

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the Victorian Government's COVID-19 contact tracing system and testing regime

Melbourne—Wednesday, 18 November 2020

(via videoconference)

MEMBERS

Ms Fiona Patten—Chair

Dr Tien Kieu—Deputy Chair

Ms Jane Garrett

Ms Wendy Lovell

Ms Tania Maxwell

Mr Craig Ondarchie

Ms Kaushaliya Vaghela

PARTICIPATING MEMBERS

Dr Matthew Bach

Ms Melina Bath

Mr Rodney Barton

Ms Georgie Crozier

Dr Catherine Cumming

Mr Enver Erdogan

Mr Stuart Grimley

Mr David Limbrick

Mr Edward O'Donohue

Mr Tim Quilty

Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

Ms Sheena Watt

WITNESS

Mr Tony Kairouz, General Manager and Owner, Cedar Meats.

The CHAIR: Welcome back, everyone. As you all know, this is the Legal and Social Issues Committee's Inquiry into the Victorian Government's COVID-19 Contact Tracing System and Testing Regime, and today I am very pleased to be able to welcome Tony Kairouz, who is the General Manager and owner of Cedar Meats. Tony, on the committee today we have Deputy Chair Dr Tien Kieu, Ms Georgie Crozier, Ms Kaushaliya Vaghela, Ms Wendy Lovell, Ms Melina Bath, Ms Tania Maxwell and Mr Lee Tarlamis. There may be a couple more joining us as this session progresses.

Just a couple of formal words for you, Mr Kairouz: all evidence taken at this hearing is protected by parliamentary privilege, and that is as provided by our constitution but also under the standing orders of the Legislative Council. This means that any information that you provide to us today is protected by law. However, if you were to repeat comments outside this place, you may not have the same protection. And any misleading of the committee or false information may be considered a contempt of Parliament.

We are recording this. We have got a Hansard team et cetera. You will receive a transcript of today's session, and I would encourage you to have a look at it just to make sure that we have not misrepresented anything that you have said. Ultimately it will go up on the Legislative Council's website. Certainly we are really delighted that you have been able to join us: you have had such a firsthand experience—probably more than you ever wished for in your whole life—with COVID. We would welcome it if you would like to make some opening remarks before starting a more general committee discussion.

Mr KAIROUZ: I would like that, and thank you very much, Chair Fiona. I appreciate your kind words. Thank you for your invitation to speak to the committee today. Cedar Meats is a third-generation family-owned and operated business, employing 350 people. We are very proud to have been able to provide employment opportunities for so many in the western suburbs of Melbourne for over a 30-year period, and we do not take this responsibility lightly. We are also acutely aware of our obligations to the health and safety of our staff as well as the broader community in Melbourne.

Even before this pandemic, we have been very active in the support of many community groups in our area. We have worked tirelessly to build a true family culture within our business over many years. Recently this has been put to the test whilst we have managed our way through an unprecedented COVID outbreak in our business. Although this may have been one of the toughest periods our business has ever faced, I am extremely proud of how our team has banded together to work our way through this.

Although we may not be experts in contact tracing, I believe that there is a lot that can be learnt by us sharing our experience in relation to this outbreak and our dealings with the public health team of DHHS. Firstly, I would like to remind the committee that our outbreak was in late April to early May 2020. The majority of our dealings with DHHS were between 27 April and 27 May this year, so all my comments and answers are about a time relatively early in Victoria's experience with COVID, when the community was not being encouraged to test unless multiple symptoms were evident. Much has changed since then, and it can be easy to overlook the advice given to business and the community by the government and the department back in April and May. The committee will be aware that in the early part of 2020 the information in relation to how to control and manage COVID-19 was minimal.

We as a business had endeavoured to protect our staff from this pandemic to the best of our ability based on the information at hand from DHHS and WorkSafe. We had implemented every recommendation at the time, and yet we still had an outbreak. From the first known case we were totally in the hands of DHHS, as this was a public issue and not something we had brought upon ourselves. From the beginning we had a very good working relationship with DHHS. It was clear how hard the public health team was working. Often we would receive emails from members of the public health team at 1.15 in the morning. The same person had been emailing us since 7.00 am the previous day. The staff were very diligent and helpful.

It is worth me spending a few minutes outlining the circumstances of the first two cases of COVID at Cedar Meats. On 27 April we received two separate phone calls from DHHS alerting us to individual staff that had tested positive for COVID. Person 1 had gone to the Sunshine Hospital a few days earlier due to a workplace

incident. He had developed a cough while at the hospital, and only because of that cough did he have a COVID test, which was subsequently positive. Person 2 had not been feeling well and was not at work since 17 April, 10 days earlier. He had been to the doctor's twice and on both occasions asked the doctor for a COVID test. As he was not presenting with all the symptoms that were deemed necessary at the time to warrant a COVID test, he was sent home. In all this time he stayed away from work. The third time he went to the doctor he insisted on a COVID test, to which the doctor then obliged. It turned out to be positive.

