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| **For public release** |

Unresolved complaint report under   
section 88 *Human Rights Act 2019*

15 October 2020

# Introduction

1. The *Human Rights Act 2019* (Qld) (**HR Act**) creates obligations on public entities to act or make decisions in a way that is compatible with human rights, and give proper consideration to human rights when making a decision.[[1]](#footnote-1) This means a public entity, through its acts and decisions, can only limit human rights to the extent that is reasonably and demonstrably justifiable.[[2]](#footnote-2)
2. The Queensland Human Rights Commission (**Commission**) receives complaints from individuals alleging breaches of the HR Act by public entities for resolution through conciliation.
3. This report has been prepared by the Commissioner in relation to an unresolved human rights complaint in accordance with section 88 of the HR Act. It contains the:
   1. substance of the complaint;
   2. actions taken by the Commission to try to resolve the complaint; and
   3. details of action the Commissioner considers Queensland Police Service (**QPS**) and/or the Department of Health, as respondents to the complaint, should take to ensure its acts and decisions are compatible with human rights.
4. The QPS and the Department of Health were given an opportunity to make submissions in response to the recommendations contained in this report. The QPS’s submissions by letter dated 9 October 2020 and the Department of Health’s submissions by letter dated 12 October 2020 have been incorporated into this final report.
5. A copy of this report has been provided to all the parties, who must agree before it can be used in any proceeding in relation to a contravention of the HR Act.
6. It is intended that the Commissioner will publish this report under section 90 of the HR Act.

# Substance of the complaint

1. The complaint was received on 10 August 2020. At that time, the complainant (**C**) had been in self-funded mandatory hotel quarantine for 5 days. C says she had been asking every day for ‘wellness walks’ as her room was small with no opening windows. C says she was aware that other hotels used for quarantine allowed time for fresh air every day.
2. C says that ‘police say it's Queensland Health that have to organise [the wellness walk]’ but when she called reception daily she was told they will get the police to call her back.
3. C says Queensland Health ‘rang and said they don’t deem it necessary for us to leave our rooms’. C says she was not provided a contact number, a full name, or an email address to follow these decisions up.
4. C alleges that ‘2 heavily armed police arrive[d] at our door to state that we knew we were coming to quarantine and this is what quarantine is we can't leave [our] room and why can't 'you people' just get it’.
5. C says she was ‘being treated like criminals without any regard for our mental health’.
6. The Commission was informed by C that she never left her room during her 14 days of quarantine.
7. C’s complaint was made against the QPS and the Department of Health.
8. In the Commission’s assessment, the complaint alleged a possible breach of the rights to recognition and equality before the law[[3]](#footnote-3), humane treatment when deprived of liberty[[4]](#footnote-4), and freedom of movement.[[5]](#footnote-5)

# Outline of response

1. The Department of Health provided a response to the complaint by email dated 24 August 2020.
2. The Department of Health says they were ‘advised that both Venue Health Managers and QPS staff attempted to engage with [C] from 08/08/2020 until 15/08/2020 in regards to facilitating a wellness walk however due to [C’s] behaviour they were unable to obtain the necessary information in order to determine if [C] qualified for a wellness walk and the verbal abuse received meant that this could not be offered at this time.’
3. The Department of Health says that ‘the State Disaster Coordination Centre has been and continue[s] to work closely with industry to identify appropriate hotel accommodation for those individuals in self-quarantine. The increase in the number of people in self-quarantine with the introduction of mandatory hotel quarantine for persons travelling to Queensland from COVID-19 hotspots, has put additional pressure on accommodation resources.’
4. In relation to facilitating fresh air breaks, the Department of Health says:

Moving people around in and out of quarantine, before the completion of 14 days, represents a transmission risk. The appropriateness of wellness breaks must be considered in this context as moving people in and out of quarantine may defeat our goal of isolating persons who may have COVID-19. To properly facilitate a wellness break would potentially put additional people at risk, including other guests, hotel staff and Queensland Government staff managing quarantine.

Any consideration of alleged violation of human rights or allegations of deprivation of liberty in this instance must be considered through the lens of the current worldwide pandemic and the health response to minimise infection and death. The principle of isolation is to ensure that a person does not pass an infection on to another, or alternatively is infected by another person. The isolation is for their protection, and the protection of others. Offering ‘fresh air breaks’ is not a simple process. The person must be escorted to a safe outdoors area. All surfaces they come in contact with during this break must be cleaned after the break to minimise cross-infection risks. Personnel escorting the person (this is always two, either QPS or [Australian Defence Force] or a combination) must wear personal protective equipment (PPE) to minimise the risk that they may be infected, however it is noted that this minimises but does not completely eliminate this risk. A fresh air break is a resource intensive exercise.

