

Record of meeting between the Minister for Health and the Acting Chief Health Officer

16 June 2022

Minister for Health: The Hon. Martin Foley

Chief Health Officer: Professor Ben Cowie

Secretary, Department of Health: Professor Euan Wallace

Senior Executive Director, Department of Health: Liz Murdoch

Minister Foley I note the recent advice from AHPPC regarding masks at airports and the proposed implementation by States and Territories. In this context, I would appreciate an update on the general epidemiological situation in Victoria.

Professor Cowie Case numbers have slightly reduced and hospitalised patient numbers have plateaued recently. There is still significant attributable mortality relating to COVID-19 in Victoria. In considering the current situation and what to expect moving forward, there are three key factors to consider

1. Impact of seasonality – COVID-19, like other respiratory infections is associated with a higher attack rate during winter due to higher levels of clustering indoors among other factors. Modelling shows that depending on the impact of seasonality, there could be a substantial effect on transmission and hospitalisation.
2. Emergence of variants of concern – There has been a growth in new variants of concern, specifically BA4 and BA5, over this recent period. These variants are associated with higher levels of immune escape and I believe that higher levels of BA4 circulation may be contributing to increasing hospitalisations in NSW and possibly QLD.
3. Waning immunity – both as a product of waning immunity from previous vaccination as well as the reduced cross-protection provided by recent variants of concern.

Minister Foley Thank you, that all sounds consistent with previous advice. Given that and the likely direction of the pandemic and wider context, what is your advice on appropriate and proportional measures over the Winter period, both in relation to masks and broader measures?

Professor Cowie In relation to face coverings, as you have noted, AHPPC including representation from Victoria has recommended that it is proportionate to remove the requirement to wear a face covering in publicly accessible areas of airports but retain the requirement in aircrafts. Masks remain an important public health measure to reduce the risks of acquiring and transmitting COVID-19. However, given high vaccination rates and the nature of airports and types of interactions which are not dissimilar to other settings, it is my recommendation that we follow the advice of AHPPC.

Minister Foley And in relation to broader measures?

Professor Cowie I will take you through each proposed change, but I refer you to the table sent through for further details.

1. Care facilities – remove visitor caps but retain requirements for RA testing on the day of visit. This is proportionate in the context of easing community settings and noting increased movement of residents between care facilities and broader community settings. Visitors unable to undertake a RA test will only be able to visit under certain circumstances (e.g. end

- of life visits). The test needs to be done on the day of visit but does not have to be done at the facility to ensure no unintentional workforce impacts.
2. Self-quarantine / isolation requirements – add a reason for close contacts and cases to leave home to escape the risk of harm. Also add a reason for cases to leave home to transport another person they live with to a work premises, education facility or healthcare appointment.
 3. Additional reasons to leave quarantine for close contacts – close contacts are currently able to leave quarantine if abiding by surveillance testing. Considering widespread availability of tests and that most people are utilising this option, it is reasonable to remove these reasons and streamline the advice.
 4. Relocating self-isolation – add a reason to leave self-isolation for person isolating at VQH or CIRF to relocate to another appropriate premises. This reflects that undertaking isolation within these settings is voluntary and if they identify another appropriate place to isolate they should be able to leave.
 5. I should note at this time that we are not making any recommendations on changes to isolation requirements for cases in general. This continues to be an important measure to reduce transmission and protect the community and maintain health system capacity.
 6. Mandatory vaccination – maintain third dose requirements for a limited group of workers who work with at-risk populations, are at higher risk of COVID-19 or are critical workers. Specifically maintaining third dose for custodial, disability, emergency services workers, healthcare workers, and residential aged care workers. I recommend removing the vaccination mandate for other workers required to have a third dose. I also recommend that two dose vaccination requirements should be removed for general and ceremony workers. We have high two dose coverage in Victoria and there has only been minor increases over recent months and this measure is unlikely to result in any further increases.
 7. Vaccination requirements data – recommend that you consider adding a transitional provision that employers previously subject to a mandate may continue to hold vaccination information until the end of the pandemic declaration period
 8. Vaccination requirements escaping risk of harm – recommend you consider adding an exception for workers subject to a vaccine mandate to allow these workers to work outside of home if at risk of harm.
 9. Workplace notification of symptomatic person – recommend amending workplace notification requirements of a symptomatic person to only apply when that person is a worker. This simplifies the obligation for workplaces.
 10. Service Victoria authorisation – remove the authorisation to collect QR code and check-in information as these provisions are no longer necessary.

