

Our reference: **FOI20/38**



Dear 

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act) received by ACT Health Directorate (ACTHD) on Friday 10 July 2020.

This application requested access to:

- *"I seek any documents and/or emails and/or correspondence between the Chief Health Officer Kerry Coleman and/or deputy chief health officer Vanessa Johnston to the ACT Chief Minister Andrew Barr concerning coronavirus and/or coronavirus restrictions in the ACT between January 1, 2020 and March 31, 2020*
- *I also seek any briefing materials prepared and/or created by the ACT health/Canberra Health Services director to the Chief Minister Andrew Barr and the CMTEDD directorate concerning coronavirus and/or coronavirus restrictions in the ACT between January 1, 2020 and March 31, 2020".*

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Friday 28 August 2020**.

I have identified 11 documents holding the information within the scope of your access application. This is outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

#### **Decisions**

I have decided to:

- grant full access to seven documents; and
- grant part access to four documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*.

#### **Full Access**

I have decided to grant full access to seven documents at reference 1, 4, 5, 8-11.

#### **Partial Access**

I have decided to grant partial access to four documents at reference 2, 3, 6 and 7.

#### **Public Interest Factors Favouring Disclosure**

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision; and
- Schedule 2.1(a)(xi) reveal environmental or health risks or measures relating to public health and safety.

#### **Public Interest Factors Favouring Non-Disclosure**

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2.2(a)(ii) prejudice the protection of an individual's right to privacy, or any other right under the *Human Rights Act 2004*;
- Schedule 2, 2.2(a)(x) prejudice intergovernmental relations; and
- Schedule 2.2(a)(xvi) prejudice a deliberative process of government.

Three of the identified documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is partially comprised of personal information, such as mobile contact numbers of government employees and email addresses of external government agencies.

Documents at reference 6 and 7 include information that was considered as part of a deliberative and decision-making process of government through the Australian Health Protection Principal Committee in the response to the ongoing COVID-19 pandemic and the release of this information would prejudice the intergovernmental relationship between the ACT Government and the Department of Health. Disclosure of this information, would, on balance, be contrary to the public interest as there is a public interest in governments having unimpeded and open channels to enable the communication of appropriately confidential material.

#### **Charges**

Processing charges are not applicable to this request.

### **Disclosure Log**

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

### **Ombudsman review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

### **ACT Civil and Administrative Tribunal (ACAT) review**

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

### **Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Michael Culhane  
**Executive Group Manager**  
Policy, Partnership and Programs

 August 2020

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	<p>"I seek any documents and/or emails and/or correspondence between the Chief Health Officer Kerryn Coleman and/or deputy chief health officer Vanessa Johnston to the ACT Chief Minister Andrew Barr concerning coronavirus and/or coronavirus restrictions in the ACT between January 1, 2020 and March 31, 2020</p> <p>I also seek any briefing materials prepared and/or created by the ACT health/Canberra Health Services director to the Chief Minister Andrew Barr and the CMTEDD directorate concerning coronavirus and/or coronavirus restrictions in the ACT between January 1, 2020 and March 31, 2020".</p>	FOI20/38

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1-3	Email: RE: Advice for COAG Deputy Senior Officials meeting- 17 February 2020- antimicrobial resistance strategy	13/02/2020	Full release		Yes
2.	4-6	Email: FW: URGENT: Invitation to Special SOM Meeting- TODAY 27 February 3.00- 3.30pm	27/02/2020	Partial release	Schedule 2, 2.2(a)(ii) prejudice the protection of an individual's right to privacy or any other right under the <i>Human Rights Act 2004</i>	Yes



3.	7-15	Email: RE: Input sought – COAG 13 March – Coronavirus – Midday Friday 06 March with attachments	06/03/2020	Partial release	Schedule 2, 2.2(a)(ii)	Yes
4.	16-17	Email: FW: Advice ahead of COAG DSOM 10 March 2pm – Coronavirus - Papers	10/03/2020	Full release		Yes
5.	18-27	Email: RE: status of COVID 19 with attachments	11/03/2020	Full release		Yes
6.	28-42	Email: Fwd: FINAL: The Australian Health Protection Principal Committee 16-03-2020 with attachment	17/03/2020	Partial release	Schedule 2, 2.2(a)(x) prejudice intergovernmental relations	Yes
7.	43-79	Email: Fwd: FINAL – AHPPC Statement 22 March with attachments	22/03/2020	Partial release	Schedule 2, 2.2(a)(ii) Schedule 2, 2.2(a)(x) Schedule 2, 2.2(a)(xvi) prejudice a deliberative process of government	Yes
8.	80-81	Email: ACT critical care capacity provided to AHPPC with attachment	25/03/2020	Full release		Yes
9.	82	Email: Fwd: Urgent information for national cabinet on private hospital solvency	25/03/2020	Full release		Yes
10.	83	Email: National Cabinet – threshold transition points	26/03/2020	Full release		Yes
11.	84-85	Email: National cabinet – critical care capacity with attachment	26/03/2020	Full release		Yes
<b>Total Number of Documents</b>						
<b>11.</b>						

## Pond, Aleks (Health)

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**From:** McNeill, Laura (Health) on behalf of ACT Health Office of the Chief Health Officer  
**Sent:** Thursday, 13 February 2020 11:19 AM  
**To:** CMD, ACT IGR  
**Cc:** HealthIGR; ACT Health Office of the Chief Health Officer  
**Subject:** RE: Advice for COAG Deputy Senior Officials meeting - 17 February 2020 - antimicrobial resistance strategy

UNCLASSIFIED Sensitive

Hi Rhia

Below is background info (all previously cleared wording). As per previous email suggest you also reach out to education and tourism teams to see if they have anything to add.

- Coronaviruses are a group of viruses that can affect humans and animals. They are found worldwide. In humans, coronaviruses can cause mild illness, such as the common cold and gastrointestinal infections, as well as more severe illness, such as that caused by SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome).
- There is an outbreak of a new strain of coronavirus called 'novel coronavirus' or 'COVID-19'. This has so far mostly only affected people who live in/have visited mainland China, or those who have had close contact with sick people with the novel coronavirus infection.
- The World Health Organization has declared the virus outbreak to be a Public Health Emergency of International Concern.
- The Commonwealth Government has introduced travel restrictions on foreign nationals, barring entry to Australia for those who have been in or transited through mainland China on or after 1 February 2020. Australian citizens, permanent residents and their immediate family are still able to enter Australia, as well as airline crews who have been using appropriate personal protective equipment.
- There is no clear evidence of sustained transmission outside of China.
- As at 13 February 2020:
  - There are no confirmed cases in the ACT.
  - There has been a total of 15 confirmed cases in Australia.
  - Internationally approximately 45,174 confirmed cases of COVID-19, and 1,115 deaths have been reported.
  - The outbreak of COVID-19 remains centred around mainland China, cases have been identified in 25 countries outside of China.