It is simply not within the scope of available resources to offer external fresh air breaks to all who may want them, and therefore these breaks have been facilitated on a needs basis.

1. Further submissions made by the Department of Health and the QPS are referred to later in this report.

# Actions taken to try and resolve the complaint

1. Under section 65(1) of the HR Act, C is required to wait 45 business days after making an internal complaint with the QPS and Department of Health before lodging a human rights complaint with the Commission. The Commissioner waived this requirement because C may have been deprived of the opportunity to obtain an effective remedy by waiting for the 45 business days to elapse.
2. The Commission attempted to resolve the complaint between the parties through early intervention by:
   1. making enquiries of the parties;
   2. discussing the complaint with each of the parties;
   3. receiving a written response to the complaint from the Department of Health and providing a copy to C for her consideration; and
   4. conducting conciliation through negotiations.
3. C remained unsatisfied with the information provided to her by the respondents.

# Discussion and recommendations

## Hotel quarantine

1. The Department of Health provides the following background in relation to hotel quarantine:

Self-quarantining in approved government accommodation is seen as the least restrictive option in balancing the effects of COVID-19 transmission to the wider community.

The Commonwealth Government announced that as at 23:59 pm 28 March 2020, those arriving from international travel must be quarantined in state government accommodation for 14 days in whichever state their international flight arrives. The Commonwealth Government’s public health response to this pandemic, which is supported by Queensland, is to require travellers to enter Quarantine accommodation as opposed to the strategies of herd immunity or community lockdown.

The responsibility of transport, accommodation, compliance and primary health care to these travellers was delegated to State Governments for the duration of their quarantine period. On 28 March 2020, the Chief Health Officer of Queensland issued a Direction for persons arriving in Queensland from overseas, and updated on 7 April 2020, referred to as the Self-quarantine for persons arriving in Queensland from overseas Direction (No.2).

1. As at the date of this report, people travelling from overseas continue to be subject to quarantine in nominated premises under the Chief Health Officer’s *Self-quarantine for Persons Arriving in Queensland From Overseas Direction* (No. 5, 8 July 2020). The requirement to quarantine in nominated premises has expanded, since 3 July 2020[[6]](#footnote-6), to include certain people travelling to Queensland from within Australia. This is currently provided for by the Chief Health Officer’s *Border restrictions Direction* (No. 15, 1 October 2020). Under the Directions, a person must not leave the nominated premises for 14 days except in certain circumstances, including if permitted under a direction given to the person by an emergency officer appointed under the *Public Health Act 2005*.[[7]](#footnote-7) ‘Nominated premises’ include government-nominated accommodation such as a hotel.[[8]](#footnote-8)
2. The QPS says that it commenced Operation Sierra Cottonwood to respond and give effect to the Chief Health Officer’s Directions and works with a wide range of government agencies, non-government agencies and local councils to achieve its role. The QPS confirms that QPS officers appointed as emergency officers under the *Public Health Act 2005* have been requiring persons who arrive in Queensland from overseas to self-quarantine in nominated premises in accordance with the Chief Health Officer’s Directions. The primary responsibility of QPS officers at quarantine hotels is to provide a security presence with support from the Australian Defence Force and Protective Service Officers to ensure quarantined persons do not leave the designated hotel or their room. The QPS notes that while the Directions do not expressly provide for fresh air breaks and wellness walks, ‘the QPS has been cognisant of the human rights aspects of quarantine and has implemented arrangements for fresh air breaks and wellness walks, where operationally viable.’ This is reflected in the QPS Operation Cottonwood Procedures Manual.
3. People subject to hotel quarantine, therefore, are in the control of the Queensland Government and reliant upon the government to have their needs met. Correspondingly, the government has a responsibility to meet those needs; the HR Act provides a framework against which to measure the scope of that responsibility.
4. This complaint raises the issue of whether C has a right to regular access to fresh air while in hotel quarantine. The windows of the hotel room did not open and she was not given a fresh air break from her room, despite daily requests. There is disagreement between the parties about the reasons why C was not given a fresh air break and C in particular disputes allegations made about her behavior. The Commissioner has not considered it necessary to determine these disputed facts for this report.

