

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

19 April 2022

Minister for Health: The Hon. Martin Foley

Chief Health Officer: Adjunct Professor Brett Sutton

Secretary, Department of Health: Professor Euan Wallace

Deputy Secretary, Strategy, Policy & Outbreak Response: Kate Matson

Minister Foley I note that cases are currently plateauing and per the recent AHPPC statement on winter readiness, that it may be appropriate to consider further easing of Orders given that plateau. I will ask the CHO to take me through the advice.

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

1. Face coverings – it's open to you, Minister, to consider removal of face coverings in these settings (early childhood, schools, hospitality and retail workers). Noting there is a lot of evidence of the effectiveness of masks, I also note the increased vaccination coverage in primary school students and potential fatigue experienced by these cohorts.
2. Close contacts – alternative management of fully vaccinated close contacts per the advice from AHPPC and as expected to align with other states, as described in the table. Noting the recommendation to conduct rapid antigen tests on 5 of the 7 day 'close contact' period, that communications could focus on testing prior to indoor gatherings.
3. Additional reasons to leave quarantine – add additional reasons to leave quarantine for those who are not fully vaccinated, to allow them to care for animals, exercise vote in the federal election if asymptomatic or if there are no alternatives, transport a household member to school or work if applicable.
4. Exposed persons – remove the exposed persons cohort and adapt the definition of social contacts to include workplace contacts. The onus is transferred fully to the diagnosed person to inform people, including workplace colleagues, that they may have come into contact with.
5. Exemption power – for operational ease and as LPHUs have a greater understanding of relevant situations where an exemption may be applicable, give power to grant exemptions to LPHU Directors and Medical Leads.
6. Confirmed case amnesty period – align to CDNA advice now that there we have seen no Delta cases in the community since February and increase from 8 to 12 weeks.
7. Technical amendment – per table
8. Hospital visitor restrictions – given health services are best placed to manage their own settings, remove requirements from Orders.
9. Care facility excluded persons – align to the current settings for cases, reducing from 14 to 7 days.
10. Care facility essential visitors – I am not currently recommending that all visitor restrictions be removed from Orders, although it may be appropriate for that change may be explored in the next round of Orders changes. However, creating an essential visitor list is in line with advice from the industry and will allow visitors even during an outbreak and provide better balance for needs of residents.

11. Vaccinated economy – noting we are at approximately 95% double dosed, it is now reasonable to remove the requirement for vaccination prior to entering venues.
12. Events – removal of 30,000 cap and the public events framework.
13. QR codes – given the move the self management of contacts, removal of the requirement for record keeping / QR codes at venues.
14. Check in marshals – in line with the removal of QR codes, it is no longer appropriate to require check in marshals at venues.
15. Additional industry obligations – transition requirements for hospital settings to the health services, and remove measures that are no longer proportionate in other industries (refer to table), including surveillance testing.
16. Workplace obligations regarding record keeping and notification – retain the general requirement to notify a workplace if a case has attended, to ensure continued vigilance by employees, but remove specific requirements for record keeping and notification, in line with the increased onus on the individual diagnosed person to notify their contacts.
17. Workplace outbreak notifications – to allow greater operational flexibility as the epidemiology changes, remove specific reference to an outbreak definition from Orders.
18. Unvaccinated international arrivals – per previous advice of 7 April to recommend a move to home quarantine, it is no longer proportionate to required quarantine at VQH for unvaccinated international arrivals. However, Minister, you may wish to consider aligning requirements for unvaccinated arrivals to those of all other arrivals.
19. Testing requirements for international arrivals – remove requirement for test for asymptomatic people and make it a strong recommendation. If symptomatic within 7 days of arrival, require a test. I also propose removing the pre-departure test for Australian aircrew.
20. Certification of recent infection – it is no longer proportionate to require a medical certificate and am comfortable with a verified PCR certificate as evidence of recent infection.

Minister Foley Thank you. I am comfortable with the changes outlined in the table and your summary reasons. What is the expected timeframe?

Ms Matson We are working towards new Orders to be effective at 2359, Friday 22 April.

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 12 April Order changes?

Professor Sutton yes that's correct, Minister.

Minister Foley These changes are all in line with the direction we have been heading for some months, in that responsibility is further devolved to individuals and community to manage COVID safely. Is there any update on modelling – are the cases and long tail of hospitalisations, at a peak of 450-500 still expected per the latest modelling?