### **ACT HD response (not really relevant for your purposes, but adding just in case it is needed)**

- The ACT Health Directorate has well established processes and procedures in place for the management of infectious diseases should they occur in the ACT. The Directorate is working in partnership with the Australian Government Department of Health and our jurisdictional counterparts to monitor and respond to the situation.
- The ACT Health Directorate is also working closely with public hospitals, as well as General Practitioners and other primary health care providers, to ensure relevant health workers have the information they need to identify cases and put appropriate infection control measures in place should the need arise.
- Since 29 January 2020, the ACT Health Emergency Control Centre (HECC) has been active. The HECC is overseeing a variety of public health actions, including:
  - surveillance and preparedness for notification of a confirmed ACT case;
  - logistics (e.g. management of personal protective equipment requirements); and
  - communications to General Practitioners, the community and other stakeholders.
- A variety of communication material is available on the ACT Health Directorate website (for example, fact sheets for the public/universities/childcare/returning travellers, FAQs).

- The national Coronavirus Health Information Line is also available public enquires.

**From:** McNeill, Laura (Health) **On Behalf Of** ACT Health Office of the Chief Health Officer  
**Sent:** Thursday, 13 February 2020 11:02 AM  
**To:** CMD, ACT IGR <CMDACTIGR@act.gov.au>  
**Cc:** HealthIGR <HealthIGR@act.gov.au>  
**Subject:** RE: Advice for COAG Deputy Senior Officials meeting - 17 February 2020 - antimicrobial resistance strategy

UNCLASSIFIED Sensitive

Coronavirus is us too. Will get you some points ASAP 😊

Morgan – Can you create a new IGR container for me for this additional request.

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**From:** Buick, Rhia <Rhia.Buick@act.gov.au> **On Behalf Of** CMD, ACT IGR  
**Sent:** Thursday, 13 February 2020 10:12 AM  
**To:** ACT Health Office of the Chief Health Officer <ACTHealthOCHO@act.gov.au>  
**Subject:** RE: Advice for COAG Deputy Senior Officials meeting - 17 February 2020 - antimicrobial resistance strategy

UNCLASSIFIED Sensitive

Thanks so much, that's great Laura.

I do have another question I was hoping you could help with – another item that has popped up on the agenda is the economic impact of coronavirus. It's on the agenda for a verbal update at the meeting, with the update being provided by Commonwealth Treasury Officials – the Commonwealth hasn't provided any papers.

I wondered whether your area would have any advice to contribute on this item about the impact of coronavirus in the ACT and if so who the best contact person would be?

Thanks for your assistance with preparations for these meetings, I really appreciate it. More than happy to discuss if it's easier – I'm on x75669.

Kind Regards,

Rhia

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**From:** McNeill, Laura (Health) <Laura.McNeill@act.gov.au> **On Behalf Of** ACT Health Office of the Chief Health Officer  
**Sent:** Thursday, 13 February 2020 8:29 AM  
**To:** CMD, ACT IGR <CMDACTIGR@act.gov.au>  
**Cc:** HealthIGR <HealthIGR@act.gov.au>; Callaway, Megan <Megan.Callaway@act.gov.au>; ACT Health Office of the Chief Health Officer <ACTHealthOCHO@act.gov.au>  
**Subject:** RE: Advice for COAG Deputy Senior Officials meeting - 17 February 2020 - antimicrobial resistance strategy

UNCLASSIFIED Sensitive

Hi Rhia,

Our Director of CDC has reviewed this and we have no concerns, and there is no further update from our end. She confirmed that your summary below was good.

Let me know if you need anything further.

Cheers  
Laura

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**From:** Buick, Rhia <Rhia.Buick@act.gov.au> **On Behalf Of** CMD, ACT IGR  
**Sent:** Wednesday, 12 February 2020 3:46 PM  
**To:** McNeill, Laura (Health) <Laura.McNeill@act.gov.au>  
**Cc:** HealthIGR <HealthIGR@act.gov.au>; Callaway, Megan <Megan.Callaway@act.gov.au>; CMD, ACT IGR <CMDACTIGR@act.gov.au>  
**Subject:** Advice for COAG Deputy Senior Officials meeting - 17 February 2020 - antimicrobial resistance strategy

UNCLASSIFIED Sensitive

Hi Laura

Thank you for your advice and for providing the AHMAC meeting brief on the Antimicrobial Resistance Strategy that informed briefing for the COAG Deputy Senior Officials meeting (DSOM) on Monday 3 February 2020.

We have another COAG DSOM this Monday 17 February 2020 and the Commonwealth circulated the papers this morning. Item 8 is seeking agreement to progress the Antimicrobial Resistance strategy to COAG for endorsement without discussion and attaches the Strategy. This is unchanged from the 3 February 2020 DSOM and at that meeting other states and territories supported this approach.

I'm seeking any updates your team might have on this item or any issues. We've prepared the below summary points for the briefing:

- The '2020 & Beyond' National Antimicrobial Resistance Strategy is a 20-year strategy aiming to minimise the development and spread of antimicrobial resistance and ensure the continued availability of effective antimicrobials.
- It replaces the previous National Antimicrobial Resistance Strategy (2015-19).
- The Strategy (**Attachment C** to the paper) has been agreed by the Agricultural Ministers' Forum and the COAG Health Council.
- The ACT Health supports the '2020 & Beyond' National Antimicrobial Resistance Strategy and progressing it to COAG for endorsement without discussion.
- The Strategy sets out a 20-year vision, taking a 'One Health' approach, encompassing Health, Agriculture and Environment portfolios.
- The Strategy broadens its scope to include other antimicrobials such as antivirals and antifungals, the environment and food, and to remain flexible to changing priorities over a longer period.
- On 24 December 2019, the Chair of the COAG Health Council wrote to the Prime Minister on behalf of Agricultural Ministers and the COAG Health Council seeking agreement to provide the Strategy to COAG for consideration.

Grateful for your feedback by **COB tomorrow Thursday 13 February**. Apologies for the tight turnaround, please include any additions as summary dot points in an email if possible.

