

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

9 February 2022

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

Update on elective surgery and mandatory vaccination

Minister Foley: thank you I have seen the table that was sent to me.

Professor Wallace: (regarding item one) As you know the proposal last week had been for next week to switch on multi-day surgery so essentially all elective surgery in metro and Geelong will return to 50% in private hospitals and private hospitals in the regions to 75%.

In terms of public hospitals, all regional public hospitals, except for Geelong, and both Peter Mac and the Eye and Ear hospital to restart category 1 and 2 multi-day surgery.

All the other public hospitals – metro and Geelong – there will be no change.

The basis for that is it won't impact on the systems' ability to cope with COVID-19 and the private hospitals continue to be able to provide what the public health system needs to offload. This follows up the conversations we had last week re the planning.

Minister Foley: From a hospital capacity point of view, can I confirm the position we were briefed on last week continues to be the same, and that discussions with public and private hospitals continues to show declining patients and hospital in the home? So from a hospital capacity point of view, this foreshadowed measure continues to be appropriate it that right?

Professor Wallace: Yes

Minister Foley: and can I ask you Chief Health Officer whether there are any concerns from your perspective regarding impacts on public health?

Chief Health Officer: no concerns from me, will amount to additional movement in the sector as we recommence the activities.

Minister Foley: very good and thank you for that.

Refer to the table item 2

Chief Health Officer: this is about enabling the movement of health workforce at a time of significant health system pressures. We have very high coverage of booster doses which decreases the risk. Healthcare workers are more exposed to infection in the community than at work where they wear N95 masks and other PPE and have HEPA filters in place. They are more at risk at home and in the community, so the idea they need to be limited in their movement at work is not proportionate.

Minister Foley: will it assist in workforce pressures?

Chief Health Officer: I think it provides a genuine benefit for those staff who work across a number of sites. It frees up some of those who work across multiple settings to return to their usual routine of work.

Minister Foley: I am favourably disposed.

Chief Health Officer: Item 3 is for those who work in the education sector who see themselves as education employees rather than healthcare workers. It makes intuitive sense to them so only right and proper that they follow the same timelines as those in the education sector.

Regarding Item 4 I am accepting the advice from the public health team that the workforce risks here are readily apparent, there are a number of people who genuinely haven't received their third dose yet due to demands on their work, because they were in isolation or quarantine and who needed to cancel their appointment and haven't yet made another. I think 4 weeks is a reasonable time for that to be locked in and the booster to be given.

Minister Foley: why not two weeks rather than four weeks and what other measures are the agencies taking to see their workforce receive their third dose?

Professor Wallace: in terms of the healthcare sector the estimate is that there about 15,000 people who would be stood down at the end of the week. The two weeks versus four weeks is about taking the necessary space and taking the heat out of the issue. The health services are working very hard on this, they all have their own dashboards which are visible to their workforces. The health services themselves are vaccine providers and are providing access at work.

In terms of the health system at a time of significant staff shortages and pressures the last thing we want to do is to create more staff shortages when we understand people are intending to get a third dose and need the space to do so.

Minister Foley: how about other sectors?

Professor Wallace: the lessons from health can be applied elsewhere.

Chief Health Officer: as you have illustrated, the challenges are likely to be as least as great in other sectors, we should take the lessons from health sector and apply them to the other impacted workforces. There is less motivation in the community to get a third dose.

Ms Brady: the public health team has been advised by other government agencies that those who employ critical workers who are mandated for a third dose are also experiencing the same challenges due to the impact of the Omicron wave of late December and through January, and there would be significant impacts on the disability sector for example if the mandate is not extended. They advise us that those sectors are also working hard to encourage and enable workers to become vaccinated with a third dose.

Minister Foley: I ask for the consultation and engagement to continue while I contemplate the extension.

Chief Health Officer: in relation to item 5, there was no exemption for this group prior to the February 4 Pandemic Orders and those Orders only allow the exception to apply if an individual has undertaken a PCR. There needs to be some mechanism so we recognise a rapid antigen test as sufficient to apply for the ATAGI four month recommended interval if people were positive.