As a business we have always required staff who have been away sick for more than a day to return to work with a medical certificate before being allowed to restart. As soon as COVID hit in February this year, we strengthened these rules so that anyone who was away for any period, no matter how brief, had to have a medical clearance to return to work. After the outbreak at our plant we strengthened them again to include a COVID clearance. From this first contact until now we could not have been any more responsive and cooperative while working with DHHS. From Friday night, 1 May, all of us were in quarantine in our houses, myself included. The senior person I appointed to be the go-to single point of contact with DHHS had also tested positive for COVID-19. He worked tirelessly from isolation in one room in his house, and no-one could have responded more thoroughly and quickly to the DHHS's requests than he did.

However, what was evident to us was the fact that this was also something that DHHS was not prepared for. We were the first outbreak in an industrial setting in Australia, and I believe that both Cedar Meats and DHHS did the best they could with the resources and knowledge they had at the time. In the early discussions with DHHS, Cedar Meats strongly advocated for all staff to be tested onsite before they were sent home on that Friday, 1 May. We knew how difficult it would be to communicate with 350 people with such diverse backgrounds and language barriers once they had left the business. Testing them onsite would have ensured a more controlled environment to capture and contain the outbreak. Time was of the essence, and we as a business could have provided critical support to DHHS in relation to their testing and isolation process in their efforts to contain the virus. This would have also ensured that detailed and more accurate information was obtained from our staff through the use of Cedar managers and interpreters that work with our staff on a daily basis. Unfortunately DHHS could not organise this to occur, and instead staff were asked to attend a multitude of test sites, which made it all the more complex and inefficient in containing the outbreak.

Also, once they left work on that Friday we essentially handed over all control of communications to DHHS. Despite this, we remained fervently supportive of DHHS, consistently offering to help with communicating to the staff. There was a lot of confusion and a lot of problems getting our staff tested, and there has been a lot of inaccurate scrutiny of our ability to produce contact details for all of our 350 staff. This is addressed in our written submission and documentation. It was unfortunate that DHHS did not seek to lean on management early on for assistance in this regard. While we were able to hand over records of all mobile phone numbers as soon as they were requested, some of our staff changed phone numbers, and despite procedures in place that state that staff must keep contact details up to date, in some cases this is not done in practice. A small number of staff phone numbers at that time were therefore wrong. Even then, we responded quickly when DHHS alerted us to contact discrepancies by following up new contact details immediately and providing them again shortly after they were asked for.

The outbreak at Cedar Meats of COVID was a devastating situation on a personal level, in particular to our staff, who were reading all sorts of fabrications about us in the media, and more broadly to my family, the Kairouz family, who were hounded by mainstream media and social media. It was a very difficult time. Overseas you read where staff who work in businesses like ours are praised for coming to work—we are an essential service after all. Instead we were harassed and seen to have done something wrong, and that was extremely hard for everyone.

Since returning to work on 27 May 2020, Cedar Meats has invested almost \$1 million in resources and technology to keep our staff and business COVID safe. The welfare of our staff continues to be our number one priority, and we will continue to invest and implement whatever is deemed necessary to stay COVID safe. I thank you all for listening, and I look forward to your questions.

The CHAIR: Thank you so much for that. I hope all your staff are well now.

Mr KAIROUZ: Thankfully, yes.

The CHAIR: That is great to hear. Certainly with the wonder of hindsight we can all see how things can be done better, but it certainly sounds like you have really upped it. Just to start some of the questioning, I think one of the things that we heard in the media—and not to suggest that everything the media said was correct in this regard—was certainly the idea of having an onsite testing facility was just a no-brainer. I wonder, did you feel that DHHS had adequate language? Because, as you say, you have got a very multicultural workforce. Were they able to communicate to the workforce effectively, and do you think DHHS has remedied any of those language barriers that occurred with your experience?

Mr KAIROUZ: I am not qualified to comment on DHHS's side, but from our side, working with such a diverse cultural background of workforce certainly makes it challenging. We ourselves have taken a lot of years to come to know our people and to have the right level of interpreters available on hand to be able to interpret for those that are difficult to communicate to in English. That is where we felt we would have been more useful to DHHS. But as far as communication that DHHS had essentially with our staff, we were not privy to that. As soon as we were deemed an outbreak all that communication was effectively taken over by DHHS, and apart from them communicating back to us if they were having difficulty in contacting some of the staff, that is about all the information that we got as far as their communication with specific staff members.

The CHAIR: Right. Look, certainly you pointed out very clearly the points where things could have been captured and could have been protected. Is there anything else that you have not mentioned that you think could have been done better and that is something that we as a committee should take away from this in making recommendations around contact tracing?

Mr KAIROUZ: You mentioned the benefit of hindsight, and now that we all have the benefit of hindsight it is a wonderful thing. It was a very confusing time for us all. You know, we had prepared with our processes and procedures well ahead of the outbreak and the unlikely event that we would have an outbreak, and it was almost discussed more broadly in our industry that heaven help the people that were first to get COVID-19 and the challenges that it would present. And that is surely what has happened to us. It has been a difficult process being the first. But certainly we have had situations since the first outbreak where there have been people having to challenge our systems and our systems have been challenged since, and the way we have done it the second time round has been a lot more organised and a lot more structured. So there are a lot of learnings that we can take back, and I am more than happy as a business, as a person, to contribute to whatever committees we can to help in these learnings and to improve the process in the future.