More than happy to discuss further.

Many thanks

Rhia

Rhia Buick | Policy Officer | Wellbeing, Education and Commonwealth State Relations

Phone: 02 6207 5669 | Email: [rhia.buick@act.gov.au](mailto:rhia.buick@act.gov.au)

Policy and Cabinet Division | Chief Minister, Treasury and Economic Development Directorate | ACT Government

Level 5, Canberra Nara Centre, 1 Constitution Avenue, Canberra City | GPO Box 158 Canberra City ACT 2601 | [act.gov.au](http://act.gov.au)



## Pond, Aleks (Health)

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**From:** McNeill, Laura (Health) on behalf of ACT Health Office of the Chief Health Officer  
**Sent:** Thursday, 27 February 2020 2:37 PM  
**To:** CMD, ACT IGR  
**Cc:** Johnston, Vanessa (Health); Coleman, Kerryn (Health); ACT Health Office of the Chief Health Officer  
**Subject:** FW: URGENT: Invitation to Special SOM Meeting - TODAY 27 February 3.00-3.30pm (AEDT) [SEC=OFFICIAL:Sensitive]

UNCLASSIFIED

Hi Megan

See below from Kerryn.

Let me know if you need anything else.

Cheers  
Laura

### Current Number of cases:

- As of 9:00am, 27 February 2020, the ACT have 0 confirmed cases for COVID-19:
  - 101 negative tests;
  - 0 suspect cases.

### Diamond Princess passengers in Howard Springs:

- ACT has 5 residents in quarantine, all currently well.
- If a resident needed repatriation to the ACT (if unwell or coronavirus positive), NSW would assist - noting this is unlikely at this stage (8 people have become coronavirus positive and all been repatriated to their home state. Nil for several days now)
- There are 57 Australians coronavirus positive in Japan. We do not know at this stage if there are any ACT residents in this group, but we will be notified if any ACT residents will be returning home beforehand.

### Education – year 11 and 12 Students from China

- As of 27 February 2020, it is expected that approximately 50-60 students (who are currently in or recently been in mainland China) will want to return to study in the ACT. Of these:
  - a quarter are in 3rd countries (to do their 14 day quarantine),
  - a half can be accommodated by family, friends or home stay families here, and
  - a quarter may need residential facilities (between 10-15).
- Education is working with the Commonwealth on a process for returning those that can be housed with family, friends or home stay, first.
- ACT Health identified and scoped a potential quarantine site (Birrigai Outdoor School) today:
  - Site owned by Transport Canberra and City Services and run by Education Directorate
  - Site located in Tidbinbilla Nature Reserve
  - Ongoing work to plan for accommodation, support services, transport etc.

### University Engagement – Students from China

- ACT Health to meet with university representatives tomorrow (Friday 28 February)
- Will discuss potential university students exemptions under the travel ban, isolation measures, and potential for onsite assessment clinics.

**From:** Callaway, Megan <[Megan.Callaway@act.gov.au](mailto:Megan.Callaway@act.gov.au)> **On Behalf Of** CMD, ACT IGR  
**Sent:** Thursday, 27 February 2020 12:08 PM  
**To:** ACT Health Office of the Chief Health Officer <[ACTHealthOCHO@act.gov.au](mailto:ACTHealthOCHO@act.gov.au)>  
**Cc:** Johnston, Vanessa (Health) <[Vanessa.Johnston@act.gov.au](mailto:Vanessa.Johnston@act.gov.au)>; Coleman, Kerryn (Health) <[Kerryn.Coleman@act.gov.au](mailto:Kerryn.Coleman@act.gov.au)>; McNeill, Laura (Health) <[Laura.McNeill@act.gov.au](mailto:Laura.McNeill@act.gov.au)>  
**Subject:** FW: URGENT: Invitation to Special SOM Meeting - TODAY 27 February 3.00-3.30pm (AEDT)  
[SEC=OFFICIAL:Sensitive]

UNCLASSIFIED

Good afternoon Laura

We have just been advised of a special SOM meeting at **3:00pm today** regarding coronavirus. This meeting will be held in the telepresence facility here at Level 5, Nara Centre.

Could you please advise who will be able to join the Head of Service in this telepresence meeting as soon as possible.

I am currently out of office at a training session but available on email.

Thanks so much  
Megan

Megan Callaway | Assistant Director  
Commonwealth-State Relations | Policy & Cabinet Division  
Ph: +61 2 6205 8299 | Email: [megan.callaway@act.gov.au](mailto:megan.callaway@act.gov.au)  
Chief Minister, Treasury and Economic Development Directorate | ACT Government  
Level 5 Canberra Nara Centre | GPO Box 158 Canberra ACT 2601 | [www.act.gov.au](http://www.act.gov.au)

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**From:** COAG - Commonwealth [REDACTED]  
**Sent:** Thursday, 27 February 2020 11:47 AM  
**To:** Power, Leanne <[Leanne.Power@act.gov.au](mailto:Leanne.Power@act.gov.au)>; Croke, Leesa <[Leesa.Croke@act.gov.au](mailto:Leesa.Croke@act.gov.au)>; Brighton, Meg <[Meg.Brighton@act.gov.au](mailto:Meg.Brighton@act.gov.au)>; Engele, Sam <[Sam.Engele@act.gov.au](mailto:Sam.Engele@act.gov.au)>; Matthews, StaceyN <[Stacey.N.Matthews@act.gov.au](mailto:Stacey.N.Matthews@act.gov.au)>; [REDACTED]

[REDACTED]

**Subject:** URGENT: Invitation to Special SOM Meeting - TODAY 27 February 3.00-3.30pm (AEDT)  
[SEC=OFFICIAL:Sensitive]

**OFFICIAL:Sensitive**

Good morning colleagues

The Secretary of the Department of the Prime Minister & Cabinet, Phil Gaetjens, would like to invite SOM members to a special SOM meeting **today 27 February 2020, 3.00pm-3.30pm (AEDT), via telepresence**. The purpose of the meeting is to provide an update on the coronavirus (COVID-19).

Given the nature of this meeting, the Secretary has requested his preference for attendance from SOM representatives. Should your SOM representative be unavailable at this time, your DSOM member may attend in their place.

We would be grateful if you could please advise of attendees as soon as possible.

Our apologies again for the short notice. Should you have any urgent queries ahead of the meeting, please let us know.

