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

7 September 2022

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Minister for Health: The Hon. Mary-Anne Thomas

Chief Health Officer: Adjunct Clinical Professor Brett Sutton

Acting Deputy Secretary, Public Health: Kerry McGrath

Department of Health: Senior ED Liz Murdoch, ED Rory Thomas and D Ash Munoz

Chief of Staff to Minister: Melissa Arch

**Re: Amendments to pandemic orders to align with the National Cabinet decision on 31 August 2022**

**Minister Thomas:** Can you formally take me through the decisions from National Cabinet and how they are appropriate in the Victorian context.

**Chief Health Officer**: Item (1) **(see Appendix 1):** This change is to reinforce the decision of National Cabinet intended to be adopted by all jurisdictions on domestic flights.

**Minister** **Thomas:** Yes, that makes sense.

**Chief Health Officer**: Item (2) Following the announcement from National Cabinet, AHPPC have met to ensure a consistent approach in each jurisdiction in terms of protecting high risk settings. Rather than prohibiting asymptomatic high-risk workers from leaving self-isolation on day 5, it was determined that a more proportionate setting, in line with the rest of the community, is to permit them to leave self-isolation but not attend a high-risk setting to work on day 6 and 7. This includes high risk settings such as hospitals, care facilities and in-home care in Victoria.

We are also recommending that people continue to wear a face covering while indoors for the 5 days following completing a period of self-isolation as an additional risk mitigation strategy. In addition, consistent with our current advice, we are recommending that people undertake Rapid Antigen tests in the days following self-isolation when attending work or a higher risk setting.

**Minister Thomas** – Brett, as I understand the face mask advice, this is in line with our current advice to wear a face mask for indoor settings outside the home, but this is a targeted push for those leaving self-isolation after 5 days, especially on day 6 and 7.

**Chief Health Officer:** Yes, that’s right. In line with our current advice, but a focus on those leaving self-isolation.

**Chief Health Officer:** Item (3) In line with preventing high risk workers from working on the two days following leaving self-isolation on day 5, we are recommending that residents of care facilities adhere to a self-isolation period of 7 days in recognition of the mortality and morbidity risk for persons in these settings. This would be advice and we would support this using existing outbreak management policies.

**Minister Thomas**: – So not able to work or visit high risk settings on days 6 and 7 but recommended to residents of care facilities to self-isolation for 7 days and they have policies to manage outbreaks.

**Chief Health Officer:** Item 3 – Yes, that’s right. In line with NSW and other jurisdictions we are also advising that they must notify their workplace that they completed self-isolation if attending onsite.

**Minister Thomas:** Brett, my understanding on the many different types of workers, this would be limited only to the high-risk workers. For example, an agricultural worker who works outdoors, and is returning to work would not necessarily need to have different work arrangements. But a person working in a high-risk indoor environment would need to [agree different arrangements] before returning to on-site work.

**Chief Health Officer:** Yes, that’s right. This would be specifically for high-risk workers to ensure that both employers and employees can manage the return to on-site work, given the risk on day 5 of being infectious

**Chief Health Officer:** Item (4) Finally, consistent with AHPPC recommendation it’s proposed that no changes are made to the current close contact requirements. We would retain the ability for healthcare and care workers to return to work during the 7 day period of being a close contact if they are asymptomatic, wear an N95/P2 mask and it’s by mutual consent with the employee and employer.

**Minister Thomas:** Thanks Brett.

My reading of the advice provided is that we continue to ensure that the most vulnerable members of our community have the highest levels of protection when it comes to the use of masks and isolation as protective measures.

We have aligned with the National Cabinet decision, while providing advice on how they are best implemented in Victoria to send a message on the importance of wearing a mask indoors, with special importance for those leaving self-isolation on day 5 to wear a mask on days 6 and 7 indoors outside of the home.