Minister Foley: Does this give us an opportunity to advise that as soon as people are asymptomatic from COVID-19 you should go and actively seek a third dose booster?

Chief Health Officer: not in the Order, I think it needs to be supported by comms. I don't advise, and I don't think ATAGI advises, as soon as recovered. The ideal time is one to two months, people are likely to get better immunity at one to two months. So not necessarily as soon as recovered.

Minister Foley: Finally Brett, 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?

Chief Health Officer: I can confirm that

Minister Foley: thank you and can you confirm that that you have considered less restrictive measures to these options before providing this advice?

Chief Health Officer: I can confirm that

Meeting concluded, 9.25am

Appendix 1 – Table of Proposed Changes sent to Minister Foley

Elective Surgery

Item	Proposal	Issue	Pandemic Order	Proposed actions	Minister's comments	PH Rationale
1	<p>Further easing to occur for elective surgery restrictions. Key features:</p> <p>Private hospitals in Melbourne and Geelong: 50 per cent capacity for all elective surgery</p> <p>Private hospitals in Ballarat, Shepparton, Bendigo, LaTrobe Valley, Wangaratta: 75 per cent of any elective surgery, including multi-day surgery</p> <p>Peter MacCallum Cancer Centre and the Royal Victorian Eye and Ear Hospital: Category 1 and 2 surgery permitted</p> <p>Public hospitals in Ballarat, Shepparton, Bendigo, LaTrobe Valley, Wangaratta: Category 1 and 2 surgery permitted</p> <p>Other public hospitals: no change</p>	<p>Since COVID-19 hospitalisations peaked at over 1,200 people in mid-January 2022, they have since begun to stabilise at around 600 admissions in early February 2022. In the past week, the rolling seven-day average of COVID-19 hospitalisations is approximately 679 people. This is projected to decrease in coming weeks.</p> <p>As such, restrictions on private hospitals and day procedure centres have again eased to allow a proportion of elective surgery to resume, to reduce the volume of elective surgery that has been delayed.</p>	Additional Industry Obligations	<ol style="list-style-type: none"> 1. Minister seek advice from State Controller Health and CHO 2. Change to AIO for surgery to commence from 1159pm 13 Feb 		Essentially this is a health services capacity decision. The significant impact on broad public health that the restrictions on elective surgery poses is recognised. Moving to a more nuanced approach regarding elective surgery, without compromising the COVID response, would seem to be a rational response. There are no concerns that it will impact on the public health response to COVID-19.

Hospital worker attestations

Item	Proposal	Issue	Pandemic Order	Recommended approach	Minister's comments	PH Rationale
2	Remove the requirement for employees at all hospitals to provide employers with a written attestation if they are working across more than one site and remove associated mobility restrictions	<p>A high-risk hospital worker who is working across more than one workplace for two or more employers is required to provide a written declaration to each employer to advise them of this and provide the details of the other work premises. Each employer is required to maintain a record of these disclosures.</p> <p>Pre-shift attestations were originally introduced to this cohort as they had experienced a higher risk of becoming a close contact relative to the general public. With changes in contact tracing and outbreak management, pre shift attestations become less practical and less necessary.</p> <p>Note: this requirement has been requested by health services. It is proposed to be retained for care facility workers working across multiple facilities</p>	Additional Industry Obligations	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to AIO 11 Feb 		<p>In Victoria ongoing high community transmission rates have resulted in significant workforce pressures across the community including in hospital settings, due to staff furloughing and isolation. Priorities have therefore shifted to health service capacity preservation. Vaccination including third dose mandates for healthcare workers have resulted in a highly vaccinated workforce with high levels of third dose uptake. Therefore, the risk of exposure of staff to COVID-19 is potentially now higher in the general community</p>

