *Emergency Management Act 2006*. Additional legislation has been passed to deal specifically with the COVID-19 pandemic, including the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020*; *COVID-19 Disease Emergency (Miscellaneous Provisions) Act (No. 2) 2020*; *COVID-19 Disease Emergency (Commercial Leases) Act 2020*; and the *COVID-19 Disease Emergency (Miscellaneous Provisions) Amendment (Quarantine Debt Recovery) Act 2020*. A list of all identified directions and notices made under the primary Acts in relation to COVID-19 is provided as [Appendix A](#).

---

<sup>1</sup> Human coronavirus with pandemic potential was made a listed human disease under the *Biosecurity Act 2015* (Cwth).

## Chronology

This chronology describes in detail, but does not constitute a commentary on, events relating to the COVID-19 crisis in Tasmania. The chronology will be updated periodically as events continue to unfold. Please check the [Parliamentary Research Service publications page](#) for the latest version.

In this chronology, measures are arranged by date of commencement rather than date of announcement, unless otherwise specified.

### January 2020

The first economic impacts of the coronavirus are felt in Tasmania, as sales to the Chinese market of rock lobster (crayfish) are cancelled.

### 1 February 2020

In response to the coronavirus outbreak, the Tasmanian Government establishes an interdepartmental committee comprising all agency heads to 'ensure a coordinated approach across all areas of government'.<sup>2</sup>

---

The Australian Government bans foreign nationals (excluding permanent residents) in mainland China from entering Australia for 14 days from the time they have left or transited through mainland China. Australian citizens, permanent residents and their families returning to Australia from mainland China can enter but are required to self-isolate for 14 days. The measure has an immediate impact on the university and tourism sectors in Tasmania.

### 6 February 2020

The **novel coronavirus (2019-nCoV) becomes a notifiable disease** for the purposes of the *Public Health Act 1997*. This enables the Director of Public Health to exercise powers such as requiring medical practitioners and laboratories to notify the Director of the disease, requiring persons to self-quarantine, and requiring the disclosure of contacts.

The Guidelines for Notifying 2019 Novel Coronavirus (2019-nCoV) start operating.

### 27 February 2020

The [Australian Health Sector Emergency Response Plan for Novel Coronavirus](#) (Australia's COVID-19 Plan) is activated.

---

<sup>2</sup> P Gutwein (Premier) and S Courtney (Minister for Health), *Coronavirus update*, media release, 1 February 2020.

## 2 March 2020

The **first case of coronavirus in Tasmania** is confirmed. The patient is admitted to the Launceston General Hospital, and close contacts are required to self-isolate for 14 days.

---

The **State Emergency Management Committee meets for the first time** to lead the coordination of the coronavirus response in Tasmania, in line with the Australian Government's escalation of its emergency response plan. This effectively replaces the interdepartmental committee established in February. The Ministerial Committee for Emergency Management is also activated.

## 5 March 2020

An interim respiratory clinic opens Launceston to meet increased demand for testing. Testing is initially limited to people who have recently been overseas and are displaying symptoms, or those that have been in contact with a known case.

---

Coronavirus disease 2019 (COVID-19) becomes a notifiable disease for the purposes of the *Public Health Act 1997*. This reflects the official naming of the disease by the WHO. The guidelines are updated accordingly to become the [Guidelines for Notifying Coronavirus Disease 2019 \(COVID-19\)](#).

## 6 March 2020

The Tasmanian Government's **public health response to COVID-19 is escalated to level 2**. This includes the establishment of an Emergency Coordination Centre (ECC) within the Department of Health, supported by an incident management team and Emergency Operations Centres in the Tasmanian Health Service and Ambulance Tasmania.

## 7 March 2020

The Tasmanian Government announces an industry roundtable in response to the economic impacts of COVID-19 in the state.

## 10 March 2020

A second respiratory clinic opens in Hobart to meet testing demand.

## 12 March 2020

Additional respiratory clinics are announced for the North West Regional Hospital (Burnie) and Mersey Community Hospital (Latrobe).

## 13 March 2020

All states and territories sign the [National Partnership on COVID-19 Response](#), designed to support the Australian health system to respond effectively to the outbreak of COVID-19.

14 March 2020

The **Australian Government advises against non-essential static gatherings of more than 500 people from 16 March onwards.**

15 March 2020

The **National Cabinet meets for the first time.**

---

The practice of **social distancing enters daily life** for all Australians.

---

The second stage of the *Australian Health Sector Emergency Response Plan for Novel Coronavirus* is activated, enabling state and territory governments 'to undertake targeted action to the COVID-19 outbreak'.<sup>3</sup>

---

**All cruise ships are banned from docking in Tasmania until the end of June 2020.**

---

**Tasmanian schools are required to cancel non-essential gatherings** (such as assemblies and excursions) in line with social distancing guidelines.

16 March 2020

**All arrivals into Australia are required to self-isolate for 14 days and cruise ships from foreign ports are banned from entering Australia for an initial 30 days.**

17 March 2020

A **public health emergency is declared in Tasmania** under the *Public Health Act 1997*, enabling emergency powers. Under the Act, an emergency declaration comes into force on the date it is made and continues for a period of up to seven days. The Director of Public Health can extend the period for additional periods of up to seven days, as many times as required. The emergency declaration period for COVID-19 is later extended to 12 weeks under the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act (No. 2) 2020*.

---

**All arrivals from overseas into Tasmania are required to complete an arrivals card**, to assist with monitoring the requirement to self-isolate for 14 days.

---

The **Tasmanian Government announces an initial economic support and stimulus package totalling \$420 million**, providing a range of measures for individuals and businesses affected by COVID-19. Details of the package are provided at [Appendix B](#).

---

International travel is banned for all Australians.

---

<sup>3</sup> S Morrison (Prime Minister), *Coronavirus measures endorsed by the National Cabinet*, media release, 16 March 2020.

17 March 2020 (cont.)

---

The Tasmanian Government takes possession of the new K-Block at the Royal Hobart Hospital and begins the operational commissioning phase for the building, in consideration of COVID-19.

---

The House of Assembly suspends standing orders for the remainder of the session due to the COVID-19 crisis. A second motion to suspend standing orders passes on 30 April.

18 March 2020

**Non-essential indoor gatherings of more than 100 people are banned** nationwide.

19 March 2020

**A state of emergency is declared** across the whole of Tasmania, effective from 12:07pm. The state of emergency is declared on the grounds that ‘an emergency is occurring or has occurred in Tasmania because of an event, namely the presence in humans in this State of the disease known as COVID-19 and the risk of the rapid spread of that disease to other humans, that endangers, or threatens to endanger, human life or causes or threatens injury or distress to persons’.<sup>4</sup>

The declaration enables all of the special emergency powers specified in Schedule 2 of the *Emergency Management Act 2006* to be exercised by the State Controller (Commissioner of Police). The state of emergency declaration is amended the following day so that it has effect for a period of 12 weeks.

---

**Tasmania becomes the first state or territory to announce mandatory quarantine for all non-essential arrivals** (i.e. close the borders), effective midnight 20 March.

---

All employees of Biosecurity Tasmania are made authorised officers under the *Emergency Management Act 2006*.

20 March 2020

Australia closes its borders to all non-citizens and non-residents.

---

**A passenger from the Ruby Princess cruise ship is admitted to the North West Regional Hospital and diagnosed with COVID-19.** A second infected passenger is admitted on 26 March.

21 March 2020

**All ‘non-essential’ arrivals into Tasmania are required to self-isolate for 14 days**, having no contact with anyone other than their own household.

---

<sup>4</sup> P Gutwein (Premier), ‘Declaration of state of emergency’ [19 March 2020], *Tasmanian Government Gazette*, No. 21953, 20 March 2020.

## 21 March 2020 (cont.)

The following groups are exempt: Government senior officials; active military personnel; members of the Commonwealth Parliament; clinicians; transport, flight crew and ship crew responsible for transport or freight; specialists determined as critical to maintaining key industries or businesses; paramedics and ambulance officers; and any other person or class of persons determined as essential. While not required to self-isolate, specified persons arriving in the state must follow directions to reduce the risk of spreading COVID-19.

---

**The arrivals card is expanded to apply to all persons entering the state.**

---

Police officers are authorised to exercise all emergency powers under Schedule 1 of the *Emergency Management Act 2006*.

---

The 2020-21 **State Budget is delayed** until at least October.

---

Visits to Tasmanian prisons are suspended.

## 23 March 2020

A wide range of tight restrictions are introduced across Australia.

From midday, **all pubs, hotels, gyms, indoor sports venues and play centres, cinemas, theatres, entertainment venues, casinos, dance venues and night clubs are directed to close.**

---

**Restaurants and cafes are limited to takeaway only.**

---

**All religious gatherings, places of worship and religious ceremonies are banned.**

---

Funerals are limited to 12 people.

---

**Non-essential indoor gatherings of more than 100 people are banned and all other non-essential indoor gatherings are limited** to no more than one person per four square metres.

---

**All Tasmanians are formally directed to practice social distancing** by maintaining a distance of no less than 1.5 metres from another person where practicable.

---

**Visits to aged care facilities are restricted** to prevent the entry of persons who have recently arrived in the state; have had known contact with a person with COVID-19; have a fever or respiratory symptoms; are not vaccinated against influenza; or are aged below 16 years. Visits are limited to two hours, with a maximum of two people at a time, and must be held in non-communal areas.

---

All aircraft originating outside Tasmania are prohibited from landing outside specified airports.

24 March 2020

The ***Appropriation (Supplementary Appropriation for 2019-20) Bill 2020*** is introduced. The Bill includes the appropriation of funding for measures announced under the Tasmanian Government's initial economic support package, as well as an additional \$150 million to meet 'potential costs associated with further action required... in response to the COVID-19 pandemic'.<sup>5</sup> The Bill passes both houses the same day and receives Royal Assent on 6 April.

The ***Taxation and Related Legislation (Miscellaneous Amendments) Bill 2020*** is introduced. The Bill enables measures related to payroll tax relief that were announced under the Tasmanian Government's initial economic support package of 17 March. The Bill also extends the First Home Owner Grant for newly constructed dwellings. The Bill passes the upper house on 25 March and receives Royal Assent on 6 April.

Due to the delay of the 2020-21 State Budget, *Supply Bill (No. 1) 2020* and *Supply Bill (No. 2) 2020* are introduced to enable the continuation of Government services and the Parliament and Statutory Offices for six months. The Bills pass both houses the same day and receive Royal Assent on 6 April.

25 March 2020

The ***COVID-19 Disease Emergency (Miscellaneous Provisions) Bill 2020*** is introduced. The Bill is 'designed to ensure the continuity of government services and allow the Government to support the Tasmanian community in the context of the COVID-19 emergency response'.<sup>6</sup> It includes provisions for the Premier, the Treasurer and the Attorney-General (or delegated Ministers) to make declarations by public notice to amend a range of statutory requirements. The Bill also enables financial hardship provisions for commercial and residential tenants, the waiver and refund of taxi fees, and consequential amendments to support the emergency response to the pandemic. The Greens successfully move an amendment to expand protections for residential tenancies (safeguarding against evictions and rent increases for the duration of the COVID-19 emergency). The amended Bill passes the upper house on 26 March and receives Royal Assent on 27 March.

**All arrivals into the state must travel directly to their place of residence, return to their port of departure, or self-isolate in Government-provided accommodation at their own expense. All household members must also self-isolate.** The Tasmanian Government introduces a mandatory notice to be signed by all non-essential arrivals, acknowledging that they understand the rules and obligations for self-isolation.

**All non-urgent elective surgery is suspended** across Australia, to help prepare the health system for a spike in COVID-19 cases. Elective surgeries can gradually resume from 15 May.

<sup>5</sup> M Ferguson (Leader of Government Business), 'Second reading speech: *Appropriation (Supplementary Appropriation for 2019-20) Bill 2020*', House of Assembly, 24 March 2020.

<sup>6</sup> Fact sheet: *COVID-19 Disease Emergency (Miscellaneous Provisions) Bill 2020*.

24 March 2020 (cont.)

---

Parents and carers can choose to keep their children home from school, with learn-from-home materials provided by the Department of Education. School holidays are brought forward so that school staff can prepare for learning at home in Term 2.

26 March 2020

**A wide range of additional premises are directed to close and further limits are imposed on public gatherings:**

- All restaurants, cafes, food courts and workplace canteens are directed to close, unless providing takeaway or operating within specified premises for residents only.
- All pubs and clubs are directed to close, unless providing takeaway.
- All hotels, motels, hostels, bed and breakfasts, boarding houses, caravan parks, campsites, camping areas and homeless accommodation premises are directed to close to guests other than permanent residents, existing guests unable to move to another residence, or those using the premises for self-isolation or emergency accommodation.
- All residential rehabilitation premises are directed to close to all non-residents.
- All places of worship, religious gatherings and religious premises are directed to cease, except for weddings and funerals.
- Weddings are limited to 5 persons and funerals to 10 persons total.
- All strip clubs, brothels and similar premises are directed to close.
- All galleries, museums, national institutions, historic sites and similar premises are directed to close.
- All entertainment venues are limited to the use of performers (maximum of 5) for the purpose of live streaming.
- All amusement parks, arcades and play centres (indoor and outdoor) are directed to close.
- All auction houses, except those used for agricultural purposes, are directed to close.
- All spas, massage parlours and similar premises are directed to close.
- All beauty therapy salons and tattoo parlours are directed to close.
- Hairdressers and barber shops are limited to 30-minute appointments, with social distancing requirements to be met (although these restrictions are later relaxed).
- All indoor and outdoor swimming pools, gyms, health clubs, fitness centres, wellness centres, indoor sports venues, saunas are directed to close, unless providing rehabilitation services.
- All community centres, neighbourhood houses, recreation centres, youth centres, community facilities and libraries are directed to close.
- All non-essential council premises are directed to close.
- All zoos, wildlife centres, animal parks, petting zoos, aquariums and marine parks are closed to visitors.
- Real estate auctions and open home inspections are limited to 3 people.

## 26 March 2020 (cont.)

- Markets are limited to those predominately for food, and restrictions such as maximum patron numbers and social distancing rules apply.
- Boot camps, personal training and exercise classes are limited to outdoors and a maximum of 10 people.
- All social sports activities are banned.

---

The Tasmanian **Parliament agrees to adjourn until August** (18 August for the House of Assembly and 25 August for the Legislative Council).

---

The **Tasmanian Government announces a range of additional economic and social support measures** (detailed at [Appendix B](#)). The package brings the total spend to \$985 million.

## 27 March 2020

**All non-essential gatherings are restricted to a maximum of 11 people.**

---

All Tasmanian national parks and reserves are closed to public recreational use, to prevent non-essential travel.

King Island, Flinders Island, and islands in the Furneaux group are closed to non-residents (except specified persons) and all residents returning from mainland Tasmania are required to self-isolate for 14 days.

## 29 March 2020

**All arrivals into the state that have returned from overseas, or disembarked from a cruise ship in the previous 14 days, are required to self-isolate in Government facilities.**

---

Healthcare workers at the North West Regional Hospital experience onset of symptoms later linked to COVID-19.

## 30 March 2020

**Legislative Council elections for the divisions of Huon and Rosevears are postponed**, initially to 30 May 2020. Under the *Constitution Act 1934*, the poll must be held on a Saturday in the month of May.

---

**Tasmania records its first death from COVID-19.**

---

The Australian Government announces its JobKeeper wage subsidy and coronavirus supplement for the JobSeeker payment.

## 31 March 2020

**All non-essential gatherings are restricted to a maximum of 3 people.**

31 March 2020 (cont.)

---

**All Tasmanians must remain in their primary residence** unless:

- shopping for essential supplies or services
- exercising
- attending medical appointments
- seeking veterinary services
- providing social support or care to another person
- attending school or study if unable to be performed at home
- attending work or volunteering if unable to be performed at home
- performing essential maintenance or security inspections of another property
- attending another location with a reasonable excuse as determined by the Director of Public Health.

In addition, people must not stay in another place for any longer than necessary to carry out the purpose of the outing.

---

**Tasmanian schools remain open, but parents are encouraged to keep children at home if able to provide appropriate care.**

---

There are 69 confirmed cases of COVID-19 in the state.

1 April 2020

The Mersey Community Hospital's emergency department is closed from 10pm to 8am due to a lack of locums – an issue that is exacerbated by the COVID-19 crisis. The hours are further reduced in August, with the ED closing at 6pm each night.

2 April 2020

All race meets are cancelled in the state.

3 April 2020

**Two staff members of the North West Regional Hospital test positive for COVID-19, triggering an outbreak in the North West.**

---

Under the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020*, residential rental evictions are prevented for at least 90 days.

---

A range of further restrictions are introduced in Tasmania: farmers markets are limited to fresh food or produce only; the recreational scalloping season is cancelled; garage sales and sex worker services are prohibited; and betting stores are closed.

---

### 3 April 2020 (cont.)

---

A range of fees for liquor licensing, gaming control and casino licensing are suspended by the Tasmanian Government.

---

Local governments are authorised to take actions electronically and requirements to hold council and planning authority meetings in person are suspended.

### 4 April 2020

---

An **outbreak management team is established** to respond to the North West outbreak.

---

An additional 12 testing clinics are announced for the state. Further mobile testing clinics are announced on 7 April.

### 5 April 2020

---

Legislative Council elections are further postponed (by notice issued under the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020*). The Government aims to hold the elections before the Council is due to resume sitting on 25 August.

### 7 April 2020

---

**All public hospitals are closed to visitors**, except for a support person due to the birth of a child; a parent, carer or guardian for an ill child or dependent person; or for end-of-life support for patients.

---

**Restrictions on visitors to residential aged care facilities are tightened**, to end-of-life support and essential visits by doctors and medical staff only. Residents are not permitted to leave unless for essential medical requirements.

### 8 April 2020

---

**The medical and surgical wards at the North West Regional Hospital are closed to all new admissions.**

### 9 April 2020

---

Tasmania Police commence a 'compliance blitz' over concerns about people travelling during the Easter period.

---

National parks and reserves closures are widened to all parks and reserves, Wellington Park, and forest lands.

---

Contact tracing is expanded.

---

11 April 2020

**All household members of self-isolating staff of the North West Regional Hospital and North West Private Hospital, and patients discharged since 27 March, are directed to self-isolate for 14 days.**

12 April 2020

**All staff who have worked in the North West hospitals and related medical services since 27 March are directed to self-isolate for 14 days.** This brings the total number of Tasmanians in quarantine in the North West to around 5,000.

13 April 2020

In response to the outbreak in North West Tasmania, **the North West Regional Hospital and North West Private hospitals are closed for 'deep cleaning'**. Patients are transferred to the Mersey Community Hospital as required. An **Australian Medical Assistance Team (AUSMAT) is engaged** to perform the deep cleaning of the hospital.

---

**Additional restrictions are imposed on the North West:** all non-essential retail businesses are required to close, and trade supply stores are limited to trade customers only.

15 April 2020

Legislative Council elections are further postponed, to 'a Saturday as fixed in the month of June, July or August'.<sup>7</sup>

---

**Testing is expanded in the North West,** to anyone with respiratory symptoms.

---

A healthcare worker who worked across three residential aged care facilities in northern Tasmania tests positive for COVID-19. All staff and residents are tested and one resident tests positive.

17 April 2020

The **North West Regional Hospital emergency department reopens**, initially staffed by Australian Defence Force personnel under AUSMAT.

---

The Tasmanian Government announces a Rapid Response Skills Matching Service, to assess the skills of displaced workers and match them to businesses in need.

---

Courts are authorised to conduct proceedings remotely where required.

---

<sup>7</sup> P Gutwein (Premier), 'COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020: Notice under Section 13' [15 April 2020], Tasmanian Government Gazette, No. 21974, 15 April 2020.

18 April 2020

Testing capacity in the state is tripled through a partnership between the state, Commonwealth and Sonic HealthCare.

20 April 2020

**Tasmania overtakes New South Wales to become the state with the most confirmed cases per capita.**

21 April 2020

**Parliament is recalled** to sit on 30 April 2020.

22 April 2020

The Tasmanian Government announces an assistance package of up to \$3 million for temporary visa holders who have lost employment due to the crisis.

23 April 2020

Restrictions are placed on rent increases for residential leases until at least 30 June 2020 (under the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020*).

---

The [Parliamentary Joint Standing Committee on Subordinate Legislation](#) announces its intention to scrutinise notices issued under the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020*.

24 April 2020

Additional restrictions for the North West are extended for another week based on public health advice. This means that schools are closed to students for the start of Term 2.

---

**All states and territories expand testing criteria** to anyone with respiratory symptoms.

26 April 2020

The Australian Government launches the COVIDSafe app to facilitate contact tracing.

29 April 2020

**Staff return to the North West Regional Hospital**, with services to resume progressively. All employees are required to return a negative test for COVID-19 as a condition of returning to work.

---

A \$4.3 million package for additional housing and homelessness support is announced.

---

A number of measures to minimise the risk of COVID-19 in Tasmanian prisons are announced.

30 April 2020

Parliament resumes sitting, initially for one day per sitting week.

---

The ***COVID-19 Disease Emergency (Miscellaneous Provisions) Bill (No. 2) 2020*** is introduced.

The Bill provides for the amendment or modification of the application of several Acts to facilitate emergency management and the economic response to COVID-19.

The Bill extends the time within which the Legislative Council elections for 2020 can be held and extends the terms of the current members for Huon and Rosevears. The Bill passes the upper house on 1 May and receives Royal Assent on 5 May.

---

An [interim report into the North West outbreak](#) is released, finding that the Ruby Princess cruise ship was the most likely cause of the outbreak. As at 21 April, a total of 114 people had contracted COVID-19 due to the outbreak. The report found that transmission occurred through the transfer of infectious patients or infectious staff working in multiple locations including residential aged care facilities. The Tasmanian Government accepts all 17 recommendations in the report.

---

The [Premier's Economic and Social Recovery Advisory Council](#) is announced to provide advice and recommendations on mitigating the economic and social impacts of the pandemic. The Council is made up of representatives from the business and community sectors.

---

A further \$10 million in small business emergency support grants and \$10 million in severe hardship grants are announced.

4 May 2020

Additional restrictions on retail businesses in the North West are lifted, bringing the region back in line with the rest of the state.

5 May 2020

The Tasmanian Government announces a personal protective equipment (PPE) register for businesses.

6 May 2020

The ***COVID-19 Disease Emergency (Commercial Leases) Bill 2020*** is introduced. The Bill gives effect to the Code of Conduct for commercial tenancies agreed by the National Cabinet on 7 April 2020. The Bill passes the upper house on 7 May and receives Royal Assent on 13 May.

7 May 2020

The Tasmanian Government tables a [Social and Economic Support Package Update](#) report. The report is [updated in July](#).

8 May 2020

The Australian Government announces a three-step plan to ease restrictions, to be implemented as states and territories choose.

The **Tasmanian Government announces its plan to ease restrictions** ([Our Plan to Rebuild a Stronger Tasmania](#)), including a 'Roadmap to Recovery'. **The plan relies on four safeguards: increased testing, enhanced tracing, rapid response capabilities, and COVID-19 Safety Plans.**

Subject to public health advice, the plan allows the gradual easing of restrictions. Vulnerable people<sup>8</sup> are advised to continue to stay at home as much as possible.

11 May 2020

**Restrictions slowly begin to ease**, allowing increased numbers of attendees at funerals; limited visits to residential aged care facilities; the reopening of national parks and reserves to residents within 30 kilometres; and the reopening of some TasTAFE campuses and training facilities.

14 May 2020

The North West Regional Hospital resumes all services.