## Humane treatment when deprived of liberty

1. Section 30 of the HR Act provides:
2. All persons deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person.

…

(3) An accused person who is detained or a person detained without charge must be treated in a way that is appropriate for a person who has not been convicted.

1. The right creates a positive obligation on public entities to treat persons in detention with humanity and respect for dignity, and complements the prohibition on torture and cruel, inhuman or degrading treatment[[9]](#footnote-9), although the latter is a more general protection for all people against the worst forms of conduct.[[10]](#footnote-10)
2. To assist with the interpretation of rights, the HR Act provides that regard can be had to international law and the judgments of domestic, foreign, and international courts and tribunals.[[11]](#footnote-11) This includes international human rights treaties, such as the *International Covenant on Civil and Political Rights* (**ICCPR**), and General Comments published by the Human Rights Committee, a body of independent experts who monitor the implementation of the ICCPR by its State parties. General comments provide the Human Rights Committee’s interpretation of provisions of the ICCPR. Standards and advice prepared by United Nations agencies and other human rights treaty bodies can also provide guidance.
3. Section 30 of the HR Act is modelled on articles 10(1) and 10(2)(a) of the ICCPR, but also ‘expands on article 10 by requiring certain treatment of an accused person or a person who is detained without charge under subclause (3)’.[[12]](#footnote-12) General Comment No 21 makes clear that article 10 applies to anyone deprived of liberty by the State, and provides a non-exhaustive list of examples such as people held in prisons, hospitals, and detention camps.[[13]](#footnote-13) It goes on to explain that the right protects people from any hardship or constraint other than that resulting from the deprivation of liberty.[[14]](#footnote-14) Given the fundamental principles of humanity and dignity the right protects, the General Comment states the application of the rule should not be dependent on the material resources available to the State party.[[15]](#footnote-15)
4. Daily access to fresh air and one hour of outdoor exercise, as distinct from artificial ventilation, has long been regarded under international law as a minimum standard of treatment for people in correctional facilities.[[16]](#footnote-16) During the COVID-19 pandemic, the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment has published advice reinforcing the need to respect minimum requirements for daily outdoor exercise, within the limits of necessary public health measures, in detention settings such as prisons, immigration detention centres, closed refugee camps, psychiatric hospitals, and other medical settings.[[17]](#footnote-17) The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment takes one step further by recognising the right of daily access to open air of at least one hour extends to ‘newly-established facilities/zones where people are placed in quarantine.’[[18]](#footnote-18)
5. The World Health Organization’s interim guidance on *Considerations for quarantine of contacts of COVID-19 cases* (**WHO Interim Guidance**) was recently updated on 19 August 2020.[[19]](#footnote-19) The guidance now clarifies that it is for the implementation of quarantine for people who have been in contact with known or probable cases of COVID-19. It was not drafted for a person in C’s position, who was quarantined under Queensland’s Public Health Directions as a traveller to Queensland from an area deemed to be a high risk of community transmission. Nonetheless, it details the WHO’s recommendations on levels of ventilation with fresh and clean outdoor air needed for quarantine accommodation, encouraging natural ventilation (opening windows) at least in cases where quarantine is at home.
6. In relation to traveller quarantine, the WHO Interim guidance recommends that such measures be implemented ‘based on a risk assessment and consideration of local circumstances’[[20]](#footnote-20). It also refers to the *International Health Regulations* (2005)[[21]](#footnote-21) to which Australia is a party. Article 32 reiterates that:

… State Parties shall treat travelers with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by:

…

(c) providing or arranging for adequate food and water, appropriate accommodation and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible in a language that they can understand and other appropriate assistance for travelers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes.

1. At a minimum, international law and guidance supports a right of people in hotel quarantine to daily access to fresh air. If the State decides to limit this right then it needs to justify the limitation. The right is strengthened, and requires greater justification if limited, in cases where an individual’s physical or mental health deteriorates as a result of limited access to fresh air. Health is a fundamental aspect of human dignity and a failure to provide adequate health services has been found to engage the right to humane treatment when deprived of liberty.[[22]](#footnote-22) However, where conditions of detention interfere with a person’s physical or mental health, it is not enough to respond with the provision of health services, when it is reasonably within the government’s power to change the conditions causing the distress, and absent persuasive reasons not to.