Minister Foley Thanks to you and the public health team for this advice. Is there anything further you would like to add?

Professor Cowie Yes, I should note that as we gradually move certain measures out of Orders, it is important that workplaces and individuals consider relevant measures they need to take to manage risk. In particular, workplaces and organisations should consider what requirements they may adopt based on their own assessment of risk and using alternative mechanisms.

Minister Foley Thank you. I am comfortable with the changes proposed. What is the expected timeframe?

Professor Cowie We are working towards new Orders to be effective at 2359, Monday 20 June.

Minister Foley thank you, I am comfortable with that timing. Does this advice provided to me today build on the advice from the Acting Chief Health Officer for the 22 April Order changes?

Professor Cowie yes that's correct, Minister.

Meeting concludes

Table 1. Proposed amendments to the pandemic orders for approval by the Minister for Health (20 June 2022)

Item	Theme	Issue summary	Proposed Orders change	PH Rationale for change or retaining current position
Face coverings				
1.	Face coverings in airports and aircraft	<p>Face coverings are required in a number of higher-risk settings, including while in publicly accessible areas of airports and while on aircraft.</p> <p>Face coverings remain an effective intervention for reducing COVID-19 transmission. However, given the consistency between publicly accessible areas of airports and other retail settings, it is appropriate to consider removal of the requirement to wear a face covering in airports (replaced with a strong recommendation) and maintain the requirement in aircrafts (noting the inability to appropriately physically distance).</p>	<p>Remove the requirement to wear a face covering indoors in publicly accessible areas at an airport.</p> <p>Retain the requirement while on an aircraft.</p>	<p>Despite high community transmission, Victoria is increasingly moving towards individual and community-led management of COVID-19.</p> <p>Face coverings remain a low impost intervention that have been demonstrated to reduce the risks of COVID-19 transmission.</p> <p>Indoor public facing spaces in airports continue to bring an elevated risk of SARS-CoV-2 transmission, with large volumes of international and domestic passengers (some of whom are unvaccinated) interacting with local airport staff.</p> <p>However, given Victoria’s world-leading vaccination rates and high levels of compliance with recommended measures, it is open to the Minister to consider transitioning face covering requirements in publicly accessible areas at airports to recommended only.</p> <p>Airport staff supporting passenger transfer and passage should be strongly encouraged to continue wearing face coverings to minimise their occupational risk of acquiring and transmitting COVID-19.</p> <p>Aircraft continue to be considered high-risk settings where face covering requirements remain proportionate to the overall public health risk and should be continued.</p> <p>This amendment aligns with the Australian Health Protection Principals Committee statement from 14 June.</p>
Care Facilities				
2.	Visitor caps	<p>Residents of care facilities are limited to five visitors at a time and a maximum of five per day. In end of life situations, the daily cap is removed, but a limit of five at a time remains. Prospective residents are permitted</p>	<p>Remove visitor caps from all care facilities</p> <p>Visitors who are unable to obtain a RA test on the day of the visit can only visit in limited circumstances, i.e.:</p>	<p>As restrictions have eased, care facility residents themselves can come and go extensively on a day-to-day basis. Therefore, the incursion risk that visitors pose to care facilities has changed. In this context, limiting the number of visitors attending per day is no longer a proportionate measure.</p>