15 May 2020

The **Tasmanian Government releases an [Economic and Fiscal Update Report](#)**, predicting a deficit of \$716.4 million in 2019-20 and over \$1 billion in 2020-21; and net debt of \$645.9 million in 2019-20 and \$2.384 billion in 2020-21. The state's unemployment rate is predicted to be 12.23 per cent in June, with 27,500 people losing employment due to the pandemic.

18 May 2020

**Stage One of the 'Roadmap to Recovery' commences**, allowing up to 5 visitors to homes, gatherings of up to 10 people, and restaurants/cafes and community and local government facilities to reopen to up to 10 people at a time with social distancing measures in place.

19 May 2020

A COVID-19 Rent Relief Fund is announced, to provide up to \$2000 or four weeks' rent for tenants suffering from extreme hardship.

---

<sup>8</sup> Vulnerable people include Aboriginal and Torres Strait Island people 50 years and older with one or more chronic medical condition; people 65 years and older with chronic medical conditions; people 70 years and older; people with compromised immune systems; and people with disability.

25 May 2020

**Students in kindergarten to year 6, and years 11 and 12 at extension schools and colleges return to learning at school.**

---

Restrictions on residential aged care visits start to ease, to align with national restrictions.

---

Expanded testing criteria now includes:

- Any person presenting with respiratory symptoms or with history of recent respiratory symptoms within the last 7 days.
- All hospital patients who are being discharged to residential aged care facilities (mandatory).
- Healthcare workers who are symptomatic (mandatory) or asymptomatic (voluntary).
- Close contacts and non-essential travellers between days 10–12 of their quarantine periods (voluntary).

Testing is available at Tasmanian Government clinics and mobile testing clinics, GP-led respiratory clinics (funded by the Australian Government), and some general practice clinics.

29 May 2020

The [Parliamentary Standing Committee of Public Accounts](#) resolves to conduct an inquiry into the Tasmanian Government's economic and health expenditure response to COVID-19.

1 June 2020

Restrictions on hospital visits start to ease.

2 June 2020

The Tasmanian Government announces that Stage 2 of the 'Roadmap to Recovery' will commence early, with restrictions easing from 3pm on Friday, 5 June (originally scheduled for 15 June).

The announcement comes after 17 days without a new case being recorded in the state.

4 June 2020

The Tasmanian Government launches its [Rebuilding Tasmania infrastructure investment plan](#).

The plan includes investments in housing, essential services, community infrastructure, roads and irrigation, education and skills infrastructure, and the Retirement Benefits Fund Tasmanian Investment Fund. The total funding allocation is \$628.4 million and estimated construction value is approximately \$1.27 billion.<sup>9</sup>

---

<sup>9</sup> Department of Premier and Cabinet, *Rebuilding Tasmania Infrastructure Investment*, June 2020. The funding allocation includes some funding that has been brought forward. The estimated construction value of \$1.26 billion

#### 4 June 2020 (cont.)

The largest share is allocated to housing, including a commitment to up to 1,000 new social housing dwellings and expansion of the Home Builder Grant to all owner occupier new home builds until the end of 2020.

---

A motion to establish a Joint Select Committee on Tasmania's COVID-19 response and recovery – agreed by the Legislative Council on 3 June – is narrowly defeated in the House of Assembly.

#### 5 June 2020

**Restrictions continue to ease**, allowing:

- An increase of up to 20 people for indoor and outdoor gatherings, including cinemas, museums, galleries, historic sites, religious gatherings and weddings.
- Gatherings of up to 40 patrons for seated table service at cafes, restaurants, pubs and clubs (excluding nightclubs), with appropriate social distancing measures in place.
- Up to 10 visitors to households.
- Up to 50 people at funerals.
- Unlimited accommodation as well as camping, shack visits and boating statewide.
- Open homes and auctions for up to 20 people.
- Gyms and boot camps for up to 20 people.
- TABcorp retail shop fronts can reopen.
- Beauty services allowed for up to 20 people.
- Park exercise equipment and playgrounds open for up to 20 people.
- Outdoor community sport for up to 20 athletes/personnel, and indoor sport and recreation for up to 20 people (no spectators), as guided by the Australian Institute of Sport.

The 'Stay at home' direction is revoked accordingly.

#### 9 June 2020

**High school students (years 7 to 10) return to learning at school.**

#### 8 June 2020

**The public health emergency declaration under the *Public Health Act 1997* is extended for a further 12 weeks.**

---

brings the total estimated construction value of infrastructure projects to approximately \$3.1 billion over the next two years.

11 June 2020

The **state of emergency declaration under the *Emergency Management Act 2006* is extended for a further 4 weeks.**

12 June 2020

**Tasmania reaches zero known active cases of COVID-19** and zero close contacts of confirmed cases in quarantine. The milestone enables Stage 3 of the recovery process to be brought forward to 26 June (originally scheduled for 13 July).

---

The **date for the Legislative Council elections is set as 1 August 2020.**

14 June 2020

Racing resumes.

15 June 2020

**[COVID-19 Safety Plans](#) are required for all businesses reopening due to the relaxing of restrictions**, to ensure minimum standards to manage the ongoing risk of COVID-19 are met.

17 June 2020

**Restrictions continue to ease**, allowing:

- Up to 20 visitors to households.
- Groups of 20 at gyms and other indoor sports facilities per separate room, up to a total of 80 attendees in each building.
- Groups of 20 for social sports activities.
- 20 attendees per pool.
- 80 attendees at community facilities.
- 80 attendees in libraries.
- 80 attendees at auction premises and real estate services.
- 80 attendees at amusement parks, arcades, play centres or similar if primarily an outdoor space.
- 80 attendees in hospitality venues.
- 20 attendees at bed and breakfast accommodation and short stay accommodation.
- 80 attendees at camping grounds.
- No limit on the number of people who can stay at accommodation venues, such as a hotel, but restricted to 80 attendees in communal areas.
- 80 people at religious services, including funerals and weddings.
- 80 attendees per cinema.
- 80 attendees at concert venues, theatres, arenas, auditoriums, with an additional number of people specified for performers.

### 17 June 2020 (cont.)

- 80 attendees at zoos.
- 80 attendees at museums, national institutions, historic sites and galleries.
- Beauty services allowed to operate subject to density requirements.

All gatherings continue to be subject to social distancing requirements, including no more than one person per four square metres.

### 23 June 2020

Protections for residential tenants are extended until 30 September 2020.

### 24 June 2020

The draft terms of reference for the independent review into the North West COVID-19 outbreak are released for public comment. The review is scheduled to commence in mid-July 2020 with the final report expected by the end of October 2020.

---

A Commercial Code Administration Committee is established to promote and monitor the National Code of Conduct for commercial tenancies. The national code was introduced to provide protections and rent reductions for tenants experiencing financial hardship as a result of the COVID-19 pandemic.

### 25 June 2020

Parliament passes three Bills to assist with Tasmania's economic recovery:

- The *Land Tax Amendment Bill 2020* enables an exemption from land tax in the 2020-21 financial year for commercial property owners who have been adversely financially impacted due to COVID-19.
- The *HomeBuilder Grants Bill 2020* supports the Australian Government's \$25,000 grant and the Tasmanian Government's \$20,000 grant for new home builds.
- The *Building and Construction (Regulatory Reform Amendments) Bill 2020* introduces or shortens timeframes for regulatory decisions and allows certain decisions to be made concurrently with the aim of reducing delays.

### 26 June 2020

**Stage 3 restrictions commence**, allowing:

- Gatherings of up to 500 people outdoors and 250 people per undivided space indoors.
- A revised density limit of one person per two square metres.
- Casinos, nightclubs, gaming venues and food courts to reopen (for seated patrons only).

---

The date to reopen Tasmania's borders is announced as 24 July 2020 (subject to public health advice).

9 July 2020

The **state of emergency declaration under the *Emergency Management Act 2006* is extended to 31 August 2020**, due to an escalating outbreak in Victoria.

---

**Non-Tasmanian residents who have been in Victoria within the last 14 days** (other than transiting) **are banned from entering the state**. Tasmanian residents who have been in Victoria must self-isolate in government-provided accommodation.

Specified persons (also referred to as ‘essential travellers’ or ‘essential workers’) who have been in Victoria are still exempt from quarantine requirements but must wear a face mask and limit movement outside the workplace.

10 July 2020

The **reopening of Tasmania’s borders is postponed** to at least 31 July due to the situation in Victoria.

16 July 2020

An online travel registration system – G2G PASS (‘Good to Go’) – is introduced for all arrivals to Tasmania.

17 July 2020

**Non-Tasmanian residents who have been in ‘affected regions or premises’ within the last 14 days** (other than transiting) **are banned from entering the state**. Affected regions and premises are defined by the Director of Public Health and present an elevated risk of transmission of COVID-19.

20 July 2020

A new case of COVID-19 is confirmed, after 65 days without a new case in the state. The diagnosed person had been in hotel quarantine.

---

The **[Premier’s Economic and Social Recovery Advisory Council interim report](#) is released**. The report makes 64 recommendations for short-term implementation (12 for ‘immediate attention’), including through the upcoming State Budget. The Tasmanian Government announces its acceptance of all 64 recommendations on 18 August.

22 July 2020

The Australian Government JobKeeper payment, due to expire in September, is extended until March 2021 (at a reduced rate with tighter eligibility requirements). The JobSeeker coronavirus supplement is extended for a further three months at a reduced rate.

24 July 2020

The Tasmanian Government announces forthcoming changes to the state's border restrictions.

28 July 2020

An Infection Control Training Fund is announced to provide no or low-cost training for customer-facing workers.

29 July 2020

An additional \$20 million for small businesses is announced (COVID-19 Small Business Sustainability and Recovery Assistance Package).

31 July 2020

**Mandatory COVID-19 testing commences for essential workers arriving in the state from affected regions or premises.**

---

Non-essential travellers arriving in Tasmania, who are required to self-isolate for 14 days, must pay up to \$2,800 per person for their hotel quarantine.

This cost was previously borne by the Tasmanian Government. The change is implemented through the *COVID-19 Disease Emergency (Miscellaneous Provisions) Amendment (Quarantine Debt Recovery) Bill 2020* which receives Royal Assent on 3 September 2020.

3 August 2020

The **reopening of Tasmania's borders is postponed again**, until at least 31 August.

7 August 2020

The **Tasmanian Government extends its emergency relief payments to cover workers while waiting on a COVID-19 test result**. The payments are available to casual and low-income workers (including temporary visa holders) who are unable to work while awaiting a test result. The payments were initially limited to those required to self-isolate due to the virus.

---

The **Australian Government offers one-off Pandemic Leave Disaster Payments of \$1,500 for Tasmanians required to self-isolate who do not have paid leave**. The Tasmanian Government extends the payments to include temporary visa holders in the state. (The payments are formally announced on 26 August.)

11 August 2020

A new case of COVID-19 is confirmed in the North West. The diagnosed person had returned from Melbourne following medical treatment.

14 August 2020

The **Tasmanian Government releases a [second Economic and Fiscal Update Report](#)**, showing a revised estimated deficit of \$273 million in 2019-20 and up to \$1 billion in 2020-21. The unemployment rate, predicted to be 12.23 per cent in June, was 6.9 per cent.

18 August 2020

**The reopening of Tasmania's borders is postponed again until 1 December.**

---

The Tasmanian Government announces additional economic support measures for the tourism and hospitality sectors, including \$7.5 million for local travel vouchers and \$1.5 million for school excursions. A further round of \$5 million for local travel vouchers is announced in September.

30 August 2020

**The public health emergency declaration under the *Public Health Act 1997* is extended for a further 12 weeks.**

31 August 2020

The **state of emergency declaration under the *Emergency Management Act 2006* is extended to 26 October 2020**, 'to protect against the threat of a COVID-19 emergency occurring in Tasmania'.<sup>10</sup>

---

**A new screening process for travellers into Tasmania is introduced**, which includes symptom and temperature checks. Anyone with symptoms must have a COVID-19 test and quarantine at their destination while awaiting the result.

4 September 2020

Protections for residential tenants are further extended until 1 December 2020, and a new COVID-19 Landlord Support Fund is introduced.

---

The establishment of an Aged Care Emergency Operations Centre is announced. The centre is led by the Department of Health chief nurse.

14 September 2020

An additional \$60 million in loans for Tasmanian businesses is announced.

21 September 2020

Border controls are eased for Tasmanian fly-in fly-out (FIFO) workers and some seasonal workers.

---

<sup>10</sup> P Gutwein (Premier), *State of Emergency extended*, media release, 28 August 2020.

25 September 2020

Capacity for outdoor events increases to 1,000 people.

2 October 2020

The Tasmanian Government announces its plan to open borders to low risk states (South Australia, Western Australia, Queensland, the Northern Territory, the ACT and possibly NSW) from 26 October.

13 October 2020

The Tasmanian **Government releases its [Safe Border Strategy](#)**. The strategy covers ten action areas: borders; COVID-19 testing; risk monitoring and response capabilities; outbreak management, health system and residential aged care preparedness; COVID-Safety Plans for businesses; internal restrictions; staying home if sick; and working with the Australian Government.

19 October 2020

The Tasmanian Government announces it will reopen borders to travellers from New South Wales from 2 November (subject to the state's situation remaining stable).

23 October 2020

The Tasmanian **Government announces its [framework for COVID-19 safe events and activities](#)**. The framework has three levels of implementation to gradually increase event capacity.

26 October 2020

**Tasmania reopens to visitors from South Australia, Queensland, Western Australia, the Northern Territory, the ACT and New Zealand.** Visitors must register via the Tas e-Travel system and undergo screening upon arrival.

---

Arrivals from NSW are allowed to quarantine at a suitable private residence if available.

6 November 2020

**Tasmanian reopens to visitors from New South Wales** after the jurisdiction is reclassified as 'low risk'. To qualify as low risk there needs to be less than five cases of community transmission of COVID-19 in 28 days.

10 November 2020

The Australian Government extends the JobSeeker coronavirus supplement until March 2021, at a reduced rate from January.

## 12 November 2020

The **2020-21 State Budget is released**. Net debt stands at \$1.8 billion for the financial year, predicted to rise to \$4.38 billion over the four years of forward estimates.

The Budget includes a number of short-term expenditure measures for COVID-19 Response and Recovery, as well as longer-term measures under existing agency outputs and a central provision of \$145 million for 'currently unknown or uncertain COVID-19 related expenditure'. This includes \$4.4 million for a centralised COVID-19 coordination centre for the next 12 months. Further details are provided at [Appendix B](#).

## 13 November 2020

Changes to gatherings and business restrictions take effect: contract tracing in hospitality venues becomes mandatory; patrons can drink alcohol standing up in outdoor areas of pubs and clubs; and restrictions for family gatherings are eased to allow up to 40 visitors per household.

---

Arrivals from Victoria are allowed to quarantine at a suitable private residence if available.

## 16 November 2020

Visitors from South Australia who have arrived in Tasmania since 7 November are asked to immediately self-isolate, due to a growing cluster in Adelaide. New arrivals from South Australia must quarantine upon entering Tasmania. Visitors may leave the state if they do not have symptoms and wear a mask while in transit.

## 21 November 2020

The public health emergency declaration under the *Public Health Act 1997* is extended for a further 12 weeks.

## 24 November 2020

Protections for residential tenants are further extended until 31 January 2021. The COVID-19 Rent Relief Fund and the COVID-19 Landlord Support Fund are also extended.

## 27 November 2020

**Tasmania reopens to visitors from Victoria.**

## 30 November 2020

The Mersey emergency department returns to 24/7 operation.

## 3 December 2020

**Tasmania's borders fully reopen**, with visitors to South Australia permitted to re-enter the state without needing to quarantine.

6 December 2020

The first international repatriation flight arrives in Hobart, following an agreement with the Australian Government. The Tasmanian Government announces that it will supplement the wages of international quarantine hotel workers, to mitigate the likelihood of employees working across more than one site.

9 December 2020

**Three new cases of COVID-19 are confirmed** within the international quarantine cohort. A fourth case is confirmed on 10 December.

---

The [\*\*\*Independent Review of the Response to North-West Tasmania COVID-19 Outbreak\*\*\*](#) is released. Key findings include that hospital closures were warranted and that from a Tasmanian population perspective, the outbreak was successfully contained. Recommendations include improvements to command and control systems, IT systems, and Department of Health culture. The Government accepts all 37 recommendations, either fully or in-principle.

11 December 2020

Limits on gatherings in homes increase from 40 to 100 people, and dancing and 'stand up' drinking at venues is permitted for 100 people indoors and 250 people outdoors.

15 December 2020

Contract tracing requirements are expanded, meaning that additional venues (such as places of worship, cinemas, and entertainment venues) are required to record information.

17 December 2020

A number of premises in New South Wales are declared as high risk, due to a growing cluster in Sydney.

18 December 2020

The NSW Northern Beaches LGA is declared high risk. Travellers who have recently been in high risk premises or areas are not permitted to enter Tasmania (unless residents or essential workers), while those already in the state are directed to self-isolate.

19 December 2020

The **Greater Sydney region is declared medium risk**. Travellers arriving into the state from 20 December must quarantine for 14 days on arrival.

20 December 2020

Restrictions for churches and religious organisations are eased to allow 75 per cent of seating capacity (initially until 27 December).

31 December 2020

Travellers who have been at an exposure risk site in Victoria are directed to immediately self-isolate and arrange a COVID-19 test.

1 January 2021

Restrictions for outdoor sports events are eased to allow 75 per cent of seated capacity.

2 January 2021

The Wollongong Local Government Area is classified as medium risk. All travellers who have spent time in New South Wales or Victoria are directed to check exposure risk sites daily.

3 January 2021

Certain premises in Victoria are classified as high risk. Anyone who was at the premises on specified dates and times are banned from entering Tasmania for at least 14 days after their last time at the premises.

7 January 2021

The **Australian Government** releases its [COVID-19 vaccine national roll-out strategy](#).

8 January 2021

The **Greater Brisbane region is declared high risk**, due to the detection of a highly infectious strain of COVID-19 in the area. Travellers in Tasmania who have been in high risk premises in Greater Brisbane since 2 January are directed to immediately self-isolate. On 11 January, advice is revised so that travellers who arrived prior to 8 January no longer need to self-isolate.

---

National Cabinet makes face masks mandatory for all flights and in airports, and implements a national standard for quarantine workers to have daily COVID-19 tests. Masks also become mandatory in Tasmania's sea ports (e.g. Spirit of Tasmania). The mandatory mask requirements take effect in Tasmania from 22 January.

18 January 2021

The Greater Brisbane region is downgraded to medium risk. All of Victoria is downgraded to low risk.

## 22 January 2021

Tasmania reopens to visitors from Greater Brisbane. Twenty-four Greater Sydney LGAs are downgraded to low risk, while ten areas remain at medium risk.

---

Victoria and Tasmania make an agreement for Tasmania to quarantine seasonal workers from the Pacific Islands before they commence work in Victoria. In exchange, **Victoria assumes Tasmania's commitment to quarantine passengers from (higher risk) international repatriation flights**. The first cohort of international seasonal workers, from Vanuatu, arrive in Tasmania on 19 March 2021.

## 25 January 2021

A number of locations in New Zealand are declared high risk.

---

The **Therapeutic Goods Administration announces provisional approval of the first COVID-19 vaccine for Australia** (Pfizer/BioNTech). The Oxford AstraZeneca vaccine is approved on 16 February.

## 31 January 2021

Tasmania reopens to all visitors from New South Wales.

---

The **Perth Metropolitan region, Peel region and South West region in Western Australia are declared high risk**.

## 4 February 2021

Fourteen premises in Victoria are classified as high risk. Further sites are added on 8 February, 11 February and 12 February.

## 5 February 2021

The **Tasmanian Government announces plans for COVID-19 vaccination rollout across the state**. This includes activation of the Tasmanian Vaccination Emergency Operations Centre.

---

Thirty-five LGAs in Western Australia (Perth and Peel regions) are reclassified to medium risk, while the 12 LGAs in the South West region are reclassified to low risk.

## 8 February 2021

Twelve locations in New South Wales (Wollongong area and Brighton Le Sands) are classified as high risk.

---

Tasmania reopens to all visitors from Western Australia.

9 February 2021

The Auditor-General releases its report on [COVID-19 Support Measures – Small Business Hardship Grant Program](#), finding that implementation and management of the program was performed effectively.

11 February 2021

Tasmanian entertainment venues (cinemas, concert venues and theatres, and outdoor areas and stadiums) can apply to increase patron numbers.

13 February 2021

**All of Victoria is classified high risk.** Visitors already in the state are only required to self-isolate if they have been at certain high risk premises at specified dates and times.

---

The public health emergency declaration under the *Public Health Act 1997* is extended for a further 12 weeks.

15 February 2021

The Government releases its [Revised Estimates Report 2020-21](#).

20 February 2021

Tasmania reopens to visitors from Victoria.

22 February 2021

The Tasmanian and Australian Governments agree on a [COVID-19 Vaccination Program Implementation Plan](#).

23 February 2021

**Vaccinations begin.** Under the first phase (using the Pfizer vaccine), the Tasmanian Government is responsible for immunising quarantine and border workers; hotel quarantine staff; frontline at risk healthcare workers; hospital ED and ICU staff; and COVID-19 testing staff. The Australian Government is responsible for residents and workers in aged care and disability care.

The vaccines administered by the Tasmanian Government are initially provided at the Royal Hobart Hospital, expanding to the Launceston General Hospital and North West Regional Hospital from 15 March. Vaccines for aged care residents are initially provided in 12 towns in the state's North and North West.

24 February 2021

The Auckland region is classified high risk.

1 March 2021

Restrictions on visitors to residential aged care facilities are lifted.

10 March 2021

The Australian Government announces a \$1.2 billion package to support the tourism and aviation sectors, which includes subsidies for airline tickets to Launceston, Devonport and Burnie, and loans for small and medium businesses. Hobart is later added to the list of locations for subsidised flights.

13-14 March 2021

A number of locations in Queensland and New South Wales are declared high risk.

16 March 2021

The [\*\*Premier's Economic and Social Recovery Advisory Council \(PESRAC\) final report\*\*](#) is released. The Government accepts all 52 recommendations and announces a range of new funding measures (see [Appendix B](#)).

22 March 2021

**Phase 1B of the vaccine rollout commences**, and the state's first community vaccination clinics open.

23 March 2021

The Tasmanian Auditor-General releases its report on [COVID-19 – Pandemic response and mobilisation](#), finding that 'overall, lead agencies collaborated and worked well together to manage the whole-of-government response and mobilisation of resources through the initial months of the COVID-19 pandemic in Tasmania', and that governance arrangements were effective.

26-27 March 2021

Several locations in Queensland are declared high risk.

29 March 2021

The **Australian Government's JobKeeper wage subsidy scheme ends**.

---

The Queensland local government areas of Brisbane, Logan, Moreton Bay, Ipswich and Redlands, and a number of premises in Byron Bay, New South Wales, are classified as high risk.

3 April 2021

Tasmania reopens to visitors from Queensland.

8 April 2021

The **national vaccination rollout is revised** due to concerns about a possible link between the AstraZeneca vaccine and a rare blood clotting disorder. The Pfizer vaccine becomes the preferred option for people aged under 50 years.

19 April 2021

**Wastewater testing begins.** Samples are collected weekly or monthly from sites across the state.

22 April 2021

**Further changes to the national vaccine rollout mean that vaccines become available for all Tasmanians aged 50 years and over** (from 3 May in community vaccination clinics and from 17 May with participating GPs). Aboriginal Tasmanians aged 50-54 years are eligible from 22 April.