Kind regards

**Council of Australian Governments Secretariat**

Commonwealth-State Relations Branch

Economic Division | Department of the Prime Minister and Cabinet

w. [www.pmc.gov.au](http://www.pmc.gov.au)

One National Circuit Barton ACT 2600 | PO Box 6500 CANBERRA ACT 2600



The Department acknowledges the Traditional Custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respect to their Cultures. Country and Elders both past and present.

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**IMPORTANT:** This message, and any attachments to it, contains information that is confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

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## Pond, Aleks (Health)

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**From:** McNeill, Laura (Health) on behalf of ACT Health Office of the Chief Health Officer  
**Sent:** Friday, 6 March 2020 12:38 PM  
**To:** CMD, ACT IGR  
**Cc:** HealthIGR; ACT Health Office of the Chief Health Officer  
**Subject:** RE: Input sought - COAG 13 March - Coronavirus - Midday Friday 06 March  
**Attachments:** COVID-19 Status Update #3 06032020.pdf; WHO G Talking Points - ACTs response to COVID-19 - as at 200305.docx

Can do. The attached were circulated to Govt stakeholders this morning. Do they provide what you need for your summary? We will then update the formal brief on Tuesday morning.

**From:** Callaway, Megan <Megan.Callaway@act.gov.au> **On Behalf Of** CMD, ACT IGR  
**Sent:** Friday, 6 March 2020 12:34 PM  
**To:** ACT Health Office of the Chief Health Officer <ACTHealthOCHO@act.gov.au>; CMD, ACT IGR <CMDACTIGR@act.gov.au>  
**Cc:** HealthIGR <HealthIGR@act.gov.au>  
**Subject:** RE: Input sought - COAG 13 March - Coronavirus - Midday Friday 06 March

Hi Laura

Completely appreciate this, I'm happy for an updated brief on Midday Tuesday.

However, I'd be grateful if you could please provide a few points on the current status of things in an email to me this afternoon, as the Chief Minister's office has requested current info on all COAG agenda items for the CM to review over the weekend, which we will pull together in a summary brief.

Many thanks

Megan

**From:** McNeill, Laura (Health) <Laura.McNeill@act.gov.au> **On Behalf Of** ACT Health Office of the Chief Health Officer

**Sent:** Friday, 6 March 2020 12:14 PM

**To:** CMD, ACT IGR <CMDACTIGR@act.gov.au>

**Cc:** HealthIGR <HealthIGR@act.gov.au>

**Subject:** FW: Input sought - COAG 13 March - Coronavirus - Midday Friday 06 March

Hi Megan,

Can we get back to you on Tuesday for this (with an email update if needed on Thursday afternoon). The advice is changing daily, particularly on travel restrictions etc, and anything we provide today is likely to become out of date over the weekend. The changes at a Commonwealth level are often changing the ACT response also, so it's really important we have the most update-to-date info for the Chief.

I will aim to get updated brief to you by midday, Tuesday if that is ok?

Cheers

Laura

Laura McNeill | Executive Officer/ Business Manager

Ph: (02) 5124 9605 | Mob [REDACTED] Email: [Laura.McNeill@act.gov.au](mailto:Laura.McNeill@act.gov.au)

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**From:** Callaway, Megan <Megan.Callaway@act.gov.au> **On Behalf Of** CMD, ACT IGR

**Sent:** Thursday, 5 March 2020 10:30 AM

**To:** HealthIGR <HealthIGR@act.gov.au>; CMTEDD, Economic Development <ecodev@act.gov.au>; Anderson,



Michael <Michael.Anderson@act.gov.au>

**Cc:** ACT Health Office of the Chief Health Officer <ACTHealthOCHO@act.gov.au>; McNeill, Laura (Health) <Laura.McNeill@act.gov.au>; Starick, Kate <Kate.Starick@act.gov.au>; Vroombout, Sue <Sue.Vroombout@act.gov.au>; Balaretnaraja, Ash <Ash.Balaretnaraja@act.gov.au>; CMD, ACT IGR <CMDACTIGR@act.gov.au>

**Subject:** Input sought - COAG 13 March - Coronavirus - Midday Friday 06 March

Good morning Colleagues

As you are aware, COAG is scheduled for **13 March 2020**. Thank you once again for your ongoing advice on the item relating to 'Coronavirus. At the COAG Senior Officials meeting (SOM) on 3 March, the Commonwealth noted that Coronavirus will remain on the agenda for COAG and the Prime Minister is likely to spend more time on this discussion. We anticipate that a paper will be prepared, which will be reviewed by Deputy Senior Officials at a teleconference on 10 March.

At COAG the Prime Minister is likely to ask States and Territories what they are willing to do in responding to Coronavirus, and that this will involve close alignment on both health processes and the economic impact. Grateful if you could please review and update the attached COAG brief by **4pm Friday 06 March**. We are seeking particular input on the following:

- Confirming whether the CM should support, or not, all recommendations in the paper.
- **Key Messages** – the Chief Minister has requested we provide **talking points for the top three messages** that he should make at COAG.
- **Key issues** - the main points of concern, any opportunities/challenges for the ACT etc.
- **ACT Position** – further information specific to the ACT, that isn't considered a key issue.
- **Position of other jurisdictions** – what known issues are other jurisdictions likely to raise, including recommendations that are not supported.
- **Background** - including relevant history of discussions

Can you please ensure that this has an appropriate level of clearance (DDG, unless delegated).

As always, I'm very happy to discuss further.

Many thanks

Megan

**Megan Callaway** | Assistant Director

Commonwealth-State Relations | Policy & Cabinet Division

Ph: +61 2 6205 8299 | Email: [megan.callaway@act.gov.au](mailto:megan.callaway@act.gov.au)

**Chief Minister, Treasury and Economic Development Directorate | ACT Government**

Level 5 Canberra Nara Centre | GPO Box 158 Canberra ACT 2601 | [www.act.gov.au](http://www.act.gov.au)

## Coronavirus (COVID-19) Status Report

Update #3 – Current as of 0800hrs 06/03/2020

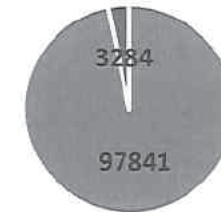
*Distribution List:* Ministerial Offices (Chief Minister and Minister for Health), Security and Emergency Management Senior Officials Group, Security and Emergency Management Policy Group

*Author:* Health Emergency Management Unit, ACT Health Directorate, [hpsops@act.gov.au](mailto:hpsops@act.gov.au)