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		<p>to be accompanied by up to four support persons.</p> <p>Symptomatic persons, persons awaiting test results or persons required to quarantine/isolate are identified as excluded persons.</p> <p>A rapid antigen (RA) test is required prior to entry. A lower visitor cap of two applies if a RA test cannot be procured.</p> <p>In the context of high third dose vaccination coverage and gradual shift to empower industry to play a greater role in the ongoing pandemic response, it is timely to review visitor requirements and retain settings that protect the most at risk population groups.</p>	<ul style="list-style-type: none"> • providing urgent support • providing professional care • have undertaken a PCR test in the previous 24 hours • or end of life visit. <p>Otherwise, visitor restrictions are unchanged.</p>	<p>However, care facilities provide care and support for members of the community who may be elderly, frail immunocompromised, have complex care needs or multiple comorbidities. These health factors confer greater risk of severe adverse health outcomes due to COVID-19. Accordingly, in the context of sustained high levels of community transmission, it is proportionate to retain RA testing to mitigate the incursion risk to protect residents. RA tests are a useful screening tool as they are quick, convenient and exclude COVID-19 infection with a high level of accuracy. RA test kits are widely available, with Commonwealth supply available until at least September 2022.</p>
3.	Care facilities visitor RA testing	<p>RA testing is required for visitors to care facilities – the test must be taken onsite, and evidence of a negative result presented.</p> <p>This obligation is creating staffing pressures for care facilities to operationally manage onsite RA testing for visitors, on an already stretched workforce.</p>	<p>Amend so a visitor does not need to take the RA test on-site and evidence is not required other than an attestation that a test has been taken that day and returned a negative result.</p>	<p>The public health intention is that a RA test needs to be taken on the day of visitation, however, it does not need to be taken on-site at the care facility.</p> <p>Although testing away from care facilities relies on an honesty system, on balance it addresses workforce issues, is more practical for visitors and eliminates unnecessary wait times at the entrance to the facility and maintains the intended risk mitigation measure of surveillance testing prior to entering a higher risk setting.</p> <p>Stakeholder consultation with the aged care sector has identified that the requirement to undertake a RA test at the care facility site creates staffing pressures on an already stretched workforce. Therefore, it is reasonable that pre-entry testing can be undertaken prior to arriving at the facility to avoid diverting staffing allocations away from residents.</p> <p>Sector communications should be updated to provide guidance:</p> <ul style="list-style-type: none"> • to visitors and care facility operators on written attestations, and encourage evidentiary measures where possible (e.g., photo of result)- but is not required; and

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				<ul style="list-style-type: none"> to encourage those who visit a care facility for urgent reasons, who are excepted from a pre-entry RA test, to complete a test after their visit as an additional risk mitigation measure.
Positive Case Obligations, Quarantine and Isolation				
4.	Self-quarantine /isolation requirements – escape of risk of harm	<p>Currently diagnosed persons self-isolating, or close contacts who choose to self-quarantine, have limited reasons they can leave the home.</p> <p>While a person may choose their location of self-quarantine/isolation, these reasons do not include escaping the risk of harm.</p>	Add a reason for close contacts to leave self-quarantine or diagnosed persons/probable cases to leave self-isolation to escape the risk of harm.	This change ensures a person can leave the premises where they are self-isolating or self-quarantining if they are at risk of harm.
5.	Self-isolation requirements	<p>Currently diagnosed persons self-isolating have limited reasons they can leave the home.</p> <p>This cohort is currently being granted DCHO exemptions (via the Chief Health Officer (CHO) and Deputy Chief Health Officers (DCHO)) under the QITO in order to transport household members to work or education and are the main type of exemption being processed.</p>	Add additional reason to leave self-isolation, permitting a diagnosed person or probable case in self-isolation to transport another person they live with to, or from, a work premises, an education facility, or a healthcare appointment.	<p>Exemption requests for cases to leave self-isolation to transport household members to work or education are currently being granted on a case-by-case basis by the DCHOS. Exemptions are currently being approved under the condition that the case travels directly to and from the facility. The responsibility to review and approve these exemptions will shift to Local Public Health Units (LPHU) as of 30 June.</p> <p>Providing this additional reason to leave self-isolation would likely have minimal impact on wider transmission rates and provide a practical reprieve that will support the wellbeing of individuals and households, alongside supporting transfer of operational responsibilities to LPHUs by reducing their administrative burden.</p>
6.	Additional reasons to leave quarantine for close contacts	<p>There are currently only limited reasons a person is permitted to leave self-quarantine or self-isolation including:</p> <ul style="list-style-type: none"> for medical care or medical supplies, to get tested for COVID-19 	Remove additional reasons to leave self-quarantine for close contacts in order to: <ul style="list-style-type: none"> Exercise outdoors with others quarantining in the same household, whilst wearing a face covering and distancing from others; 	This amendment will provide clarity on requirements for close contacts. It considers the wide availability of RA tests within the community and other mitigation strategies in place to reduce transmission opportunities and protect those most at risk of severe health outcomes from COVID-19 (for example, avoidance of