Vaccines for aged and disability care workers become the responsibility of the Tasmanian Government.

24 April 2021

The Perth Metropolitan and Peel regions in Western Australia are declared high risk. The travel ban is lifted on 28 April.

1 May 2021

The Tasmanian Government's 'Check in Tas' app becomes mandatory for contact tracing.

---

Audience capacity for indoor venues increases to 250 people or 100 per cent of capacity, and for outdoor venues to 1,000 people or 100 per cent of capacity (upon application by event organisers).

2 May 2021

A number of sites in Western Australia are declared high risk.

6 May 2021

A number of premises in New South Wales are declared high risk.

25 May 2021

A number of premises in Victoria are declared high risk.

26 May 2021

Additional Victorian locations are declared high risk.

27 May 2021

**State of Victoria declared high risk.** Tasmania eases travel restrictions for regional Victoria on 11 June 2021 and metropolitan Melbourne on 21 June 2021.

1 June 2021

The Tas e-Travel system is updated with the intention to allow people to create an account and easily register their travel and contact details each time they travel to Tasmania.

All travellers will be asked to provide an email and password which will create an account for travellers to log into the system and this account can be reused each time a traveller intends to travel.

4 June 2021

A new COVID-19 testing clinic opens at Macquarie Point, Hobart. The clinic has capacity for up to six lanes of drive-through testing and walk-in testing if demands require it.

7 June 2021

**The COVID-19 vaccine roll out expands to include: people aged 40-49 years;** all Aboriginal and Torres Strait Islander people aged 16 years and older; NDIS participants and their carers who are aged 16 years and older; and Temporary visa holders aged under 50 years who are in Australia and have been approved for return to Australia through the travel exemption process.

Additionally, new community vaccination clinics are in the process of opening in Moonah and Burnie.

10 June

Pregnant people now eligible for COVID-19 Vaccinations. The Pfizer vaccine is recommended.

17 June 2021

**An outbreak of the more contagious Delta variant of COVID-19 is detected in Sydney.** A number of premises are declared high risk.

---

The Australian Government changes its advice about the AstraZeneca vaccine. **AstraZeneca is now recommended for people aged 60 and over rather than 50 and over.** Pfizer is now the recommended vaccine for people aged 16-59.

18 June 2021

Premises in the ACT, and further premises in NSW are declared high risk.

23 June 2021

**Seven local government areas in Sydney are declared high risk.**

26 June 2021

**A further 26 local government areas in NSW are declared high risk. This includes Greater Sydney, the Blue Mountains, Wollongong, and the Central Coast.**

28 June 2021

The Tasmanian Government announces a change to the timeframe for traveller registrations. All travellers to Tasmania are now required to register through Tas e-Travel no more than one day before they arrive in the State. Registrations through the Tas e-Travel system could previously be made up to three days before arrival. The new one day requirement is intended to help ensure declarations about previous travel are as up-to-date as possible, especially while new high risk premises are being regularly identified in other jurisdictions.

**The National Cabinet determines that people under 40 can now request the AstraZeneca vaccine from their GP.** It will also now be mandatory for aged care workers to be vaccinated. Changes to Australia's quarantine arrangements were also announced, including testing travellers once they leave managed quarantine.

29 June 2021

**Perth and Peel regions in WA are declared high risk.**

**Darwin, Palmerston and Litchfield local government areas in the NT are declared high risk.**

A number of premises in New Zealand have been declared high risk.

**Thirteen local government areas in Queensland are declared high risk, including Brisbane, Gold Coast and Townsville.**

30 June 2021

Alice Springs local government area in the NT is declared high risk.

---

The Tasmanian Director of Public Health requires people performing, working at, and attending the Festival of Voices to wear face masks. Performers do not need to wear a mask while they are singing. Children aged 11 and under are not required to wear a mask but will be encouraged to do so.

30 June 2021

Premier Gutwein states that Tasmanians working in the aged care sector will be required to have a COVID-19 vaccination as a condition of their employment from 21 September 2021.

2 July 2021

National Cabinet agrees to a temporary 50% reduction in international arrivals by 14 July. The aim is to reduce pressure on quarantine facilities, due to the increased risks of the Delta strain of the virus.

### 5 July 2021

The Perth and Peel regions in WA and the Darwin, Palmerston, Litchfield and Alice Springs local government areas in the NT are no longer considered high risk and travel restrictions are eased.

### 6 July 2021

Two COVID-19 Vaccination Additional Support Clinics open (one in Hobart and one in Launceston). These Clinics are to assist people who require additional support through the vaccination process, such as people living with disability and/or mental illness, their carers, disability support workers, and people who may have anxiety about medical procedures.

### 7 July 2021

**People aged 16 years and older are now required to use the Check in Tas app when they enter an extended range of designated premises. People are required to check in as they enter the premises not only when they stay longer than 15 minutes.**

---

The total number of confirmed [cases in Tasmania](#) stands at 232, with 0 active cases and 13 deaths (12 linked to the North West outbreak). Over 265,133 tests and 236,447 vaccinations have been completed.

## Further information

For statistics during the COVID-19 emergency see [Tasmanian Statistics](#) by the Parliamentary Research Service.

For a comparison of state and territory government announcements see R Storen and N Corrigan, [COVID-19: a chronology of state and territory government announcements \(up until 30 June 2020\)](#), research paper series 2020-21, Australian Parliamentary Library, 22 October 2020.

You can also search the Parliamentary Library's [newspaper clippings](#) for media releases and news articles, search the [catalogue](#) for reports and documents, or [contact the author](#).

**DISCLAIMER:** Every care has been taken in preparing this document but it cannot be guaranteed error free, so the original documents should be checked before using the information. Views expressed in this paper are those of the author/s and do not necessarily reflect those of the Parliamentary Research Service and are not to be attributed to the Parliamentary Library

## COVID-19 crisis

## Chronology: Appendix A



Parliamentary Research Service

Author: Kate Roberts and Dr Catriona Ross

## Directions and notices related to COVID-19 in Tasmania

Ref.	Notice date	Effective <sup>^</sup>	Title <sup>*</sup>	Description	Act	By	Expiry date	Revoked on	Gazette no.	Gazette date
1	5 February 2020	6 February 2020	Medical practitioners and laboratories to notify 2019 novel coronavirus	Novel coronavirus (2019-nCoV) declared a notifiable disease for the purposes of the Act; Guidelines issued	Public Health Act 1997 (Section 40 and Section 184)	Director of Public Health		5 March 2020	21944	5 February 2020
2	4 March 2020	5 March 2020	Medical practitioners and laboratories to notify coronavirus disease 2019 (COVID-19)	COVID-19 declared a notifiable disease for the purposes of the Act (reflecting official naming by WHO); revised Guidelines issued	Public Health Act 1997 (Section 40 and Section 184)	Director of Public Health			21950	4 March 2020
3	17 March 2020	17 March 2020	?	Declaration of a public health emergency under the Act	Public Health Act 1997 (Section 14)	Director of Public Health	23 March 2020 (7 days) (when made) <sup>#</sup>		none <sup>~</sup>	n/a
4	17 March 2020	17 March 2020	Direction in relation to public health emergency - COVID-19	All arrivals from overseas into Tasmania required to complete arrivals card and self-isolate for 14 days	Public Health Act 1997 (Section 16)	Director of Public Health		9 May 2020	none	n/a
5	19 March 2020	19 March 2020	Declaration of state of emergency	Declaration of a state of emergency across the whole of Tasmania; all special emergency powers in Schedule 2 of the Act may be exercised by the State Controller	Emergency Management Act 2006 (Section 42)	Premier	11 June 2020 (12 weeks)		Special 21953	20 March 2020
6	19 March 2020	19 March 2020	Authorisation of authorised officers	Biosecurity Tasmania officers declared authorised officers under the Act	Emergency Management Act 2006 (Section 31(3))	State Controller			Special 21953	20 March 2020
7	20 March 2020	20 March 2020	Amendment of declaration of state of emergency	Declaration dated 19 March 2020 amended to have effect for a period of 12 weeks	Emergency Management Act 2006 (Section 42(5))	Premier			Special 21953	20 March 2020
8	20 March 2020	20 March 2020	Authorisation under Section 40 and exercise of authorisation	All 'non-essential' arrivals into Tasmania required to self-isolate for 14 days	Emergency Management Act 2006	State Controller	27 March 2020		Special 21953	20 March 2020
9	20 March 2020	20 March 2020	Direction under Section 16	Requirements for specified persons (national and state security and governance; health services) arriving in the state (i.e. Specified persons - No. 1)	Public Health Act 1997	Director of Public Health			none	n/a
10	20 March 2020	20 March 2020	Direction under Section 16	Quarantine requirements for persons diagnosed with COVID-19	Public Health Act 1997	Director of Public Health			none	n/a
11	21 March 2020	21 March 2020	Authorisation of emergency powers	Police officers authorised to exercise all of the emergency powers under Schedule 1 of the Act	Emergency Management Act 2006 (Section 40)	State Controller	28 March 2020 (7 days)		Special 21954	23 March 2020
12	23 March 2020	23 March 2020	Direction under Section 16	Restrictions on premises and gatherings (i.e. Gatherings No. 1)	Public Health Act 1997	Director of Public Health	22 April 2020	26 March 2020	Special 21954	23 March 2020
13	23 March 2020	23 March 2020	Direction under Section 16	Restrictions on residential aged care facilities (i.e. Residential Aged Care Facilities - No. 1)	Public Health Act 1997	Director of Public Health	15 April 2020		Special 21954	23 March 2020
14	23 March 2020	23 March 2020	?	Regulation of aircraft movement (revoked under direction dated 27 March 2020)	Emergency Management Act 2006	State Controller		27 March 2020	none	n/a
15	24 March 2020	24 March 2020	Declaration of public health emergency - COVID-19	Extension of public health emergency until 31 March 2020	Public Health Act 1997 (Section 15)	Director of Public Health	31 March 2020 (7 days)		Special 21955	24 March 2020
16	26 March 2020	26 March 2020	Direction under Section 16	Quarantine requirements for persons diagnosed with COVID-19	Public Health Act 1997	Director of Public Health		24 April 2020	Special 21957	27 March 2020
17	26 March 2020	26 March 2020	Direction under Section 16	Further restrictions on premises and gatherings (i.e. Gatherings No. 2)	Public Health Act 1997	Director of Public Health		27 March 2020	Special 21957	27 March 2020
18	26 March 2020	26 March 2020	?	Exercising powers specified in clauses 1(1)(b) and 1(1)(q) of the Act (revoked under direction dated 27 March 2020 requiring all arrivals into Tasmania to self-isolate for 14 days)	Emergency Management Act 2006	State Controller		27 March 2020	none	n/a
19	27 March 2020	27 March 2020	Direction under Section 16	Further restrictions on premises and gatherings (i.e. Gatherings No. 3)	Public Health Act 1997	Director of Public Health		31 March 2020	Special 21959	31 March 2020
20	27 March 2020	27 March 2020	Regulation of aircraft movement	All aircraft originating outside Tasmania prohibited from landing outside specified airports	Emergency Management Act 2006 (Section 40)	State Controller		31 March 2021	21967	8 April 2020
21	27 March 2020	27 March 2020	Directions in relation to King Island, Flinders Island and islands in the Furneaux group of islands	Quarantine requirements for the islands (i.e. Directions in relation to King Island, Flinders Island and islands in the Furneaux group of islands No. 1)	Emergency Management Act 2006 (Section 40)	State Controller		12 April 2020	21967	8 April 2020

Ref.	Notice date	Effective <sup>^</sup>	Title*	Description	Act	By	Expiry date	Revoked on	Gazette no.	Gazette date
22	27 March 2020	27 March 2020	untitled	Requirement for all arrivals into Tasmania (except specified persons) to self-isolate for 14 days	<i>Emergency Management Act (Section 40)</i>	State Controller		17 April 2020	21967	8 April 2020
23	28 March 2020	28 March 2020	untitled	Requirement to self-isolate in government facilities	<i>Emergency Management Act 2006 (Section 40)</i>	State Controller		29 March 2020	21967	8 April 2020
24	29 March 2020	29 March 2020	untitled	Amendment to requirement to self-isolate in government facilities	<i>Emergency Management Act 2006 (Section 40)</i>	State Controller	21 June 2020 (12 weeks)	17 April 2020	21967	8 April 2020
25	30 March 2020	31 March 2020	Direction under Section 16	Further restrictions on premises and gatherings (i.e. Gatherings No. 4)	<i>Public Health Act 1997</i>	Director of Public Health		3 April 2020	Special 21959	31 March 2020
26	30 March 2020	31 March 2020	Direction under Section 16	Requirement for all persons to remain at primary residence except for specified reasons (i.e. Stay at home requirements - No. 1)	<i>Public Health Act 1997</i>	Director of Public Health			Special 21959	31 March 2020
27	30 March 2020	1 April 2020	Section 15 extension of emergency declaration	Extension of public health emergency until 7 April 2020	<i>Public Health Act 1997</i>	Director of Public Health	7 April 2020 (7 days)		Special 21959	31 March 2020
28	30 March 2020	30 March 2020	Proclamation	Legislative Council elections deferred to 30 May 2020	<i>Constitution Act 1934 (Section 19(4))</i>	Governor		15 April 2020	Special 21968	8 April 2020
29	1 April 2020 ?		?	Instrument requiring Hotel Grand Chancellor (Launceston) Pty Ltd to place hotel under control of State Controller	<i>Emergency Management Act 2006</i>	State Controller		22 May 2020	none	n/a
30	2 April 2020	3 April 2020	Notice under Section 22	Restrictions on terminations of residential leases ( <i>Residential Tenancy Act 1997</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	2 July 2020 (90 days)		Special 21961	3 April 2020
31	2 April 2020	3 April 2020	Notice under Section 16	Further restrictions on premises and gatherings (i.e. Gatherings No. 5)	<i>Public Health Act 1997</i>	Director of Public Health			Special 21963	3 April 2020
32	3 April 2020	3 April 2020	Notice under Section 17	Authorisation to take actions electronically (local governments)	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months or 60 days after emergency cessation day	1 April 2021	Special 21963	3 April 2020
33	3 April 2020	3 April 2020	Notice under Sections 18 and 19	Authorisation for council and planning authority meetings not to be held in person	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months or 60 days after emergency cessation day	1 April 2021	Special 21963	3 April 2020
34	3 April 2020	3 April 2020	Notice under Section 23	Waiver or refund of certain fees for liquor and gaming licences ( <i>Liquor Licensing Act 1990; Gaming Control Act 1993</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Treasurer	12 months or 60 days after emergency cessation day		Special 21963	3 April 2020
35	7 April 2020	7 April 2020	Declaration of public health emergency - COVID-19	Extension of public health emergency until 13 April 2020	<i>Public Health Act 1997 (Section 15)</i>	Director of Public Health	13 April 2020 (7 days)		Special 21966	7 April 2020
36	7 April 2020	8 April 2020	Direction under Section 16 (Stay at home requirements - No. 2)	Amendment to stay at home requirements	<i>Public Health Act 1997</i>	Director of Public Health	27 April 2020	14 April 2020	Special 21969	8 April 2020
37	7 April 2020	7 April 2020	Direction under Section 16 (Residential Aged Care Facilities - No. 2)	Further restrictions on residential aged care facilities	<i>Public Health Act 1997</i>	Director of Public Health	20 April 2020	21 April 2020	Special 21969	8 April 2020
38	7 April 2020	7 April 2020	Direction under Section 16 (Hospitals - No. 1)	Restrictions on visitors to hospitals	<i>Public Health Act 1997</i>	Director of Public Health	20 April 2020	20 April 2020	Special 21969	8 April 2020
39	8 April 2020	8 April 2020	Direction under Section 16 (Specified persons - No. 2)	Requirements for specified persons arriving in the state	<i>Public Health Act 1997</i>	Director of Public Health		4 May 2020	Special 21969	8 April 2020
40	8 April 2020	8 April 2020	Notice under Section 16 (Gatherings - No. 6)	Amendment to restrictions on premises and gatherings	<i>Public Health Act 1997</i>	Director of Public Health		14 April 2020	Special 21969	8 April 2020
41	9 April 2020	9 April 2020	Directions for the closure of national parks and reserves	Widening of closures to all parks and reserves, Wellington Park, and forest land to the public (note: national parks and reserves were initially closed from 27 March 2020 under the <i>Nature Conservation Act 2002</i> )	<i>Emergency Management Act 2006 (Section 40)</i>	State Controller		8 May 2020	none	n/a
42	9 April 2020	9 April 2020	Notice under Section 22	Restrictions on terminations of leases and rent increases for not-for-profits	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months or 60 days after emergency cessation day		Special 21971	9 April 2020
43	9 April 2020	14 April 2020	Section 15 extension of emergency declaration	Extension of public health emergency until 20 April 2020	<i>Public Health Act 1997</i>	Director of Public Health	20 April 2020 (7 days)		21977	22 April 2020
44	11 April 2020	11 April 2020	Direction under Section 16 (Quarantine - North-Western Region) - No. 1)	Quarantine requirements for specified persons in the North-West (hospital employees, patients, and families of; close contacts of persons diagnosed with COVID-19)	<i>Public Health Act 1997</i>	Director of Public Health		13 April 2020	21977	22 April 2020
45	12 April 2020	13 April 2020	Direction under Section 16 (Quarantine - North-Western Region) - No. 2)	Amendment to quarantine requirements for specified persons in the North-West	<i>Public Health Act 1997</i>	Director of Public Health		14 April 2020	21977	22 April 2020
46	12 April 2020	12 April 2020	Directions in relation to King Island, Flinders Island and islands in the Furneaux group of islands	Quarantine requirements for the islands (i.e. Directions in relation to King Island, Flinders Island and islands in the Furneaux group of islands No. 2)	<i>Emergency Management Act 2006 (Section 40)</i>	State Controller		17 May 2020	21977	22 April 2020

Ref.	Notice date	Effective <sup>^</sup>	Title*	Description	Act	By	Expiry date	Revoked on	Gazette no.	Gazette date
47	12 April 2020	13 April 2020 - No. 1)	Direction under Section 16 (Mersey Community Hospital)	Quarantine requirements for hospital employees	<i>Public Health Act 1997</i>	Director of Public Health		15 April 2020	21977	22 April 2020
48	12 April 2020	13 April 2020	Direction under Section 16 (Gatherings (North-West Region) - No. 1)	Additional restrictions on retail and commercial premises to manage the North-West outbreak	<i>Public Health Act 1997</i>	Director of Public Health	26 April 2020	17 April 2020	21977	22 April 2020
49	12 April 2020 ?	?		Instrument requiring Health Care Australia Pty Ltd to place the North West Private Hospital under control of the State Controller	<i>Emergency Management Act 2006</i>	State Controller		9 May 2020	none	n/a
50	14 April 2020	14 April 2020	Direction under Section 16 (Quarantine (North-Western Region) - No. 3)	Amendment to quarantine requirements for specified persons in the North-West	<i>Public Health Act 1997</i>	Director of Public Health		17 April 2020	21977	22 April 2020
51	14 April 2020	14 April 2020	Direction under Section 16 (Gatherings - No. 7)	Amendment to restrictions on premises and gatherings	<i>Public Health Act 1997</i>	Director of Public Health		11 May 2020	21977	22 April 2020
52	14 April 2020	14 April 2020	Direction under Section 16 (Stay at home requirements - No. 3)	Amendment to stay at home requirements	<i>Public Health Act 1997</i>	Director of Public Health		9 May 2020	21977	22 April 2020
53	15 April 2020	15 April 2020	Proclamation	Revocation of proclamation dated 30 March 2020 (Legislative Council elections date)	<i>Constitution Act 1934 (Section 19(4))</i>	Governor			Special 21974	15 April 2020
54	15 April 2020	15 April 2020	Notice under Section 13	Extension of statutory timelines - Legislative Council elections deferred to a Saturday as fixed in June, July or August 2020	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020 (Section 13)</i>	Premier	12 months or 60 days after emergency cessation day		Special 21974	15 April 2020
55	15 April 2020	15 April 2020	Revocation of direction under Section 16 (Revocation of Mersey Community Hospital - No. 1)	Revocation of direction dated 12 April 2020, related to quarantine requirements for hospital employees	<i>Public Health Act 1997 (Section 16)</i>	Director of Public Health			21977	22 April 2020
56	16 April 2020	17 April 2020	Notice under Section 20	Proceedings of courts, tribunals may be authorised to not be required to be held in public ( <i>Criminal Code Act 1924; Sentencing Act 1997; Supreme Court Civil Procedure Act 1932</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Attorney-General	12 months or 60 days after emergency cessation day		Special 21975	17 April 2020
57	17 April 2020	17 April 2020	Notice under Section 16 (Gatherings (North-West Region) - No. 2)	Amendment to additional restrictions on retail and commercial premises	<i>Public Health Act 1997</i>	Director of Public Health	26 April 2020	26 April 2020	21980	29 April 2020
58	17 April 2020	17 April 2020	Notice under Section 16 (Quarantine (North-Western Region) - No. 4)	Amendment to quarantine requirements for specified persons in the North-West	<i>Public Health Act 1997</i>	Director of Public Health		9 May 2020	21980	29 April 2020
59	17 April 2020	21 April 2020	Notice under Section 16 (Hospitals - No. 2)	Amendment to restrictions on visitors to hospitals	<i>Public Health Act 1997</i>	Director of Public Health	4 May 2020	5 May 2020	21980	29 April 2020
60	17 April 2020	21 April 2020 - No. 3)	Notice under Section 16 (Residential Aged Care Facilities)	Amendment to restrictions on residential aged care facilities	<i>Public Health Act 1997</i>	Director of Public Health	4 May 2020	5 May 2020	21980	29 April 2020
61	17 April 2020	17 April 2020	Direction under Section 16 (Isolation - No. 2)	Quarantine requirements for persons diagnosed with COVID-19	<i>Public Health Act 1997</i>	Director of Public Health		9 December 2020	21980	29 April 2020
62	17 April 2020	17 April 2020	Direction under Section 16 (Quarantine - No. 1)	Quarantine requirements for identified contacts of persons diagnosed with COVID-19	<i>Public Health Act 1997</i>	Director of Public Health	14 January 2021		21980	29 April 2020
63	17 April 2020	17 April 2020	Notice under Section 20	Proceedings of courts, tribunals may be authorised to not be required to be held in public ( <i>Justices Act 1959; Sentencing Act 1997</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Attorney-General	12 months or 60 days after emergency cessation day		Special 21975	17 April 2020
64	17 April 2020	17 April 2020	Directions in relation to persons arriving in Tasmania	Requirements for persons arriving into Tasmania, including requirement to self-isolate in government facilities	<i>Emergency Management Act 2006 (Section 40)</i>	State Controller	10 July 2020 (12 weeks)	18 April 2020	21977	22 April 2020
65	18 April 2020	18 April 2020	Directions in relation to persons arriving in Tasmania	Amendment to requirements for persons arriving into Tasmania	<i>Emergency Management Act 2006 (Section 40)</i>	State Controller	11 July 2020 (12 weeks)	5 May 2020	21977	22 April 2020
66	?	22 April 2020 ?		Extension of public health emergency to 28 April 2020	<i>Public Health Act 1997 (Section 15)</i>	Director of Public Health	28 April 2020 (7 days)		none	n/a
67	21 April 2020	21 April 2020	Proclamation	Recall of Parliament (adjourned to 18 August 2020; recalled to meet 30 April 2020)	<i>Constitution Act 1934</i>	Governor			Special 21976	21 April 2020
68	23 April 2020	23 April 2020	Notice under Section 22	Restrictions on rent increases for residential leases ( <i>Residential Tenancy Act 1997</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	30 June 2020		Special 21978	23 April 2020
69	23 April 2020	24 April 2020	Notice under Section 15	Protection from offence under planning law ( <i>Land Use Planning and Approvals Act 1993</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months or 60 days after emergency cessation day		Special 21979	24 April 2020
70	23 April 2020	24 April 2020	Notice under Section 19	Provisions for public exhibition of certain documents (land use planning and approvals)	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months or 60 days after emergency cessation day		Special 21979	24 April 2020
71	24 April 2020	28 April 2020	Section 15 extension of emergency declaration	Extension of public health emergency to 4 May 2020	<i>Public Health Act 1997</i>	Director of Public Health	4 May 2020 (7 days)		21983	6 May 2020