The CHAIR: Thank you, Tony, and I think certainly, yes, probably your losses and your experience have actually benefited the community in knowing what not to do next time, and sadly, probably, for the rest of Australia as well. I turn to Dr Kieu.

Dr KIEU: Thank you, Chair. Thank you for contributing to the inquiry today. There are many lessons that have been learned from what has happened at Cedar Meats, so moving forward with possibly the option of further outbreaks from here and there—and also there could be a third wave; it may or may not be the case—could you take us through what measures you have in place to protect the workforce and protect the community and the welfare of all the people involved and what further resources you may need to do so? Thank you.

Mr KAIROUZ: Thank you, Dr Kieu. We have implemented, as I said in my opening statement, close to \$1 million worth of technology and resources to this, some of which are thermal imaging cameras that not only take the temperature of anyone walking through our entry corridor now but also have a facial recognition technology to be able to log that information clearly and for us to be able to sort of keep a log of who has entered our site, and we can submit that information more readily in the future. We have made significant changes to the set-up of our business. We have introduced the use of face shields across the plant now. Face masks, which have been mandatory, have been implemented immediately after the outbreak. Sanitising stations—

We have moved all of our employees outside to an external car park area so that they have to walk through the tunnel, so that we have got better controls in place with how our staff enter and exit our facilities. We have got a range of processes and procedures that have been enhanced with marshals that have now been introduced—I never thought I would go back to my school days, but we have yard duty managers now that go downstairs and they watch them when they are eating, and it is a bit creepy especially when I am rostered on. So it is a raft of changes, and I am happy to submit all of those to the committee for the benefit of your knowledge after this.

But we have been very proactive and that is where I feel that we can be very useful for advice—because we are unfortunately the ones that have been through this, and I know that we can add some valuable knowledge to the committee and to the broader community by sharing these experiences. I hope I have been—

Dr KIEU: That is a huge investment.

The CHAIR: Yes.

Dr KIEU: Thank you.

Mr KAIROUZ: Thank you, Dr Kieu.

The CHAIR: Thank you. Georgie Crozier.

Ms CROZIER: Thank you very much, Chair. And thank you very much, Mr Kairouz, for being before the committee this morning; we appreciate your time and your insights.

Mr KAIROUZ: Thanks, Ms Crozier.

Ms CROZIER: I would just like to go to a couple of things, if I could, in relation to how DHHS contacted you. I am very interested in that. Now, we know that actually it was 2 April that the first case was linked to Cedar Meats and that it was then further found that that was linked to the 24 April case. In your time lines you are talking about DHHS contacting you on 24 April. I would like to understand a little bit more about that 2 April case and when DHHS or any member of the government contacted you about positive cases at Cedar Meats, because there have also been reports about Cedar Meats workers going into hotel quarantine prior to 24 April. I am wondering if you could address those issues for me.

Mr KAIROUZ: There are a few questions in there. I will categorically rule out that any of our staff members were put into quarantine before 27 April when we first got notified. DHHS—

Ms CROZIER: Did any move into hotel quarantine at any point?

Mr KAIROUZ: None that I knew of and none that I am aware of. Absolutely not before the 27th. In actual fact, not before 1 May when we were shut down effectively and DHHS started contacting individuals and the individuals themselves had said to DHHS that they were not able to quarantine in their own homes because of the size of their homes and their shared bathroom arrangements or whatever types of arrangements they had. The first time that anyone from our plant, to our knowledge, was ever offered any hotel quarantine was in that period after 1 May when we were effectively shut down and forced into quarantine.

Ms CROZIER: Okay.

Mr KAIROUZ: The second part of your question, sorry, Ms Crozier, is about the 2 April case. I know as much about the 2 April case as what you do, and I have only heard that through media reports. We have not heard anything further from DHHS or anyone else to suggest that we had an active case here. The information we have been given is that if there was an employee who had that virus at that time, it was not at work and therefore it did not affect us. But that is as far as we know about the 2 April case.

Ms CROZIER: So the first time DHHS contacted you was 24 April—Friday the 24th?

Mr KAIROUZ: No, it was not. It was 27 April—

Ms CROZIER: 27 April?

Mr KAIROUZ: The morning of 27 April—Monday.

Ms CROZIER: It is my understanding that DHHS and WorkSafe did a risk assessment over the weekend of the 25th and the 26th, is that correct?

Mr KAIROUZ: That is not correct, no.

Ms CROZIER: No? So DHHS, the very first time you were contacted about anyone testing positive—even though it was known once that individual that went from the boning room, who severed his finger in the previous week—was on Monday the 27th?

Mr KAIROUZ: The person who severed his finger—his thumb to get more technical—was the first case that we were notified of on that Monday morning of the 27th.

Ms CROZIER: And he severed his finger when?

Mr KAIROUZ: The Thursday prior.

Ms CROZIER: The 23rd?