* **Meeting concluded -**

## **Appendix 1: For consideration by the Minister for Health**

## **Indicative proposed changes as at 11.59pm on Thursday 8 September 2022**

**Proposed amendments to the pandemic orders for approval by the Minister for Health (8 September 2022)**

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| **Item** | **Theme** | **Issue summary** | **Proposed Orders change** | **PH Rationale for change or retaining current position** |
| **Public Safety Order** | | | | |
|  | **Face covering requirements on aircraft** | To align with the national position to remove requirements to wear a face covering while on an aircraft.  Otherwise, no change to the current face covering requirements that apply:   * at a healthcare premises or * while working   + at a court or justice centre; or   + at correction facilities; or   + in a resident-facing role at a care facility; or * visiting a hospital or a care facility: or * on PT or in a CPV or a licensed tourism operator vehicle; or * if the person is required to self-isolate, self-quarantine or is a close contact under QITO and leaves the premises; or * been tested for COVID-19 and is awaiting the results of that test; or * where required to do so in accordance with any other pandemic orders in force. | **Remove** the requirement to wear a face covering while on an aircraft. | Face masks are a low impost, low cost and high effective public health measure and have been generally well accepted by the Victorian community. Masks remain an effective measure in reducing transmission and protecting the most at-risk members of our community. Mask requirements should remain in higher risk settings such as on public transport where large number of people move through, congregate and interact in confined spaces with limited ventilation and a high density of persons. Masks should also remain in high-risk settings such as hospitals, care facilities.  The requirement to wear a face covering on aircrafts should be removed in alignment with national consensus as per National Cabinet. |
| **Quarantine, Isolation and Testing Order (QITO)** | | | | |
|  | **Self-isolation period – diagnosed persons & probable cases** | Noting the decision of National Cabinet on 31 August 2022 to amend the period that a person with COVID-19 is required to isolate from 7 days to 5 days, it is open to the Minister to consider aligning with other jurisdictions in the interests of national consistency.  Consistency across Australian jurisdictions helps to maintain public trust in government management of the COVID-19 pandemic and use of public health and social measures.  If the Minister chooses to align with the national position on self-isolation, it is recommended that:   1. asymptomatic high-risk setting workers (including healthcare, aged care, disability care) are permitted to leave self-isolation after 5 days, but must not attend high-risk settings to work on day 6 & 7 2. the mitigation measures below are implemented to reduce the risk of transmission once a person has left self-isolation | **Amend** the self-isolation period for diagnosed persons and probable cases to 5 days, if asymptomatic.  **Add** a restriction on diagnosed persons and probable cases working at high-risk settings until the seventh day after they became a case.  High-risk settings include:   * hospitals * residential aged care facilities * disability care facilities.   **Advise** via comms a recommendation to wear a face covering for 5 days after completing a period of self-isolation in indoor settings outside the home, particularly on days 6 and 7, as an additional risk mitigation.  **Advise** via comms recommendation to undertake RA Test in days following self-isolation when attending workplace or settings of higher risk.  **Advise** via comms a recommendation for residents of care facilities to adhere to 7 days self –isolation period and for facilities to use existing outbreak management policies. | This change is to align the self-isolation period with national consensus as decided at the National Cabinet meeting held 31 August 2022.  Positive cases who work in a sensitive setting will be able to leave self-isolation after 5 days in line with other members of the community. They will not be able to return to work or visit a high-risk setting until the seventh day after they became a positive case. This additional precaution reflects the increased risk of morbidity and mortality of persons who receive care in high-risk settings. |
|  | **Day 6 & 7 Mitigation Measures – diagnosed persons & probable cases** | In line with the change of the self-isolation period for a person with COVID-19 from 7 days to 5 days, it is appropriate to consider additional requirements on day 6 and day 7 to reduce the risk of transmission in high-risk settings. | **Add** a requirement for diagnosed persons and probable cases who have completed 5 days of isolation, on the following two days must be excluded from visiting and working at:   * hospitals * residential aged care facilities * disability care facilities.   Must notify their workplace that they completed self-isolation if attending onsite. | Existing evidence suggests that people infected with COVID-19 can remain infectious between days 5 and 7 post symptom onset or diagnosis. Therefore, it is important to include additional risk mitigation measures such as avoiding high-risk settings (such as care facilities and hospitals) while potentially infectious between days 5 and 7.  Risk mitigating measures for high-risk settings continue to be supported due to the increased risk of morbidity and mortality that can arise from COVID-19 incursion. |
|  | **Healthcare and care workers – close contacts** | For workers in hospitals and care facilities that are surveillance testing as close contacts, it is appropriate to retain the current additional mitigation measures when returning to work for a full 7-day period. | **Retain** requirements for close contacts that are healthcare & care workers to be able to work during the 7-day period after becoming a close contact if:   * worker is asymptomatic * mutual employer/employee consent * worker’s attendance is necessary * worker must wear a face covering if a care facility worker, or if a healthcare worker, must wear a N95/P2 face covering.   Recommendation to undertake RA Test in days following self-isolation when attending workplace or settings of higher risk. | Conditions currently on healthcare and care workers who are close contacts will be moved to pandemic orders (currently covered in a CHO exemption).  Existing evidence suggests that people infected with COVID-19 can remain infectious between days 5 and 7 post symptom onset or diagnosis. Therefore, it is important to include additional risk mitigation measures for close contacts who work in high-risk settings. This includes wearing a mask while at work during and potentially infectious between days 5 and 7. Additionally, there is a strong recommendation to undertake RA test in the days following self-isolation as an additional risk mitigation strategy. Care facilities are high-risk settings catering to priority cohorts. These requirements will ensure that priority cohorts who are most likely to have adverse health outcomes remain protected. |

**Advice of the Acting Chief Health Officer to the Minister for Health**

I advise I have discussed the requirement to carry a face mask at all times with the Chief Health Officer, and we both agree the requirement is no longer proportionate and recommend that the Minister for Health consider removing that requirement from the pandemic orders.

**Professor Benjamin Cowie**

Victorian Acting Chief Health Officer

08 September 2022