Ref.	Notice date	Effective <sup>^</sup>	Title*	Description	Act	By	Expiry date	Revoked on	Gazette no.	Gazette date
72	24 April 2020	24 April 2020	Revocation of Direction under Section 16 (Revocation of initial direction relating to isolation)	Revocation of direction dated 26 March 2020, relating to the requirement for certain persons to isolate in certain circumstances	<i>Public Health Act 1997</i>	Director of Public Health			21983	6 May 2020
73	26 April 2020	26 April 2020	Direction under Section 16 (Gatherings - North-West Region) - No. 3)	Amendment to additional restrictions on retail and commercial premises	<i>Public Health Act 1997</i>	Director of Public Health	4 May 2020	28 April 2020	21983	6 May 2020
74	28 April 2020	28 April 2020	Direction under Section 16 (Gatherings - North-West Region) - No. 4)	Amendment to additional restrictions on retail and commercial premises	<i>Public Health Act 1997</i>	Director of Public Health	3 May 2020		21983	6 May 2020
75	1 May 2020	5 May 2020	Section 15 extension of emergency declaration	Extension of public health emergency to 11 May 2020	<i>Public Health Act 1997</i>	Director of Public Health	11 May 2020 (7 days)		21985	13 May 2020
76	1 May 2020	13 May 2020	Notice under Section 23	Waiver or refund of certain fees for taxi licences ( <i>Taxi and Hire Vehicle Industries Act 2008</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Treasurer	12 months or 60 days after emergency cessation day		21985	13 May 2020
77	4 May 2020	5 May 2020	Direction under Section 16 (Hospitals - No. 3)	Amendment to restrictions on visitors to hospitals	<i>Public Health Act 1997</i>	Director of Public Health	18 May 2020	19 May 2020	21985	13 May 2020
78	4 May 2020	5 May 2020	Direction under Section 16 (Residential Aged Care Facilities - No. 4)	Amendment to restrictions on residential aged care facilities	<i>Public Health Act 1997</i>	Director of Public Health	11 May 2020	11 May 2020	21985	13 May 2020
79	4 May 2020	4 May 2020	Revocation of direction under Section 16 (Revocation of Specified persons - No. 2)	Revocation of direction dated 8 April 2020	<i>Public Health Act 1997</i>	Director of Public Health			21985	13 May 2020
80	5 May 2020	5 May 2020	Directions in relation to persons arriving in Tasmania	Amendment to requirements for persons arriving into Tasmania	<i>Emergency Management Act 2006</i> (Section 40)	State Controller		17 May 2020	21985	13 May 2020
81	7 May 2020	13 May 2020	Notice under Section 23	Capping of certain amounts payable under the <i>Fire Service Act 1979</i> for the 2020-21 financial year	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Treasurer	12 months or 60 days after emergency cessation day		21985	13 May 2020
82	8 May 2020	10 May 2020	Revocation of directions for the closure of national parks and reserves	Revocation of direction dated 9 April 2020	<i>Emergency Management Act 2006</i> (Section 40)	State Controller			21985	13 May 2020
83	8 May 2020	8 May 2020	Exercise of special emergency powers	Specified state service employees made available for emergency management	<i>Emergency Management Act 2006</i> (Section 43)	State Controller			21985	13 May 2020
84	9 May 2020	11 May 2020	Direction under Section 16 (Gatherings - No. 8)	Easing of some restrictions on premises and gatherings from 11 May 2020	<i>Public Health Act 1997</i>	Director of Public Health		18 May 2020	21988	20 May 2020
85	9 May 2020	11 May 2020	Direction under Section 16 (Residential Aged Care Facilities - No. 5)	Easing of some restrictions on residential aged care facilities from 11 May 2020	<i>Public Health Act 1997</i>	Director of Public Health		25 May 2020	21988	20 May 2020
86	9 May 2020	9 May 2020	Revocation of Direction under Section 16 (Revocation of initial direction relating to isolation)	Revocation of direction dated 17 March 2020, relating to requirement for all arrivals from overseas to self-isolate; and direction dated 17 April 2020 titled Quarantine (North-Western Region) - No. 4	<i>Public Health Act 1997</i>	Director of Public Health			21988	20 May 2020
87	9 May 2020	11 May 2020	Direction under Section 16 (Stay at home requirements - No. 4)	Easing of some stay at home requirements from 11 May 2020	<i>Public Health Act 1997</i>	Director of Public Health		18 May 2020	21988	20 May 2020
88	9 May 2020	9 May 2020	Rescission of requirement in relation to the North West Private Hospital	Rescission of instrument dated 12 April 2020 requiring Health Care Australia Pty Ltd to place the North West Private Hospital under control of the State Controller	<i>Emergency Management Act 2006</i> (Section 43)	State Controller			21985	13 May 2020
89	15 May 2020	17 May 2020	Directions in relation to King Island, Flinders Island and islands in the Furneaux group of islands	Quarantine requirements for the islands (i.e. Directions in relation to King Island, Flinders Island and islands in the Furneaux group of islands No. 3)	<i>Emergency Management Act 2006</i> (Section 40)	State Controller		5 June 2020	21990	27 May 2020
90	15 May 2020	17 May 2020	Directions in relation to persons arriving in Tasmania	Amendment to requirements for persons arriving into Tasmania (residents permitted to self-isolate at home in specified circumstances)	<i>Emergency Management Act 2006</i> (Section 40)	State Controller		21 May 2020	21990	27 May 2020
91	15 May 2020	21 May 2020	Notice under Section 19	Provisions for public exhibition of certain documents (land use planning and approvals)	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier			Special 21989	21 May 2020
92	15 May 2020	21 May 2020	Notice under Section 19	Six month extension for certain permits issued under the <i>Land Use Planning and Approvals Act 1993</i>	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier			Special 21989	21 May 2020
93	17 May 2020	18 May 2020	Direction under Section 16 (Gatherings - No. 9)	Easing of some restrictions on premises and gatherings from 18 May 2020	<i>Public Health Act 1997</i>	Director of Public Health		29 May 2020	21990	27 May 2020
94	17 May 2020	18 May 2020	Direction under Section 16 (Stay at home requirements - No. 5)	Easing of some stay at home requirements from 18 May 2020	<i>Public Health Act 1997</i>	Director of Public Health		5 June 2020	21990	27 May 2020
95	17 May 2020	19 May 2020	Direction under Section 16 (Hospitals - No. 4)	Amendment to restrictions on visitors to hospitals	<i>Public Health Act 1997</i>	Director of Public Health	1 June 2020	31 May 2020	21990	27 May 2020

Ref.	Notice date	Effective <sup>A</sup>	Title <sup>A</sup>	Description	Act	By	Expiry date	Revoked on	Gazette no.	Gazette date
96	17 May 2020	19 May 2020	Notice under Section 16	Six month extension for authority for making drugs available to certain patients ( <i>Poisons Act 1979</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	19 November 2020 (6 months)		Special 21987	19 May 2020
97	15 May 2020	20 May 2020	Notice under Section 19	Authorisation to take actions electronically for the purposes of the <i>Water Management Act 1999</i>	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months or 60 days after emergency cessation day		21988	20 May 2020
98	21 May 2020	21 May 2020	Directions in relation to persons arriving in Tasmania	Amendment to requirements for persons arriving into Tasmania	<i>Emergency Management Act 2006</i> (Section 40)	State Controller		5 June 2020	21990	27 May 2020
99	21 May 2020	27 May 2020	Notice under Section 16	Six month extension for registrations for specified food businesses ( <i>Food Act 2003</i> ); premises and licences for public health risk activities ( <i>Public Health Act 1997</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months or 60 days after emergency cessation day		21990	27 May 2020
100	22 May 2020	22 May 2020	Rescission of requirement in relation to Hotel Grand Chancellor	Rescission of instrument dated 1 April 2020 requiring the Hotel Grand Chancellor (Launceston) Pty Ltd to place the hotel under control of the State Controller	<i>Emergency Management Act 2006</i> (Section 43)	State Controller			21990	27 May 2020
101	24 May 2020	25 May 2020	Notice under Section 16 (Residential Aged Care Facilities - No. 6)	Easing of some restrictions on residential aged care facilities (move to national restrictions of two visitors, once a day)	<i>Public Health Act 1997</i>	Director of Public Health		29 May 2020	21993	3 June 2020
102	25 May 2020	29 May 2020	Notice under Section 16	Extension of employment periods for certain state service employees undertaking emergency management	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	variable		Special 21991	29 May 2020
103	28 May 2020	29 May 2020	Direction under Section 16 (Residential Aged Care Facilities - No. 7)	Easing of some restrictions on residential aged care facilities (visits to residents by persons under 16 years of age)	<i>Public Health Act 1997</i>	Director of Public Health		22 June 2020	21993	3 June 2020
104	28 May 2020	29 May 2020	Direction under Section 16 (Gatherings - No. 10)	Amendment to restrictions on premises and gatherings	<i>Public Health Act 1997</i>	Director of Public Health		5 June 2020	21993	3 June 2020
105	30 May 2020	31 May 2020	Revocation of direction under Section 16 (Revocation of Hospitals - No. 4)	Revocation of direction dated 17 May 2020	<i>Public Health Act 1997</i>	Director of Public Health			21995	10 June 2020
106	5 June 2020	5 June 2020	Revocation of direction under Section 16 (Revocation of Stay at home requirements - No. 5)	Revocation of direction dated 17 May 2020	<i>Public Health Act 1997</i>	Director of Public Health			21997	17 June 2020
107	5 June 2020	5 June 2020	Direction under Section 16 (Gatherings - No. 11)	Easing of some restrictions on premises and gatherings (stage 2 of roadmap)	<i>Public Health Act 1997</i>	Director of Public Health		17 June 2020	21997	17 June 2020
108	5 June 2020	5 June 2020	Directions in relation to persons arriving in Tasmania	Amendment to requirements for persons arriving into Tasmania	<i>Emergency Management Act 2006</i> (Section 40)	State Controller		5 July 2020	21997	17 June 2020
109	5 June 2020	5 June 2020	Revocation of direction in relation to King Island, Flinders Island and islands in the Furneaux Group of islands	Revocation of direction dated 15 May 2020	<i>Emergency Management Act 2006</i> (Section 40)	State Controller			21997	17 June 2020
111	6 June 2020	8 June 2020	Section 15 extension of emergency declaration	Extension of public health emergency declaration	<i>Public Health Act 1997</i>	Director of Public Health	30 August 2020 (12 weeks)		21997	17 June 2020
112	8 June 2020	17 June 2020	Notice under Section 17	Provisions for documents to be served and/or signed and witnessed by electronic means (various Acts)	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months or 60 days after emergency cessation day		Special 21998	17 June 2020
113	11 June 2020	11 June 2020	Extension of declaration of state of emergency	Extension of declaration of state of emergency	<i>Emergency Management Act 2006</i> (Section 42)	Premier	9 July 2020 (4 weeks)			
114	12 June 2020	12 June 2020	Proclamation	Appointment of 1 August 2020 as the date for the Legislative Council elections for the divisions of Huon and Rosevears	<i>Constitution Act 1934</i>	Governor			Special 21996	12 June 2020
115	13 June 2020	17 June 2020	Notice under Section 23	Land tax not payable for 2019-20 financial year for amounts less than \$150 ( <i>Land Tax Act 2000</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Treasurer			21997	17 June 2020
116	14 June 2020	15 June 2020	Direction under Section 16 (Workplace COVID Plan - No. 1)	Requirements for persons conducting a business or undertaking to implement measures to reduce the risk of COVID-19	<i>Public Health Act 1997</i>	Director of Public Health		18 December 2020	22000	24 June 2020
117	17 June 2020	17 June 2020	Direction under Section 16 (Gatherings - No. 12)	Further easing of restrictions on premises and gatherings	<i>Public Health Act 1997</i>	Director of Public Health		26 June 2020	22000	24 June 2020
118	17 June 2020	19 June 2020	Notice under Sections 14 and 16	Three month extension to expiry date for licences under the <i>Property Agents and Land Transactions Act 2016</i>	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier			Special 21999	19 June 2020
119	17 June 2020	19 June 2020	Notice under Sections 14 and 16	Six month extension to permits under the <i>Building Act 2016</i>	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier			Special 21999	19 June 2020

Ref.	Notice date	Effective <sup>^</sup>	Title*	Description	Act	By	Expiry date	Revoked on	Gazette no.	Gazette date
120	19 June 2020	22 June 2020	Direction under Section 16 (Residential Aged Care Facilities - No. 8)	Further easing of restrictions on residential aged care facilities	<i>Public Health Act 1997</i>	Director of Public Health		13 July 2020	22004	1 July 2020
121	19 June 2020	24 June 2020	Notice under Section 23	Freeze on rate of motor tax payable under the <i>Vehicle and Traffic Act 1999</i> for 2020-21 financial year	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Treasurer			22000	24 June 2020
122	22 June 2020	24 June 2020	Notice under Section 20	Authorisation for proceedings of Appeal Tribunal not to be held in public ( <i>Resource Management and Planning Appeal Tribunal Act 1993</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Attorney-General	12 months or 60 days after emergency cessation day		Special 22002	24 June 2020
123	24 June 2020	1 July 2020	Notice under Section 13	Six month extension for period by which an independent review must be carried out under the <i>Gaming Control Act 1993</i>	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier			22004	1 July 2020
124	26 June 2020	26 June 2020	Notice under Section 16 (Management of premises - No. 1)	Restrictions on capacity of premises (replacing directions on 'gatherings')	<i>Public Health Act 1997</i>	Director of Public Health		28 August 2020	22005	8 July 2020
125	29 June 2020	30 June 2020	Notice under Section 22	Extension of restrictions on terminations of residential leases ( <i>Residential Tenancy Act 1997</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier			Special 22003	30 June 2020
126	1 July 2020	8 July 2020	Notice under Section 23	Waiver of rent and application fees under <i>Mineral Resources Development Act 1995</i>	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Treasurer			22005	8 July 2020
127	5 July 2020	5 July 2020	Directions in relation to persons arriving in Tasmania	Requirements for persons arriving into Tasmania, including specific requirements for persons who have been in Greater Melbourne	<i>Emergency Management Act 2006</i>	State Controller		8 July 2020	22007	15 July 2020
128	8 July 2020	8 July 2020	Directions in relation to persons arriving in Tasmania (general)	Requirements for persons arriving into Tasmania	<i>Emergency Management Act 2006</i>	State Controller		9 July 2020	22007	15 July 2020
129	8 July 2020	8 July 2020	Directions in relation to persons arriving in Tasmania (Victoria)	Requirements for persons arriving into Tasmania from Victoria	<i>Emergency Management Act 2006</i>	State Controller		9 July 2020	22007	15 July 2020
130	8 July 2020	9 July 2020	Extension of declaration of state of emergency	Extension of declaration of state of emergency	<i>Emergency Management Act 2006</i>	Premier	31 August 2020			
131	9 July 2020	9 July 2020	Directions in relation to persons arriving in Tasmania (general)	Requirements for persons arriving into Tasmania who have not been in Victoria within preceding 14 days (other than transiting)	<i>Emergency Management Act 2006</i>	State Controller		17 July 2020	22009	22 July 2020
132	9 July 2020	9 July 2020	Directions in relation to persons arriving in Tasmania (Victoria)	Ban on non-Tasmanian residents who have been in Victoria within preceding 14 days (other than transiting) from entering Tasmania	<i>Emergency Management Act 2006</i>	State Controller		17 July 2020	22009	22 July 2020
133	10 July 2020	22 July 2020	Notice under Section 18	Authorisation for meetings of the Rule Committee not to be held in person ( <i>Supreme Court Civil Procedure Act 1932</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months or 60 days after emergency cessation day		22009	22 July 2020
134	13 July 2020	13 July 2020	Direction under Section 16 (Residential Aged Care Facilities - No. 9)	Update to restrictions on residential aged care facilities	<i>Public Health Act 1997</i>	Director of Public Health		26 October 2020	22012	29 July 2020
135	17 July 2020	17 July 2020	Directions in relation to persons arriving in Tasmania (general)	Update to requirements for persons arriving into Tasmania who have not been in Victoria within preceding 14 days (other than transiting)	<i>Emergency Management Act 2006</i>	State Controller		24 August 2020	22009	22 July 2020
136	17 July 2020	17 July 2020	Directions in relation to persons arriving in Tasmania from affected regions and premises	Ban on non-Tasmanian residents who have been in an 'affected region or affected premises' within preceding 14 days (other than transiting) from entering Tasmania. Affected regions and premises are defined by the Director of Public Health and present an elevated risk of transmission of COVID-19	<i>Emergency Management Act 2006</i>	State Controller		30 July 2020	22009	22 July 2020
137	30 July 2020	30 July 2020	Directions in relation to persons arriving in Tasmania from affected regions and premises	Update to ban on non-Tasmanian residents entering the state from certain areas	<i>Emergency Management Act 2006</i>	State Controller		19 August 2020	22013	5 August 2020
138	30 July 2020	31 July 2020	Direction under Section 16 (Assessment of persons from affected regions and premises - No. 1)	Requirements for clinical assessments of persons arriving in Tasmania from affected regions or premises	<i>Public Health Act 1997</i>	Director of Public Health		20 August 2020	22013	5 August 2020
139	17 August 2020	19 August 2020	Directions in relation to persons arriving in Tasmania from affected regions and premises	Update to ban on non-Tasmanian residents entering the state from certain areas	<i>Emergency Management Act 2006</i>	State Controller		28 August 2020	22017	26 August 2020
140	20 August 2020	20 August 2020	Direction under section 16 (Assessment of persons from affected regions and premises - No. 2)	Update to requirements for clinical assessments of persons arriving in Tasmania from affected regions or premises	<i>Public Health Act 1997</i>	Director of Public Health		9 October 2020	22019	2 September 2020

Ref.	Notice date	Effective <sup>^</sup>	Title*	Description	Act	By	Expiry date	Revoked on	Gazette no.	Gazette date
141	21 August 2020	24 August 2020	Directions in relation to persons arriving in Tasmania (general)	Update to requirements for persons arriving into Tasmania who have not been in affected areas - includes removal of members of Commonwealth Parliament from 'specified persons' list	<i>Emergency Management Act 2006</i>	State Controller		28 August 2020	22017	26 August 2020
142	27 August 2020	28 August 2020	Direction under section 16 (Management of premises - No. 2)	Restrictions on capacity of premises, and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		17 September 2020	22019	2 September 2020
143	28 August 2020	31 August 2020	Extension of declaration of state of emergency	Extension of declaration of state of emergency	<i>Emergency Management Act 2006</i>	Premier	26 October 2020			
144	28 August 2020	30 August 2020	Section 15 extension of emergency declaration	Extension of declaration of public health emergency	<i>Public Health Act 1997</i>	Director of Public Health	22 November 2020		22019	2 September 2020
145	28 August 2020	28 August 2020	Directions in relation to persons arriving in Tasmania (general)	Update to requirements for persons arriving into Tasmania who have not been in affected areas	<i>Emergency Management Act 2006</i>	State Controller		8 September 2020		
146	28 August 2020	28 August 2020	Directions in relation to persons arriving in Tasmania from affected regions and premises	Update to ban on non-Tasmanian residents entering the state from certain areas	<i>Emergency Management Act 2006</i>	State Controller		8 September 2020	22022	23 September 2020
147	8 September 2020	8 September 2020	Directions in relation to persons arriving in Tasmania (general)	Update to requirements for persons arriving into Tasmania who have not been in affected areas	<i>Emergency Management Act 2006</i>	State Controller		18 September 2020	22022	23 September 2020
148	8 September 2020	8 September 2020	Directions in relation to persons arriving in Tasmania from affected regions and premises	Update to ban on non-Tasmanian residents entering the state from certain areas	<i>Emergency Management Act 2006</i>	State Controller		18 September 2020		
149	11 September 2020	17 September 2020	Direction under Section 16 (Management of premises - No. 3)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		25 September 2020	22022	23 September 2020
150	18 September 2020	18 September 2020	Directions in relation to persons arriving in Tasmania (general)	Update to requirements for persons arriving into Tasmania who have not been in affected areas	<i>Emergency Management Act 2006</i>	State Controller		2 October 2020	22022	23 September 2020
151	18 September 2020	18 September 2020	Directions in relation to persons arriving in Tasmania from affected regions and premises	Update to ban on non-Tasmanian residents entering the state from certain areas	<i>Emergency Management Act 2006</i>	State Controller		9 October 2020	22022	23 September 2020
152	23 September 2020	25 September 2020	Direction under Section 16 (Management of premises - No. 4)	Update to restrictions on capacity of premises and certain activities (includes increase to 1000 persons for outdoor events)	<i>Public Health Act 1997</i>	Director of Public Health		23 October 2020	22026	30 September 2020
153	2 October 2020	2 October 2020	Directions in relation to persons arriving in Tasmania (general)	Update to requirements for persons arriving into Tasmania who have not been in affected areas (easing of some directions)	<i>Emergency Management Act 2006</i>	State Controller		9 October 2020	22028	7 October 2020
154	9 October 2020	9 October 2020	Directions in relation to persons arriving in Tasmania (general)	Update to requirements for persons arriving into Tasmania who have not been in affected areas	<i>Emergency Management Act 2006</i>	State Controller		15 October 2020	22030	14 October 2020
155	9 October 2020	9 October 2020	Directions in relation to persons arriving in Tasmania from affected regions and premises	Update to ban on non-Tasmanian residents entering the state from certain areas	<i>Emergency Management Act 2006</i>	State Controller		26 October 2020	22030	14 October 2020
156	9 October 2020	9 October 2020	Direction under Section 16 (Assessment of persons from affected regions and premises - No. 3)	Update to requirements for clinical assessments of persons arriving in Tasmania from affected regions or premises	<i>Public Health Act 1997</i>	Director of Public Health		26 October 2020	22031	21 October 2020
157	15 October 2020	15 October 2020	Directions in relation to persons arriving in Tasmania (general)	Update to requirements for persons arriving into Tasmania who have not been in affected areas	<i>Emergency Management Act 2006</i>	State Controller		26 October 2020	22031	21 October 2020
158	16 October 2020	28 October 2020	Notice under Section 13	Three month extension to the period by which a council must hold an Annual General Meeting ( <i>Local Government Act 1993</i> )	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier			22032	28 October 2020
159	23 October 2020	26 October 2020	Directions in relation to persons arriving in Tasmania	Requirements for all persons arriving in Tasmania from date of borders reopening	<i>Emergency Management Act 2006</i>	State Controller		16 October 2020		
160	23 October 2020	23 October 2020	Direction under Section 16 (Management of premises - No. 5)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		13 November 2020		
161	24 October 2020	26 October 2020	Direction under Section 16 (Residential Aged Care Facilities - No. 10)	Update to restrictions on residential aged care facilities	<i>Public Health Act 1997</i>	Director of Public Health		24 February 2021		
162	25 October 2020	26 October 2020	Direction under Section 16 (Arrival requirements for certain travellers into Tasmania - No. 1)	Requirements for clinical assessments of all persons arriving in Tasmania from date of borders reopening	<i>Public Health Act 1997</i>	Director of Public Health		5 November 2020		
163	5 November 2020	5 November 2020	Direction under Section 16 (Arrival requirements for certain travellers into Tasmania - No. 2)	Update to requirements for clinical assessments of all persons arriving in Tasmania	<i>Public Health Act 1997</i>	Director of Public Health		18 December 2020	22034	11 November 2020
164	11 November 2020	13 November 2020	Direction under Section 16 (Management of premises - No. 6)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		1 December 2020	22036	18 November 2020
165	11 November 2020	13 November 2020	Direction under Section 16 (Contract tracing - No. 1)	Requirements for businesses to keep records for contact tracing	<i>Public Health Act 1997</i>	Director of Public Health		27 November 2020	22036	18 November 2020
166	16 November 2020	16 November 2020	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2006</i>	State Controller		27 November 2020	22043	9 December 2020
167	20 November 2020	21 November 2020	Section 15 extension of emergency declaration	Extension of public health emergency for a further 12 weeks	<i>Public Health Act 1997</i>	Director of Public Health	13 February 2021		22041	2 December 2020
168	26 November 2020	27 November 2020	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2007</i>	State Controller		3 December 2020	22043	9 December 2020
169	27 November 2020	1 December 2020	Direction under Section 16 (Management of premises - No. 7)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		3 December 2020		