### International Situation (Sources: [John Hopkins CSSE](#); [National Incident Room Situation Report #46](#))

- As at 0700hrs 6 March 2020, approximately 97,841 confirmed cases of COVID-19 have been reported globally, including 81 countries / regions outside of mainland China (John Hopkins CSSE)
- Of the 3,284 confirmed deaths, 3,012 deaths (92%) occurred in mainland China, and 272 deaths reported in 14 other countries (case fatality rate in countries outside mainland China is approx. 1.8%) (NIR SITREP #46)
- A total of 2,639 new cases of COVID-19 have been reported since yesterday, 95% of these cases were in countries and regions outside mainland China (NIR SITREP #46)
- Italy reported the largest increase globally, with substantial increases were also reported in Iran and South Korea (NIR SITREP #46)
- The World Health Organization (WHO) daily [Situation Report](#) (No. 45) is available online

#### International Cases

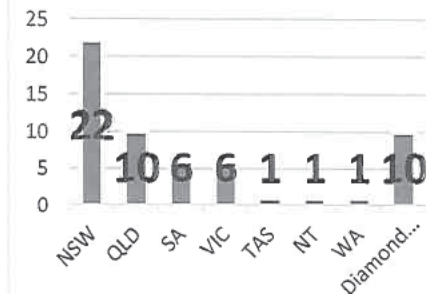


■ Confirmed ■ Deaths

### National Situation (Source: [National Incident Room Situation Report #46](#))

- As of 1800hrs 5 March 2020, there have been a total of 57 laboratory confirmed cases in Australia and 2 deaths (NIR SITREP #46)
- As of 5 March 2020, the Commonwealth Government has [travel restrictions](#) in place for China, Iran and South Korea and 'enhanced screening measures' are in place for travellers returning from Italy.
- COVID-19 Australian public health guidance ([SONG](#)) was updated on Wednesday 4 March 2020
- Australian Health Protection Principal Committee (AHPPC) will meet today
- Communicable Diseases Network Australia (CDNA) will meet today
- Current Commonwealth advice available at: <https://www.health.gov.au/health-topics/novel-coronavirus-COVID-19>

#### National Confirmed Cases



### ACT Situation (Source: [ACT HECC SITREP #27](#))

- As of 0700hrs 6 March 2020, the ACT have 0 confirmed cases and returned 181 negative tests
- The ACT Epidemic Infectious Diseases Plan remains activated
- The ACT Health Emergency Control Centre (HECC) remains activated
- The ACT COVID-19 Pandemic Response Guideline (CPRG) was distributed to Directors-General and SEMPG on 27 February 2020, and to SEMC and SEMSOG on 3 March 2020
- ACT advice at: <https://health.act.gov.au/novelcoronavirus>

#### ACT Case Numbers



■ Negative ■ Confirmed



PUBLIC INFORMATION COORDINATION CENTRE  
(PICC)

TALKING POINTS

Date: as at 6pm, Thursday 5 March 2020

**SUBJECT: ACT'S RESPONSE TO COVID-19**

## PROTOCOLS

- Individual directorates are responsible for updating the talking points for the issues they are leading.
- All updates are to be sent through to the ACT Health Directorate through the [COVID-19@act.gov.au](mailto:COVID-19@act.gov.au) inbox by 4pm daily, as the document will be circulated every morning to SEMSOG with the COVID-19 SitRep.
- All critical updates/new content will be highlighted in yellow when circulated.
- All updates provided to ACT Health must be approved by relevant executive lines and ready for use.

## CURRENT SITUATION

- At this time, there are no confirmed cases of COVID-19 in the ACT, with over a 180 people who have tested negative so far.
- A number of cases remain under investigation and this continues to be fluid as new people are assessed.
- We will update the public of any confirmed cases, with the ACT in a very good position to respond.
- The community is urged to keep up to date on the situation in the ACT through the ACT Health website ([www.health.act.gov.au](http://www.health.act.gov.au)).
- People can also call the Coronavirus Health Information Line on 1800 020 080 for further information on COVID-19. The line operates 24 hours a day, seven days a week.

*Approved by Dr Kerryn Coleman, Chief Health Officer*

## LATEST HEALTH/TRAVEL ADVICE (as at 5 March 2020)

- The Australian Government has put in place travel restrictions for South Korea, to match those for mainland China and Iran.
- Anyone who has returned to Australia from mainland China, Iran and South Korea, including transit through these countries, must self-quarantine at home for 14 days from the date they left the country and closely monitor for symptoms of COVID-19.
- If you have been in close contact with a confirmed case, you must isolate yourself for 14 days after your last contact with that person.
- The Australian Government has also advised that staff who have close patient contact in hospitals and/or residential/aged care facilities who have returned from any higher risk country should not undertake work in a health care or residential care setting for 14 days since leaving the higher risk country.
  - Even if you do not have any symptoms, you should not attend the workplace until the exclusion period is over, although you do not need to be confined to your home. If you think this applies to you, please discuss this with your manager.
  - At this time, high risk countries include Mainland China, Iran, Italy and South Korea. A full list is on the Australian Government Department of Health website, which will evolve as the COVID-19 outbreak evolves.



- Canberrans preparing to travel overseas are strongly encouraged to regularly review the Smarttraveller website ([www.smarttraveller.gov.au](http://www.smarttraveller.gov.au)) and subscribe for updates.

*Approved by Dr Kerry Coleman, Chief Health Officer*

## TALKING POINTS:

### COMMUNITY CALL TO ACTION

- Given there is currently no confirmed COVID-19 cases in the ACT, we are asking the community to:
  - Be alert and not alarmed – stay up to date and informed through the ACT Health website and social media channels.
  - Stop the spread of germs in our community – practice good hand hygiene and cover your mouth and nose when coughing and sneezing to help.

*Approved by Dr Kerry Coleman, Chief Health Officer*

## HEALTH

- We understand that developments in the disease internationally and in other jurisdictions may cause a level of angst in the community. It has also been a very difficult few months for Canberra.
- We want to reassure the community that there is no cause for alarm. At this time there are no confirmed cases in the ACT, so people should go about their daily lives as per usual.
- The ACT Health Directorate has well established processes and procedures in place for the management of infectious diseases in the ACT.
- ACT Health is working in partnership with the Australian Government Department of Health and state and territory counterparts to monitor and respond to the situation.
- ACT Health is also working closely with our public hospitals and local General Practitioners (GPs), to ensure health workers are well prepared and have the advice they need to identify and treat any cases of this infection, should the need arise.
- What we really want to remind people of, is the importance of good hand and respiratory hygiene to prevent the spread of germs across the community.

