

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

21 February 2022

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Minister for Health: The Hon. Martin Foley

Chief Health Officer: Adjunct Professor Brett Sutton

Secretary, Department of Health: Professor Euan Wallace

Deputy Secretary, Public Health Policy and Strategy: Nicole Brady

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**Minister Foley** I have sought advice on a range of matters over the last few days. I will ask the CHO to take me through the table. Let's start with face masks.

**Professor Sutton** I note this builds on my previous advice which was focused on office spaces and there was continued work by the Strategy and Policy public health team re workers and visitors in other indoor spaces. For the workers in public facing roles continuing the requirement to wear face masks recognises that there are members of our community who are vulnerable to serious consequences from COVID 19, they will in all likelihood be in masks themselves and placing the continued obligation on those in public facing roles to do the same gives these at-risk people additional protection.

**Minister Foley** I understand this, it will be important to ensure it translates properly into the communications so it is clear and straightforward for people to understand.

Elective surgery – that is as per what we foreshadowed last week from my reading of it?

**Professor Wallace** Yes it is. The seven-day average is 387 cases in hospital, today we have 361 in hospital with 11 ventilated. This places us firmly in stage 1 of the health system response framework. That is not to say we don't have workforce challenges but it ought be up to individual health services from the start of next week to manage their elective surgery lists - as they would normally do.

**Minister Foley** regarding extending the deadline for the mandate for education workers, the last figures I saw is that the 3<sup>rd</sup> dose figures are increasing in the education sector. Why does the mandate deadline need to be extended?

**Professor Sutton** yes they are Minister, but we are informed by the sector they would be hit with a wave of workforce challenges if we don't allow more time for workers to get their 3<sup>rd</sup> dose.

**Minister Foley** and the booster exemption at item 5?

**Professor Sutton** some individuals who are genuinely not due, for example if they are arriving from overseas and the third dose is not available in their country of origin, need additional time to be able to get their 3<sup>rd</sup> dose of the vaccine. The next item is so that employers can understand who is exempt and follow them up appropriately. And then there is the clarifying note that needs to be added for those who have recently been infected with COVID-19.

The last item is to enable employers to voluntarily use the QR code system. It is an enabling piece of Pandemic Orders.

Meeting concludes

**Table 1. Changes for approval by the Minister (25 February)**

Item	Theme	Issue summary	Proposed Orders change	PH Rationale for change or retaining current position
<b>Face Coverings and Work-From-Home recommendation</b>				
1	<p><b>Removing face covering requirements for indoor spaces, except for some high risk and vulnerable settings</b></p>	<p>Persons aged 8 and above are required to wear a face covering in indoor spaces, unless an exception applies.</p> <p>Face coverings can become recommended in indoor spaces and continue to be required in higher transmission risk and vulnerable settings.</p>	<p><b><u>Movement and Gathering Order</u></b></p> <p><b>Remove</b> face covering requirements for indoor spaces</p> <p><b>Amend</b> face covering requirements so that, unless an exception applies, a person must wear a face covering:</p> <ul style="list-style-type: none"> <li>• While on public transport, in a commercial passenger vehicle (e.g. Taxis, Uber), or in a tour vehicle</li> <li>• While inside an aircraft</li> <li>• While in an indoor space at an airport</li> <li>• While working at or visiting a hospital</li> <li>• While working at or visiting a care facility, indoors</li> <li>• While in an indoor space at a justice and correctional facility (a prison, remand centre, youth residential centre or youth justice centre), if the person is a worker</li> <li>• While in an indoor space at an education premises that is a primary school (including an outside school hours care service at a primary school) if: <ul style="list-style-type: none"> <li>○ The person is a worker</li> <li>○ The person is a student in Year 3 or above, up to and including Year 6</li> <li>○ The person is a visitor at the education premises and aged 8 years or above</li> </ul> </li> </ul>	<p>As community transmission of COVID-19 continues to reduce throughout Victoria and in the context of high vaccination coverage, mitigation strategies such as face covering requirements in lower-risk indoor settings can be eased.</p> <p>Face covering requirements should remain in place in indoor spaces regularly attended or occupied by vulnerable individuals such as hospitals, care facilities and correctional facilities due to the potential severity of transmission outcomes in these populations. Face covering requirements should remain for potentially higher risk transmission environments such as public transport, commercial passenger vehicles, airports and aircrafts. In these settings there is a relatively higher risk of coronavirus transmission due to reduced ventilation, close proximity, and greater density of persons.</p> <p>Face coverings are required in education premises that are primary schools for staff and children year 3 and above, and for ECEC workers, due to the lower rate of vaccination coverage in primary school age children compared to secondary school aged children. ECEC workers will also benefit from the additional protection of face coverings at work as they are exposed to younger children not yet eligible for vaccination.</p> <p>Removing face covering requirements for indoor spaces may encourage the return of office workers to the workplace, in the context of high vaccination coverage within the population of 93.8% of Victorians 12 years and over having received two doses, and 51.4% Victorians aged 16 years and over having received at least a third dose. Office employers are likely to keep record of who is attending the office through rosters and other documentation, which would assist in notification of co-workers, and outbreak management as required.</p> <p>Behavioural insight data indicates that face covering wearing and carrying has become habituated in the Victorian population. Even in situations where face covering wearing is not mandated, there were high levels of self-reported face covering use in indoor settings. Data from January 2022 demonstrated that 89% of Victorians always or often wore a face covering in an indoor public place and 93% say they always or often take one when they leave their house. Despite the removal of requirements for face</p>