Professor Sutton No further changes to current projections.

Meeting concludes

Table 1. Proposed amendments to the pandemic orders for approval by the Minister for Health (22 April 2022)

Item	Theme	Issue summary	Proposed Orders change	PH Rationale for change or retaining current position
Face Coverings				
1.	Face covering requirements in schools, hospitality and retail workers, and workers at events with more than 30,000 attendees.	<p>Face covering requirements currently apply indoors for primary school workers, primary school students in Year 3 to Year 6, and retail and hospitality workers.</p> <p>Given easing of other settings, it is proportionate to consider a relative easing of face covering requirements to reflect current risk levels, and ever-increasing rates of vaccination.</p>	<p>Consider removal of face covering requirements for primary schools, after school hours care, early childhood and childcare, and for workers at events with more than 30,000 attendees as well as retail and hospitality workers.</p> <p>Update to a recommendation in these settings.</p> <p>Clarify that office workers in non-publicly accessible areas for airports are not required to wear face coverings</p> <p>Otherwise retain face covering requirements currently in place.</p>	<p>Face coverings remain a low impost intervention that have been demonstrated to reduce the risks of COVID-19 transmission, particularly in schools where analysis has shown that secondary students were 23 per cent more likely to test positive to COVID-19, relative to students in primary school, after the removal of the mask mandate. However, given the epidemiological context it is appropriate to review current face covering requirements.</p> <p>Despite high community transmission, evidence suggests that children experience fewer and milder symptoms of SARS-CoV-2 infection than adults and are at lower risk of experiencing poor health outcomes. This is evidenced by lower proportions of hospitalisations for the 0-19 age group versus those 20 and above.</p> <p>Due to increasing vaccination coverage and high rates of recent infection there is an increasing degree of immunity to COVID-19 among children in particular, but also among workers in education, hospitality and retail settings.</p> <p>However, given there is increasing vaccination coverage and natural immunity afforded by recent exposure to SARS-CoV-2 infection, in addition to ever-increasing existing public health safety measures (including the rollout of ventilation and filtrations upgrades in schools, and programs such as the Victorian Government’s ventilation rebate for small business), it is open to the Minister to consider transitioning remaining face covering requirements in education settings to recommended only.</p> <p>Similarly, given high vaccination rates among the general public, it is open to the Minister to consider a similar transition for retail and hospitality workers, including at events with over 30,000 patrons.</p>

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				<p>Individual education facilities, and retail and hospitality industries and employers may choose to enforce the use of face coverings through internal policies (as demonstrated currently in certain secondary schools) and should be supported to implement such measures, as a further risk mitigation measure. This transition can be supported through a recommendation for masks in such settings to further support existing measures.</p> <p>Settings where face covering requirements will be retained, including but not limited to public transport and public facing indoor areas in airports, continue to be considered high-risk settings where face covering requirements remain proportionate to the overall public health risk.</p>
Positive Case Obligations, Quarantine and Isolation				
2.	Self-quarantine requirements for close contacts	<p>Currently, close contacts are required to self-quarantine for a seven-day period unless they have been given clearance by the Director or Medical Lead of a designated Local Public Health Unit.</p> <p>It is appropriate to consider easing self-quarantine requirements for close contacts who are considered a low risk to the community and alleviate the hardship they may have otherwise endured by self-quarantining.</p>	<p>Removal of self-quarantine requirements for close contacts who:</p> <ul style="list-style-type: none"> • Are up to date with their vaccination requirements as defined by ATAGI guidance ; and • Wear a face covering indoors (for those aged 8 and above); and • Do not visit sensitive settings (current exemption process for hospitals and care facilities to apply); and • Notify their employer/educational facility that they are a close contact who is not required to self-quarantine subject to the listed conditions, if they attend during the seven-day period. • Required to undertake five negative rapid antigen tests, spaced at least 24 hours apart, within the seven-day period; 	<p>Third dose vaccination reduces the risk of Omicron infection and onward transmission and thereby further reduces the risk posed by easing current quarantine requirements.</p> <p>Additionally, the risk of transmission may be managed through regular testing and use of masks. It is strongly recommended that close contacts avoid those who are elderly or medically at-risk.</p> <p>Modelling suggests that no self-quarantine for close contacts and regular testing does not have a significant impact on the number of hospitalisations compared to 7 days self-quarantine. Given the epidemiological situation in Victoria, with high population immunity from vaccines and recent infection from Omicron BA.1 and BA.2 sub-lineages, this setting is proportionate to the overall public health risk.</p> <p>Proposed settings align with critical worker exemptions, removing the need for exemptions to be in place.</p>

