

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

1 February 2022

Minister for Health: The Hon. Martin Foley

Chief Health Officer: Adjunct Professor Brett Sutton

Secretary for Department of Health: Professor Euan Wallace

Deputy Secretary, Public Health Policy and Strategy: Nicole Brady

Ministerial Staff: Lisa Calabria and Kate Grieves

Re: Amendments to Pandemic Orders.

Minister Foley: There are a range of measures that I am seeking advice on, that are of varying degrees of significance and importance in the Orders. Brett can you please talk me through how you see things proceeding.

Chief Health Officer: Item one (**see Appendix 1**) is to amend the orders so that a diagnosed person and a probable case who has notified the department of their positive rapid antigen test result is not considered a close contact, exposed person or social contact for 30 days from the end of their isolation period. This reflects their natural immunity from infection.

Item two is to remove the requirement in the pandemic orders for a diagnosed person or probable case to notify the Department of Health of persons that reside at the same premises of the diagnosed person. Their obligations as diagnosed persons still continue in terms of isolation and they will need to notify their households themselves and don't need to notify the department about who they live with.

Item three is to remove the educational facility notification requirements associated with 'exposed persons', this is no longer required because we are getting the line listing from educational facilities regarding the cases. There is an additional requirement to notify the school community of a positive

case in broad terms and to amend the record-keeping obligations so they are limited to those persons with positive rapid antigen test results only.

Item four is to amend the reason for a probable case to cease self-isolation if they receive a negative PCR test result from a test conducted within 48 hours of their positive rapid-antigen test result. This recognises that a PCR test is more sensitive and if taken at around the same time is the preferred result.

Item five is to remove all references to undertaking a PCR test if a person receives a positive rapid antigen test result. This reflects the policy shift that occurred some weeks ago where a rapid antigen test is regarded as sufficient for many scenarios.

Item six is to amend the restriction on care facility workers who have worked at a workplace where there has been a diagnosed person or probable case such that:

- Care facility workers will be able to work at a second facility if:
 - Their attendance is reasonably necessary to address a significant decline (this includes a potential decline) in the quality of care delivered by that facility and the worker's presence would help address this decline;
 - They are not experiencing any COVID-19 symptoms; and
 - Provided that they undertake a RAT each day prior to working at the facility for a period of 5 days after the date of exposure at the other facility.

Otherwise, for facilities not addressing a potential significant decline in the quality of care, the current restriction applying to fully vaccinated workers will apply.

Item seven is to add early childhood and childcare as industries where surveillance testing applies in recognition of the surveillance testing that is happening

Item eight is to amend the requirement for operators of a work premises so that they only need to notify employees following a positive case at the work premises and to amend the definition of exposed persons to clarify that it only relates to employees attending a work premises.

Item nine reflects the removal of the workplace obligations to notify WorkSafe if a positive case attends.

Item 10 is that in relation to density quotients signage requirements should be reinstated, this is supported by DJCS and DH enforcement.

Item 11 is to amend the the booster vaccination requirement for workers to clarify that those who are not eligible, as determined by ATAGI (e.g. persons under the age of 18), are not subject to booster vaccination requirements. I note this is determined by the Commonwealth not Victoria.

I note there is an error in the table (see table attached as Appendix 1) and there is no item 12.

Item 13 is to amend the orders to allow for a 14-day exception to receive a booster for persons who have been in self-quarantine (i.e. close contacts); and a four-month exception to receive a booster for diagnosed persons who have been in self-isolation (probable cases cannot access this exception and must have a PCR to confirm diagnosis if seeking exception to defer booster and in scope for booster mandate). The four-month exception period is recent advice from ATAGI. The team and I did discuss whether it should only be a PCR or would a rapid antigen test suffice? I advise that a PCR test is the appropriate threshold as it is the gold standard, and the gold standard should apply in these small

number of cases for people seeking exemption from a booster dose in workforces in which a mandate applies. A PCR test is reasonable and appropriate in this scenario.

Item 14 reflects changed national advice to add Sputnik and Novavax to the list of approved vaccines for the relevant orders.

Item 15 is to amend the international air crew requirement so that staying less than 48 hours are allowed to leave quarantine once a post-arrival negative PCR/RAT result is received.