			<ul style="list-style-type: none"> <li>• While working at or visiting an indoor space at a childcare or early childhood service</li> <li>• While in an indoor space, if the person is working in a public-facing or customer services role (e.g. retail, hospitality, court workers)</li> <li>• While working in an indoor space at an event with 30,000 or more patrons in attendance.</li> <li>• If the person is a diagnosed person or close contact and is leaving the premises in accordance with the Quarantine, Isolation and Testing Order.</li> <li>• If the person has been tested for COVID-19 and is awaiting the results of that test, except where that test was taken as part of a surveillance or other asymptomatic testing program.</li> <li>• Where required in relation to any other pandemic orders in force.</li> </ul> <p><i>Note: there may be some consequential amendments to the Additional Industry Obligations Order required regarding the removal of PPE requirements. Consequential amendments to the mask exceptions will also be required to remove exceptions that are no longer relevant.</i></p>	<p>covering use in many indoor settings, given the high acceptability by patrons and in many workplace settings, there should be ongoing health promotion and education around the proven role of face coverings in reduction of transmission risk, and patrons and workers will be strongly encouraged to use masks in indoor settings, particularly where physical distancing cannot be maintained, or ventilation standards not considered optimal.</p> <p>Industries at higher risk of amplification, such as meat and seafood processing and cold food storage and distribution, are very strongly advised to consider their obligations from a work and safety perspective, even if these are not mandated. There will be more at-risk workers in these settings, and industries have an obligation to these workers and the broader community through the measures they recommend.</p> <p>Existing requirements for diagnosed persons, close contacts, or symptomatic persons awaiting the result of a COVID-19 test, must remain in place where those individuals are leaving their premises. This is particularly important given the increased transmissibility of Omicron which currently dominates lineages identified in Victoria, due to the known effect of a face covering on reducing the spread of infectious aerosols or droplets to others. The Omicron variant is also associated with an increased risk of reinfection (following previous infection either with another variant or with Omicron) and of breakthrough infections (following previous vaccination). Face covering use reduces both the risk of an infected person transmitting to others, as well as protection against acquiring infection for their uninfected contacts.</p>
2	<p><b>Removing the recommendation to work and study from home</b></p>	<p>It is strongly recommended to work and study from home if possible.</p> <p>The recommendation can be removed to support attendance at onsite work and study, where</p>	<p>No orders change required as the work and study from home setting is a recommendation rather than a mandate.</p> <p>The recommendation is communicated through public messaging, including on the coronavirus website and at press conferences.</p>	<p>As community transmission of COVID-19 continues to reduce throughout Victoria, hospitalisation rates due to COVID-19 decline and third dose vaccination rates increase, workers are able to safely return to the office for onsite work.</p> <p>In line with schools returning to face-to-face learning and resumption of usual community activities, it is timely to support attendance at onsite work and study, where organisations and individuals feel it safe to do so.</p>