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		<ul style="list-style-type: none"> in the event of an emergency. <p>Additional reasons to leave self-quarantine for close contacts include:</p> <ul style="list-style-type: none"> Exercise outdoors with others quarantining in the same household, whilst wearing a face covering and distancing from others; Attend to animal welfare; If essential or alternative arrangements cannot be made, to transport a household member to work, school or a healthcare appointment. Vote in the Federal Election, provided that the person is not experiencing COVID-19 symptoms, and undertakes a negative rapid-antigen test on the day prior to attending. <p>These additional reasons were introduced prior to the surveillance testing exemption to self-quarantine.</p> <p>This exemption results in self-quarantine for close contacts apply to only a very small cohort of people who elect not to surveillance test.</p>	<ul style="list-style-type: none"> Attend to animal welfare; If essential or alternative arrangements cannot be made, to transport a household member to work, school or a healthcare appointment. Vote in the Federal Election, provided that the person is not experiencing COVID-19 symptoms, and undertakes a negative rapid-antigen test on the day prior to attending. 	<p>sensitive settings, mask requirements and workplace/education notifications).</p> <p>This amendment allows for simplification so that all close contacts can be managed by way of surveillance testing; this aims to reduce public confusion that may arise from the list of additional reasons to leave self-quarantine which was previously provided for a minority who may choose to self-quarantine.</p>
7.	Relocating self-isolation	<p>Once a person chooses a location for self-isolation, they must stay at that location unless an exemption is provided by the CHO, DCHO, or a Director or Medical Lead of a designated LPHU.</p> <p>In certain circumstances, a person may choose the Victorian Quarantine Hub, or need to do so in a Coronavirus Isolation and Recovery Facility (CIRF) – but then need to</p>	Add a reason to leave self-isolation for persons isolating in the VQH or a CIRF to relocate to another appropriate premises.	This change allows people who have voluntarily entered the Mickleham facility or a CIRF to have the ability to return to an alternative place of residence should they need. This also ensures that those who have volunteered to self-isolate are not detained beyond their period of consent.

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		relocate during the self-isolation period to return home.		
Mandatory Vaccination				
8.	Mandatory Vaccination for workers - scope	<p>Given the high vaccination rates of both 2nd and 3rd doses in Victoria, it is appropriate to review whether they continue to be necessary in all workforces.</p> <p>Mandatory third dose vaccination requirements for a select group of workers remain proportionate given their close contact with at-risk populations.</p> <p>Vaccination requirements for other workers (two or three doses) are no longer proportionate given waning immunity post two doses and likely minimal effect on transmission from the very small number of workers now returning to work who have not had two or three doses.</p>	<p>Maintain 3rd dose requirements for:</p> <ul style="list-style-type: none"> • custodial workers • disability workers (including at disability specialist schools) • emergency services workers • healthcare workers • residential aged care workers <p>Remove vaccination requirements for all other workers.</p>	<p>Third dose (booster) mandates should be retained for these workforces because they are involved in the care of at-risk populations, are at higher occupational risk of COVID-19 or are critical to maintaining emergency services.</p> <p>Protecting the health and wellbeing of these workers may also limit workforce shortages and ensure the ongoing delivery of safe and high-quality care to residents and patients.</p> <p>Vaccination requirements for other workforces including education facility workers, food processing and distribution workers and quarantine accommodation workers should transition to being at the discretion of industry and individual workplaces.</p> <p>Regarding education workers specifically, the education sector has achieved high rates of third dose (booster) vaccination and continuing this requirement in Orders is unlikely to achieve substantial further increases in coverage. It is also worth noting that schools and early childhood education centres continue to have several other measures in place to mitigate the risk of COVID-19 to enrolled children, students and workers including enhanced ventilation, rapid antigen testing and embedded COVIDSafe practices such as physical distancing and hand and respiratory hygiene. As such, it is proportionate for this requirement to transition away from Orders except in relation to disability specialist schools.</p> <p>Two dose vaccination requirements should be removed for general and ceremony workers. Population level two dose vaccine coverage is high (> 94%) and there have only been minor increases in the two-dose rate over recent months. This measure is unlikely to achieve further increases in the two-dose coverage. It is for these reasons that general two dose worker vaccination requirements should transition away from Orders to being at the discretion of individual industries and workplaces.</p>