### What we know about COVID-19

- COVID-19 causes a spectrum of illness including fever and/or respiratory symptoms (e.g. cough, sore throat or shortness of breath). Most cases are mild.
- The most common symptoms of COVID-19 are fever and respiratory symptoms, including cough, sore throat and shortness of breath.
- It appears so far that older people and those with chronic conditions are most at risk of COVID-19.
- Current estimates of the time it takes for symptoms to develop from when a person is infected (i.e. the incubation period) range from 2-14 days.
- Currently, there is no specific treatment.

### How is COVID-19 spread?

- There is evidence that it spreads from person to person, so good hygiene is important in preventing infection.

### Preventing the spread of germs

- Help prevent the spread of germs by paying attention to good hand and respiratory hygiene.

- Cover your mouth and nose when coughing and sneezing with a tissue, or cough into your elbow, dispose of the tissue into a bin and then wash your hands afterwards.
- Wash your hands regularly, especially after using the toilet and before eating.
- If you're unwell, stay at home from work or school and avoid social activities or mass gatherings.
- Do not visit people in aged care or other residential care facilities, or people in hospitals if you are unwell.
- If you have concerns about your health, please see your doctor.
- If someone has serious symptoms, such as difficulty breathing, they should call triple zero (000).

### Seeking health services

- If you are concerned you may have been exposed to or have symptoms of novel coronavirus (COVID-19), it's important you limit exposure to other people to limit the risk of transmission.
- This means an Emergency Department is not the best place to go unless you are critically unwell.
- If you're worried you may have symptoms of COVID-19, call your GP in the first instance. By calling your GP before arriving they can take appropriate infection control measures.
- If a person suspected of having COVID-19 needs to go to an Emergency Department, they will be triaged and isolated consistent with policies and procedures for infectious diseases, including novel coronavirus.
- The Weston Creek Walk-in Centre is also available to see people concerned about COVID-19. Staff there are trained to assess and, if required, collect the necessary pathology samples to test for COVID-19.
- Walk-in Centres do not have a supply of masks to hand out to the public.
- If you have any questions or concerns, you can also call the Coronavirus Health Information Line on 1800 020 080 for further information on COVID-19. The line operates 24 hours a day, seven days a week.

### Masks

- If you are healthy, you do not need to wear a mask.
- Masks are recommended for healthcare workers for when they are assessing and testing patients for COVID-19. They are also used for people who are unwell with respiratory symptoms (e.g. coughing and sneezing) and people who are suspected or confirmed to have COVID-19.
- The best and easiest way to reduce your risk of getting sick and spreading disease is to follow good hygiene practices.

*Approved by Dr Kerryn Coleman, Chief Health Officer, and taken from approved material developed by Canberra Health Services*

### PREPAREDNESS FOR A PANDEMIC

- Australia is very well prepared to deal with COVID-19, with a suite of measures implemented to help stop the spread of the virus and protect Australians.
- All states and territories are taking a highly precautionary approach based on the latest and best medical advice.
- Pandemic plans are designed to be scaled up and scaled down depending on the evidence and what is needed for the specific outbreak.



- In Australia, the states and territories will be using the pandemic influenza plan which has been converted into the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) Plan.
- Any actions or public health measures will depend largely on the characteristics of the virus and understanding the severity and transmissibility of the virus in Australia, to help determine the most appropriate intervention.

### **Hospital and health sector response**

- Both Canberra Hospital and Calvary Public Hospital are well prepared to care for patients with coronavirus.
- Our hospitals have well established infection control processes to manage communicable diseases.
- The Chief Health Officer has issued specific advice on COVID-19 to ensure health workers are well prepared and have the information they need to identify and manage any cases of this infection, should the need arise.
- In relation to respiratory assessment clinics, ACT Health is collaborating with several organisations, including Canberra Hospital, Calvary Public Hospital and Capital Health Network to identify a number of suitable locations in the ACT and appropriate resourcing for these facilities should they be needed.
- All of these measures are in accordance with the Australian Health Sector Emergency Response Plan for COVID-19 which is the plan guiding our response at this point in time, as it is elsewhere in Australia.
- The Government's priority is to provide exceptional health care. This includes putting procedures in place to protect the health of our staff and patients from viruses including COVID-19.

*Approved by Dr Kerry Coleman, Chief Health Officer*

### **WORKFORCE (ACT Government)**

- The ACT Public Service embraces principles of flexible working. This is one of the great features of working for the ACT Government.
- The ACT Public Service is undergoing a Workforce Transformation Program to take advantage of the opportunities provided by modern technologies and contemporary work practices in a way that provides greater flexibility for our workforce.
- This includes seamlessly connecting with colleagues from a greater variety of locations including home based work.
- The ACT Public Service has adopted a policy position of replacing fixed desktop PCs with a suite of mobile technologies that creates opportunities for staff to perform their duties with greater flexibility.
- The deployment of these technologies is phased to align with the lifecycle of existing desktop PCs.
- Further, the ACT Public Service is promoting the take up of flexible and contemporary work practices with updated policies, resources and training developed to support managers and their teams to work effectively together regardless of their physical location, whilst continuing to deliver to the high standard expected by our community.
- ACT Government Directorates have business continuity planning in place to make sure we can continue to serve the community and carry out key functions during emergency situations or other disruptions.

*Approved by Jacinta Evans, DDG, Chief Minister, Treasury and Economic Development*

## EDUCATION

- The Education Directorate continues to be led by advice from ACT Health with regard to COVID-19.
- This advice has led to us taking a sensible, measured approach across ACT public schools, in line with best practice.
- ACT public schools are operating as normal and will continue to do so for the foreseeable future.

### Foreign National Students

- The Commonwealth Government has announced that Year 11 and 12 foreign national students who are in China and unable to return to their studies in Australia can apply for an exemption under the current travel restrictions.
- The Commonwealth Government has outlined a number of strict criteria that will apply to eligible students, including a strict 14 day self-isolation period.
- The Commonwealth Government has indicated that exemptions will be granted on a case by case basis by the Australian Border Force Commissioner, under a framework recommended by Australian Health Protection Principal Committee (AHPPC).
- Exemptions are not available to those within the Hubei province.
- Currently, there are some ACT public school students, and a small number of non-government school students, who may be eligible to apply for an exemption under the Federal Government's new exemption policy, and return to Canberra for their studies.
- The ACT Government will work with the Commonwealth Government, the Chief Health Officer, the non-government sectors, eligible students and their families to help facilitate this process.