Mr KAIROUZ: The 23rd, yes.

Ms CROZIER: Right. And it is my understanding that workers were not starting to be tested, even though they were in close proximity to that worker on Thursday the 23rd, until 1 May. Is that your understanding?

Mr KAIROUZ: Thursday the 23rd is when he severed his thumb. He did not go to the hospital for COVID; he went to the hospital for a severed thumb. It was not until—

Ms CROZIER: But he was tested for COVID at that point and a Sunshine nurse also contracted COVID from him.

Mr KAIROUZ: Ms Crozier, my understanding of it is that he was not tested until he developed a cough in the hospital. The testing program in the hospital may have been in its premature or early stages of when they test and how they test. My understanding was that it was not until he developed a cough in the hospital. And if you cast your mind back to that time, it was a lot more difficult to get tests at the time. Tests were in short supply, and they were only testing people with multiple symptoms. Our understanding was that he had developed a cough in the hospital and for that reason was tested for COVID. It was not known that he had COVID until later on in that week. I am not sure exactly when DHHS knew or when they knew, but our first knowledge was on Monday morning when we got a call from DHHS to let us know that the person that severed his thumb had developed COVID.

Ms CROZIER: What did the department say to your workers then? What advice did they give to you on that Monday, the 27th, about your workers being in close proximity to somebody who had tested positive?

Mr KAIROUZ: In the lead-up to a potential outbreak, any responsible business—we like to think we are in that category—would have reviewed their policies and procedures to ensure that they are ready for a situation where a person presents with COVID-19 in their business, and we had such processes of review, not just internally but externally by legal and HR companies—specialised HR companies. We reached out—

Ms CROZIER: But there were rumours swilling around about COVID prior to this, Mr Kairouz.

The CHAIR: Georgie, sorry.

Mr KAIROUZ: I cannot comment on rumours.

The CHAIR: We might be able to come back to you, Georgie. We need to move on. Thank you. If I could move to Kaushaliya Vaghela.

Ms VAGHELA: Thanks, Chair, and thanks, Mr Kairouz, for your time and your submission. One of the many measures that has been brought in to reduce the risk of COVID-19 outbreaks in high-risk industries like meat processing facilities has been the use of mandatory workforce surveillance testing. Now, with 19 days without any cases in Victoria, the need for mandatory testing will likely fall away. If that happens, has Cedar Meats considered whether it would still require staff to test voluntarily, and will there be other core COVID-safe practices that are kept in place once they are no longer mandatory?

Mr KAIROUZ: Look, I do not think so. We continue to operate post 27 May in Australia's epicentre of where this virus was breeding and growing. We demonstrated that in that period, in the peak of that period,

when there were 725 cases—we were forced to test everybody again, and we tested all of our staff to find that we had 100 per cent negative results throughout the plant, and all of our workers lived in these communities that had the highest infection rates of COVID-19. We have done that twice since because we do this 25 per cent testing on a weekly basis. We believe it is an overkill for what we have done, because we have demonstrated three times now since our outbreak that we have been able to reduce the spread of this virus within our business by implementing additional measures that were only evident to us once we had lived through the experience, and that was something that was really critical. We are all learning. There was no textbook that was written there for us to say, ‘This is what you do now and this is how you follow instructions’. We were learning, and we were happy to give advice and take advice from the department of health and also from WorkSafe and any other authority that presented here and assisted in helping to get us out of that situation.

We do not believe that mandatory testing is fair on our employees, because we believe we contained it. We have got a really good process in place for absenteeism, for people who are away sick and needing to get a full COVID clearance before returning to work. We believe that is a more appropriate way to be fair on our staff instead of subjecting them to intrusive tests like the COVID-19 tests—and mind you, I have had a few of them, so I know now how intrusive they are. I am very, very comfortable and sure that if we allow us to do it as per our policies and procedures, we would be able to sort of control any future outbreaks and there will never be, we hope, any of the magnitude that we saw here for the first time.

Ms VAGHELA: Thank you.

The CHAIR: Thank you, Kaushaliya. Ms Wendy Lovell.

Ms LOVELL: Thanks very much, and thanks for being with us, Mr Kairouz. Mr Kairouz, you said before that 27 April was the first time that DHHS contacted you to tell you that there was a worker that had tested positive, but then you said it was after 1 May that the staff started to tell DHHS that they could not quarantine because of the size of their homes. What was the delay between 27 April and 1 May? Why was that not identified straightaway? Did DHHS not notify staff straightaway?

Mr KAIROUZ: It is probably best to go through the process of that week, and I was going to get to that when Ms Crozier earlier asked that same question. The 27th was when we were first alerted, and as I said when I was finishing off with Ms Crozier, we have got policies and procedures in place to handle the event when we had a reported case, and that was to isolate members around that particular case, and then in particular for us it was to continue. Our policy was once you have isolated everybody, just observe and monitor the rest of the staff and you can continue to operate given that we are an essential service and we were going to continue to operate. DHHS was also comfortable that the two cases that had presented were isolated to a particular area in our business and they were comfortable with our policies and procedures at that point. It was not until the Wednesday night that there had been two subsequent cases that had been found and that DHHS alerted us to a bigger problem than an isolated incident there, that it had potentially spread through that area of the plant.