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9.	Vaccination requirements – collection of vaccination information	<p>Vaccinations not only reduce transmission but protect individuals from serious illness. Based on this, workplaces may choose to implement their own policies to reduce the risk of serious illness on their staff and manage the risk of productivity and workforce illness. This change enables workplaces to maintain existing records regarding vaccination status of employees as a tool in supporting businesses and workplaces in managing COVID-19. This change will provide certainty for employers by supporting the legal basis to maintain vaccination records of employees already gathered as a result of mandatory vaccination requirements in previous iterations of the Pandemic Orders.</p> <p>This is part of a stepdown approach of COVID-19 response transitioning towards empowering industry and individuals to play a larger role in protecting themselves and their workforce.</p>	<p>Add a transitional provision to clarify that an employer may continue to hold employee vaccination information following removal of vaccination requirements for the period a pandemic declaration remains in force.</p>	<p>Vaccinations not only reduce transmission but protect individuals from serious illness. Based on this, workplaces may choose to implement their own policies to reduce the risk of serious illness on their staff and manage the risk of productivity and workforce illness. This change enables workplaces to maintain existing records regarding vaccination status of employees as a tool in supporting businesses and workplaces in managing COVID-19. This change will provide certainty for employers by supporting the legal basis to maintain vaccination records of employees already gathered as a result of mandatory vaccination requirements in previous iterations of the Pandemic Orders.</p> <p>This is part of a stepdown approach of COVID-19 response transitioning towards empowering industry and individuals to play a larger role in protecting themselves and their workforce.</p>
10.	Vaccination requirements for workers – escaping the risk of harm	<p>Workers who do not meet vaccination requirements are not able to work outside their ordinary place of residence unless fully vaccinated or boosted (as applicable) with limited exceptions.</p> <p>These exceptions do not include permitting work outside the home in order to escape the risk of harm.</p>	<p>Add an exception to the requirement for specified workers and facility workers to be fully vaccinated or boosted to work outside the home or at the work premises when escaping the risk of harm (including harm relating to family violence)</p> <p>(This is not required for ‘general’ workers as these workers do not have vaccination</p>	<p>Ensures that workers can leave their residence for the purpose of escaping the risk of harm by being able to attend the workplace even if they do not meet vaccination requirements.</p>

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			requirements where it is not reasonably practicable to work from home)	
Workplace Obligations				
11.	Workplace notification of symptomatic person	<p>There is some ambiguity in Orders as to whether the requirement to notify workers of a symptomatic person in the workplace applies to symptomatic workers or any symptomatic person that attends the work premises (i.e. customers).</p> <p>The intention is that it should apply to workers only.</p>	Amend requirement for workplaces to notify all workers that a symptomatic person has attended the premises, to only apply when it is a worker.	<p>Simplifies obligations on a workplace, especially in the case of patrons or visitors attending who are symptomatic.</p> <p>Employer obligations to notify all workers of a symptomatic person on premises should only apply when an employer is aware of a symptomatic worker, rather than any symptomatic person, including patrons. In the setting of high community transmission this places an unnecessary burden on employers.</p>
12.	Service Victoria authorisation	As the QR code / check in functionality has been removed from the Service Vic app, authorization to collect information for these purposes is no longer needed.	Remove authority to collect QR code/check in information	The authorisation provisions are no longer necessary and should be removed from Orders.