		organisations and individuals feel it safe to do so.		Ongoing measures in place will enable a safe return to work and ensure employers and businesses address health and safety issues arising in the workplace, including from COVID-19.
<b>Elective Surgery easing</b>				
<b>3</b>	<b>Further easing of elective surgery restrictions</b>	<p><b>Private hospitals and day procedure centres in Metropolitan Melbourne and private hospitals in Geelong, Ballarat, Bendigo, Shepparton, LaTrobe Valley and Wangaratta:</b> Increase to 100% capacity (including multi-day surgery and non-urgent surgery).</p> <p><b>Public health services:</b> Permit all forms of elective surgery activity to resume.</p>	<p><b>Additional Industry Obligations Order</b></p> <p><b>Add</b> private hospitals and day procedure centres in Metropolitan Melbourne and private hospitals in Geelong, to category outlining current restrictions in private hospitals in Ballarat, Bendigo, Shepparton, LaTrobe Valley and Wangaratta.</p> <p><b>Remove</b> current elective surgery restrictions for private hospitals and day procedure centres in Metropolitan Melbourne and private hospitals in Geelong (consequential change in line with above).</p> <p><b>Add</b> public health services in Metropolitan Melbourne, to category outlining current restrictions for public health services and hospitals in Regional Victoria.</p> <p><b>Remove</b> current elective surgery restrictions for public health services in Metropolitan Melbourne (consequential change in line with above).</p> <p><b>Amend</b> elective surgery requirements for public health services in Victoria, such that:</p> <ul style="list-style-type: none"> <li>• An employer may permit a Category 1, Category 2, Category 3 or non-urgent non ESIS elective surgery procedure to be performed, subject to: <ul style="list-style-type: none"> <li>○ Capacity of facility</li> <li>○ Prioritisation based on clinical need</li> </ul> </li> </ul>	<p>COVID-19 hospitalisations peaked at over 1,200 people in mid-January 2022 and have since begun to stabilize. COVID-19 hospitalisations are projected to further decrease in coming weeks. As such, it is appropriate that restrictions are further eased, to allow more elective surgery to resume.</p> <p>Careful and considered lifting of restrictions is necessary to ensure that private hospitals can continue to provide public hospitals with the capacity to assist with the COVID-19 response. In light of sustained community transmission, there is a continuing risk that the system will not have sufficient capacity, including ICU capacity, in public hospitals to treat patients with COVID-19 and other patients with critical care needs.</p> <p>To take account of the varying pressures experienced across health services, related to COVID-19 demand and workforce constraints, public health services resume elective surgery, and may determine the volume of activity to be undertaken based on local assessments of capacity and in consultation with the department.</p> <p>It is expected that streaming sites will continue to focus on supporting patients with COVID-19 and non-streaming sites will support requests by streaming sites to treat Category 1 and Category 2 patients within clinically recommended time. This enables load balancing across the system, meaning that health services share the pressures of COVID-19 demand, mitigating the risk that health services are overwhelmed.</p>

			<ul style="list-style-type: none"> <li>○ Ensuring COVID-19 demand is met and workforce pressures are manageable.</li> <li>• An employer must ensure non-urgent elective surgery procedures are reduced in the first instance and notify the Department if they intend to reduce the volume of non-urgent elective surgery.</li> <li>• An employer of a health service that is not a COVID-19 streaming site must provide required capacity to support the COVID-19 pandemic response and support requests by streaming sites to treat Category 1 and Category 2 patients within clinically recommended timeframes.</li> </ul>	
<b>Booster vaccine mandates exceptions and deadline extensions</b>				
4	<b>Education booster dose mandate – 4 week extension</b>	See PH rationale.	<p><b><u>Mandatory Vaccination - Specified Facilities</u></b>  <b>Add</b> a four week extension to the education worker booster deadline so that the deadline for all workers is 25 March 2022.</p> <p>An education worker who was fully vaccinated on or before 25 October and has not received their booster vaccine dose by 25 February 2022 must have a booking to receive the booster by 25 March 2022 in order to continue working onsite.</p>	<p>Due to workforce shortages in this cohort, the nature of face-to-face education and duty of care requirements, there is a significant challenge in meeting the current third dose deadline for education workers.</p> <p>Stakeholders across the sector have reported significant concern about maintaining adequate staffing levels once the current deadline has passed. Even in the short term, staff shortages may cause disruption to onsite learning which may flow on to impacts for their parent or guardian’s workforce participation.</p> <p>Existing primary course vaccination mandates in education settings means that all workers in this industry have at a minimum completed a primary course vaccination to work onsite.</p> <p>Providing an additional 4 weeks for those with a third dose booking will relieve pressure on schools and ECEC services to support staff to attend vaccination appointments and reduce the disruption on students, children, and their families.</p>
5	<b>Booster exceptions for a person who has completed a primary course</b>	See PH rationale.	<p><b><u>Mandatory Vaccination – Specified Worker and Specified Facilities</u></b>  <b>Add</b> an exception for a worker who is fully vaccinated and not yet eligible for a booster so that the booster deadline applies 3 months</p>	<p>Expanding the exceptions to the booster mandate for these legitimate reasons is considered proportionate in consideration of:</p> <ul style="list-style-type: none"> <li>• High population vaccination coverage rates, in combination with other mitigation strategies, provides significant protection to other workers and vulnerable cohorts these excepted workers have contact with.</li> </ul>