Item 16 is to remove all measures that prevent a person, regardless of their vaccination status, who is an international traveler from entering an educational facility. While it is appropriate to retain controls around sensitive settings, it is also appropriate not to prevent international travelers from going to school.

That is it and I am happy to take questions.

Minister Foley: let the record show that I have sought advice from the Chief Health Officers and am acting on that together with ATAGI advice, where it is applicable.

I have two questions for you Brett:

1. Can you confirm that the advice you have provided me today supplements and updates previous advice that you and the Acting Chief Health Officer has previously provided me and the Acting Minister for Health?
2. Can you confirm that you have considered less restrictive measures to these options before providing this advice?

Professor Sutton: I can confirm on both of those and I can confirm that almost all these measures are less restrictive than current Orders. The only measures that are not less restrictive are signage requirements and the reduced period from vaccination exemption, following ATAGI advice.

- Meeting ended -

Appendix 1

QUARANTINE/ISOLATION

Item	Proposal	Issue	Pandemic Order	Proposed actions
1	Amend the orders so that a diagnosed person and a probable case who has notified the department of their RAT result is not considered a close contact, exposed person or social contact for 30 days from the end of their isolation period.	<p>A person who has been diagnosed with COVID-19 can be determined to be a close contact, and therefore be required to self-quarantine for seven days, within the 30 days from when they became a diagnosed person/probable case.</p> <p>Currently, DH text diagnosed persons/probable cases to say that they are not considered a close contact for 30 days after their confirmed diagnosis (either through PCR or RAT), but this is not reflected in the orders.</p>	Quarantine, Testing and Isolation	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to QITO 4 Feb
2	Remove the requirement in the pandemic orders for a diagnosed person or probable case to notify the Department of Health of persons that reside at the same premises of the diagnosed person.	<p>A diagnosed person or probable case is required to inform the Department of Health of people residing in the same house.</p> <p>This is no longer operational response managing the contact tracing. Therefore this notification is redundant.</p>	Quarantine, Testing and Isolation	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to QITO 4 Feb
3	<p>Remove the educational facility notification requirements associated with 'exposed persons'.</p> <p>Add a requirement for operators of an educational facility to notify parents/guardians/carers of persons enrolled at the facility at the time that a diagnosed person or probable case has attended the facility, to monitor for symptoms, and get tested if experiencing symptoms.</p>	<p>An educational facility must notify all students who are 'exposed persons', and those students must provide their educational facility with evidence of a negative COVID-19 test result before returning to that educational facility.</p> <p>Given the current outbreak and number of COVID-19 cases within the community, this measure is likely to be ineffective at disrupting transmission chains, whilst also creating a significant</p>	Quarantine, Testing and Isolation	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to QITO 4 Feb

	<p>Amend record-keeping obligations for educational facilities to limit the requirement to collection of positive results only (diagnosed and probable cases).</p> <p>Note: DET are supportive of amending requirements for educational facilities.</p>	<p>administrative burden on educational facilities to contact affected students and monitoring COVID-19 test results.</p>		
4	<p>Amend the reason for a probable case to cease self-isolation to be if they receive a negative PCR test result from a test conducted within 48 hours of their positive rapid-antigen test result.</p>	<p>A probable case can leave self-isolation if:</p> <ul style="list-style-type: none"> • They have completed seven days of self-isolation, OR • Received a negative PCR test result (noting that probable cases are RAT positive). <p>The negative PCR test requirement is redundant and likely result in a person self-isolating for longer than seven days, rather than its intended purpose of mitigating the risk that a RAT positive result may be false (noting this scenario is extremely unlikely).</p>	<p>Quarantine, Testing and Isolation</p>	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to QITO 4 Feb
5	<p>Remove all references to undertaking a PCR test if a person receives a positive RAT result in line with current policy.</p>	<p>There are references in the Additional Industry Obligations, Quarantine, Testing and Isolation and Victorian Border Crossing Orders for a person to obtain a PCR test if they receive a positive RAT result.</p> <p>This policy has changed so that a person who receives a positive RAT result is defined as a probable case (as defined in the Quarantine, Testing and Isolation Order) and therefore subject to seven days of self-isolation (treated the same as a diagnosed person).</p>	<p>Additional Industry Obligations</p> <p>Quarantine, Testing and Isolation</p> <p>Victorian Border Crossing</p>	<ol style="list-style-type: none"> 1. Change to AIO 4 Feb