At that point still they were only concerned about that one particular area of the plant, which was the boning room operations. They were not thinking it was widespread, and, as it turns out, the majority of the people that were positive were from that one particular area. On the Wednesday night we had discussions about having to close down that particular area, the boning room. I alerted them to the fact that in our industry, whilst the principal concern is always going to be human health and welfare, there is also an element of animal welfare that we have to consider too. There were livestock onsite and had we delayed the processing of them, we would have been subjecting them to animal cruelty. So I alerted them to that and made the specific point to DHHS.

It was late on the Wednesday night—it was 9 o’clock, from memory—that we had a detailed discussion about what the go-to plan was now that we had two additional cases. And once we had discussed it I alerted them: I said to them, ‘I’m submitting ourselves completely to you guys. You guys are here to handle this situation. We’re not equipped. We’re not experienced in this field. This is your area of expertise, and we want the health and welfare of our staff to go back to complete health, and we want to get our business back on track. So we’re in your hands. Whatever you need us to do, we’ll do’. I alerted them to the fact of the animal welfare concerns. They then came back and said, ‘You’re able to process the last remaining two days’. The Thursday was happening anyway, and the Friday happened to complete that process. And then once we had completed it, we shut down the site.

Ms LOVELL: Okay.

Mr KAIROUZ: Sorry, Ms Lovell. On that Wednesday night, importantly, we had discussions with DHHS about the need to be testing onsite because of how difficult it would be, once our staff left our facilities, to contain them and to contain this sort of problem so that we could test the right people and test them at the most appropriate time. They were hell-bent on getting—and we were hell-bent on getting—a test facility set up here at the time. We had spoken to senior members of Dorevitch at the time, from memory, to see what we could do with DHHS to facilitate an onsite testing program to occur here. Because of the shortage of resources at the time and the difficulty of getting people tested that was not able to happen. It is the single biggest regret that I look back on and say, ‘I wish that DHHS were able to test onsite. We would have contained that virus a lot more’.

Ms LOVELL: Absolutely.

Mr KAIROUZ: One particular person who was infected ended up infecting nine other people in his family, not knowing that he was infected, and that could have been—

Ms LOVELL: Yes. So that was going to be where I went to next, Mr Kairouz.

The CHAIR: Sorry, Wendy. We are out of time.

Ms LOVELL: I only had one question. I just had a follow-up question just from that.

The CHAIR: It will have to be really quick. We have only got 4 minutes each.

Ms LOVELL: Yes. As you just said, one of the staff members ended up infecting nine other people in their own family. Now, you said before that the staff members notified DHHS that they could not self-isolate. So what processes were put in place for the family members who they had been sharing a home with for nearly a week now to be tested and to be isolated as well?

Mr KAIROUZ: That question is far better referred to DHHS, because we had nothing to do with that process. That was a DHHS responsibility.

The CHAIR: Thank you. We will go to Enver Erdogan and then Tania Maxwell.

Mr ERDOGAN: Thank you, Mr Kairouz, for sharing your experiences and challenges faced by Cedar Meats during this difficult period. I actually had more of a question about the meat processing industry and what makes it so high risk. I have been looking at it around the world, and in the US at one stage almost half the clusters were related to meatworks and meat processing. Why is the industry so risky? We understand why healthcare workers and why retail workers are so risky. What makes your industry so risky for the spread of this?

Mr KAIROUZ: I should mention that I believe our business to be less risky now that we have implemented a lot more stringent measures, like face shields, the continual use of face masks, the marshalling. It is the common areas, where people interact and go between washrooms and canteens. But generally where you are working the positions are sufficient that you are not in that close proximity, but there are times where it is just simply unavoidable. The introduction of face shields and face masks has in those situations demonstrated—like I said, because of the three times that we have tested our complete workforce—that we have been able to reduce or eliminate the transmission of this virus once it enters.

You have to know too that the time you are aware that somebody has contracted COVID-19 might not be until some time later. Now we are a lot quicker in getting results back and now we are a lot quicker in referring people to get tested. Back then it was a lot more delayed, but you need to really make sure that you have got your procedures in place at all times and are keeping people separated. I think before this all happened we probably could have done a lot more as an industry, and as I said to you, if we had a textbook we certainly would have followed that textbook. We followed whatever information, whatever advice we could get from any of the authorities, including our industry representative, AMIC. We followed all the advice given to us at all times. By working together now and by learning from Cedar Meats’s outbreak I think the industry as a whole has benefited. I think all around Australia you will find that meat processing has put in similar or the same policies and procedures that we have, and you will find that it is less risky now as demonstrated by the

last three times that we have tested our staff and as demonstrated by us existing in the epicentre of Australia's virus outbreak.

Mr ERDOGAN: Thank you. I have one brief, short supplementary question, because Mr Kairouz has touched on a good point. Since the outbreak have you had any ongoing contact with DHHS? Have they been contacting you just to see how things are going and how the systems are working? Has there been any contact?