			<p>and 2 weeks from the end of their primary course.</p> <p><b>Add</b> an exception for a worker who is a recent international arrival so that the booster deadline applies 4 weeks from the date of their arrival.</p> <p><b>Add</b> an exception to the booster dose requirement for a worker who has had a recent expiry of a temporary medical exemption, such that that the booster dose applies 2 weeks from the expiry of their temporary medical exemption.</p>	<ul style="list-style-type: none"> <li>• Risk mitigation strategies are already in place, such as mask requirements, additional PPE for healthcare settings and recommended surveillance testing for specific cohorts. Additionally, completion of a primary course of vaccination, although will have challenges relating to waning immunity, does offer some protection.</li> <li>• The defined periods for third dose requirements for these cohorts provides certainty to employers and workers while maintaining strong messaging that vaccination as soon as eligible is required.</li> <li>• Enabling a return to work of workers who have not yet received their third dose, will support critical industries to maintain staffing levels, while continuing additional mitigation measures will act to moderate the risk workers without a third dose pose to the workforce and the people they serve.</li> <li>• Providing recently arrived international workers with a period from the day of arrival to complete a third dose allows for a proportionate approach as they navigate a new healthcare system. Primary course vaccination mandates would still apply to these workers for onsite work, meaning that would have some protection from having had completed a primary vaccination course.</li> </ul>
6	<b>Consequential amendments to align with booster dose exceptions – collecting vaccination information</b>	Employers/operators require evidence of an excepted person’s status and the end date to their exception period in order to ensure compliance with the booster dose vaccination mandates.	<p><b><u>Mandatory Vaccination – Specified Worker and Specified Facilities</u></b></p> <p><b>Add</b> an obligation for employers/operators to collect, record and hold acceptable certification of a worker’s excepted person status and the date the acceptable certification expires.</p>	Proposed changes will support employers/operators to comply with their obligations under the orders.
7	<b>Consequential amendments - exception for diagnosed person and probable cases</b>	<p>The 4-month exception to the booster deadline for diagnosed persons and probable cases is not intended to permit partially vaccinated workers or unvaccinated workers to attend work if they have had a recent COVID-19 infection.</p> <p>The exception is intended to allow workers who have not been able to obtain their booster vaccine dose an exception to the</p>	<p><b><u>Mandatory Vaccination – Specified Worker and Specified Facilities</u></b></p> <p><b>Amend</b> the exception to clarify that the exception only applies to fully vaccinated workers.</p> <p><b>Add</b> a note to clarify what a worker would need to show their employer to evidence recent COVID infection. For example, DH email or text confirming a positive result from a COVID-19 PCR test result.</p>	The 4-month exception to third dose requirement for those with recent COVID-19 infection is based on ATAGI advice. Proposed changes will make it easier for workers and specified facility operators to comply with the requirements.

		deadline to align with ATAGI advice for positive COVID-19 cases.		
<b>Workplace record keeping</b>				
8	<b>Enabling employers to voluntarily use the QR Code System</b>	Employers who are no longer required to maintain record keeping of those who attend the premises due to recent changes to record keeping obligations may still wish to opt in to QR code record keeping.	<b>Workplace Order</b> <b>Add</b> a provision that where not otherwise required to obtain records, an employer may choose to keep records of those who attend their work premises using the Victorian Government QR Code System.	Enabling employers to continue to use the QR Code system when they are no longer required to by Public Health Orders allows flexibility for employers who wish to continue to manage the risks of COVID-19 transmission at their specific worksite using the Service Victoria platform. This will allow individual businesses time to adjust to the shift towards increasing industry and individual responsibility of COVIDSafe practices.