### What planning is in place if schools need to be closed?

- Plans have been developed for ACT schools to respond to the potential spread of COVID-19 in school communities.
- When and if there is a case of COVID-19 in the ACT, these plans will be scaled in proportion to the spread of the virus.
- At this point in time, the best way to minimise any transmission of the coronavirus is for students to continue with good hand and respiratory hygiene measures to prevent the spread of germs.
- While closing schools is an option, should it be required, these decisions will be made on the advice of the medical experts and in proportion to the situation, as is the case with any planning for a communicable disease.
- A range of approaches are being looked at to assist students to continue their schooling if schools were to be affected, as well as for students are self-isolated at home.
- All of our schools have access to the Google platform which they use daily with their students.
- Continuity of learning could be accessed for key learning via the Google for learning platform.

*Approved by David Matthews, DDG, Education Directorate*

## MASS GATHERINGS

- Currently, the ACT Government is not considering cancelling any planned public events. With no confirmed cases in the ACT at present, people should go about their daily lives as per usual and get out and about and enjoy what Canberra has to offer.
- While cancelling public events is an option, should it be required, these decisions will be made on the advice of the medical experts and in proportion to the situation, as is the case with any planning for a communicable disease.

- If you are heading to a major event, help prevent the spread of germs in larger crowds by paying attention to good hand and respiratory hygiene.
  - Cover your mouth and nose when coughing and sneezing with a tissue, or cough into your elbow, dispose of the tissue into a bin and then wash your hands afterwards.
  - Wash your hands regularly, after using the toilet and before eating.
  - If you are sick, look after yourself and be sure to keep your germs to yourself by staying at home.

*Approved by Dr Kerry Coleman, Chief Health Officer*

## **SOCIAL INCLUSION**

- Canberra is an inclusive community that prioritises social cohesion.
- We will continue act responsibility and with compassion for our Canberra community.

*Approved by Christine Murray, EBM, Inclusion and Participation*

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**REGULAR UPDATES WILL BE POSTED ON THE ACT HEALTH WEBSITE ([www.health.act.gov.au](http://www.health.act.gov.au)) AND ON ACT HEALTH SOCIAL MEDIA CHANNELS.**



**Pond, Aleks (Health)**

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**From:** McNeill, Laura (Health) on behalf of ACT Health Office of the Chief Health Officer  
**Sent:** Tuesday, 10 March 2020 12:35 PM  
**To:** CMD, ACT IGR  
**Subject:** FW: Advice ahead of COAG DSOM 10 March 2pm - Coronavirus - Papers [SEC=OFFICIAL:Sensitive]

UNCLASSIFIED

Hi Megan,

See below.

Cheers  
 Laura

---

**From:** Cannon, Craig (Health) <Craig.Cannon@act.gov.au> **On Behalf Of** ACT Health, HPSOps  
**Sent:** Tuesday, 10 March 2020 12:33 PM  
**To:** McNeill, Laura (Health) <Laura.McNeill@act.gov.au>; ACT Health, HPSOps <ACTHealthHPSOps@act.gov.au>  
**Cc:** ACT Health Office of the Chief Health Officer <ACTHealthOCHO@act.gov.au>  
**Subject:** RE: Advice ahead of COAG DSOM 10 March 2pm - Coronavirus - Papers [SEC=OFFICIAL:Sensitive]

UNCLASSIFIED

Laura,

Nil issues or comments regarding the papers.

The ACT section in the Situation Report is still accurate.

Thanks Craig

Craig Cannon | Director

Ph: (02) 5124 9202 | Email: [craig.cannon@act.gov.au](mailto:craig.cannon@act.gov.au)

Health Emergency Management Unit, Health Protection Service, Public Health, Protection and Regulation | ACT Health Directorate

25 Mulley Street, HOLDER ACT 2611

[health.act.gov.au](http://health.act.gov.au)




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**From:** McNeill, Laura (Health) <Laura.McNeill@act.gov.au>  
**Sent:** Tuesday, 10 March 2020 11:59 AM  
**To:** ACT Health, HPSOps <ACTHealthHPSOps@act.gov.au>  
**Cc:** ACT Health Office of the Chief Health Officer <ACTHealthOCHO@act.gov.au>  
**Subject:** Fwd: Advice ahead of COAG DSOM 10 March 2pm - Coronavirus - Papers [SEC=OFFICIAL:Sensitive]

For urgent action pls

Get [Outlook for iOS](#)

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**From:** Callaway, Megan <[Megan.Callaway@act.gov.au](mailto:Megan.Callaway@act.gov.au)> on behalf of CMD, ACT IGR <[CMDACTIGR@act.gov.au](mailto:CMDACTIGR@act.gov.au)>  
**Sent:** Tuesday, March 10, 2020 11:53 AM  
**To:** McNeill, Laura (Health); ACT Health Office of the Chief Health Officer  
**Cc:** Coleman, Kerry (Health); CMD, ACT IGR  
**Subject:** Advice ahead of COAG DSOM 10 March 2pm - Coronavirus - Papers [SEC=OFFICIAL:Sensitive]

UNCLASSIFIED

Hi Laura

Please find attached draft papers for discussion ahead of a COAG Deputy's meeting **this afternoon at 2pm**. Officials will be agreeing to the final paper to go to COAG on Friday.

Grateful if you could please provide any issues/comments by **1:30pm today** – dot points in an email are fine.

The Commonwealth has specifically asked us to confirm whether or not the 'Health response from states and territories' section (pp. 9-10) in the Situation Report attachment is accurate.

Apologies as always for the very short notice, I'm very happy to discuss further if necessary.

Many thanks  
Megan

**Megan Callaway** | Assistant Director  
Commonwealth-State Relations | Policy & Cabinet Division  
Ph: +61 2 6205 8299 | Email: [megan.callaway@act.gov.au](mailto:megan.callaway@act.gov.au)  
**Chief Minister, Treasury and Economic Development Directorate** | ACT Government  
Level 5 Canberra Nara Centre | GPO Box 158 Canberra ACT 2601 | [www.act.gov.au](http://www.act.gov.au)

**Pond, Aleks (Health)**

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**From:** McNeill, Laura (Health) on behalf of ACT Health Office of the Chief Health Officer  
**Sent:** Wednesday, 11 March 2020 12:15 PM  
**To:** CMD, ACT IGR  
**Cc:** ACT Health Office of the Chief Health Officer  
**Subject:** RE: status of COVID 19  
**Attachments:** COVID-19 Status Update #6 10032020.pdf; WHO G Talking Points - ACTs response to COVID-19 - as at 200310.docx

Sorry for the delay in sending these Megan. IT issues!