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			<ul style="list-style-type: none"> Strongly recommended to avoid people who are elderly or medically vulnerable Strongly recommended that close contacts not required to self-quarantine work from home 	
3.	Additional reasons to leave quarantine and isolation for close contacts	<p>There are currently only limited reasons for which a person is permitted to leave self-quarantine and self-isolation, including for medical care or medical supplies, to get tested for COVID-19 or in the event of an emergency. Currently, permission is not provided to conduct low risk activities such as exercising away from others, transporting household members to work or school or attending to the welfare of an animal. It is appropriate to consider such permissions to minimise the burden of quarantine of isolation whilst still maintaining strong public health precautions.</p> <p>Similarly, essential workers who are asymptomatic close contacts may currently leave quarantine to attend work. With the upcoming federal election, it would also be appropriate to permit asymptomatic close contacts to leave home in order to vote.</p>	<p>Add additional reasons to leave self-quarantine for close contacts in order to:</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>Evidence suggests that the Omicron variant is less severe, and these low-risk activities provide practical reprieve for individuals and ease the burden of quarantine and isolation.</p> <p>Essential workers who are asymptomatic close contacts may currently leave quarantine to attend work. With the upcoming federal election, it is appropriate and proportionate to permit asymptomatic close contacts to leave home in order to vote, with additional risk mitigation measures in place, particularly to support the safe and effective operation of our democratic process.</p> <p>Most recent Behaviours and Attitudes survey (31 March 2022) demonstrated that inability to leave the house for exercise was the most frequently reported hardest aspect of isolation.</p> <p>Outdoor activity undertaken alone (or only with those in the same household), where physical distancing from other members of the public are maintained and face masks worn, is likely to pose little additional public health risk and significantly ease the negative perceptions and impacts of isolation and quarantine.</p> <p>With high prevalence as is currently the case, mixed households of active, recently recovered cases and close contacts occur frequently. Where the recovered case is reliant upon the person in quarantine to provide transport to education or workplace settings, allowing this to occur without the need for an exemption by the CHO/Deputy CHO, incurs no additional material risk to the public over and above the fact of their cohabitation and removes the need for the individual to seek exemption. This should be accompanied with a requirement to not leave the vehicle except in the event of an emergency.</p>

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				<p>The right and responsibility to vote in the Federal Election, whilst accompanied with some risk of increased transmission due to congregation, can have this risk significantly mitigated by known effective mitigations that still facilitate attendance, such as ensuring the individual is asymptomatic, has a negative RA test and mask</p>
4.	<p>Exposed persons, workplace notifications and social contacts</p>	<p>Exposed persons are workers that have been exposed to a positive case in the workplace. Positive cases are required to notify their employers of their diagnosis if they have been working onsite whilst infectious, and are required to notify their employer of employees who they were exposed to during their infectious period. These persons are called exposed persons. Employers are also required to send a general notification to the workforce advising of a positive case in the workplace and advising employees to be vigilant of symptoms.</p> <p>This places a significant burden on workplaces to contact trace in the event of every positive case in the workplace.</p> <p>Given that individuals have the best knowledge of their workplace contacts, the requirement to notify should sit with them to the extent that such contacts are reasonably ascertainable (align workplace contacts with social contacts). Such persons would then be considered social contacts, and would be required to get tested if experiencing symptoms, and prior to attending any indoor gathering in the 7-day period.</p>	<p>Removal of exposed persons framework and amend social contacts to also include contacts in a workplace (this will have the effect of placing the onus of individual workplace contact notifications on the individual worker – employers are still required to provide a general notification to workers in the event of a positive case in the workplace (see item 16)).</p> <p><i>Note:</i> social contacts get tested if experiencing symptoms, and if asymptomatic, are recommended to undertake 5 rapid antigen tests, spaced 24 hours apart, within 7 days.</p>	<p>Social contacts are still at risk of acquiring COVID-19 infection. Testing ensures prompt identification of COVID-19 to prevent further spread – no change from current position.</p> <p>Given that workers are best placed to notify contacts in the workplace of potential exposure, it is sensible to shift this onus, whilst still retaining the protections offered by requirements placed on social contacts and symptomatic persons to get tested if experiencing symptoms.</p>