Mr KAIROUZ: Certainly. They invited not me specifically, but my representative from our business has been involved in a couple of meetings around language barriers and other community initiatives that they wanted us to be a part of. I would certainly hope that they would lean on us a lot more in future too, and I would encourage that too, because of our experiences. We welcome that opportunity to share our experiences but we certainly do not want anybody to go through what we have been through. DHHS remains supportive. I know they are under the pump and when they are busy with other people that is good—they are not busy with me, I am happy with that, that is fine. But certainly we are here and willing and able to assist in whatever way we can to help circumvent or help prevent anyone going through what we went through.

Mr ERDOGAN: Thank you, Mr Kairouz.

The CHAIR: Thank you. Ms Tania Maxwell, and then we will go to Mr Tarlamis and Dr Bach.

Ms MAXWELL: Thank you, Chair. Mr Kairouz, thank you so much for joining us today. I am just going to go back to the time line of events, if I may, and my line of questioning is absolutely no reflection on Cedar Meats. I am just trying to ascertain the procedures, particularly from DHHS. On 17 April it says that a worker went home sick and you were still unable to determine exactly when they were diagnosed, so there we know there is one case. Then on the 23rd you had a worker going to hospital with a severed finger. On 27 April the health department contacted you, so that would allude to me that there are two people, two employees who have contracted COVID. Then on the 29th the chief health officer orders the facility to be closed down, so what that indicates to me is from two employees that are known or would be known, should be known, at that time line, an entire business is shut down. What information was provided to you at that stage of how many employees had actually contracted COVID? Because that seems incredible to me that for two people an entire business has been shut down.

Mr KAIROUZ: It is difficult to comprehend unless you have experienced it, but I will just explain it in a little bit more detail. The 17 April case that you are referring to in your question: we have people away sick for a multitude of reasons every day—and we monitor them a lot closer these days, by the way—so the 17 April, you do not necessarily know the first day you think you are ill that you have got COVID. DHHS does not confirm it, particularly back then. As I mentioned in my opening statement this particular person had visited the doctor twice only to be sent back home saying, 'You are not showing or presenting with enough of the symptoms to warrant the COVID test'. It was not until his insistence the third time that he actually got tested, so even though he was sick from the 17th and was not at work since the 17th, because he was tested and found to have had COVID, whenever it was—I am not sure, I knew on the 27th—we needed to deem his first infectious period on the first day he had any symptoms. So that is what DHHS acknowledges.

They say that when you first present with any symptoms, that is the day that the onset started. They go back to that date, and they look at where you were 48 hours prior to that date. And where was he 48 hours prior to that date? Obviously at work, because his last day of work was on the 17th. So you are talking as if we had the information at hand on the 17th and did nothing with it, or DHHS more specifically had that information and did nothing with it. Neither us nor DHHS had that information for some period of time. I am not sure when DHHS got it, but when we got first alerted was 27 April. And as far as the thumb incident goes, yes, the injury happened on the 23rd, but it was not diagnosed until sometime before the 27th. I cannot answer when DHHS was notified. That is the first part of your question.

At that point DHHS was still comfortable that the actual situation was contained to a certain area and that our policies and procedures effectively governed that situation well, and they were happy with what we were going to do. They let it go for two days, and then they got another two cases. These two additional cases that they got by the Wednesday night had then alerted to them that this was bigger than just an isolated incident. This was more widespread within the business, and we needed to make some decisions. It was in the boning room specifically, and their talk to us was about only shutting down the boning room. They were only wanting to test

the boning room. For the health and safety of the rest of our staff, I strongly suggested to them that we tested the whole site, and we shut down the whole site. It was a mutual agreement where we said that we would shut down, and this was the procedure in which we shut down. But it was not until there were two additional cases that were identified, between the Monday and the Wednesday, that DHHS changed their tune and said, 'Your policies and procedure are no longer valid in this situation. Put them aside. We're handling this now. We'll take over from you. Thank you very much. Park over there, and we'll do this'. And that is what we did. We submitted ourselves to them, and we obliged to everything they asked of us.

Ms MAXWELL: So I guess the confusion—

The CHAIR: Sorry, Tania.

Ms MAXWELL: Sorry.

The CHAIR: Sorry, your time has expired, I am afraid.

Mr KAIROUZ: Sorry, Ms Maxwell.

The CHAIR: Now, I said Lee now. Lee Tarlamis, then Matthew, then Melina.

Mr TARLAMIS: My line of questioning has actually been pursued by other committee members, so I will cede my time to the Deputy Chair, Dr Kieu.

Dr KIEU: Thank you, Lee. Some lines of questioning digress away a little bit from the main aims of this inquiry, which is into testing and also into contact tracing, so I would like to come back to the testing. What do you think, Mr Kairouz, about the system of testing you have in place, and what would you and your workers think about mandatory testing, particularly in your line of business and also for the bigger community? What is your personal view on that?

Mr KAIROUZ: Dr Kieu, I certainly think it is quite discriminatory against our industry to say that we are the problem. I think it is unfair to say—and I am not saying that you are saying that, but I think—

Dr KIEU: No, no, I am not saying that.