<p>6</p>	<p>Amend the restriction on care facility workers who have worked at a workplace where there has been a diagnosed person or probable case such that:</p> <ul style="list-style-type: none"> • Care facility workers will be able to work at a second facility if: <ul style="list-style-type: none"> ○ Their attendance is reasonably necessary to address a significant decline (this includes a potential decline) in the quality of care delivered by that facility and the worker’s presence would help address this decline. ○ They are not experiencing any COVID-19 symptoms; and ○ Provided that they undertake a RAT each day prior to working at the facility for a period of 5 days after the date of exposure at the other facility. <p>Otherwise, for workers not covered by the above (i.e. those not addressing a potential significant decline in the quality of care), the current restriction applying to fully vaccinated workers will apply.</p> <p>That is, after 7 days have elapsed since working at the facility where the confirmed case was present, the worker must undertake a negative rapid antigen test (previously a negative PCR test) taken at that other facility prior to working at that other facility.</p>	<p>A worker at an aged care facility that has been exposed to a diagnosed person is prohibited from working at another care facility for seven days. This is causing additional pressure to the already stretched workforce.</p> <p>Given the significant presence of COVID in the community, a worker is just as likely to be exposed in any other setting as a care facility, therefore we should align to the exposed person settings.</p>	<p>Additional Industry Obligations</p>	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to AIO 4 Feb
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	Note: This change is supported by the care facility sector.			
7	Add schools, early childhood and childcare as industries where surveillance testing applies (noting the other obligations in the Additional Industry Obligations outside of surveillance testing will not apply to schools, early childhood and childcare facilities).	<p>Surveillance testing of school, early childhood and childcare staff is intended to be recommended, outlined in the 'Surveillance Testing industry List and Requirements' document referenced in the Additional Industry Obligations Order.</p> <p>The addition of schools, early childhood and childcare staff will ensure we can retain maximum flexibility with respect to surveillance testing for these industries.</p>	Additional Industry Obligations	1. Change AIO 4 Feb
8	<p>Amend the requirement for operators of a work premises so that they only need to notify employees following a positive case at the work premises.</p> <p>Amend the definition of exposed persons to clarify that it only relates to employees attending a work premises.</p> <p>Note: non-employees attending a work premises will still be captured by QR code check in and symptomatic persons in the community definition.</p>	<p>The operator of a workplace must take reasonable steps to notify all exposed persons at the work premises. Exposed persons should only capture employees attending the work premises.</p> <p>The policy intent is to require employers to contact their employees only, not all other visitors. QR code check in should be sufficient to contact trace if necessary.</p>	Workplace Quarantine, Testing and Isolation	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to Workplace and QITO 4 Feb
9	Remove relevant clauses from the pandemic orders.	<p>The Occupational Health and Safety (COVID 19 Incident Notification) Regulations 2021 has been revoked. As a result, employers are no longer required to notify WorkSafe of the attendance of COVID-19 cases at the workplace under this legislation.</p> <p>Proposal: Remove relevant clauses from Workplace</p>	Workplace	1. Change to Workplace 4 Feb

DENSITY QUOTIENTS

Item	Proposal	Issue	Pandemic Order	Recommended approach
10	<p>Add signage requirements for all premises where a density quotient applies.</p> <p>Note: This is supported by DJCS and DH Compliance and Enforcement.</p>	<p>Density quotients requirements are in place for indoor hospitality and entertainment facilities.</p> <p>Prior to the Omicron outbreak when density quotients were in place for open premises, there was a requirement for premises to display density quotient signage to assist with compliance (e.g. number of people allowed in the space/venue).</p> <p>However, when density quotients were introduced in response to the Omicron outbreak, this requirement was not re-made in the pandemic orders.</p>	Workplace	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to Workplace 4 Feb