Ref.	Notice date	Effective <sup>^</sup>	Title*	Description	Act	By	Expiry date	Revoked on	Gazette no.	Gazette date
170	27 November 2020	27 November 2020	Direction under Section 16 (Contract tracing - No. 2)	Update to requirements for businesses to keep records for contact tracing (partially effective from 27 November 2020; remainder from 15 December 2020 including new requirements for additional types of premises)	<i>Public Health Act 1997</i>	Director of Public Health		9 December 2020	22043	9 December 2020
171	27 November 2020	1 December 2020	Direction under Section 16 (Mass gatherings - No. 1)	Requirements for public gatherings	<i>Public Health Act 1997</i>	Director of Public Health		3 February 2021	22043	9 December 2020
172	2 December 2020	3 December 2020	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2006</i>	State Controller		21 December 2020	22043	9 December 2020
173	3 December 2020	3 December 2020	Direction under Section 16 (Management of premises - No. 7)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		3 December 2020	22043	9 December 2020
174	3 December 2020	3 December 2020	Direction under Section 16 (Management of premises - No. 8)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		11 December 2020	22046	16 December 2020
175	8 December 2020	8 December 2020	Direction under Section 16 (Testing of persons involved in international arrivals - No. 1)	Requirements for testing of persons in quarantine hotels, premises or vehicles involved with international arrivals	<i>Public Health Act 1997</i>	Director of Public Health		18 March 2021	22046	16 December 2020
176	9 December 2020	9 December 2020	Direction under Section 16 (Contract tracing - No. 3)	Update to requirements for businesses to keep records for contact tracing	<i>Public Health Act 1997</i>	Director of Public Health		1 May 2021	22046	16 December 2020
177	9 December 2020	9 December 2020	Direction under Section 16 (Isolation - No. 3)	Update to quarantine requirements for persons diagnosed with COVID-19	<i>Public Health Act 1997</i>	Director of Public Health		14 January 2021	22046	16 December 2020
178	11 December 2020	11 December 2020	Direction under Section 16 (Management of premises - No. 9)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		18 December 2020	22046	16 December 2020
179	18 December 2020	18 December 2020	Direction under Section 16 (Workplace COVID Plan - No. 2)	Update to requirements for persons conducting a business or undertaking to implement measures to reduce the risk of COVID-19	<i>Public Health Act 1997</i>	Director of Public Health				
180	18 December 2020	18 December 2020	Direction under Section 16 (Arrival requirements for certain travellers into Tasmania - No. 3)	Update to requirements for clinical assessments of all persons arriving in Tasmania	<i>Public Health Act 1997</i>	Director of Public Health		14 January 2021	22048	23 December 2020
181	18 December 2020	18 December 2020	Direction under Section 16 (Management of premises - No. 10)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		22 March 2021	22048	23 December 2020
182	21 December 2020	21 December 2020	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2007</i>	State Controller		11 January 2021	22048	23 December 2020
183	11 January 2021	11 January 2021	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2006</i>	State Controller		4 February 2021	22054	13 January 2021
184	14 January 2021	14 January 2021	Direction under Section 16 (Arrival requirements for certain travellers into Tasmania - No. 4)	Update to requirements for clinical assessments of all persons arriving in Tasmania	<i>Public Health Act 1997</i>	Director of Public Health		12 February 2021	22055	20 January 2021
185	14 January 2021	14 January 2021	Direction under Section 16 (Isolation - No. 4)	Update to quarantine requirements for persons diagnosed with COVID-19	<i>Public Health Act 1997</i>	Director of Public Health			22055	20 January 2021
186	14 January 2021	14 January 2021	Direction under Section 16 (Quarantine - No. 2)	Update to quarantine requirements for identified contacts of persons diagnosed with COVID-19	<i>Public Health Act 1997</i>	Director of Public Health		5 February 2021	22055	20 January 2021
187	21 January 2021	22 January 2021	Direction under Section 16 (Airports and aircrafts - No. 1)	Requirements for wearing face masks while in airports and on aircraft	<i>Public Health Act 1997</i>	Director of Public Health		5 February 2021	22058	3 February 2021
188	3 February 2021	3 February 2021	Direction under Section 16 (Mass gatherings - No. 2)	Update to requirements for public gatherings	<i>Public Health Act 1997</i>	Director of Public Health		22 March 2021	22061	17 February 2021
189	4 February 2021	4 February 2021	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2007</i>	State Controller		1 March 2021	22061	17 February 2021
190	5 February 2021	5 February 2021	Direction under Section 16 (Quarantine - No. 3)	Update to quarantine requirements for identified contacts of persons diagnosed with COVID-19	<i>Public Health Act 1997</i>	Director of Public Health		18 February 2021	22061	17 February 2021
191	5 February 2021	5 February 2021	Direction under Section 16 (Airports and aircrafts - No. 2)	Update to requirements for wearing face masks while in airports and on aircraft	<i>Public Health Act 1997</i>	Director of Public Health			22061	17 February 2021
192	12 February 2021	12 February 2021	Direction under Section 16 (Arrival requirements for certain travellers into Tasmania - No. 5)	Update to requirements for clinical assessments of all persons arriving in Tasmania	<i>Public Health Act 1997</i>	Director of Public Health			22061	17 February 2021
193	12 February 2021	13 February 2021	Section 15 extension of emergency declaration	Extension of public health emergency for a further 12 weeks	<i>Public Health Act 1997</i>	Director of Public Health	8 May 2021		22061	17 February 2021
194	18 February 2021	18 February 2021	Direction under Section 16 (Quarantine - No. 4)	Update to quarantine requirements for identified contacts of persons diagnosed with COVID-19	<i>Public Health Act 1997</i>	Director of Public Health			22062	24 February 2021
195	24 February 2021	1 March 2021	Direction under Section 16 (Residential Aged Care Facilities - No. 11)	Update to restrictions on residential aged care facilities (easing of restrictions)	<i>Public Health Act 1997</i>	Director of Public Health			22063	3 March 2021
196	26 February 2021	1 March 2021	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2007</i>	State Controller		31 March 2021	22066	10 March 2021
197	2 March 2021	2 March 2021	Direction under Section 16 (Arrival requirements for certain travellers into Tasmania - No. 6)	Update to requirements for clinical assessments of all persons arriving in Tasmania	<i>Public Health Act 1997</i>	Director of Public Health			22066	10 March 2021
198	18 March 2021	18 March 2021	Direction under Section 16 (Testing of workers at quarantine sites - No. 1)	Requirements for testing of persons present on quarantine sites (replaces 'Testing of persons involved in international arrivals - No. 1')	<i>Public Health Act 1997</i>	Director of Public Health			22069	24 March 2021
199	18 March 2021	1 May 2021	Direction under Section 16 (Contract tracing - No. 4)	Update to requirements for businesses to keep records for contact tracing (Check in TAS app becomes mandatory)	<i>Public Health Act 1997</i>	Director of Public Health			22069	24 March 2021

Ref.	Notice date	Effective <sup>^</sup>	Title <sup>*</sup>	Description	Act	By	Expiry date	Revoked on	Gazette no.	Gazette date
200	22 March 2021	22 March 2021	Direction under Section 16 (Management of premises - No. 11)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health		1 May 2021	22072	31 March 2021
201	22 March 2021	22 March 2021	Direction under Section 16 (Mass gatherings - No. 3)	Update to requirements for public gatherings	<i>Public Health Act 1997</i>	Director of Public Health		1 May 2021	22072	31 March 2021
202	30 March 2021	1 April 2021	Notice under Sections 11, 18 and 19	Authorisation for council and planning authority meetings not to be held in person, and special provisions for public exhibition of documents	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier			Special 22073	1 April 2021
203	30 March 2021	1 April 2021	Notice under Sections 11 and 17	Authorisation to take actions electronically (local governments)	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier			Special 22073	1 April 2021
204	30 March 2021	1 April 2021	Notice under Section 14	Removal of curfew/time restrictions on permits ( <i>Land Use Planning and Approvals Act 1993</i> ) where operations undertaken relate to COVID-19 vaccinations	<i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>	Premier	12 months		Special 22073	1 April 2021
205	31 March 2021	31 March 2021	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2006</i>	State Controller		1 April 2021	22074	7 April 2021
206	1 April 2021	1 April 2021	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2006</i>	State Controller		4 June 2021	22074	7 April 2021
207	29 April 2021	1 May 2021	Direction under Section 16 (Mass gatherings - No. 4)	Update to requirements for public gatherings (easing of restrictions)	<i>Public Health Act 1997</i>	Director of Public Health			22081	5 May 2021
208	29 April 2021	1 May 2021	Direction under Section 16 (Management of premises - No. 12)	Update to restrictions on capacity of premises and certain activities	<i>Public Health Act 1997</i>	Director of Public Health			22081	5 May 2021
209	4 June 2021	4 June 2021	Directions in relation to persons arriving in Tasmania	Update to requirements for all persons arriving in Tasmania	<i>Emergency Management Act 2006</i>	State Controller			22091	9 June 2021
210	9 June 2021	11 June 2021	Direction under Section 16 (Passenger Vessels - No. 1)	Requires that people must wear a fitted face covering while they are in a passenger vessel terminal, in a communal area of the passenger vessel, or in vehicle that is within the terminal or the passenger vessel.	<i>Public Health Act 1997</i>	Director of Public Health			22092	16 June 2021

**Notes**

<sup>^</sup>in some cases the direction took effect at 11.59pm on the said date i.e. was effective from the start of the next day

<sup>\*</sup>where the title of a direction is unknown (marked with '?') a copy could not be located, however it was identified by a reference in a subsequent direction

<sup>#</sup>the period of the public health emergency declaration was amended to 12 weeks by the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act (No. 2) 2020*

<sup>~</sup>the majority of directions and notices not published in the Gazette were retrieved from: [coronavirus.tas.gov.au/resources](https://coronavirus.tas.gov.au/resources)

Copies of directions and notices can be provided on request - please contact the Parliamentary Research Service.

## APPENDIX 1B

### Chronology: Appendix B

Parliamentary Research Service

Author: Kate Roberts

Last updated: 17 March 2021



---

## COVID-19 crisis

---

### Details of the Tasmanian Government's economic support packages

17 March 2020

- One-off emergency relief payments of \$250 for individuals and up to \$1,000 for families who are required to self-isolate, available to casual workers and those on low incomes.
- \$1 million through Communities Tasmania for organisations to provide food hampers, medical supplies or counselling.
- \$2 million for the primary health care sector for minor capital works and purchase of equipment.
- \$1 million to support frontline workers with accommodation.
- \$1 million to mental health organisations.
- \$1 million for an emergency accommodation support fund.
- \$20 million for interest-free loans to small businesses in the hospitality, tourism, seafood and exports sectors.
- A waiver on payroll tax for the last four months of the financial year for hospitality, tourism and seafood industry businesses. Other small to medium businesses are also able to apply for a waiver.
- A reduction in terms of trade for payments by government agencies from 30 days to 14 days.
- \$50 million in interest-free loans for local governments to improve tourism assets.
- Advancement of \$50 million for the maintenance of public buildings.
- \$2.1 million for one-off grants of \$5,000 for businesses that hire an apprentice or trainee.
- A youth employment payroll tax rebate scheme.
- A three-month waiver on tourism operator lease, licence and entry fees for national parks and wilderness areas.
- A 50 per cent discount on liquor licensing fees and waiver of application fees for 2020 (backdated).

- Funding to support training for the tourism and hospitality sectors, and advice to businesses on industrial relations issues.
- A 12-month waiver on fees for the rock lobster, giant crab and finfish industries, and abalone divers.
- Suspension of the efficiency dividend for government agencies over the forward estimates.

## 26 March 2020

- \$150 million for health spending.
- An additional \$3 million for public health services and GPs.
- An additional \$3 million for mental health services, including support to establish a dedicated 1800 phone number.
- Waivers on electricity and water bills, capping of electricity prices for 12 months, and a freeze on water and sewerage prices for small businesses.
- An extension of the interest-free loan scheme for small to medium businesses.
- Waivers on fees, charges and taxes (including land tax) for businesses shut down or severely impacted by the crisis.
- \$40 million for a small business grants program.
- Additional funding for business continuity and accounting advice for small businesses.
- \$200,000 for the Rural Financial Counselling Service, and \$150,000 for the Digital Ready for Business Program.
- Additional funding for coaching for tourism and hospitality businesses.
- \$1.5 million for businesses in the creative and cultural industries, including an Arts and Screen Digital Production Fund and extensions to existing grants.
- Waivers for annual taxi licence fees and the road component of motor tax fees for heavy vehicles for affected businesses.
- An extension to payroll tax relief measures (announced under the first package) to the full 2019-20 year.
- \$1 million towards air freight services for supply chains, and up to \$1.6 million to ensure the continuation of air services to King and Flinders Islands.
- \$1.8 million towards further fee relief for the fisheries industry.
- A cap on electricity and water prices for households, businesses and community sector organisations for 12 months.
- A freeze on the Community Fire Service contribution in household rates.
- A freeze on government fees subject to the *Fee Units Act 1997* for households and small businesses.
- Refunds on government school levies.
- Grants of up to \$3,000 for displaced workers to gain new skills or licences for reemployment.

## Parliamentary Research Service

- A Community Support Fund of \$5 million for services such as emergency accommodation, food relief and transport.
- \$2.7 million for family violence support services.
- \$2.5 million for child safety services.
- A freeze on rent for social housing tenants for six months, and additional funding for the Private Rental Incentive Scheme.
- \$2 million in grants for sport and recreational clubs.
- \$500,000 in grants for RSL organisations.
- Special leave provisions for state service employees affected by the pandemic.

### 13 November 2020 (Budget)

#### COVID-19 PROVISION FUNDING

\$145 million in COVID-19 budget provision, including:

- \$15 million for Public Housing heating and energy efficiency initiatives
- \$10 million for a Building Projects Support Program, to bring forward community or commercial shovel ready projects to help stimulate the Tasmanian construction sector and support jobs
- \$10 million in additional support for hospitality businesses for energy bills
- \$10 million to co-invest with the waste management sector statewide to build the infrastructure needed to collect and sort recyclable waste
- \$2.5 million for an Arts and Cultural Support fund, including grants to support performers and artists bounce back and to support the arts and cultural sector to produce new work
- \$2.5 million for a statewide program to enable and empower more women to participate in non-traditional jobs<sup>^</sup>
- \$4.4 million for the COVID-19 Response Unit

#### KEEPING TASMANIANS SAFE DURING COVID-19

- \$600 million to boost the Tasmanian Health Service\*
- \$50 million to meet demand in our major hospitals<sup>^</sup>
- \$45 million for elective surgery statewide<sup>^</sup>
- \$23 million for Emergency Accommodation Assistance (quarantine facilities)
- \$15 million for airport infrastructure at the Hobart and Launceston Airports<sup>^</sup>
- \$500,000 to assist the Cancer Council Tasmania deliver its services
- \$3.9 million for Community Healthcare initiatives<sup>^</sup>
- \$2.1 million for Mental Health support programs
- \$1.3 million for Primary Health Support

## Parliamentary Research Service

- \$1.6 million for the COVID-19 Rapid Response Team
- \$3.5 million for the Emergency Services Operations Centre ^
- \$929,000 for emergency accommodation of health care and other frontline workers

## EDUCATION SUPPORT

- \$14 million to waive school levies for eligible students\*
- \$16.5 million for the schools revitalisation program
- \$1.5 million for the school excursions grant scheme

## BUSINESS AND INDUSTRY SUPPORT

- \$4.1 million for essential air freight and passenger services for Bass Strait
- \$10.5 million for no or low cost VET courses as part of a \$21m Job Trainer initiative#
- \$20 million for Small Businesses Sustainability and Recovery Assistance Package
- \$2.4 million for International Air Freight assistance
- \$12.5 million for the Make Yourself at Home travel vouchers
- \$2 million for more TasTAFE teachers in priority industries^
- \$6 million for the Rapid Response Skills Initiative
- \$7 million to support Parks operations during COVID-19 restrictions
- \$1.9 million for Agricultural Workforce resilience^
- \$3.4 million for Land Titles Office and Crown Lands resourcing to enable faster release of titles to market\*
- \$2.5 million to meet interest costs of the Business Support Loans Scheme~
- \$22 million to extend to 30 June 2022 and broaden to all industries, the payroll tax rebate and Small Business Grants Program to hire apprentices, trainees and youth employees
- \$2.7 million for the Tasmanian Trade Strategy^
- An additional \$4 million for the West Coast Wilderness Railway to support its operations post COVID-19
- \$1 million for the COVID-19 Small Business Energy Support Grant Program

## HOUSING AND SUPPORT FOR THE COMMUNITY AND MOST VULNERABLE

- \$2.1 million for the Child Safety System
- \$2 million to expand the Private Rental Incentive Scheme to help low income Tasmanians enter the private rental market^
- \$16.8 million to extend the Safe Spaces and additional general and mental health supports
- An additional \$500,000 for the Community Support Fund for those most in need
- \$1.6 million in additional support for emergency food relief providers
- \$2.3 million for family and sexual violence prevention

- \$1.2 million for support for Temporary Visa Holders
- An additional \$350,000 over two years for TasCOSS to assist the community sector respond and adapt to COVID-19 challenges.

\* Over 4 years ^ Over 2 years ~ Over 3 years # incl Aust Govt Funding.<sup>1</sup>

### 16 March 2021 (response to the Premier's Economic and Social Recovery Advisory Council final report)

- An additional \$77 million for the Macquarie Point development.
- Establishment of a \$30 million Building Construction Support Loan Scheme.
- A two-year, \$20.5 million jobs package.
- \$41.2 million to fully fund phases one and two of the Government's response to the Child and Adolescent Mental Health Services (CAMHS) review report.
- Funding for professional learning for principals, teachers and school nurses to facilitate improved student mental health.
- \$150,000 for the Salvation Army for a master plan to redevelop social services infrastructure.
- \$3 million to support increased after-hours primary health and GP services.
- Funding for two new paramedic crews and new ambulance vehicles.
- \$5 million for oral health.
- \$10 million for a 'Headworks Holiday' for new residential subdivisions (up to \$5,000 per lot for power and up to \$5,000 per lot for water and sewerage infrastructure).
- \$10,000 payments for the first 250 new ancillary dwellings made available for long-term rental.
- An additional \$10 million for the HomeShare program.
- An increase to the conveyance duty concession threshold for first home buyers or pensioners who choose to downsize.
- An increase to land tax thresholds, and reduction to the premium rate of interest charged on unpaid land tax.
- Extended additional funding for specialist family and sexual violence service providers, until 30 June 2022.
- \$1.5 million for a Regional Events Recovery Fund.
- \$1.5 million for the creative and cultural sector.

---

<sup>1</sup> Department of Premier and Cabinet, '[Supporting Tasmanians during COVID](#)', Premier and Cabinet website.

- \$3 million for production and filming in Tasmania.
- \$1.6 million for Ogilvie and New Town high schools.
- The provision of free sanitary items in all Government schools from Term 3, 2021.
- \$1.3 million for body scanning technology in the Hobart and Launceston prisons, Risdon Prison and the Ashley Youth Detention Centre.
- An additional \$2.4 million for 'Project Vigilance': electronic monitoring of family violence perpetrators.
- \$500,000 towards implementation of recommendations from a review of supports for vulnerable children, young people and their families.
- \$500,000 towards a new Tasmanian-based therapeutic residential care program for young people with exceptional needs.
- \$1.5 million to support the tourism industry goal of Tasmania becoming a carbon neutral destination by 2025.
- \$8 million in innovation and development grants for the tourism industry, and an additional \$500,000 to extend the business planning support program.\*
- \$4 million for tourism and hospitality businesses identified as critical to regional visitor attraction, that are in acute financial stress (grants of up to \$100,000 per business).\*
- \$1 million to support Tasmanian travel agents.\*
- \$3.5 million for a Tourism Tasmania winter season campaign.

\*Approximately \$5 million of funding for the new tourism grant programs is from unspent funds under the 'Make Yourself at Home' travel voucher scheme.

## APPENDIX 2- RESPONSES TO QUESTIONS ON NOTICE

### RESPONSE TO QUESTION ON NOTICE

#### PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

QUESTION NUMBER: I

ASKED BY: HON IVAN DEAN MLC

ANSWERED BY: Hon Peter Gutwein MP

#### QUESTION:

I. Provide a timeline of events from:

- the time you were first briefed on the emergency;
- the formation and subsequent meetings of the inter-departmental response committee;
- any recommendations from the inter-departmental committee and the action taken;
- the first briefing of Cabinet; and
- when payments under the National Partnership Agreement (\$2.1 million) were made.

#### ANSWER:

- I. A timeline of events is attached, including key dates, decisions and instruments under the *Emergency Management Act 2006* and *Public Health Act 1997*.

APPROVED/NOT APPROVED

Hon Peter Gutwein  
Premier  
Treasurer

Date: 5.8.20

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Date	Event					
Week 20 January	Premier briefed on COVID-19					
29 January	Tasmanian rock lobster industry support measures announced					
30 January	World Health Organisation declares the novel coronavirus a Public Health Emergency of International Concern					
2 February	First meeting of the Heads of Agency Coronavirus Interdepartmental Committee (IDC)					
3 February	Meeting of the Coronavirus IDC					
11 February	Meeting of the Coronavirus IDC					
18 February	Meeting of the Coronavirus IDC					
24 February	Meeting of the Coronavirus IDC. The IDC key decisions: were focussed around whole-of-government collaboration in relation to the COVID-19 early response, supporting the Department of Health to respond including the provision of resources and decided that the IDC would transition to the State Emergency Management Committee process;					
2 March	First confirmed Tasmanian coronavirus case; State Emergency Management Committee (SEMC) stood up; Activation of the Ministerial Committee for Emergency Management (MCEM) which continues to meet on a weekly basis					
11 March	World Health Organisation declares COVID-19 a pandemic					
13 March	Meeting of the Council of Australian Governments (COAG), agreement to form National Cabinet and discussion on COVID-19					
15 March	Cruise ships suspended					
16 March	National Coordination Mechanism commenced; SEMC Meeting COVID-19					
17 March	Tasmanian Government announces \$420 million social and economic support package;					
17 March	<b>1</b>	Declaration by Director of Public Health	Section 14	Declaration of Public Health Emergency	7 days	Expired See Number 14 NB. With the emergency legislation the declaration is taken to have been made for 12 weeks from 17 March 2020.