**Table 2. Maintaining current existing settings to be approved by the Minister**

Relevant Order	Theme	Current Order restriction summary	PH Rationale for retaining current position
All	Continue Public Health setting broadly	Retaining baseline public health settings including face mask mandates and vaccine mandates.	Whilst community transmission continues to reduce throughout Victoria, it is necessary to maintain some baseline restrictions to limit the impacts on the wider community such as provision of essential services and the health system. Measures such as face mask mandates in certain settings and vaccine requirements protect individuals, the wider community and the delivery of healthcare services and therefore remain reasonable public health measures imposed to preserve the health and safety of the community.
<b>Additional Industry Obligations</b>	Continued additional specific obligations on employers and workers in specific industries	Some higher risk industries are required to ensure that workers wear the appropriate level of personal protective equipment (PPE) or a face covering or limit worker movement across different work premises.	Retaining some public health measures for essential workforces remains necessary due to the critical nature of the work that these cohorts undertake. These workforces protect vulnerable Victorians, provide essential services and deliver critical resources to the community.  These workers also face an elevated level of risk of contracting the virus due to occupational exposure or due to their work with vulnerable persons, therefore warranting additional protective measures to prevent the need for testing and isolating, which not only compromise workforce health and safety, but present significant flow on effects to the community.

<p><b>Movement and gathering</b></p>	<p>Continued requirement to wear a face covering indoors</p>	<p>All persons aged 8 and above are required to carry and wear face masks in certain settings</p>	<p>As community transmission of COVID-19 continues to reduce throughout Victoria and in the context of high vaccination coverage, mitigation strategies such as face masks requirements in certain settings can be eased. Given the greater risk of transmission in certain indoor settings and severity of outcomes of transmission in vulnerable populations, face mask requirements must remain in place in settings regularly attended or occupied by vulnerable individuals such as hospitals, aged care, disability, health care premises and correctional facilities and in potentially high-risk transmission environments such as public transport, CPV vehicles, airports and aircraft which are accessible to large numbers of individuals. Indoor entertainment events are also high transmission risk environments where ventilation may be suboptimal, high numbers of patrons are in attendance causing overcrowding and limiting adherence to COVIDSafe practices such as physical distancing.</p> <p>Maintaining face mask requirements for education settings limits the risk of transmission in these settings and therefore the potential consequences of exposure and infection, which include being required to isolate and the attendant disruptions to education, in addition to the rare risk of severe disease. Further, while severe disease and death due to COVID-19 are rare in children, the long-term potential consequences of infection, including of 'long COVID' are not yet well understood. Face masks will remain recommended in indoor settings where physical distancing is not feasible and for workers in indoor retail settings where vaccination status of customers is unknown.</p>
<p><b>Workplace</b></p>	<p>Requirements for recordkeeping and use of COVIDSafe Plans.</p>	<p>Specific obligations on employers to assist in reducing the frequency of outbreaks of COVID-19 in Victorian workplaces.</p>	<p>The use of QR code check-in to allow rapid identification of high-risk transmission events is recommended in higher risk settings in the context of returning either to a lower-case prevalence environment, or a high-case prevalence environment due to an emerging variant, in which QR codes may once again support a more centralised model of TTIQ and to anticipate near-term scenarios such as a seasonal winter wave. This also ensures the infrastructure of the system remains in place should it be required to be rapidly reinstated across a setting if required.</p> <p>Retaining the requirements for COVIDSafe plans supports industries and individuals to maintain a level of responsibility for adherence to COVIDSafe practices which can address health and safety issues arising specifically from COVID-19. This can help workplaces to encourage physical distancing, outline how suspected or confirmed cases might be managed in the workplace, meet requirements or recommendations for face masks and PPE, and adhere to other measures such as optimising ventilation.</p>





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