VACCINATION

Item	Proposal	Issue	Pandemic Order	Recommended approach
11	<p>Amend the booster vaccination requirement for workers to clarify that those who are not eligible, as determined by ATAGI (e.g. persons under the age of 18), are not subject to booster vaccination requirements.</p>	<p>Workers under the age of 18 are not eligible for booster (3rd dose) vaccinations, yet these workers who are under the age of 18 are subject to the booster vaccination mandate (e.g. emergency workers).</p>	<p>COVID-19 Mandatory Vaccination (Specified Facilities)</p> <p>COVID-19 Mandatory Vaccination (Specified Workers)</p>	<ol style="list-style-type: none"> 1. Change to Man Vax 4 February
13	<p>Amend the orders to allow for:</p>	<p>The current seven-day exemption for a booster from the end of self-quarantine or</p>	COVID-19 Mandatory Vaccination	<ol style="list-style-type: none"> 1. Minister seek advice from CHO

	<ul style="list-style-type: none"> • 14-day exemption to receive a booster for persons who have been in self-quarantine (i.e. close contacts); and • 4-month exemption to receive a booster for persons who have been in self-isolation (i.e. diagnosed persons and probable cases) <p>Note: the four-month exemption applies to both diagnosed persons and positive cases, however it only applies to persons who are fully vaccinated -the exemption relates only to their booster dose.</p>	<p>self-isolation is not long enough to allow for a booking to receive the dose.</p> <p>Additionally, ATAGI advice is that a positive case should wait four months after the conclusion of their infectious period before receiving a booster dose of the vaccine.</p>	<p>(Specified Facilities)</p> <p>COVID-19 Mandatory Vaccination (Specified Workers)</p>	<p>2. Change to man vax 4 Feb</p>
<p>14</p>	<p>Add Sputnik and Novavax to the list of approved vaccines for the relevant orders.</p> <p>Note: CHO is supportive of all TGA approved vaccines to be in the pandemic orders. DPC are also supportive of approved vaccines being reflected in the pandemic orders.</p>	<p>Sputnik and Novavax have been provisionally approved for use within Australia, however they are not currently recognised as such in the pandemic orders.</p>	<p>Open Premises</p> <p>COVID-19 Mandatory Vaccination (Specified Facilities)</p> <p>COVID-19 Mandatory Vaccination (Specified Workers)</p> <p>COVID-19 Mandatory Vaccination (General Workers)</p> <p>Quarantine, Testing and Isolation</p>	<p>1. Minister seek advice from CHO</p> <p>2. Change to man vax 4 Feb</p>

INTERNATIONAL ARRIVALS

Item	Proposal	Issue	Pandemic Order	Recommended approach
15	<p>Amend so that international aircrew who are staying less than 48 hours are allowed to leave quarantine once a post-arrival negative PCR/RAT result is received.</p>	<p>Arriving international aircrew who are staying less than 48 hours in Victoria must remain in self-quarantine until their next scheduled international flight.</p> <p>Unlike arriving passengers and aircrew (staying longer than 48 hours) there is NO provision for taking a RAT or PCR and exiting isolation upon receiving a negative result.</p>	Victorian Border Crossing	1. Change to Border and Detention 4 Feb
16	<p>Remove all measures that prevent a person, regardless of their vaccination status, who is an international traveler from entering an educational facility (noting that unvaccinated travelers are placed in CQV or, if an adolescent, self-quarantine at home for seven days and therefore cannot attend an educational facility anyway).</p>	<p>International adolescent/child arrivals who are not fully vaccinated and are not medically exempt must;</p> <ul style="list-style-type: none"> • not attend an education facility in Victoria until the day that is 8 days after the person arrived in Australia • not attend childcare or early childhood services, residential aged care facility, disability residential service or hospital in Victoria (unless obtaining urgent medical care), the day that is 15 days after the person arrived in Australia. <p>AND</p> <p>fully vaccinated international adolescent and adult arrivals must not attend an educational facility or childcare or early childhood services in Victoria for seven days after arriving in Australia, unless:</p> <ul style="list-style-type: none"> • the person has completed a COVID-19 PCR test and returned a negative result within 24 hours prior to visiting the educational 	Victorian Border Crossing	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to Border and Detention 4 Feb

		<p>facility or childcare or early childhood services; or</p> <ul style="list-style-type: none">• the person has completed a COVID-19 rapid antigen test and returned a negative test result on the day they are visiting the educational facility or childcare or early childhood services. <p>These measures significantly impact on a child's ability to attend education. Also, the new RAT regime for schools should identify cases.</p>		
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