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5.	General exemption power for variation of isolation and quarantine conditions	Currently, only the CHO and DCHOs have the power to grant exemptions with respect to any and all conditions relating to isolation and quarantine conditions.	Amend the general exemption power (but not the class exemption power) to permit LPHU Directors and Medical Leads to vary isolation and quarantine conditions.	LPHUs are able to undertake a case-by-case assessment and grant temporary exemptions with appropriate risk mitigation measures. Expansion of some powers to LPHUs supports the de-centralisation of the public health response and allows for the management of close contacts and confirmed cases at a local level. LPHUs are able to leverage their strong connections to local communities in determining whether temporary exemptions are appropriate.
6.	Recent confirmed case amnesty period	A recent case does not need to be tested or managed as a contact for 8 weeks following self-isolation. The Communicable Disease Network Australia's (CDNA) national guidelines recommend that this amnesty period be 12 weeks moving forward.	Amend from 8 weeks to 12 weeks.	CDNA provide national guidelines on the management of persons infected with COVID-19. This change would bring Victoria into alignment with the CDNA guidelines regarding the timeframe for managing recovered cases as case contacts and testing requirements.
7.	Technical amendment – quarantine and isolation period	There is an interpretative issue with section 36 of the <i>Acts Interpretation Act</i> which may impact on whether a person is required to quarantine for 7 or 8 days. No practical change to the period is intended, this is merely a cleanup to clarify intention.	Amend such that a person may leave isolation at the commencement of the seventh day from the date of the positive test, or the date of last exposure (for a close contact).	Technical amendment – PH rationale not required.
Hospital Restrictions				
8.	Visitor restrictions	Hospitals are currently subject to a list of requirements and restrictions, including prohibiting excluded persons, daily visitor limits, vaccination requirements of visitors or evidence of a negative rapid antigen test taken on the day of the visit, unless an exception applies. Hospitals have advocated that they have appropriate knowledge, means and mechanisms to manage the risk locally. It is therefore proportionate to remove the need for measures to be mandated. This change allows health services to tailor their visitor	Removal of visitor entry restrictions for hospitals.	While it is recommended that measures be implemented to mitigate the risk posed by visitors to hospital settings, such as pre entry testing and vaccination, particularly at times of increased community transmission, in this phase of the pandemic there are suitable alternatives to Orders, which can allow health services to implement their own tailored entry requirements for visitors that are proportionate, compassionate and provide the best level of protection for their staff and patients in their setting. Stakeholder consultation indicates high confidence that proportionate measures will be implemented through health service guidance and local policy. This should include, importantly, allowing an appropriate number of visitors in end-of-life situations.

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		<p>policies to meet the needs of their communities with appropriate risk mitigation in place, and to flexibly respond to the contemporaneous risks of transmission in hospital settings.</p>		
Care Facilities Restrictions				
9.	Excluded persons	<p>Care facilities currently exclude persons who have had known contact with a confirmed case and determine whether they are an excluded person based on the number of days immediately preceding entry, whether the person is fully vaccinated or unvaccinated, and whether they have not returned a negative PCR test result.</p> <p>It is no longer proportionate to classify an unvaccinated person who has not returned a negative PCR test result as an excluded person and prohibit entry to the care facility. Instead, it is appropriate to amend the number of days preceding entry to align with fully vaccinated persons, and the current seven-day isolation and quarantine period for confirmed cases and close contacts.</p>	Amend the number of days from 14 days to 7 days for persons who have been in contact with a confirmed case.	This would align the current seven-day isolation and quarantine period for confirmed cases and close contacts.