Current
No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

17 March	2	Direction by Director of Public Health	Section 16	Direct each person in Tasmania who has arrived in Australia from overseas on/after 16 March 2020 to <b>isolate</b> for 14 days and complete the <b>form</b> when directed	NA	Revoked on 9 May 2020. See Number 71
19 March	SEMC Meeting COVID-19					
<b>Executed Date</b>		<b>Description</b>	<b>Relevant Power</b>	<b>Summary</b>	<b>Period in Force</b>	<b>Comments / Follow up</b>
19 March	3	Authorisation of Authorised Officers by State Controller	Section 31(3)	Employees of Biosecurity Tasmania – appointed authorised officers	NA	NA
19 March	4	Declaration by Premier	Section 42	Declaration of State of Emergency	-	See Number 5
20 March	5	Declaration by Premier (Amended)	Section 42	Declaration of State of Emergency – amended to state that it has effect for 12 weeks	12 weeks	Extended on 11 June 2020 See Number 91
20 March	6	Direction by State Controller	Section 45	To Regional Controllers – not to exercise Schedule 1 powers	NA	NA
<b>Executed Date</b>		<b>Description</b>	<b>Relevant Power</b>	<b>Summary</b>	<b>Period in Force</b>	<b>Comments / Follow up</b>
20 March	7	Combined authorisation and Direction by State Controller (Prepared by Health)	Section 40, 41	Persons who arrive in Tasmania on/after midnight on 20 March 2020 are required to <b>isolate</b> (save the persons listed in Schedule 1 – which include persons exempted by DPIPWE) <b>Minister notified on 21 March 2020</b>	7 days	Revoked on 26 March See Number 18

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

20 March	8	Directions by Director of Public Health	Section 16	<p>Directions for Specified Persons in Schedule 1 (<i>which include persons considered by DPIPW</i>) who arrive in Tasmania on/after 20 March 2020</p> <ul style="list-style-type: none"> <li>- Sleep alone</li> <li>- Monitor health for symptoms</li> <li>- Cease work if displaying a symptom, return home &amp; contact the Public Health Hotline</li> <li>- 1.5m restriction when obtaining supplies/services</li> <li>- Cover mouth when coughing/sneezing</li> <li>- Use &amp; dispose of tissues</li> <li>- Wash hands</li> <li>- Wears a surgical mask/protective equipment if in close contact with vulnerable persons.</li> </ul>	14 days of the person's arrival or for so long as there is an emergency declaration in effect (whichever is the shorter)	<i>NOTE – These Directions have been superseded by Directions made on 8 April 2020. However they have not formally been revoked. See Number 38</i>
Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
21 March	9	Authorisation of Emergency Powers by State Controller	Section 40	Authorisation of all Schedule 1 powers to all members of the Police Service – to ensure compliance with directions of the Director of Public Health & directions/requirements of the State Controller <b>Minister notified on 21 March</b>	7 days (but taken to be 12 weeks with the amendments)	Extended on 12 June 2020 See Number 93

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

23 March	10	Authorisation of Emergency Powers by State Controller	Section 40	Authorisation of all Schedule 1 powers to the State Controller <b><i>Minister notified on 23 March</i></b>	7 days (but taken to be 12 weeks with the amendments)	Extended on 12 June 2020 See Number 92
23 March	11	Direction by State Controller	Section 40	Prohibition on aircraft landing except at 6 specified airports	Until further notice	Revoked on 27 March See Number 20
23 March	12	Directions by Director of Public Health	Section 16	Restrictions from the opening of pubs, clubs, hotels, gyms, indoor sporting venues, cinemas, entertainment venues, casinos, night clubs, restaurants, cafes		Revoked on 26 March 2020 See Number 16
23 March	13	Directions by Director of Public Health	Section 16	Directions in relation to Aged Care, specifically restricting visitation but allowing for care and support visits (2 people for 2 hours maximum)		Superseded by Directions made on 7 April 2020 but have not been revoked. See Number 34
23 March	Payment from the Australian Government to the Department of Health under the National Partnership on COVID-19 Response - \$2 106 814					

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
24 March	14	Directions by Director of Public Health	Section 14	Further Declaration of Public Health Emergency	7 days	Expired See Number 28
25 March	Rents waived for 6 months for Tasmanian Government-leased property (to private/commercial tenants), applied from 1 March 2020, providing rent relief to the value of approximately \$4.8 million.					
25 March	15	Exercise of special emergency powers by State Controller	Section 43	Takeover of Fountainside Hotel, UTAS	Until further notice	
26 March	Parliament adjourns					
	Tasmanian Government announces \$565 million Social and Economic Support Package					
26 March	16	Directions by Director of Public Health	Section 16	Closure of Schedule 1 premises from 26 March 2020 Cessation of Schedule 2 services from 26 March 2020, including the provision of religious gatherings, religious ceremonies, religious instruction, non-denominational ceremonies and other similar services and ceremonies, unless the services are lawfully provided remotely by electronic means.  Restrictions on mass gatherings, 500 outside, 100 inside.	Until further notice	Revoked on 27 March 2020. See Number 22
26 March	17	Directions by Director of Public Health	Section 16	Directions in relation to persons diagnosed with COVID 19. Requirement to self-isolate.	NA	Further directions were made in relation to diagnosed persons on 17 April 2020. These directions were not revoked. See Number 56

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
26 March	18	Directions by State Controller	Section 40	Directions to isolate for 14 days (all arrivals in Tasmania, King Island and Flinders Island) Direction to provide information to authorised officers	Until further notice	Revoked on 27 March 2020. See Number 19
27 March	19	Directions by State Controller	Section 40	Direction for every arrival in Tasmania to <b>isolate</b> for 14 days (save Schedule 1 unless from OS)  Direction for every arrival to answer <b>questions</b>	Until further notice	Revoked on 17 April 2020. See Number 58
27 March	20	Direction by State Controller	Section 40	Prohibition on aircraft landing except at 7 specified airports	Until further notice	
27 March	21	Directions by State Controller	Section 40	Directions in relation to King Island, Flinders Island and Islands in the Furneaux Group. No travel to King Island, Flinders Island, or Furneaux Group islands except for residents.	Until further notice	Revoked on 12 April 2020
27 March	22	Directions by Director of Public Health	Section 16	Closure of Schedule 1 premises from 27 March 2020 Cessation of Schedule 2 services from 27 March 2020 Restrictions on mass gatherings to 10 persons	Until further notice	Revoked on 31 March 2020 See Number 26

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
28 March	23	Directions by State Controller Tilyard	Section 40	Arrivals from 28 March to isolate for 14 days in a facility specified and to comply with directions of an authorised officer and to remain in rooms provided. Exception: Schedule 1 people	Until further notice	Revoked on 29 March See Number 25
29 March	24	Authorisation of Emergency Powers	Section 40	Authorisation of Biosecurity Tasmania of Schedule 1(1)(b),(c)(m)(n)(o)(p)(q)(t) powers to ensure compliance with directions of DPH and SC	12 weeks	Was extended on 19 June 2020 to have effect from 20 June 2020 until 10 July 2020. See Number 96
29 March	25	Directions by State Controller	Section 40	Arrivals from 29/3 to isolate for 14 days, comply with directions of an authorised officer & to isolate at accommodation specified by authorised officer & remain in room provided. <b>Exception:</b> Families with children who live in Tasmania (unless arriving from OS) in which case they isolate at their residence <b>Exception:</b> Tas residents under 17 (and unaccompanied) (unless arriving from OS) <b>Exception:</b> S1 people to comply with DPA’s direction of 20/3 for 12 weeks <b>[See Number 8]</b> <b>Notification to Minister 30 March</b>	12 weeks	Revoked on 17 April. See Number 58
Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

30 March	A woman in her 80s in the North West Regional Hospital is the first Tasmanian to die of COVID-19					
30 March	26	Directions by Director of Public Health	Section 16	Closure of Schedule 1 premises from 31 March 2020 Cessation of Schedule 2 services from 31 March 2020 Restriction on gatherings to 2 people	Until further notice	Revoked on 3 April 2020 See Number 32
30 March	27	Directions by Director of Public Health	Section 16	Restriction on movement unless shopping for supplies or services that are lawfully operating; exercising; attending medical or health care appointments/treatment; vet services; social support; school; property maintenance; “reasonable excuse” (Stay At Home – Number 1)	Until further notice	This has not been revoked however further similar directions were made on 7 April 2020 See Number 37
30 March	28	Declaration by Director of Public Health	Section 14	Extension - Declaration of Public Health Emergency	Until midnight 7 April 2020	Expired See Number 35
31 March	29	Exercise of special emergency powers	Section 43	Devonport 3 East (TasPorts) land comes under control of State Controller	Until further notice	
1 April	New measures implemented for visitors to Tasmanian prisons including suspension of all personal visits, commencement of video visits and provision of additional phone credit every prisoner					
	Tasmanian Government commences local government loans program, providing \$147 million in no interest loans to 20 local councils for upgrades, renovations and maintenance on existing local government infrastructure					
1 April	30	Delegation by State Controller	Section 30	Delegation of functions and powers under Section 6 of the COVID-19 Disease Emergency legislation to the Deputy State Controller	NA	

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
1 April	31	Exercise of special emergency powers	Section 43	Takeover of the Hotel Grand Chancellor Launceston	Until further notice	Rescinded on 22 May 2020. See Number 81
2 April	<a href="#">Introduction of provisions restricting rent increases</a> or termination of residential tenancies under Section 22 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>					
2 April	32	Directions by Public Health Director	Section 16	Closure of Schedule 1 premises from 31 March 2020 Cessation of Schedule 2 services from 31 March 2020 Restriction on gatherings to 3 people; Cessation of garage sales, horse and dog racing, recreational scalloping	Until further notice	Superseded by Directions made on 8 April 2020 but have not been revoked. See Number 39
3 April	State Health Commander established a Tasmanian Health Service (THS) Incident Management Team and Outbreak Management Team to manage the North West Regional Hospital outbreak					
	Introduction of 12 month allowances for Local Government to facilitate electronic meeting and inspection of documents under Section 17, 18 and 19 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>					
	Introduction of 12 month fee waiver for liquor, gaming and casinos under Section 23 (1)(a) of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>					
4 April	Federal Government announces changes to temporary visa holders including visitor visa holders, international students, New Zealanders on 444 visas, temporary skilled visa holders, and Working Holiday visa holders to allow continued support for critical sectors including agriculture, education and healthcare					
7 April	33	Directions by Public Health Director	Section 16	Restrictions on guests entering hospitals	20 April 2020	Revoked on 17 April 2020. See number 54
7 April	34	Directions by Public Health Director	Section 16	Restrictions on guests entering aged care facilities, care and support visits no longer allowed.	20 April 2020	Revoked on 17 April 2020. See Number 55
7 April	35	Declaration by Public Health Director	Section 14	Declaration of Public Health Emergency	13 April 2020	Extended on 9 April 2020 See Number 40

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
7 April	36	Directions by State Controller	Section 40	Closure of Castray Esplanade	Until further notice	
7 April	37	Directions by Public Health Director	Section 16	“Stay at home requirements No 2” Direction requiring people to remain at home except for shopping, exercise, medical treatment, social support/care, attending school or work, volunteering, performing essential maintenance.	8 April 2020 – 27 April 2020	Revoked on 14 April 2020 See Number 48
7 April	Payment from the Australian Government to the Department of Health under the National Partnership on COVID-19 Response - \$5 520 178					
8 April	38	Directions by Public Health Director	Section 16	Directions in relation to Specified Persons (“Essential travellers”) Number 2. Requirement to self-monitor for symptoms of COVID and to take appropriate hygiene steps (washing hands, hand sanitiser etc)		Revoked on 4 May 2020 See Number 64
8 April	39	Directions by Director of Public Health	Section 16	“Gatherings Number 6” Closure of Schedule 1 and 2 premises and services, gatherings restricted to 3 people		Revoked on 14 April 2020 See Number 50
9 April	<a href="#">Introduction of provisions</a> restricting rent increases or termination of commercial tenancies under section 22 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>					
9 April	40	Declaration by Director of Public Health	Section 14	Extension of Emergency Declaration	From 14 April to 20 April	Extended on 17 April 2020 with effect from 21 April 2020. See Number 51
9 April	41	Directions by State Controller	Section 40	Closure of parks and reserves	Until further notice	Revoked from 10 May 2020. See Number 68

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
11 April	42	Directions by Director of Public Health	Section 16	Directions in relation to Quarantine in the North Western Region – Number 1. Requirement to self-isolate for 14 days for hospital employees, patients and close contacts		Revoked on 12 April 2020 See Number 45
12 April	43	Directions by State Controller	Section 40	Directions in relation to King Island, Flinders Island and Islands in the Furneaux Group No travel to King Island, Flinders Island, or Furneaux Group islands except for residents.	Until further notice	Revoked on 15 May 2020 See Number 75
12 April	44	Exercise of Special Emergency Powers by State Controller	Section 43	Takeover of North West Private Hospital	Until further notice	Rescinded on 9 May 2020. See Number 70
12 April	45	Directions by Director of Public Health	Section 16	Directions in relation to Quarantine in the North Western Region – Number 2 Requirement to self-isolate for hospital employees, patients, and close contacts	From 13 April 2020	Revoked on 14 April 2020 See Number 49
12 April	46	Directions by Director of Public Health	Section 16	Directions in relation to Gatherings on the North West Region – Number 1	From 13 April to 26 April 2020	Revoked on 17 April See Number 52
12 April	47	Directions by Director of Public Health	Section 16	Directions in relation to the Mersey Community Hospital - Number 1 Requirement to self-isolate when not working	From 13 April	
14 April	Australian Defence Force (ADF) and Australian Medical Assistance Team (AUSMAT) commences at North West Regional Hospital					
14 April	48	Directions by Director of Public Health	Section 16	Stay at home requirements – Number 3 Direction requiring people to remain at home except for shopping, exercise, medical treatment, social support/care, attending school or work, volunteering, performing essential maintenance.	From 14 April 2020	Revoked on 11 May 2020. See Number 72

Current
No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
14 April	49	Directions by Director of Public Health	Section 16	Quarantine (North West Region) Number 3 Requirement to self-isolate for hospital employees, patients, and close contacts in the North-West		Revoked on 17 April 2020. See Number 53
14 April	50	Directions by Director of Public Health	Section 16	Gatherings – Number 7 Closure of Schedule 1 and 2 premises and services, gatherings restricted to 3 people		Revoked on 9 May 2020 See Number 74
15 April	Extension of Legislative Council election dates under the Constitution Act 1934, to be extended to a Saturday in June, July or August under Section 13 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>					
16 April	Increased testing in North West Tasmania					
17 April	Emergency Department reopens at North West Regional Hospital					
	Tasmanian Public Health Hotline capacity doubled					
	Tasmanian court hearings and sentencing procedures to be conducted in an approved manner as determined by the relevant entity (in effect for 12 months unless revoked earlier) under section 20 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>					
17 April	51	Director of Public Health	Section 15	Extension of Emergency Declaration	27 April 2020	Expired Further Extended See Number 61
17 April	52	Directions by Director of Public Health	Section 16	Gatherings (North-West Region) Number 2 Non-essential businesses and services closed in the North-West	26 April 2020	Expired Further Directions See Number 62
17 April	53	Directions by Director of Public Health	Section 16	Quarantine (North-Western Region) Number 4 Requirement to self-isolate for hospital employees, patients, and close contacts in the North-West		Revoked on 9 May 2020 See Number 71

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
17 April	54	Directions by Director of Public Health	Section 16	Hospitals Number 2 Restricting entry to hospitals for guests	4 May 2020	Expired. Further directions See Number 66
17 April	55	Directions by Director of Public Health	Section 16	Residential Aged Care Facilities Number 3 Restricted entry to aged care facilities for people who aren't residents/service providers, no 'care and support' visits allowed	4 May 2020	Expired. Further directions See Number 65
17 April	56	Directions by Director of Public Health	Section 16	Isolation Number 2 (persons diagnosed) Requirement to isolate until released by a relevant authority	-	
17 April	57	Directions by Director of Public Health	Section 16	Quarantine Number 1- Directions in relation to identified contacts, requirement to self-isolate	-	
17 April	58	Directions by State Controller	Section 40	Consolidated directions for Tasmanian arrivals, quarantine, information Requirement for 14 day quarantine in government determined facility	12 weeks	Revoked on 18 April 2020. See Number 59
18 April	59	Directions by State Controller	Section 40	Directions in relation to persons arriving in Tasmania Requirement for 14 day quarantine in government determined facility	12 weeks	Revoked on 4 April 2020. See Number 64
20 April	60	Exemption granted by State Controller		Exemption granted to state service employees to enable them to enter parks and reserves	Until further notice	The directions in relation to Parks and Reserves have been revoked See Number 68.
21 April	Tasmanian confirmed cases reach 200					

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
21 April		Payment from the Australian Government to the Department of Health under the National Partnership on COVID-19 Response - \$16 000 000				
22 April		<a href="#">\$3 million support package</a> for Temporary Visa Holders announced, including Pandemic Isolation Assistance Grants and Emergency Relief Assistance				
23 April		Freeze on residential rent increases until 30 June 2020 under section 22 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> (extended to 30 September 2020 on 23 June 2020)				
		Allowing for exemptions to some requirements the <i>Land Use Planning and Approvals Act 1993</i> , in relation to use of land for Hospital Services, medical centres or consulting rooms, and relating to the display or public exhibition of documentation for development applications and planning scheme amendments under section 15 and 19 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>				
24 April	61	Director of Public Health	Section 15	Extension of Emergency Declaration	4 May 2020	Extended on 1 May 2020 See Number 63
26 April		All North West health workers to be tested before returning to work				
26 April	62	Directions by Director of Public Health	Section 16	Gatherings (North-West Region) Number 3 Non-essential businesses and services closed in the North-West	4 May 2020	Expired
27 April		Premier commits to an <a href="#">independent review of the North West outbreak</a>				
28 April		Learning from home recommended from the start of Term Two, state government schools remain open				
30 April		Tasmanian Parliament resumes				
		Premier's 2nd ministerial statement, release of <a href="#">interim report</a> into North West outbreak; Premier's Economic and Social Recovery Advisory Committee established				
		ADF and AUSMAT conclude support at NWRH				
1 May		New Tasmanian Mental Health Hotline established				

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
1 May	63	Director of Public Health	Section 15	Extension of Emergency Declaration	11 May 2020	
4 May	64	A/Director of Public Health	Section 16	Revocation of Specified Persons No.2	-	
4 May	65	A/Director of Public Health	Section 16	Directions in relation to Residential Aged Care Facilities – No.4 Restricted entry to aged care facilities for people who aren't residents/service providers, no 'care and support' visits allowed	Between 5 May 2020 and 11 May 2020	Revoked on 9 May 2020 See Number 73
4 May	66	A/Director of Public Health	Section 16	Directions in relation to Hospitals – No. 3 Restricted entry to hospitals for people who aren't patients or service providers	Between 5 May 2020 and 18 May 2020	Revoked on 17 May 2020 See Number 78
5 May	Tasmanian Personal Protective Equipment (PPE) supply register established					
5 May	67	Directions by State Controller	Section 40	Directions in relation to persons arriving in Tasmania – including Maritime Crew Requirement for 14 day quarantine in government determined facility	Until further notice	Revoked on 15 May 2020 See Number 76
7 May	Testing expanded in Tasmania to 500 tests each day, with surge capacity of 1000 tests a day.					
7 May	Payment from the Australian Government to the Department of Health under the National Partnership on COVID-19 Response - \$42 510 692					
8 May	Tasmania's Roadmap to Recovery released					

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
8 May	68	Directions by State Controller	Section 40	Revocation of Directions for the closure of Parks and Reserves	To have effect from 10 May 2020	
8 May	69	Exercise of Special Emergency Powers by State Controller	Section 43	Directions for classes of state service employees to be made available for emergency management	Until further notice	
9 May	70	Exercise of Special Emergency Powers by State Controller	Section 43	Rescission of directions requiring North West Private Hospital to be surrendered to the State Controller		
9 May	71	Director of Public Health	Section 16	Revocation of Isolation Direction dated 17/3/2020 & revocation of the Quarantine NW Directions dated 17 April 2020		
9 May	72	Directions by Director of Public Health	Section 16	Stay at Home Requirements – Number 4 Outdoors exercise must be within 30km of primary residence, and occur within the same day.	From 11 May 2020	Revoked on 17 May 2020 See Number 77
9 May	73	Directions by Director of Public Health	Section 16	Directions for Residential Aged Care Facilities – No.5 Care and support visits now allowed, max of 2 people for 2 hours	From 11 May 2020	Revoked on 24 May 2020 with effect from 25 May 2020 – See Number 82

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
9 May	74	Directions by Director of Public Health	Section 16	Directions in relation to Gatherings Number 8	From 11 May 2020	Revoked on 18 May 2020 See Number 79
13 May	Freezing of fees under the <i>Fire Service Act 1979</i> for 2020-21 financial year and waiver of taxi and luxury hire car licence fees for 2020 (in effect for 12 months unless revoked earlier) under section 23 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>					
15 May	Tasmanian economic and fiscal update released					
15 May	75	Directions by State Controller	Section 40	Directions in relation to King Island, Finders Island and Islands in the Furneaux Group of Islands No travel to King Island, Flinders Island, or Furneaux Group islands except for residents.	From 17 May 2020 until further notice	Revoked on 5 June 2020 See Number 86
15 May	76	Directions by State Controller	Section 40	Directions in relation to Persons Arriving Government quarantine not required for residents of Tasmania, but still required to self-isolate for 14 days in primary residence	From 17 May 2020 until further notice	Revoked on 21 May 2020 See Number 80
17 May	77	Directions by Director of Public Health	Section 16	Directions in relation to Stay at Home requirements – No.5		Revoked on 5 June 2020 See Number 88
17 May	78	Directions by Director of Public Health	Section 16	Directions in relation to Hospitals – Number 4		Revoked with effect from 31 May 2020 See Number 85
17 May	79	Directions by Director of Public Health	Section 16	Directions in relation to Gatherings – No 9		Revoked on 28 May 2020 See Number 83
19 May	Tasmanian Government COVID-19 Rent Relief Fund established, providing targeted support of up to \$2000 or four weeks rent for eligible tenants suffering from extreme hardship					