						<p>than in another hospital setting where there is a highly vaccinated workforce and stringent infection prevention controls in place.</p> <p>As reflected in the healthcare worker furlough matrix exclusion, isolating staff who have been at high-risk premises or in contact with a COVID-19 case is less practical or reasonable given the high number of exposure sites and outbreaks across the Victorian community. The risk posed by workers employed across multiple sites is likely to be lower than the cohort of close contacts, who are permitted to return to work and who have had direct and known COVID-19 exposure.</p>
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						These measures add to the administrative burden of employers to record-keep and provide diminishing benefit.
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Vaccination

Item	Proposal	Issue	Pandemic Order	Recommended approach	Minister's comments	PH Rationale
3	<p>Amend the booster mandate for healthcare workers to not apply to healthcare workers working at an education facility.</p> <p>This ensures that healthcare workers employed at premises such as schools are captured by the booster deadline applicable to persons employed at a school.</p>	<p>The booster deadline for healthcare workers is earlier than the one for education workers. By default, healthcare workers working at education facilities (nurses, psychologists, etc.) are expected to meet the earlier deadline.</p> <p>Given the school term has commenced, education stakeholders are concerned that this does not provide these workers with enough</p>	Mandatory Vaccination (Specified Facilities)	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to Man Vax 11 Feb 		<p>This amendment is to clarify intent that healthcare workers in an education facility (e.g. psychologists) are subject to third dose deadlines for education workers. This will enable workers adequate time to receive their third dose. The additional time will reduce the risk of</p>

		time to receive their booster shots.				workforce shortages and will be aligned to the approach taken for first and second dose requirements.
4	<p>Add a four week extension to the booster deadline for workers who are subject to a booster dose mandate on 12 February.</p> <p>Workers must provide their employer with evidence of a booster appointment on or before 12 March (a 28 day max. extension).</p>	<p>The booster deadline for many essential workers, including aged care facilities and healthcare workers, is on 12 February.</p> <p>Many workers within this cohort have been prevented from attending booster appointments due to isolation requirements and demand for overtime.</p>	<p>Mandatory Vaccination (Specified Facilities)</p> <p>Mandatory Vaccination (Specified Workers)</p>	<ol style="list-style-type: none"> 1. Minister seek advice from CHO 2. Change to Man Vax 11 Feb 		<p>The third dose deadline for many workers, including aged care and healthcare workers is 12 February. Key industry stakeholders have advised that many workers in this cohort have been unable to attend third dose vaccination appointments due to isolate requirements or working overtime to cover workforce shortages. Providing an additional 4 weeks for those with a third dose booking will enable</p>

						workers who faced genuine constraints to accessing vaccination to continue working while not disincentivizing uptake.
5	<p>Amend the exception to the booster deadline to include workers who were probable cases, but could not access a PCR test prior to the Orders change at 11:59pm on 4 February 2022.</p> <p>Workers must have reported their positive rapid antigen test result to the Department by calling the Department or using the notification form.</p>	<p>The current 4 month exception to the booster deadline from the end of self-isolation for diagnosed persons and probable cases requires a probable case to have received a positive PCR test result from a test taken during their period of self-isolation. Without this PCR result, a probable case is not eligible for the exception.</p> <p>Many workers may be unable to fulfill this requirement due to the PCR testing capacity issues during the December to January period.</p> <p>Amending the exception for the period prior to the 4 February orders change</p>	<p>Mandatory Vaccination (Specified Facilities)</p> <p>Mandatory Vaccination (Specified Workers)</p>	<p>3. Minister seek advice from CHO</p> <p>4. Change to Man Vax 11 Feb</p>		<p>The 4-month exception to third dose requirement for those with recent COVID-19 infection is based on ATAGI advice. This should apply to confirmed cases; Those who were probable cases prior to the exception coming in for diagnosed persons only are unable to retrospectively obtain a confirmatory PCR.</p>

		ensures that workers who were unable to obtain a PCR test result are still eligible for an extension to their booster dose deadline. This ensures alignment with ATAGI advice for positive cases to wait four months after the conclusion of their infectious period to receive a booster dose of the vaccine.				
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