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10.	Visitor restrictions – Essential Visitors list	<p>Care facilities currently prohibit excluded persons from entering care facilities, impose daily visitor limits and require visitors to provide a negative rapid antigen test taken on the day of visiting, unless an exception applies.</p> <p>There is ongoing concern that some care facilities have implemented overly restrictive visitation rules.</p> <p>To ensure a balance is struck between residents having vital personal, social and emotional support, it is appropriate to include a list of Essential Visitors. Doing so would additionally mitigate the risk of COVID-19 introduction and spread.</p>	Add an Essential Visitors list which sets out the minimum requirements for those who may access care facilities	<p>The impact of the COVID-19 pandemic on the residential care sector has been significant and has necessitated at times the restriction on visitation to care facilities to keep residents safe. As the pandemic response continues to shift from Orders to guidance-driven obligations, however, care facilities should be empowered to begin to look at what self-regulated, compassionate visitation will comprise of at their facility. At this time of high community transmission, it is recommended that current entry requirements for visitors remain in place in recognition that care facilities are a diverse group of facilities of differing sizes, resources, governance structures, and level of care provided to residents, and with significant diversity in their ability to implement infection control measures. Care facility residents are also often Victorians who are at greatest risk of severe outcomes from COVID-19.</p> <p>Care facilities have faced some of the most challenging outbreak control scenarios throughout the pandemic. Ongoing concern has been expressed across the community that some care facilities have implemented overly restrictive visitation rules during outbreaks. An important balance must be achieved to ensure residents have vital personal, social, emotional and community support and connection, whilst continuing to mitigate the risk of COVID-19 introduction and spread in this sensitive setting. It is therefore advised that a visitors list is introduced to permit at a minimum, entry of those essential to the wellbeing of residents, particularly in outbreak situations.</p>
Vaccination Requirements for Patrons and Event Limits				
11.	Vaccination requirements for patrons ('vaccinated economy')	<p>Currently, patrons aged 18 years and over are required to show proof of vaccination to enter vaccinated economy venues.</p> <p>Continuation of vaccine mandates for patrons to access venues is unlikely to materially increase vaccination rates, and the negative consequences of social and community exclusion of unvaccinated patrons from these venues may now</p>	Removal of vaccination requirements for patrons at all venues.	<p>Given Victoria's high two dose vaccination coverage, and the shift towards empowering individuals to play a larger role in protection themselves, their loved ones and the wider community, continuation of vaccine mandates for patrons to access venues is unlikely to materially increase vaccination rates. Additionally, the negative consequences of social and community exclusion of unvaccinated patrons from these venues may now outweigh the previously recognised benefits. It is advised that two dose vaccination requirements are removed for patrons accessing open premises.</p>

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		outweigh the previously recognised benefits.		Ongoing targeted engagement to encourage vaccination uptake, particularly amongst at-risk groups, is recommended.
12.	Events threshold and Public Event Framework	<p>Currently, eligible public events which seek to hold more than 30,000 attendees or more are subject to the Public Event Framework and may only be exempt from a requirement in the pandemic order by the Chief Health Officer or Deputy Chief Health Officer.</p> <p>By removing the two-dose requirement for patrons to enter an open premises, it is no longer proportionate to retain and require public events to seek approval to be exempt from a requirement in the pandemic orders.</p> <p>By removing such event threshold, consequently it would be appropriate to remove the Public Event Framework from the orders to align with the easing of patron and event restrictions.</p>	Removal of 30,000 attendee event threshold (and consequently the Public Event Framework).	As the pandemic response moves away from Orders to an individual, industry and workplace approach based upon choice and responsibility, and with the easing of patron vaccination requirements, it is no longer proportionate to require events above 30,000 attendees to be subject to the Public Events Framework. The Framework and other documents including COVIDSafe Event Plans are recommended to transition to guidance documents to support event organisers to continue to manage risk at public events. COVIDSafe Plans for business premises remain in place as an additional measure to COVIDSafe Event Plans.
Workplace Outbreak Prevention and Response				
13.	Record keeping requirements (including QR code check-in system)	<p>Currently, vaccinated economy venues are required to keep a record of all persons who attend the premises, and comply with the Victorian Government QR code system.</p> <p>Record keeping requirements are no longer proportionate or necessary, particularly given the removal of vaccination requirements for patrons.</p> <p>Removing the QR code requirements will lead to decommissioning and removal. The impacts on social licence and the subsequent challenges to re-introduction at scale if required, for example in responding</p>	Removal of record keeping requirements for staff and patrons, including QR code system requirements.	<p>Given the removal of the two-dose requirement for patrons to enter open premises, record keeping requirements (including QR code check-in systems and COVID Check-In Marshals) are no longer proportionate or necessary.</p> <p>Other workplace outbreak measures, such as notifications to the Department of Health and workplace notifications, are still viewed as proportionate and are less restrictive measures to address the public health risk.</p>