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
20 May		Allowance for changes to document requirements relating to permit applications under the <i>Water Management Act 1999</i> under section 19 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>				
21 May	80	Directions by State Controller	Section 40	Directions in relation to Persons Arriving	Until further notice	Revoked with effect from 3:00pm on 5 June 2020 See Number 87
22 May	81	Exercise of Special Emergency Powers by State Controller	Section 43	Rescission of requirement in relation to Hotel Grant Chancellor		
		Extension of statutory timeframes for the 'substantial commencement' of a use or development approved by a permit, and display or public exhibition of documentation for Local Provisions Schedules (LPSs) and amendments to LPSs and the State Planning Provisions required under the <i>Land Use Planning and Approvals Act 1993</i> to be by 'approved manner' under section 19 and 13 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>				
25 May		Tasmanian Year 11 and 12 students at extension schools and colleges, and Kindergarten to Year 6 students return to learning at school				
		First meeting of Premier's Economic and Social Recovery Advisory Council				
25 May	82	Directions by Director of Public Health	Section 16	Directions in relation to Residential Aged Care Facilities - Number 6		Revoked with effect from 29 May 2020. See Number 84
27 May		Extending statutory timeframes under the Food Act 2003 and the Public Health Act 1997, to ensure that food businesses and those undertaking public health risk activities (tattooists, piercing businesses etc) do not have to renew their annual registrations/licences while they are subject to restrictions imposed on them as part of the pandemic response under section 13 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>				
28 May	83	Directions by Director of Public Health	Section 16	Directions in relation to Gatherings – No. 10 Gatherings of 10 indoors/outdoors, gatherings of 5 in residential premises		Revoked at 3:01 on 5 June 2020 See Number 89
28 May	84	Directions by Director of Public Health	Section 16	Directions in relation to Residential Aged Care Facilities- Number 7 Care and support visits allowed, max of 2 people for 2 hours	With effect from 29 May 2020	

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
		Fixed-term casual, relief seasonal and sessional workers with a current instrument of appointment (IOA) whose term of appointment is due to expire prior to the current emergency cessation date and but for COVID-19 would not have been offered a further IOA fixed-term casual (however named) employment but will now be extended by way of Notice until the emergency cessation date under section 16 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>				
30 May	85	Revocation of Direction by Director of Public Health	Section 16	Revocation of directions in relation to Hospitals No.4	With effect from 31 May 2020	
3 June	Opening of Tasmania's Temporary Visa Holder Skilled Employee Assistance Program					
4 June	Tasmanian Government announces \$3.1 billion <a href="#">construction blitz</a>					
5 June	86	Revocation of Directions by State Controller	Section 40	Revocation of Directions in relation to King Island, Flinders Island and Islands in the Furneaux Group of Islands	With effect from 3:00pm on 5 June 2020	
5 June	87	Directions by State Controller	Section 40	Directions in relation to persons arriving in Tasmania	With effect from 3:00pm on 5 June 2020	Revoked with effect from 11:59pm on 5 July 2020. See Number 98
5 June	88	Revocation of Direction by Director of Public Health	Section 16	Revocation of directions containing Stay at Home Requirements Number 5	With effect from 3:00pm	
5 June	89	Directions by Director of Public Health	Section 16	Directions in relation to Gatherings – No. 11 Gatherings of 20 indoors/outdoors, gatherings of 10 in residential premises		Revoked from 12:00pm on 17 June 2020 See Number 95
6 June	90	Director of Public Health	Section 15	Extension of Emergency Declaration	For 12 weeks commencing 8 June 2020	

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
9 June		High school students from years 7 to 10 return to learning at school				
9 June		Payment from the Australian Government to the Department of Health under the National Partnership on COVID-19 Response - \$9 276 133				
11 June	91	Declaration by Premier	Section 42(4)	Extension of Declaration of State of Emergency	Extension for 4 weeks	Will conclude on 9 July 2020
12 June		Tasmania records zero active cases				
12 June	92	Authorisation of powers by State Controller	Section 40(6)	Extension of State Controller's authorisation of powers to himself <b>Consent obtained from Minister prior to extension of authorisation</b>	Extension in effect until 10 July 2020	10 July 2020
12 June	93	Authorisation of powers by State Controller	Section 40(6)	Extension of State Controller's authorisation of powers to members of the Tasmania Police Service <b>Consent obtained from Minister prior to extension of authorisation</b>	Extension in effect until 10 July 2020	10 July 2020
13 June		Racing resumes in Tasmania				
14 June	94	Directions by Director of Public Health	Section 16	Workplace COVID Plan – No.1 Requirement for businesses to have a COVID plan	Commencing 15 June 2020	
17 June	95	Directions by Director of Public Health	Section 16	Directions in relation to Gatherings – No.12 Gatherings of 80 inside/outside, gatherings of 20 in residences	Commencing at 12:00pm	Revoked from 26 June 2020 See Number 97
17 June		Waive land tax in 2019-20 for those taxpayers that have a land tax liability assessed that is less than \$150.00 under section 23 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> .				
		Notice to allow for certain actions required under various Justice related legislation can be undertaken electronically under section 17 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> .				

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
19 June	96	Authorisation of powers by State Controller	Section 40(6)	Extension of State Controller's authorisation of powers to employees of Biosecurity Tasmania <b><i>Consent obtained from Minister prior to extension of authorisation</i></b>	Commencing 8:20pm on 20 June 2020 and with effect until 10 July 2020	10 July 2020
		Extending the validity of licences issued under the Property Agents and Land Transactions Act 2016, to now expire on 30 September 2020, and extending by 6 months the expiry date of a permit issued under section 143, 169, 193 or 260 of the <i>Building Act 2016</i> , under section 14 and 16 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i>				
24 June		Draft Terms of Reference for the Independent Review into the North West Tasmanian COVID-19 outbreak released for public comment				
		Freezing the 19/20 Motor Tax rates payable under the <i>Vehicle and Traffic Act 1999</i> under section 23 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> . Allowing for hearings of the Resource Management and Planning Appeals Tribunal to be held in an approved manner under section 20 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> .				
Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
26 June	97	Directions by Director of Public Health	Section 16	Management of Premises – No.1 Gatherings of 20 in residential premises	Commencing at 12:00pm	
29 June		10 million coronavirus cases confirmed worldwide, over 500,000 deaths				
30 June		Termination of leases made under the <i>Residential Tenancy Act 1997</i> prohibited, except in certain circumstances specified in the notice under section 22 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> . (Reissuing of notice from April, which was in effect for 90 days only).				
1 July		Postcode lockdown in Victoria in response to increasing cases of community transmission				
		Extending by 6 months the deadline for the Social and Economic Impact Study into gambling in Tasmania, under <i>section 151(5) of the Gaming Control Act 1993</i> and under section 13 of the <i>COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020</i> .				

	Current
	No longer in force

**COVID-19 Chronology – as at 8 July 2020**

**Key dates, decisions and instruments under the *EMERGENCY MANAGEMENT ACT 2006* and *PUBLIC HEALTH ACT 1997***

Executed Date		Description	Relevant Power	Summary	Period in Force	Comments / Follow up
5 July	98	Directions by State Controller	Section 40	Directions in relation to persons Arriving in Tasmania Specific requirements for people coming from Greater Melbourne	Commencing at 11:59pm on 5 July 2020	
7 July	Victorian Premier announces six-week lockdown for metropolitan Melbourne and Mitchell shire from midnight 8 July, stay-at-home orders reintroduced. Border closed between VIC/NSW effective 12.01am Wednesday 8 July.					

	Current
	No longer in force

RESPONSE TO QUESTION ON NOTICE

PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

QUESTION NUMBER: 2

ASKED BY: HON IVAN DEAN MLC

ANSWERED BY: Hon Peter Gutwein MP

QUESTION:

2. When were the first testing kits ordered and what quantity was ordered? What was the total funding?

ANSWER:

2. The Royal Hobart Hospital (RHH) assay test was designed in house in mid-January as commercial test "kits" were unavailable at the time. There are several components to the test as used and these were ordered starting from 21 January 2020. In the time since then the RHH have ordered \$796 750 worth of reagents and consumables, and Tasmania has now tested more than 60,000 samples (as at 22 July 2020).

APPROVED/NOT APPROVED

Hon Peter Gutwein  
Premier  
Treasurer

Date: 25-7-20

## RESPONSE TO QUESTION ON NOTICE

### PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

QUESTION NUMBER: 3

ASKED BY: HON IVAN DEAN MLC

ANSWERED BY: Hon Peter Gutwein MP

#### QUESTION:

3. When was the first COVID related PPE order made? What was ordered and how much funding was provided? Were subsequent orders made? If so, on what dates?

#### ANSWER:

3. Tasmania has long held a state-based pandemic stockpile of Personal Protective Equipment (PPE) and medical equipment. With global demand for PPE at unprecedented levels, the Government moved quickly to secure supplies of PPE above and beyond normal stocked levels.

The first order was on 26 March 2020 for 10 000 litres of hand sanitiser. This formed part of a contract to provide 20 000 litres of hand sanitiser at a cost of \$271 600 excluding GST.

The first order for PPE other than hand sanitiser was placed on 15 April 2020 at a cost of \$30 million. This order was for:

- 8 000 000 surgical masks (later reduced to 6 350 000);
- 120 000 face shields;
- 750 000 wipes;
- 2 000 000 KN95 respirator masks;
- 5 600 000 gloves (later increased to 11 352 000); and
- 1 200 000 goggles.

Subsequent orders of PPE have been made. Up to 10 July 2020, ECC PPE records show 37 orders made by the ECC at a cost of \$59 million. This is over and above usual PPE ordering levels.

As at 17 July, the State Pandemic Supply included the following supplies:

- 12,540 N95/P2 masks
- 6,149,750 surgical masks
- 7,002 litres of hospital grade hand sanitiser
- 43,570 gowns
- 6,044,900 gloves
- 1,145,439 eye protection and goggles
- 30,000 face shields

Importantly, new senior positions were established within the Health Emergency Coordination Centre specifically responsible for overseeing the management and logistics of personal protective equipment (PPE). This allowed PPE levels to be closely monitored and coordinated in the midst of challenges posed by global PPE supply shortages, and was on top of usual hospital PPE procurement and supply coordination.

APPROVED/NOT APPROVED

A handwritten signature in blue ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Hon Peter Gutwein  
**Premier**  
**Treasurer**

Date: 25.7.20

## RESPONSE TO QUESTION ON NOTICE

### PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

QUESTION NUMBER: 4

ASKED BY: HON IVAN DEAN MLC

ANSWERED BY: Hon Peter Gutwein MP

#### QUESTION:

4. What resources were provided to the three major regional hospitals for COVID related staff training? Who undertook the training? What did the training focus on? When did the training occur?

#### ANSWER:

4. Infection control is a standard and core responsibility for all hospital settings.

Tasmanian Health Service medical, nursing and allied health professionals are trained in Infection Prevention & Control practices, which include participation in mandatory education held annually including PPE use and hand hygiene. There is also appropriate clinical expertise in the management of respiratory illness.

In January 2020, Public Health Services established an Incident Management Team, and in February the RHH Department of Pathology, Microbiology and Infectious Disease Service developed protocols for testing and hospitalisation of cases.

This outlined the actions required to respond and provide care to persons with suspected or confirmed COVID-19. The process is similar to that used for other similar infectious diseases. These arrangements formed the basis for protocols for other Tasmanian hospitals, and were rolled out in February 2020.

The Tasmanian Health Service has worked to ensure staff are aware of national guidelines regarding the use of Personal Protective Equipment (PPE), including online training resources on PPE donning and doffing and implementation of appropriate infection control management strategies to minimise transmission within the health care setting.

Areas of our major hospitals also ran a series of internal scenario-based simulation training exercises, commencing from mid-February 2020, as part of overall preparedness for COVID-19. These COVID-19 specific simulations were incorporated into established training programs, with a range of intradepartmental exercises taking place to support organisational preparedness.

In the South, various Departments undertook a range of scenario training covering receiving and transferring COVID positive patients, responding to deteriorating patients and the use of PPE. COVID specific training sessions commenced in early March 2020 to help prepare staff and also focused on communicating with patients and families.

The following are examples of the training performed at the Royal Hobart Hospital:

- COVID Met Call teams began training twice a week from Monday 2 March 2020
- The Emergency Department has been undertaking simulations on a weekly basis since Monday 16 March 2020.
- The Anaesthetic Department also undertake simulation training every Thursday from March including resuscitation of COVID patients
- There are ongoing simulations in the Department of Critical Care Medicine twice a month as part of the regular medical teaching program
- The Emergency Department, Intensive Care Unit and Anaesthetics conducted training on Monday 6 April 2020, Thursday 16 April 2020 and Friday 24 April 2020.

The Launceston General Hospital commenced simulation training in mid February 2020. This included:

- Critical Care Simulation Training covering donning and doffing of PPE, transfer of patients and the role of spotters and clean teams for staff across multiple departments including:
  - Critical Care Nursing Staff
  - IPCU Staff
  - Anaesthetics & Operating Theatre Staff
  - Consultants, RMOs, Registrar
  - Allied Health
  - Hospital Aides
  - Cleaning Staff
  - Support workers
- Note, a second round of refresher training commenced on a daily basis in July 2020 and is continuing.
- COVID Met Call and Code Blue Teams trained to respond in 'Hot' areas of the hospital.
- Upskilling of staff to increase the number of staff capable of providing care to critical care/High Dependency patients.
- The Acute Medical Unit undertaking training:
  - Mask Fit Refresher training on Monday 2 March 2020 and Tuesday 3 March 2020
  - PPE training which commenced on Monday 2 March 2020
  - Palliative Care for a COVID patient 12 March 2020.
  - COVID basic life support assessments from Monday 15 June 2020

- The Anaesthetics Department commenced training in March 2020 covering:
  - High level PPE for aerosol generating procedure for nurses surgeons and anaesthetists, attendants - including donning and doffing
  - Lower level PPE for medium risk
  - Extensive ICU nursing care training Including ventilator familiarisation
  - Intubation training with anaesthetist to minimise exposure
  - Training for cleaning post patients

In the North-West there was regular communication with Managers and staff around Training, resources and protocols for the management of COVID including:

- PPE Training resources circulated to staff from 30 January 2020
- Cleaning staff underwent training by Infection Control specialists on 3 February 2020.
- Updated PPE videos, including donning and doffing procedures circulated to staff on Thursday 13 February 2020.
- Presentations delivered to Hospital Auxiliary Staff on 24 February 2020 and Catering Staff on 2 March 2020 covering hand hygiene, social distancing, respiratory hygiene and cough etiquette and exclusion periods if symptoms of an acute illness.
- Clinic Staff Orientation on COVID Respiratory Screening including Face to face PPE donning and doffing, specimen Collection and documentation training on Tuesday 10 March 2020
- PPE Training for NWRH Wards and an Anaesthetic /ED COVID Intubation Training Day was held on Friday 20 March 2020.
- From Tuesday 24 March 2020 through to Tuesday 31 March 2020 the following areas underwent face-to-face training covering topics such as PPE, Respiratory and hand hygiene cough etiquette and social distancing:
  - Attendants
  - Catering Staff
  - Theatre Staff
  - Anaesthetics
  - ED/Ambulance Staff
  - Pharmacy Staff
  - Speech Therapy

There was also clinical involvement in the development of plans to respond to COVID-19, as well as the escalations plans outlining the necessary changes to be implemented as the demand presented by COVID-19 increased and reached predetermined trigger points.

This process included the preparation of COVID-19 Preparedness Action Plans for the South, North and North-West in Mid-March 2020. The Action Plans were developed to help guide the response and included advice on how services would reconfigure spaces to deal with suspect COVID positive cases and what additional equipment they needed, including ventilators and PPE.

An important part of this process was the creation of hot and cold Emergency Departments at the Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital, which was designated as the receiving hospital for COVID-19 cases in the North West.

Following the Interim Report into the North West Outbreak, the following additional resourcing was put into place:

- Clinical Nurse Educators appointed to coordinate training;
- PPE Buddies/Coaches appointed to support appropriate PPE donning and doffing; and
- Infection Control and Prevention specialists provided guidance and support on-site.

The training was undertaken by all staff at Launceston General Hospital (LGH), North West Regional Hospital (NWRH), Royal Hobart Hospital (RHH), Mersey Community Hospital (MCH) and all Ambulance Tasmania (AT) staff.

The training focussed on:

- the 'COVID-19 Infection Control Training eLearning Module';
- a National Hand Hygiene training video;
- videos about PPE and Infection Control Precaution (ICP);
- reference to the Infection and Prevention Protocols, which include valuable guidance for many clinical areas; and
- PPE Buddy/Coaches appointed in each hospital to train the appropriate donning and doffing of PPE.
- Standardised PPE Protocol, Audit Tool and Audit Schedule for all major hospitals to use to ensure compliance.

APPROVED/NOT APPROVED

Hon Peter Gutwein  
Premier  
Treasurer

Date: 5.8.20

## RESPONSE TO QUESTION ON NOTICE

### PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

QUESTION NUMBER: 5  
ASKED BY: HON IVAN DEAN MLC  
ANSWERED BY: Hon Peter Gutwein MP

#### QUESTION:

5. What date were additional ventilators ordered to prepare for COVID patients? How many were ordered? What funding was provided? Are these currently being used in the hospital system for other patients?

#### ANSWER:

##### ***Overview***

In March 2020, the State Health Emergency Coordination Centre advised that Tasmania had access to approximately 47 ICU standard ventilators.

As part of the COVID-19 response, work commenced to increase the number of available ventilators by at least 100 – an effective tripling of the initial identified supply.

This was challenging due to global shortages being experienced by known and tested ventilator suppliers, and required the Health ECC together with representative intensivists (ICU specialist physicians) to test the bona fides, evaluate and negotiate with new national and international suppliers.

This was a conservative estimate, which the Department is working to achieve through purchase orders, as well as the identification of additional stock of transport and anaesthetic ventilators that could be used as part of the pandemic response, from across the public and private sectors.

##### ***Summary of purchase orders***

In total, 80 additional ventilators were ordered across March and April 2020, with order dates as per the table below, noting one order was subsequently reduced by a supplier, reducing total orders to 66, at a cost of approximately \$3 million.

These orders comprised a mix of new ICU standard and transport ventilators. In addition, an order for 100 new emergency ventilators is currently being finalised.

Orders were placed on the following dates:

Order Date#	No.
10/3/20	10
11/3/20	5
13/3/20	27
17/3/20	8
30/3/20	10
29/4/20	20*
Order being finalised	100
<b>Total</b>	<b>180*</b>

#This reflects the date that order paperwork was finalised – in some instances preliminary orders were placed earlier with final paperwork submitted at conclusion of negotiations with suppliers.

\*This order was later reduced by the supplier to 6 ventilators due to their capacity to supply. This reduces the total orders to 166.

In addition to Tasmanian-owned stock, the Commonwealth Government also holds a national stockpile of more than 5000 ventilators for States and Territories to access on an “as needed” basis.

### ***Other stocks identified***

As at 30 July 2020, Tasmania has 194 ventilators across the public and private sectors for the pandemic response, comprising 72 ICU standard ventilators, 48 transport ventilators and 74 anaesthetic ventilators, with 128 ventilators still to be delivered.

This includes stocks delivered through the orders above, as well as those identified in other areas – such as transport and anaesthetic ventilators.

As a result, Tasmania will have over 300 ventilators once orders are completed, which is expected to be later this year.

This is subject to final fulfilment of orders and routine decommissioning and replacement of ventilators.

Neonatal specific ICU standard ventilators are currently subject to a routine decommissioning and replacement process and are not included in these numbers.

*Current use of ventilators*

Some of the new ventilator purchases are already being used in the Tasmanian Health Service, with the remainder being held in a stockpile ready to be quickly operationalised again if demand levels require them to be.

APPROVED/NOT APPROVED  


Hon Peter Gutwein  
**Premier**  
**Treasurer**

Date: 5-8-20

RESPONSE TO QUESTION ON NOTICE

PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

QUESTION NUMBER: 6

ASKED BY: HON IVAN DEAN MLC

ANSWERED BY: Hon Peter Gutwein MP

QUESTION:

6. What was the total cost for deep-cleaning the North West Regional Hospital, including the cost of all of the equipment that was required to be discarded?

ANSWER:

6. The costs recorded for the North West Regional Hospital (NWRH) deep clean are \$1.8 million. This does not include the costs of the Australian Defence Force (ADF) and Australian Medical Assistance Teams (AUSMAT) who provided their services free of charge. There is no record of any capital equipment being discarded as part of the NWRH deep clean.

APPROVED / NOT APPROVED



Hon Peter Gutwein  
Premier  
Treasurer

Date: 5-8-20

RESPONSE TO QUESTION ON NOTICE

PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

QUESTION NUMBER: 7

ASKED BY: HON IVAN DEAN MLC

ANSWERED BY: Hon Peter Gutwein MP

QUESTION:

7. Which company will be conducting the independent audit of the COVID-19 Business Support and Grants program?

ANSWER:

7. Given the emphasis on speed of delivery of the COVID-19 small business grant programs, the Department of State Growth proactively engaged Wise Lord and Ferguson to conduct an audit of the processes underpinning these programs. This audit occurred concurrently with the programs being administered.

Further, the Auditor-General's 2020-21 work plan includes a number of audits on the response and recovery from the impacts of COVID-19, including the stimulus measures and targeted financial support payments and expenditures related to COVID-19.

APPROVED/NOT APPROVED



Hon Peter Gutwein  
Premier  
Treasurer

Date: 5.8.20

RESPONSE TO QUESTION ON NOTICE

PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

QUESTION NUMBER: 8

ASKED BY: HON IVAN DEAN MLC

ANSWERED BY: Hon Peter Gutwein MP

QUESTION:

8. Provide a list of successful and unsuccessful applicants to the COVID-19 Business Support and Grants program and the amounts awarded.

ANSWER:

8. Statistical information relating to the Grants and Loans programs is attached.

All applications were assessed by the Department of State Growth based on their merit. All successful applicants have met the requirements for the program guidelines and eligibility criteria.

It would be inappropriate to disclose specific details of funding recipients or applicants, successful or otherwise, given the nature of the grants being associated with hardship, and as such identification carries the potential to create additional hardship, whether emotional and/or financial.

Further, the release of such information may discourage small businesses from applying for assistance in future if they believe their details, financial affairs and/or difficulties will be released publicly.

So far, the Government's COVID-19 small business direct financial support measures have provided more than 18 000 grants and loans to Tasmanian small businesses to continue operating or prepare to resume operations and employ staff as restrictions are progressively eased.

APPROVED/NOT APPROVED  


Hon Peter Gutwein  
Premier  
Treasurer

Date: 5.8.20

## Attachment I

### Small Business Emergency Support Grants

Small Business Emergency Support Grants	Number
Total applications	14 382
Applications approved and paid	13 298
Applications ineligible, withdrawn or duplicate	1 084

### Business Continuity Grants

Business Continuity Grants	Number
Total applications	4 281
Applications approved and paid	2 080
Applications ineligible, withdrawn or duplicate	2 201

### Hardship Grants

Hardship Grants Awarded	Number
\$4 000 grants	1 540
\$15 000 grants	1 330
Total	2 870

Hardship Grants Refused	Number
Ineligible, withdrew or duplicated	1 125

Hardship Grant allocated by industry*		
INDUSTRY	\$4 000 Grant	\$15 000 Grant
Accommodation	122	96
Agriculture	42	31
Communication services	21	11
Construction	102	57
Cultural and recreational services	65	40
Education	29	15
Electricity, gas and water supply	7	3
Finance and insurance	10	2
Fishing	103	32
Forestry	6	1
Health and community services	75	55
Hospitality	282	549
Manufacturing	57	57
Mining	1	1
Personal and other services	140	64
Property and business services	62	34
Retail	306	199
Transport	63	36
Wholesale trade	22	25
Not specified on form*	25	22

*\*The data was collated via the optional response field: 'Which industry does your business operate in?' on the Small Business Hardship Grant Application Form.*

### **Business Support Loan Scheme**

---

<b>Business Support Loan Scheme</b>	<b>Number</b>
Total applications	691
Total applications approved	364
Applications declined	272
Applications withdrawn	55

RESPONSE TO QUESTION ON NOTICE

PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

QUESTION NUMBER: 2

ASKED BY: HON IVAN DEAN MLC

ANSWERED BY: Hon Peter Gutwein MP

QUESTION:

2. When were the first testing kits ordered and what quantity was ordered? What was the total funding?

ANSWER:

2. The Royal Hobart Hospital (RHH) assay test was designed in house in mid-January as commercial test "kits" were unavailable at the time. There are several components to the test as used and these were ordered starting from 21 January 2020. In the time since then the RHH have ordered \$796 750 worth of reagents and consumables, and Tasmania has now tested more than 60,000 samples (as at 22 July 2020).