Mr KAIROUZ: I apologise for referring that to you, but my interpretation of that was that by forcing us to do mandatory testing you are somehow saying that it exists more predominately in our industry. I challenge DHHS or anybody else to do some mandatory testing in other industries then, if they feel that is the case. We are not the only industry that works in close proximity. I do not want to mention any, because I do not want to tip anybody under the bus here.

Dr KIEU: I understand.

Mr KAIROUZ: At the end of the day, look at a broader mandatory testing program to see that it is not just us. We happened to be the first, and yes, we were the meat industry, and yes, there were a few subsequent. We have put the policies and procedures in place, we have made the changes and we have made the physical changes. We have done all the things necessary to show—and we have demonstrated three times now by complete testing of our site—that we have been able to contain this in the event that anybody is infected. We ask that you now apply your mandatory testing process more broadly and allow us to continue to test people the way we test them, and that is when there are any signs of symptoms or if there are any signs of anything that happens here. We have a PA announcement, which I have turned off for the purpose of this meeting, that comes on every hour, reminding our staff about the COVID-safe policies and procedures in our business. It is drummed into our people's heads.

A lot of what happens is not happening within our control too. It is what they do in their own time too. Most of this had to have come from somewhere, and it has not originated from Cedar Meats. It has come from somewhere in the community and come back into our business. We have an element of control for our staff when they are here. All we can do for when they are not here is to strongly encourage them to continue to use the same policies and procedures that we implement here at work in their own time—at home, in their social groups and their environments—and to do what they can to eliminate this coming back into our business.

We are not averse to our staff being tested. We certainly encourage them. But I think it is a little bit unfair that we are being singled out with nursing homes. We are very different to how a nursing home operates, and I think with the amount of people that were COVID positive here and the extent of the illness, many, many were asymptomatic and did not even know they had it. If we had never applied that broader testing program at the time, we probably would have kept dancing along thinking that we were all good, like everybody else in every other industry. So at the time, if you had tested other people in other industries, you probably would have found that it was present in those industries too.

The CHAIR: Thank you. I think you will take some comfort that mandatory testing is coming into other industries as well. The DHHS is rolling that out. Dr Matthew Bach.

Dr BACH: Thank you, Chair, and thanks so much, Mr Kairouz, for being with us today. It sounds like—and this was my understanding already, sir—that you have done a huge amount of work at your workplace. I know that I speak for many other members of the committee when I say that I am personally so incredibly sorry for what has occurred to your workforce but also to you personally.

Mr KAIROUZ: Thank you, Dr Bach.

Dr BACH: Mr Kairouz, the government has bragged that it handled the outbreak at Cedar Meats absolutely perfectly. That is rubbish, isn't it?

Mr KAIROUZ: Well, they were their words and not ours. I just refer to what I have said all along through this meeting, which is that we all have taken some learnings away from this. I think Dr Brett Sutton, when interviewed once—in one of the rare interviews that I listened to—did say, 'We've taken a lot of learnings away from this', and I think they have. I know we certainly have. I cannot speak on their behalf, but we have certainly taken a lot of learnings out of this, and there was no textbook. As I said, that is my response to that, because I lived through this. It was a traumatic experience—very difficult on me, my family, my extended family. We were having reporters hounding us at our homes and invading our privacy on social media networks and a lot of things, for something that was not of our making. It was very disappointing to see how we were treated and how much news we got for simply being a victim of this world pandemic.

And, look, I am not here to comment on the government and what they have done. All I know is that when you are in a situation like this—if I can give anybody in the community any advice—lean on the experts, make sure that you support the experts. There is no point in discrediting the experts through this process. It is more important to support them and do what you can to help them guide you through the situation you are in. And that was the priority for us—getting everybody healthy again and back to work as quickly as possible.

Dr BACH: Thank you, Mr Kairouz. Chair, I will cede the rest of my time to Ms Crozier.

The CHAIR: Thank you.

Ms CROZIER: Okay. Thank you very much. So, Mr Kairouz, the chief health officer also has said that that 2 April case was genomically tested to the 24 April case. That is confirmed. That is absolutely confirmed by the Department of Health and Human Services. Labour Solutions Australia was contacted by DHHS on Friday the 24th according to your time line. What relationship do you have with LSA in relation to the workforce? Because I am very interested in why it took a further three days for DHHS to contact you, knowing that all these cases were linked. It goes to the point of the 23rd case, when that was tested. Or to Ms Maxwell's point: was it the 17 April case that LSA were referring to? Would you enlighten the committee about your understanding of why DHHS contacted them on that date?

Mr KAIROUZ: So in the lead-up to the outbreak and when this first became apparent to us, we had always known that if we got a case within our business, it was going to be reported to us from DHHS. I cannot tell you how many times in the lead-up to our outbreak, but people were using the word 'COVID' a lot more frequently and loosely around the place. DHHS contacted—and I only found this out on the Monday—Labour Solutions Australia on the Friday. I had had discussions myself with Labour Solutions Australia where it was not conveyed to me that they had been contacted by DHHS.