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		to new Variants of Concerns, are acknowledged, however do not outweigh the absence of sufficient public health justification for retention.		
14.	COVID Check-in Marshals	<p>Currently, operators of an open premises must place a person designated as a COVID Check-in Marshal at each entrance to the premises and request each patron to record their attendance at the premises.</p> <p>Given the removal of vaccination requirements for patrons, it is no longer proportionate to require COVID Check-in Marshals to be present and request patrons to record their attendance at the premises.</p>	Removal of the requirement for COVID Check-in Marshals.	Given the proposed removal of the two-dose requirement for patrons to enter open premises and QR code requirements, COVID Check-in Marshals are no longer necessary to ensure that patrons check-in.
15.	Additional industry obligations	<p>Currently, there are additional obligations on employers and workers in some industries, including food processing, food distribution and warehousing, hotel quarantine, care facilities, schools, constructions sites etc.</p> <p>These requirements relate to a number of mitigation measures such as consultation requirements, PPE requirements, and surveillance testing obligations.</p> <p>It is appropriate to consider removing all additional industry obligations as part of a gradual shift in the pandemic management strategy to empower individuals, communities, and industry to play a greater role in the ongoing pandemic response.</p> <p>Measures relating to hospitals and consultation obligations with workers and health and safety representatives are to be shifted to recommendations.</p>	<p>Update the following obligations to recommendations:</p> <ul style="list-style-type: none"> • All measures relating to hospitals, (face coverings for visitors and mandatory vaccination requirements for workers and COVID Safe Plans would continue in other pandemic orders) • Consultation with workers and health and safety representatives <p>Remove the following obligations:</p> <ul style="list-style-type: none"> • Surveillance Testing Industry List requirements (currently no mandated surveillance testing requirements remain, only recommendations) • Compliance inspections by authorised officers or inspectors • Care facility declarations and worker mobility restrictions 	<p>It is appropriate to remove or phase to recommend the remaining baseline public health measures in place for some select industries. These have remained in place to protect both delivery of critical and essential services and at-risk populations managed by essential workforces.</p> <p>However, as the pandemic response continues to shift from Orders to guidance-driven obligations, it is now considered proportionate for industry and employers to manage these measures through alternative mechanisms, guidance and policy (e.g., conditions of employment) at a localised level. Consultation with relevant stakeholders indicates high confidence that proportionate measures will continue to be implemented via alternative mechanisms (e.g. local policies or guidance).</p>

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			<ul style="list-style-type: none"> Port of entry employers providing free PPE to workers and records of testing international aircrew workers to the Department Hotel Quarantine employers providing regular training to workers on hygiene practices and not attending work when unwell. 	
16.	Workplace requirement to collect list of exposed persons and COVID-19 test results	<p>When there is a confirmed case of COVID-19 in a workplace, operators are required to notify specific workers (exposed persons) of exposure to a positive case and to comply with testing requirements and produce evidence of a negative test result before returning to work, if symptomatic.</p> <p>In addition, operators are required to record and store a list of exposed persons and if applicable, their COVID-19 test results.</p> <p>The exposed person framework imposes a significant burden on employers with respect to contact tracing. Sufficient other measures exist to mitigate the infection risk, such as the requirement for positive cases to notify their workplace, and workplaces to provide general notification to their staff that a positive case attended the workplace. Additionally, positive cases are required to notify their social contacts, which includes workplace exposures.</p>	<p>Removal of the requirement to notify specific workers of exposure to a positive case.</p> <p>Removal of the requirement to maintain records of exposed persons and test results.</p> <p>These obligations will be recommended.</p> <p>Retain requirement for employers to notify their workers in the event of a positive case in the workplace and advise them to be vigilant of symptoms.</p>	<p>Employers are a key pillar of Victoria’s de-centralised contact tracing system whereby the onus is placed on the broader community to identify and notify case exposures.</p> <p>Employer notifications to their workforce in the event of a positive case in the workplace aligns with requirements of education facilities. This has been an effective measure in curbing onwards transmission, whilst minimising impacts to education, and delivery of essential goods and services.</p> <p>Specific contact tracing by employers is no longer a proportionate measure, and this change supports the recent shift in pandemic response towards empowering and educating the general public and businesses to manage outbreaks and protect workers and the general community.</p>
17.	Workplace outbreak notifications	<p>Currently, if 5 confirmed cases have attended a workplace within a seven day period, the operator must notify the Department and notify it of:</p> <ul style="list-style-type: none"> the actions taken; 	<p>Amend the 5 cases within a seven day period threshold so that it refers to a workplace outbreak threshold set out in an external document amended from time to time based on the epidemiological situation and require</p>	<p>Amendments to allow the department to flexibly adjust both the threshold that constitutes an outbreak, and the obligations that follow, will ensure that a balance is struck between having oversight of large workplace outbreaks, and not placing unnecessary burdens on employers. This will also allow for a more agile response based on</p>