## Recommendations

1. Sections 88 and 90 of the HR Act authorises the Commissioner to publish details of action the Commissioner considers the respondent for a complaint should take to ensure its acts and decisions are compatible with human rights.
2. The Commissioner acknowledges the significant efforts of the Queensland government in responding to the COVID-19 pandemic. A human rights approach serves to enhance that response, by requiring proper consideration of a broad range of relevant matters, and scrutinising restrictions against the values of a free and democratic society.
3. The Commissioner considers that the State of Queensland’s failure to provide C with daily access to fresh outdoor air has limited her right to humane treatment when deprived of liberty. The HR Act requires that the government address that failing, unless it is able to demonstrably justify the limitation of C’s rights. As noted by the Department of Health, this report has not considered whether there are other human rights of C that have been limited.
4. The HR Act provides a list of factors which may be relevant to whether a limitation is demonstrably justified. Those factors are:
5. the nature of the human right;
6. the nature of the purpose of the limitation, including whether it is consistent with a free and democratic society based on human dignity, equality and freedom;
7. the relationship between the limitation and its purpose, including whether the limitation helps to achieve the purpose;
8. whether there are any less restrictive and reasonably available ways to achieve the purpose;
9. the importance of the purpose of the limitation;
10. the importance of preserving the human right, taking into account the nature and extent of the limitation on the human right;
11. the balance between the matters mentioned in paragraphs (e) and (f).[[23]](#footnote-23)
12. The Department of Health in its submissions acknowledges the importance of treating people in hotel quarantine with humanity and respect for their inherent dignity, but ultimately considers the importance of providing fresh air to people for the limited time they are in quarantine is outweighed by the need to have a hotel quarantine system in place in order to protect the Queensland community from the very real risks posed by COVID-19. Similarly, the QPS submits that ‘the limitations being imposed are objectively reasonable given the nature, seriousness and potentially catastrophic consequences of the failure to effectively quarantine as directed by the Chief Health Officer in the context of an unprecedented and rapidly evolving declared public health emergency.’
13. In the Commissioner’s view, the legitimate purpose of protecting the Queensland community’s right to life could be achieved while still providing those in quarantine with daily access to fresh outdoor air, for example, by only using accommodation that has opening windows or balconies for quarantine.
14. The Department of Health notes that under the Queensland State Disaster Management Plan, the District Disaster Management Groups (**DDMGs**) are responsible for planning and coordinating resources for disaster operations in their districts. The Department of Health has supported DDMGs to select suitable accommodation for hotel quarantine. Limitations faced by the DDMGs on the selection of appropriate hotels is outlined as follows:

The purpose of selecting the hotels which were selected was to quickly develop capacity to quarantine return travellers in the context of a global pandemic, taking into account a wide range of factors, including: location, proximity to healthcare, length of time needed, room types, facilities, transportation, privacy, security, the availability of common areas for occupants, catering arrangements, availability, and consent of owners. Ultimately, the purpose behind the rapid rollout of hotel quarantine was to reduce the risk of importing COVID-19 into Queensland.

1. In response to a proposed recommendation that all quarantine hotels have, as a minimum standard, opening windows or a balcony, the Department of Health says:

The draft report recommends that hotels only be selected which have open windows or a balcony. The difficulty with requiring that as a hard rule is that there is a shortage of hotel supply. Taking into account all the other requirements for selecting hotel quarantine, it is simply not possible to only select hotels with opening windows or balconies. Adopting that rule would mean that there are fewer quarantine beds than needed. In this context, Queensland Health disagrees with the proposed finding in [24] of the draft report that protection from hardship or constraint does not depend on availability of material resources. While this obviously applies in the context of prisons, hospitals and detention camps, Queensland Health submits this does not apply in emergent short-term situations where there is limited capacity to increase accommodation infrastructure to cater for an influx in accommodation available for quarantine, even if resources would permit this in the long or medium-term. Accordingly, Queensland Health submits that a hard rule of the kind proposed in the draft report would not be a reasonably available alternative way to achieve the purpose. Queensland Health nonetheless acknowledges that hotels with opening windows or balconies should be selected over others, all else being equal.