Ms CROZIER: Sorry, when did you have those discussions?

Mr KAIROUZ: I had a discussion with them late on the Friday night to say—

Ms CROZIER: So you knew that the department had contacted LSA on Friday the 24th?

Mr KAIROUZ: If you will let me finish, I will explain that, Ms Crozier.

Ms CROZIER: Sorry, it is just the time. I am not meaning to be rude, it is just the time.

Mr KAIROUZ: Absolutely the first time I had known DHHS knew of a case was on the 27th. Labour Solutions Australia, with this employee that had been away for 10 days, was giving me updates on not just this employee but many other employees too, telling me about their condition and how they were going and when they were coming back to work—not me specifically; a lot of our HR team. So the information that was portrayed to us was, ‘We think this guy might have COVID. He’s being tested for COVID; he might have COVID’. That is what our information was on the Friday. We could not act on that information until we had been told by DHHS. At no time before the 27th did Labour Solutions Australia or anybody else for that matter tell me that DHHS had made contact with anyone about any cases at Cedar Meats.

The CHAIR: Thank you. We will have to leave that there. Melina Bath, thank you.

Ms BATH: Thank you, Mr Kairouz, for your presentation today and comments. I refer to the interim PAEC report and the response you made on 29 September and the concerns you had in relation to finding 7. I note that you questioned in your response, in your letter, Minister Mikakos’s understanding in her evidence. You stated that she was factually incorrect and was not capable of providing an evidentiary basis—I am reading that from your submission. I am interested to understand the comments in relation to her comments relating to DHHS and the discrepancy there.

Mr KAIROUZ: So my comments or her comments? Sorry, Ms Bath.

Ms BATH: Why have you stated that in relation to Minister Mikakos’s commentary? Could you explain that to the committee?

Mr KAIROUZ: I took a little bit of offence to the fact that by her comments she was suggesting that we were lax in our communication with the DHHS. We were working day and night with DHHS at the time, and I felt that the way her evidence presented was communicated in a way where it made Cedar Meats look like it was lax and for that reason the outbreak was worse than what it was. I submitted all the evidence. It is there on the public record for anyone to look at, and I am happy to take questions. I submitted the transcript for the record so that we can show that we were not lax. We were very, very responsive, and we were very helpful. We got plenty of positive comments from DHHS staff, who were working really tirelessly at the time, about how good our support was for them and how important it was in minimising the situation. So when I heard the evidence suggest the contrary, I was very disappointed, and I felt that it was important that I made a submission and we corrected the record.

Ms BATH: Thank you. And potentially there could have been misinformation between DHHS and the minister, and that might have been the reason for your frustration.

Mr KAIROUZ: And Cedar Meats was going to be the one that looked to be the entity that was not doing the right thing.

Ms BATH: Dare I say it, the scapegoat.

Mr KAIROUZ: I was trying not to use the term.

The CHAIR: You have got about 30 seconds, Melina.

Ms BATH: I am interested in relation to non-English-speaking backgrounds and your suggestions as to how that could be improved. I know that we had yesterday Professor Rait, and he spoke about how GPs have very much a clear and often good contact with their local—I was going to call them constituents—clients. So I would like to understand what you would advise the committee with respect to improvements, from your understanding from the experiences you had with DHHS.

Mr KAIROUZ: Any good business—and I have to boast about us; I believe that we are in that category, that we are a great business, a family-owned business for 35 years or more—knows their staff. All I can say and suggest is: lean on the resources of the employer to better link with their staff, because there are, especially in our industry, a lot of non-English-speaking people here. We have learned over time and with much deliberation and a lot of consideration how to communicate most effectively, and that was demonstrated in the lead-up to the closure here by our small toolbox talks that we had with the group. And this virus, just as a point of reference too, does not discriminate. I had family that actually were infected with this virus, so it is not something that discriminates or knows where to go and where not to go. Use the resources of the employer to be able to communicate more effectively, do on-site testing as quickly on site as possible, and that would eliminate a lot of the delays that we eventually experienced.

The CHAIR: Thank you, Ms Bath. Thank you, Mr Kairouz. I think today's deliberations have certainly showed just how much Cedar Meats has to offer and how you really assisted in what the models look like today. We have run out of time, but I am just conscious of a slight imbalance of time. Tien, did you have one final question or are you happy? Okay. Thank you.

Dr KIEU: Thank you very much, Mr Kairouz, for your submission and appearance today. Personally I have to say that it is not an inquiry to put you or the industry on some shape or form of trial. We only want to look into the testing and the contact tracing and then the improvements that we could learn to recommend to the government.

Mr KAIROUZ: Thank you. I commend you all on the work you are doing. I think it is very important for our community and for all of us to be safe here in Victoria.

The CHAIR: Indeed, and I think everybody else would say the same back to you: thank you for the work that you have done and the really proactive stance that you and your organisation have taken. Committee, we are going to take a short, 5-minute break. Thank you, Mr Kairouz, and I will see everyone else in 5 minutes. Thank you.

Witness withdrew.