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		<ul style="list-style-type: none"> provide it with a copy of the risk assessment conducted; provide it with contact details of any exposed persons (whether or not workers) identified; and comply with any further directions given by the Department or WorkSafe in relation to closure of the work premises (or part of the work premises) and/or cleaning. <p>Retain the requirement to notify the department but consider setting a workplace outbreak threshold in an external document which can be amended from time to time based on the epidemiological situation, rather than a 5 cases threshold.</p> <p>The external document would also set out outbreak response steps that operators must take and notify the department of.</p>	<p>operators to notify the department of the outbreak response steps taken.</p>	<p>the current epidemiological situation in Victoria and what constitutes a proportionate requirement to place on employers.</p>
International Arrivals				
18.	Quarantine requirements for unvaccinated international arrivals	<p>Currently, a person who arrives from overseas and is not fully vaccinated or a medically exempt person is required by the Detention Order to quarantine in Hotel Quarantine.</p> <p>Other international arrivals are covered by the Quarantine Isolation and Testing Order (QITO). International arrivals within the scope of QITO are required to self-quarantine – i.e. at a premises of their choosing.</p>	<p>Revoke Detention Order.</p> <p>Amend Quarantine, Isolation and Testing Order to bring “person of risk” category from Detention into scope. Unvaccinated and not medically exempt international arrivals strongly recommend to take a RAT or PCR within 24 hours of arrival. Must get tested if symptomatic within 7 days of arrival.</p>	<p>As the epidemiological situation shifts and Victoria experiences elevated community transmission, it is now proportionate to transition from government-managed quarantine facilities to a self--quarantine model.</p> <p>This change factors the overall lower public health risk posed by international arrivals relative to the wider community and the high impost of the resource intensive and restrictive facility-based quarantine.</p>

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19.	Testing requirements for fully vaccinated or medically exempt international arrivals	<p>Fully vaccinated or medically exempt international arrivals are currently required to get tested within 24 hours of arrival.</p>	<p>Replace with a mandatory requirement to get tested if experiencing COVID-19 symptoms within 7 days of arrival, and a strong recommendation to get tested within 24 hours of arrival.</p> <p>Removal of pre departure test requirement for Australian based international crew.</p>	<p>With high levels of community transmission, at this phase of the pandemic response, reducing incursion of new variants from overseas is no longer proportionate or realistic. Although there remains a risk of new variants of concern, such a risk would exist regardless and will be more effectively mitigated through other surveillance methods in the community. As such, a mandatory test on arrival is no longer a proportionate measure, however it should be strongly recommended. The risk posed is mitigated by the requirement to get tested if symptomatic within seven days of arrival, and recommendation for testing if symptomatic thereafter.</p> <p>Additionally, pre departure testing requirements for Australian based international aircrew are no longer proportionate for the reasons listed above, and also align with the Commonwealth’s removal of pre-departure testing requirements for international arrivals from April 17, 2022.</p>
20.	Certification of recent COVID-19 infection	<p>Currently, to evidence a recent COVID-19 infection for the purposes of substantiating exempt status, a person is required to furnish evidence of a certificate from a medical practitioner certifying a recent positive PCR test result.</p> <p>This is a double substantiation requirement (with the positive PCR result being the first) that provides minimal additional</p>	<p>Amend so that a person can provide a verified PCR certificate as evidence, without the need for an accompanying medical certificate.</p>	<p>A move to accepting verified PCR certificates is an important step in minimising the evidentiary burden on international travellers, including Victorians who have previously tested positive in Victoria and recorded their positive RAT to the department, particularly as the relative risk of international travellers decreases.</p>