APPROVED/NOT APPROVED

Hon Peter Gutwein  
Premier  
Treasurer

Date: 25-7-20

**Minister for Housing**  
**Minister for Environment and Parks**  
**Minister for Human Services**  
**Minister for Aboriginal Affairs**  
**Minister for Planning**

Level 9 15 Murray Street HOBART TAS 7000 Australia  
GPO Box 123 HOBART TAS 7001 Australia  
Ph: +61 3 6165 7670  
Email: [minister.jaensch@dpac.tas.gov.au](mailto:minister.jaensch@dpac.tas.gov.au)



**10 MAR 2021**

The Honourable Ivan Dean MLC  
Member for Windermere  
Chair  
Parliamentary Standing Committee of Public Accounts  
Parliament Tasmania  
[pac@parliament.tas.gov.au](mailto:pac@parliament.tas.gov.au)

Dear Mr Dean

Thank you for your correspondence dated 4 February 2021. I have attached a response to your questions.

Yours sincerely

A handwritten signature in blue ink, appearing to read "R Jaensch".

Hon Roger Jaensch MP  
**Minister for Housing**

# QUESTION ON NOTICE

## February 2021

### Public Accounts Committee

ASKED BY: Ivan Dean

ANSWERED BY: Department of Communities Tasmania

#### QUESTIONS:

1. A list of Communities Tasmania and Housing Connect properties currently available by Local Government Area (LGA), a breakdown by number of bedrooms and comparative figures from the same time last year.
2. The number of properties in each LGA that are vacant.
3. The number of people on the public housing waiting list at the end of 2019 and the end of 2020 broken down by LGA.
4. The number of people housed under emergency brokerage accommodation during COVID-19 lockdown, together with:
  - a) the average number of nights stayed;
  - b) the number of people that were eventually moved into stable housing;
  - c) the number of people that were moved on to other accommodation;
  - d) the number of people turned away from emergency shelters;
  - e) the number of people under the age of 18 housed in emergency shelters;
5. A breakdown of the increased applications (10) for Family Violence Rapid Rehousing by regional area.
6. The total number of security staff engaged to monitor hotel quarantine.
7. An overview of the training process for hotel quarantine security staff and how this has changed during the last six months.
8. The overall cost of hotel quarantine to date.

## ANSWERS:

### I. A list of Communities Tasmania and Housing Connect properties currently available by Local Government Area (LGA), a breakdown by number of bedrooms and comparative figures from the same time last year.

The figure that most accurately shows the total stock of social housing properties in the state is that reported each year in Report on Government Services (ROGS) figures, which is different from the number of properties owned by Housing Tasmania. ROGS shows that as at June 2020, there were 13, 806 social housing dwellings across the state, a net increase of 252 new dwellings between June 2019 and June 2020. This reflects increased Government investment in social housing through partnerships with not-for-profit Community Housing Providers (CHPs), not traditional public housing models.

Under agreements signed with CHPs during the Better Housing Futures program in 2013 and 2014, the Government doesn't currently have direct access to CHP data regarding all the stock they manage as social houses. This is being addressed through the current negotiation of CHP agreements.

The following tables show data from the Housing Management System (HMS) as at 31 December 2019 and 31 December 2020, which only include properties owned by Housing Tasmania and so are not reflective of the overall change in social housing stock.

**Table. Properties owned by Housing Tasmania by LGA and Bedroom Size (31 December 2019)**

Municipality	Bedrooms				TOT	Backyard Units	TOT
	1	2	3	4+			
Break O'Day	30	23	22	3	78	1	79
Brighton	83	190	540	12	825	1	826
Burnie	177	240	316	26	759	2	761
Central Coast	150	178	196	14	538	0	538
Central Highlands	3	0	0	0	3	0	3
Circular Head	3	40	51	4	98	1	99
Clarence	300	370	689	54	1413	4	1417
Derwent Valley	70	55	93	9	227	2	229
Devonport	297	414	462	43	1216	3	1219
Dorset	22	10	33	0	65	0	65
Flinders	12	1	11	0	24	0	24
George Town	42	70	100	3	215	3	218
Glamorgan-Spring Bay	2	11	19	0	32	0	32
Glenorchy	490	794	521	100	1905	1	1906
Hobart	510	393	122	38	1063	0	1063
Huon Valley	15	34	46	4	99	0	99
Kentish	6	4	16	0	26	0	26
King Island	3	0	5	0	8	0	8
Kingborough	52	151	142	30	375	3	378
Latrobe	32	29	57	7	125	0	125
Launceston	620	776	786	76	2258	0	2258
Meander Valley	29	69	91	8	197	0	197
Northern Midlands	21	59	79	10	169	1	170
Sorell	11	40	38	3	92	0	92
Southern Midlands	9	4	7	0	20	0	20
Waratah-Wynyard	103	120	137	17	377	0	377
West Coast	4	12	4	0	20	0	20
West Tamar	20	59	51	8	138	1	139
<b>TOT</b>	<b>3116</b>	<b>4146</b>	<b>4634</b>	<b>469</b>	<b>12365</b>	<b>23</b>	<b>12388</b>

Municipality	Bedrooms				TOT	Backyard Units	TOT
	1	2	3	4+			
Plus 'Other' <sup>1</sup>	Various				112	0	112
<b>TOT</b>					<b>12477</b>	<b>23</b>	<b>12500</b>

**Table Note 1:** 'Other' includes Home Purchase Contracts, Facilities Management (like office spaces in supported accommodation that are not used for residential purposes), Neighbourhood Houses, and some other individual arrangements that do not fit into other categories, such as a lease to an organisation until readiness to undertake redevelopment.

**Table. Properties owned by Housing Tasmania by LGA and Bedroom Size (31 December 2020)**

Municipality	Bedrooms				TOT	Backyard Units	TOT
	1	2	3	4+			
Break O'Day	30	23	22	3	78	1	79
Brighton	82	189	434	11	716	2	718
Burnie	177	240	316	26	759	2	761
Central Coast	150	177	195	14	536	0	536
Central Highlands	3	0	0	0	3	0	3
Circular Head	3	40	51	4	98	1	99
Clarence	300	369	684	55	1408	12	1420
Derwent Valley	70	55	93	9	227	3	230
Devonport	294	414	459	43	1210	3	1213
Dorset	22	10	33	0	65	0	65
Flinders	12	1	11	0	24	0	24
George Town	42	69	99	3	213	3	216
Glamorgan-Spring Bay	2	11	19	0	32	0	32
Glenorchy	490	790	517	100	1897	2	1899
Hobart	510	392	121	38	1061	1	1062
Huon Valley	15	34	46	4	99	1	100
Kentish	6	4	16	0	26	0	26
King Island	3	0	6	0	9	0	9
Kingborough	52	151	143	29	375	4	379
Latrobe	32	29	57	7	125	0	125
Launceston	620	775	781	76	2252	2	2254
Meander Valley	29	69	91	8	197	0	197
Northern Midlands	21	59	79	10	169	2	171
Sorell	11	40	38	3	92	0	92
Southern Midlands	9	4	7	0	20	0	20
Waratah-Wynyard	103	120	137	17	377	0	377
West Coast	4	12	4	0	20	0	20
West Tamar	20	59	51	8	138	2	140
<b>TOT</b>	<b>3112</b>	<b>4136</b>	<b>4510</b>	<b>468</b>	<b>12226</b>	<b>41</b>	<b>12267</b>
Plus 'Other' <sup>1</sup>	Various				196	0	196
<b>TOT</b>					<b>12422</b>	<b>41</b>	<b>12463</b>

**Table Note 1:** 'Other' includes Home Purchase Contracts, Facilities Management (like office spaces in supported accommodation that are not used for residential purposes), Neighbourhood Houses, and some other individual arrangements that do not fit into other categories, such as a lease to an organisation until readiness to undertake redevelopment.

## 2. The number of properties in each LGA that are vacant.

In the ROGS data reporting figures as at 30 June 2020, Tasmania's occupancy rates were:

- 98.7% for public housing (National figure was 97.0%)
- 100.0% for State Owned and Managed Indigenous Housing (National rate was 94.7%); and
- 96.0% for community housing (National figure was 95.4%)

This shows that Tasmania is utilising its stock effectively to assist more Tasmanians into housing and is performing better than the National average in each category.

ROGS also reports on the average turnaround time from vacancy to occupancy for public housing stock, which was 27.4 days and below the national benchmark.

Again, more detailed data related to vacant homes is only currently available for public housing, not community housing. The vacancy figures represent the total number of dwellings that were vacant on 31 December 2020 due to usual tenancy turnover and does not include vacancies due to redevelopment or sales.

**Table. Number of Vacant Public Housing Dwellings (31 December 2020)**

LGA	Number of Vacancies
Burnie	1
Central Coast	3
Clarence	1
Derwent Valley	1
Devonport	6
George Town	2
Glenorchy	12
Hobart	3
Launceston	4
Meander Valley	1
Northern Midlands	1
Waratah-Wynyard	2
West Tamar	1
<b>TOTAL</b>	<b>38</b>

### 3. The number of people on the public housing waiting list at the end of 2019 and the end of 2020 broken down by LGA.

The number of applicants represents the total number of applicants on the Housing Register, which includes public, Aboriginal and community housing applications. The LGA has been determined based on the address of the applicant.

The data as at December 2020 is not due to be published on the Human Services Dashboard until the end of March, so the most recent data (30 September 2020) is used in the second table.

**Table. Total Housing Register Applicants (31 December 2019)**

LGA	Number of Applicants
Break O'Day	28
Brighton	191

<b>LGA</b>	<b>Number of Applicants</b>
Burnie	165
Central Coast	137
Central Highlands	6
Circular Head	21
Clarence	338
Derwent Valley	81
Devonport	278
Dorset	24
George Town	41
Glamorgan/Spring Bay	18
Glenorchy	534
Hobart	293
Huon Valley	54
Kentish	31
King Island	3
Kingborough	123
Latrobe	49
Launceston	539
Meander Valley	51
Northern Midlands	54
Sorell	67
Southern Midlands	21
Tasman	13
Waratah/Wynyard	54
Waratah-Wynyard	1
West Coast	19
West Tamar	45
Unknown	199
<b>Total</b>	<b>3478</b>

**Table. Total Housing Register Applicants (30 September 2020)**

<b>LGA</b>	<b>Number of Applicants</b>
Break O'Day	29
Brighton	186
Burnie	224
Central Coast	137
Central Highlands	8
Circular Head	21
Clarence	316
Derwent Valley	74
Devonport	269
Dorset	28

<b>LGA</b>	<b>Number of Applicants</b>
George Town	53
Glamorgan-Spring Bay	19
Glenorchy	456
Hobart	247
Huon Valley	61
Kentish	21
King Island	2
Kingborough	98
Latrobe	52
Launceston	545
Meander Valley	61
Northern Midlands	46
Sorell	67
Southern Midlands	24
Tasman	14
Waratah-Wynyard	68
West Coast	24
West Tamar	74
Unknown	370
<b>Total</b>	<b>3594</b>

#### **4. The number of people housed under emergency brokerage accommodation during COVID-19 lockdown, together with:**

Reporting on number of households assisted by brokerage funding became available in July 2020. This includes all households assisted through brokerage, including through funding made available following COVID-19.

Data is for all brokerage assistance that may include financial assistance for food, furniture, clothing, as well as accommodation.

**Table. Households provided with brokerage assistance**

	<b>Jul 20</b>	<b>Aug 20</b>	<b>Sep 20</b>	<b>Oct 20</b>	<b>Nov 20</b>	<b>Dec 20</b>
Households Assisted	236	267	298	255	236	212

**a) the average number of nights stayed;**

This data is not routinely collected.

**b) the number of people that were eventually moved into stable housing;**

This data is not routinely collected.

**c) the number of people that were moved on to other accommodation;**

This data is not routinely collected.

**d) the number of people turned away from emergency shelters;**

Data is not readily available on the number of people who were unassisted by emergency shelters during the pandemic. The Australian Institute of Health and Welfare (AIHW) published the Specialist Homelessness Services Annual Report 2019-20, which includes the total number of people who were unassisted in Tasmania during 2019-20, but this data is not available at the organisational or shelter level, or for periods other than the reporting year.

While any reports of people being turned away from shelters are concerning, it is important to note some context about the figures regarding turn aways as reported by AIHW. The number of requests for assistance that are unable to be met refers to instances of requesting, not individuals and doesn't exclude the same person seeking help multiple times or from multiple shelters.

**e) the number of people under the age of 18 housed in emergency shelters**

AIHW data is only available on the number of people assisted by Specialist Homelessness Services, this includes all services including emergency shelters.

The table below shows all clients assisted under 18 by Specialist Homelessness Services.

Separate monthly data is not available for children and young people who were unaccompanied by parents (presenting alone).

**Table. Specialist Homelessness Services Clients under 18 Years of Age**

	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
Clients under 18 years of age	409	379	394	406	385	424	412

## 5. A breakdown of the increased applications (10) for Family Violence Rapid Rehousing by regional area

There were 10 properties secured under the Family Violence Rapid Rehousing program (COVID-19 funded) as at 31 December 2020. There were six in the North West, one in the North and three in the South of the State.

**Table. Rapid Rehousing Family Violence Properties Secured (COVID-19 funded) (as at 31 December 2020)**

Region	Dec 20
North West	6
North	1
South	3
<b>TOTAL</b>	<b>10</b>

## 6. The total number of security staff engaged to monitor hotel quarantine

The number of security staff present at quarantine hotels varies over time based on the number of facilities with guests and the number of guests.

To resource the currently engaged quarantine hotels, 125 private security staff are employed to provide security services across the current domestic and international hotel quarantine system.

Tasmania Police and Australian Defence Force staff also provide security services at quarantine hotels. These staff are not part of the Human Services portfolio and advice on staff numbers would need to be sought from the relevant portfolio area.

## 7. An overview of the training process for hotel quarantine security staff and how this has changed during the last six months

The Department of Communities Tasmania has worked with experts from the Department of Health and the Tasmanian Health Service to support infection prevention and control (IPC) training for all people involved in the delivery of hotel quarantine, including security staff.

The core elements of training include:

- On-line training that has been developed by the Australian Government to establish baseline knowledge and understanding of IPC fundamentals;
- An hour-long introductory session delivered by IPC experts including a practical session on the safe use of personal protective equipment (PPE);
- PPE 'buddy' training;
- Refresher PPE training before the arrival of a new cohort of international travellers.

Training is supported by strict IPC policy and protocols which are regularly reviewed, updated and circulated to all hotel quarantine partners.

The effective use of signage in quarantine hotels reminds staff of IPC and PPE requirements in the course of their duties.

The approach to training has evolved in the same way that hotel quarantine arrangements have evolved – improving over time as our knowledge and understanding of COVID-19 and the challenges of hotel quarantine has evolved.

#### **8. The overall cost of hotel quarantine to date**

As at 31 December 2020 total expenditure associated with the quarantine hotel system within the Human Services portfolio area was \$32 661 989. This does not include expenditure under other portfolio areas such as Police or Health.

**APPROVED** / NOT APPROVED



Hon Roger Jaensch MP  
**Minister for Human Services**

Date: 10<sup>th</sup> March 2021

## APPENDIX 3

### Submissions, tabled documents, hearings and witnesses

#### List of submissions

Matthew Cloudsdale
PRIVATE WITNESS
Commissioner for Children & Young People (CCYP)
Tasmanian Government
Local Government of Tas (LGAT)
TasRacing
Shelter Tasmania
Tasmanian Minerals, Manufacturing & Energy Council (TMEC)
PRIVATE WITNESS
Tasmanian Constitution Society (TSC)
TasICT
Port Arthur Historic Sites
Public Health Australia
COTA
Tas Seafood Industry Council (TSIC)
TasPorts
Tasmanian Farmers and Graziers Association (TFGA)
TasNetworks
Hydro Tasmania
PRIVATE WITNESS
TasCOSS
Property Council of Australia
Trotting Club, Racing Club, Greyhound Club
PESRAC
Karen Fry
Amanda Jessup
Eloise Emmett
TTLIne
Tas Chamber of Commerce Industry (TCCI)
Tourism Industry Council Tasmania (TICT)
Visit North Tasmania
Masters Builders Association
Australian Nursing and Midwifery Federation
Tourism Tasmania
West by North West
South Hobart Progress Association (SHPA)
Tasmanian Hospitality Association (THA)
Health and Community Services Union (HACSU)
Paul Dimmock, Huon Bush Retreats

### List of tabled documents

Approved and Pending CoVID-19 Social and Economic Support Measures Expenditure Allocations
Submission to the Independent Review of the Response to the North-West Tasmania COVID-19 Outbreak
Department of Education Expenditure at 30 June 2020
Department of Education Timeline of Key COVID-19 Initiatives
Tasmanian Hospitality Association Action Plan 2020/21
Sport and Recreation Grants Program Tranche 1
Sport and Recreation Grants Program Tranche 2
Presentation, Tasmanian Economy, Government of Tasmania, 3 February 2021
Report of the Auditor-General No. 13 of 2020-21: COVID-19 – Allocation, distribution and replenishment of Personal Protective Equipment, 24 June 2021

### List of hearings and witnesses

Date/location	Organisation/individual
1) 29 June 2020 Hobart	<p><b>Hon Peter Gutwein MP, Premier and Treasurer</b> Tony Ferrall, Secretary Department of Treasury and Finance Andrew Finch, Premier’s Chief of Staff</p>
2) 6 August 2020 Hobart	<p><b>Local Government Association of Tasmania</b> Dr Katrena Stephenson, CEO (via Webex)</p> <p><b>Tasracing</b> Paul Erikson, Chief Executive Officer (via Webex) Daron Heald, Chief Financial Officer</p> <p><b>PESRAC</b> Don Challen AM, Chair</p> <p><b>Tasmanian Trotting Club</b> <b>Tasmanian Racing Club</b> <b>Hobart Greyhound Racing Club</b> Steve Devereux, CEO, State Trotting Club Andrew Scanlon, Chair Tasmanian Racing Club Graeme Barber, Vice Chair Hobart Greyhound Racing Club</p>
3) 28 August 2020 Hobart	<p><b>Hon Peter Gutwein, MP, Premier/Treasurer</b> Andrew Finch, Chief of Staff Tony Ferrall, Secretary Department of Treasury and Finance Jenny Gale, Secretary, Department of Premier and Cabinet</p> <p><b>Hon Mark Shelton, MP, Minister for Police</b> Darren Hine, State Controller Mandy Denby, DPAC Sophie Muller, DPAC</p> <p><b>Hon Sarah Courtney, MP, Minister for Health</b> Kathrine Morgan-Wicks, Secretary Department of Health Mark Veitch, Director of Public Health Prof Tony Lawler, Chief Medical Officer Craig Jeffrey, Chief Financial Officer, Department of Health</p>

28 August 2020 cont'	<p><b>Tasmanian Minerals, Manufacturing and Energy Council (TMEC)</b> Ray Mostogl, CEO</p> <p><b>Shelter Tasmania</b> Pattie Chugg, CEO Cythia Townley, Policy Officer</p> <p><b>TasCOSS</b> Adrienne Picone, CEO Dr Charlie Burton, Manager Policy Stephen Dorney</p>
4) 10 September 2020 Hobart	<p><b>TasICT</b> Martin Anderson</p> <p><b>TT-Line</b> Bernard Dwyer, CEO Kym Sayers, CFO</p> <p><b>Public Health Association of Australia (via Webex)</b> Dr Kim Jose, Branch President Tasmania Terry Slevin (via Webex), CEO Silvana Bettiol. Committee Member</p>
5) 18 September 2020 Hobart	<p><b>Tourism Industry Council Tasmania</b> Luke Martin, CEO</p> <p><b>Tasmanian Chamber of Commerce and Industry</b> Michael Bailey, CEO</p> <p><b>Visit North Tasmania</b> Chris Griffin, CEO</p>
6) 23 September 2020 Hobart	<p><b>Minister for Infrastructure</b> Honorable Michael Ferguson MP, Minister for Infrastructure Gary Swain, Deputy Secretary, Department of State Growth Denise McIntyre, Acting General Manager State Roads Transport Services, Department of State Growth</p>
7) 29 September 2020 Hobart	<p><b>West by North West</b> Tom Wooton, CEO</p> <p><b>Australian Nursing and Midwifery Federation</b> Emily Shepherd, Branch Secretary</p> <p><b>Tourism Tasmania</b> John Fitzgerald, CEO Jacqui Allen, Deputy Secretary, Cultural and Tourism Industry Development, Department of State Growth</p> <p><b>Master Builders Association Tasmania</b> Matthew Pollock, Executive Director</p>
8) 26 October 2020 Hobart	<p><b>Minister for Small Business, Hospitality and Events</b> Hon Sarah Courtney MP, Minister Kim Evans, Secretary, Department of State Growth</p>

<p>9) 4 November 2020 Hobart</p>	<p><b>Tasmanian Hospitality Association</b> Steve Old, CEO</p> <p><b>Minister for Education and Training</b> Hon Jeremy Rockliff, MP, Minister Tim Bullard, Secretary, Department of Education Kane Salter, Director Budget and Finance, Department of Education</p> <p><b>Hon Michael Ferguson MP, Minister for Science and Technology</b> Brett Stewart, Chief Information Officer Dr Glenn Lewis, Chief Information Officer</p> <p><b>Society of Hospital Pharmacists of Australia (SHPA)</b> Peter Fowler, President</p> <p><b>Health &amp; Community Services Union (HACSU)</b> Tim Jacobson, State Secretary (via Webex)</p> <p><b>Hon Sarah Courtney, MP, Minister for Health</b> Kathrine Morgan-Wicks, Secretary, Department of Health Dr Mark Veitch, Director of Public Health</p>
<p>10. 3 February 2021 Hobart</p>	<p><b>Hon Roger Jaensch MP, Minister for Human Services</b> Michael Pervan, Secretary, Communities Tasmania</p> <p><b>Hon Peter Gutwein MP, Treasurer</b> Tony Ferrall, Secretary, Department of Treasury and Finance Andrew Finch, Chief of Staff</p> <p><b>Australia Nursing and Midwifery Federation</b> Emily Shepherd, Branch Secretary Tasmania</p> <p><b>Hon Guy Barnett MP, Minister for Primary Industries and Water (Biosecurity Tasmania)</b> Deidre Wilson, Deputy Secretary Rae Burrows, General Manager Biosecurity Tasmania</p>
<p>11. 5 March 2021 Hobart</p>	<p><b>Hon Elise Archer MP, Attorney-General</b> Ginna Webster, Secretary, Department of Justice Penny Ikedife, Administrator of Courts, Magistrates Court of Tasmania Jim Connolly, Registrar, Supreme Court of Tasmania</p> <p><b>Hon Elise Archer MP, Minister for the Arts</b> Kim Evans, Secretary, Department of State Growth Jacqui Allen, Deputy Secretary, Cultural and Tourism Industry Development, Department of State Growth</p> <p><b>Hon Jane Howlett MP, Minister for Racing</b> Paul Eriksson, CEO Tasracing Tony Latham, Racing Integrity &amp; Stewards Manager, Office of Racing Integrity</p> <p><b>Fruit Growers Association of Tasmania</b> Peter Cornish, CEO</p>