1. With respect, having regard to the time that has passed since the start of hotel quarantine measures and the expectation that this will continue into the foreseeable future, there needs to be more progress to ensure hotels used for quarantine are appropriate to satisfy the government’s obligations, under section 58 of the HR Act, to treat individuals there quarantined with humanity and respect for their inherent dignity. While acknowledging the complexities of hotel selection, the Commissioner recommends that opening windows or balconies be included as a minimum standard for the selection of hotels. Correspondingly, plans should be put in place to decommission currently used premises that do not meet these minimum standards.
2. Alternatively, the right to humane treatment when deprived of liberty may be fulfilled by the provision of fresh air breaks.
3. The Department of Health submits, and the QPS has not disagreed, that the QPS has primary responsibility for the operational aspects of the management of hotel quarantine, including fresh air breaks.[[24]](#footnote-24) The QPS provides the following excerpt from its QPS Operation Cottonwood Procedures Manual, ‘Officers are to be cognisant of the requirements for public entities to act and make decisions in a way compatible with human rights. With this in mind it is requested that where possible people are to be allowed outside of their rooms in to a suitable area (under escort) for comfort/smoke breaks.’ It further says ‘The frequency and length of fresh air breaks should consider the needs of the quarantined guest and the needs of other quarantined guests. (IE equity and consistency)’. The QPS says that its policy balances:

* The contagious nature of the virus;
* The recognition that persons travelling into Queensland from interstate or overseas are at a heightened risk of carrying the virus;
* The need to contain the virus and reduce the risk of community transmission;
* The need to ensure that the Qld health system is able to cope with infections;
* The safety of members of the community and the preservation of life, particularly amongst particularly vulnerable groups including young children, the elderly, members of the indigenous community, and persons from culturally and linguistically diverse backgrounds;
* The needs of persons in isolation, including their safety;
* The length of the quarantine period (14 days);
* The legal obligation imposed upon the State of Queensland under the Work Health and Safety Act 2011 to provide a safe work environment;
* The right of those QPS officers called upon to interact with quarantine persons to be protected from a contagious and deadly disease;
* The effectiveness of PPE in reducing the risk of harm to such officers;
* Resource limitations.

1. QPS says it will facilitate fresh air breaks under this policy, however, where a quarantine hotel houses hundreds of people, limited resources means it is not possible to provide air breaks to everyone who wants them.
2. The Commissioner commends the efforts of the QPS and others involved in facilitating fresh air breaks in a way that ensures the safety of guests, hotel staff and Queensland Government staff, and minimises the risk of transmission of COVID-19 to the community. The Commissioner further acknowledges the operational challenges with facilitating fresh air breaks and that available resources may limit the ability to safely conduct fresh air breaks for everyone in hotel quarantine.  What these issues and the circumstances of this complaint highlight is that compatibility with human rights would be best achieved through the selection of appropriate hotel accommodation as identified above. Given this recommendation, it has not been necessary to determine disputes of fact regarding why fresh air breaks in this particular case were not provided for this report.
3. Two further recommendations are made to ensure the government decides and acts compatibility with the human rights of people in hotel quarantine.
4. First, there is a need to better identify, for people in quarantine, the responsibilities of the many departments and other organisations involved in their care, and provide relevant contact details. For example, in relation to this complaint the Department of Health says that QPS attempted to ascertain C’s eligibility for wellness breaks in accordance with its procedure but was unable to complete the procedure due to C’s behavior. QPS appears to provide a slightly different version of events, saying that QPS officers told C that if she had mental health issues that were being exacerbated, then she should approach Queensland Health who ‘would make a determination as to whether or not they should have a wellness walk’. If so, then QPS would facilitate this. While not making any findings of fact, this demonstrates there is still a need for clarity regarding with whom ultimate authority for room breaks rests and for this to be clearly communicated to people in quarantine. Another example is the need for public confirmation of who has responsibility for quarantine hotel selection. Without clear lines of responsibility and authority, people are unable to progress their complaints, are frustrated by inconsistent information, and risk falling between service gaps.
5. Second, information provided to people in quarantine needs to include information about their rights, how to report issues with restrictions, and how to appeal or request a review of decisions. The information should also set realistic expectations about the rights available to people in quarantine (including room breaks) given safety, resource, and other constraints. Complaint mechanisms and transparency provide fundamental safeguards for the protection of human rights of people in quarantine.
6. In relation to the last two recommendations, the Department of Health advises that the State Disaster Coordination Centre is working with key agencies to address ongoing concerns and issues.

# Conclusion

1. The complainant in this matter did not get access to fresh outside air during her 14 day stay in mandatory self-funded hotel quarantine. The windows of her hotel room did not open, and she was not given a fresh air break from her room. The complainant and the respondents, the Queensland Police Service and the Department of Health, disagreed about the reasons for the lack of room breaks. The complaint was not resolved.
2. In this unresolved complaint report, the Commissioner considers that the complainant’s right to humane treatment when deprived of liberty has been limited and that the respondents have to demonstrably justify the limitation of the complainant’s rights.
3. In accordance with section 88(4) of the HR Act, the Commissioner considers that the respondents should take the following actions to ensure their acts and decisions are compatible with human rights:
   1. Include opening windows or balconies as a minimum standard for the selection of quarantine hotels, and put in place plans to decommission currently used hotels that do not meet these minimum standards;
   2. Provide information to people in quarantine that clearly identifies the responsibilities of each entity involved in the care of that person, which will facilitate complaint management, improve consistency of information, and reduce the risk of people falling between service gaps; and
   3. Provide information to people in quarantine about their rights, how to report issues with restrictions, their rights of review or appeal, and that sets realistic expectations about the conditions of quarantine.

1. *Human Rights Act 2019* s 58. [↑](#footnote-ref-1)
2. *Human Rights Act 2019* ss 8, 13. [↑](#footnote-ref-2)
3. *Human Rights Act 2019* s 15. [↑](#footnote-ref-3)
4. *Human Rights Act 2019* s 30. [↑](#footnote-ref-4)
5. *Human Rights Act 2019* s 19. [↑](#footnote-ref-5)
6. See Chief Health Officer, *Border restrictions Direction* (No. 6, 3 July 2020) [↑](#footnote-ref-6)
7. Chief Health Officer, *Self-quarantine for Persons Arriving in Queensland From Overseas Direction* (No. 5, 8 July 2020) [6b]; Chief Health Officer, *Border restrictions Direction* (No. 15, 1 October 2020) sch 2 - Quarantine requirements [1c]. [↑](#footnote-ref-7)
8. Chief Health Officer, *Self-quarantine for Persons Arriving in Queensland From Overseas Direction* (No. 5, 8 July 2020) [20]; *Border restrictions Direction* (No. 15*,* 1 October 2020*)* [43]. [↑](#footnote-ref-8)
9. *Human Rights Act 2019* s 17. [↑](#footnote-ref-9)
10. *Castles v Secretary to the Department of Justice* (2010) 28 VR 141; [2010] VSC 310, [99]. [↑](#footnote-ref-10)
11. *Human Rights Act 2019*, section 48; Explanatory Notes, Human Rights Bill 2018 31. [↑](#footnote-ref-11)
12. Explanatory Notes, Human Rights Bill 2018 24-25. [↑](#footnote-ref-12)
13. Human Rights Committee, *General Comment No. 21: Article 10 (Humane treatment of persons deprived of their liberty), 44th sess,* (10 April 1992) [2]. [↑](#footnote-ref-13)
14. Ibid [3]. [↑](#footnote-ref-14)
15. Ibid [4]. [↑](#footnote-ref-15)
16. United Nations, *Standard Minimum Rules for the Treatment of Prisoners* (30 August 1955) r 11(a); *United Nations Standard Minimum Rules for the Treatment of Prisoners* *(the Nelson* *Mandela Rules)*, GA Res 70/175, UN Doc A/RES/70/175 (17 December 2015) rr 14(a), 23(1), 42. [↑](#footnote-ref-16)
17. Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, *Advice of the Subcommittee to States parties and national preventative mechanisms relating to the coronavirus disease (COVID-19) pandemic*, UN Doc CAT/OP/10 (7 April 2020), [9(i)]. [↑](#footnote-ref-17)
18. Council of Europe, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, *Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic* CPT/Inf(2020)13 (20 March 2020). [↑](#footnote-ref-18)
19. World Health Organization, *Considerations for quarantine of contacts of COVID-19 cases: Interim guidance,* WHO/2019-nCoV/IHR\_Quarantine/2020.3 (19 August 2020). [↑](#footnote-ref-19)
20. Ibid 1. [↑](#footnote-ref-20)
21. World Health Organization, *International Health Regulations* (3rd ed, 2005). [↑](#footnote-ref-21)
22. *Castles v Secretary to the Department of Justice* (2010) 28 VR 141; [2010] VSC 310, [106], [108]. [↑](#footnote-ref-22)
23. *Human Rights Act 2019* s 13(2). [↑](#footnote-ref-23)
24. See also evidence given by Commissioner K Carroll, Queensland Police Service to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, *Public Hearing – Inquiry into the Queensland government’s response to COVID-19 Transcript of proceedings* (19 August 2020), 21. [↑](#footnote-ref-24)