---

**From:** Callaway, Megan <Megan.Callaway@act.gov.au> **On Behalf Of** CMD, ACT IGR  
**Sent:** Wednesday, 11 March 2020 12:00 PM  
**To:** ACT Health Office of the Chief Health Officer <ACTHealthOCHO@act.gov.au>  
**Subject:** status of COVID 19

Hi Laura

Would it be possible to get a copy of current status of COVID-19 as at this morning?

I just want to provide as up to date a brief as possible for the Chief Minister this afternoon 😊

Many thanks  
Megan

# Coronavirus (COVID-19) Status Report

Update #6 – Current as of 1700hrs 10/03/2020

*Distribution List: Ministerial Offices (Chief Minister and Minister for Health), Security and Emergency Management Senior Officials Group, Security and Emergency Management Policy Group*

*Author: Health Emergency Management Unit, ACT Health Directorate, [hpsops@act.gov.au](mailto:hpsops@act.gov.au)*

## ACT Situation (Source: ACT HECC SITREP #30)

- As of 1500hrs 10 March 2020, the ACT have 0 confirmed cases and returned 306 negative tests
- The ACT Epidemic Infectious Diseases Plan remains activated
- The ACT Health Emergency Control Centre (HECC) remains activated
- The Public Information Coordination Centre (PICC) has been activated to support whole-of-government public information
- ACT advice at: <https://health.act.gov.au/novelcoronavirus>

### ACT Case Numbers



■ Negative ■ Confirmed

## National Situation (Source: National Incident Room Situation Report #50)

- As of 1500hrs 10 March 2020, there are 100 confirmed cases and three deaths in Australia (Greg Hunt MP Press Conference 10 March 2020 / NIR SITREP #50)
- On 9 March 2020, Minister Hunt announced the Commonwealth Government has contracted suppliers to provide an additional 54 million surgical and P2 respirators for medical and aged care professionals
- As of 10 March 2020, the Commonwealth Government has travel restrictions in place for China, Iran and South Korea and 'enhanced screening measures' are in place for travellers returning from Italy
- COVID-19 Australian public health guidance (SONG) was last updated on Thursday 5 March 2020
- Australian Health Protection Principal Committee (AHPPC) met today
- Communicable Diseases Network Australia (CDNA) met today
- Current Commonwealth advice available at: <https://www.health.gov.au/health-topics/novel-coronavirus-COVID-19>

### National Confirmed Cases



## International Situation (Sources: John Hopkins CSSE; National Incident Room Situation Report #50)

- As at 1630hrs 10 March 2020, approximately 114,448 confirmed cases of COVID-19 have been reported globally, including 107 countries / regions outside of mainland China (John Hopkins CSSE)
- Of the 4,026 confirmed deaths, 3,135 deaths (82%) occurred in mainland China, and 891 deaths have been reported globally (John Hopkins CSSE)
- A total of 3,264 new cases of COVID-19 have been reported since yesterday, 99% of these cases were in countries and regions outside mainland China (NIR SITREP #50)
- Iran, Italy, Republic of Korea and Germany reported the largest increases globally (NIR SITREP #50)
- The World Health Organization (WHO) daily Situation Report (No. 49) is available online

### International Cases



■ Confirmed ■ Deaths





PUBLIC INFORMATION COORDINATION CENTRE  
(PICC)  
**TALKING POINTS**

Date: as at 5pm, Tuesday 10 March 2020

**SUBJECT: ACT'S RESPONSE TO COVID-19**

## PROTOCOLS

- Individual directorates are responsible for updating the talking points for the issues they are leading.
- All updates are to be sent through to the PICC through the [COVID-19@act.gov.au](mailto:COVID-19@act.gov.au) inbox by 4pm daily, as the document will be circulated every morning to SEMSOG with the COVID-19 SitRep.
- All updates from Directorates should be tracked, so the PICC team can collate the changes/updates.
- All critical updates/new content will be highlighted in yellow when circulated.
- All updates provided to the PICC must be approved by relevant executive lines and ready for use.

## ACT TRACING UPDATE

- The ACT Health Directorate has been notified by the NSW Government that a male in his 40s with COVID-19 may have been infectious when he travelled on two flights between Sydney and Canberra on February 28.
- NSW Health and the Australian Defence Force (ADF) confirmed that this individual is one of two ADF members (based in Sydney) to have tested positive for COVID-19. However, only one of these two individuals travelled between Sydney and Canberra on February 28, to attend a meeting.
- The individual travelled to and from his meeting at the ADF headquarter in Russell, in a private car.
- All ACT residents who were at the ADF meeting have been contacted and are currently in home quarantine and will remain so until 13 March. These individuals have been provided information about the disease and what to do if they get symptoms – so they can speak to a health professional promptly if they do develop symptoms and testing is required.
- We're not in a position to provide numbers on these individuals as that is a matter for the ADF to discuss the details of their meeting.
- ACT Health is also working to contact any passengers who were on the following flights.
  - A Sydney to Canberra Qantas Flight (QF1509) leaving at 6:45am and seated in rows 2-6; and
  - A Canberra to Sydney Virgin Australia Flight (VA651) leaving at 2.35pm and seated in rows 3-7.
- These passengers are being asked to self-quarantine and call the Communicable Diseases Control information line on 5124 9213.
- Already, a number of people have come forward to ACT Health and we thank those people for contacting us.
- Anyone else travelling on these flights in other rows are not considered to be close contacts.
- However, we would advise that these people should monitor their health until 13 March and contact their GP for assessment and testing if they develop any symptoms.
- ACT Health is also continuing to work with NSW Health and the National Incident Room to contact people who were in the specified rows as noted yesterday.

## CURRENT SITUATION

- At this time, there are no confirmed cases of COVID-19 in the ACT, with 306 people who have tested negative so far.
- A number of cases remain under investigation and this continues to be fluid as new people are assessed.
- We will update the public of any confirmed cases, with the ACT in a very good position to respond.
- The community is urged to keep up to date on the situation in the ACT through the ACT Health website ([www.health.act.gov.au](http://www.health.act.gov.au)).
- People can also call the Coronavirus Health Information Line on 1800 020 080 for further information on COVID-19. The line operates 24 hours a day, seven days a week.

*Approved by Dr Kerry Coleman, Chief Health Officer*

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## LATEST HEALTH/TRAVEL ADVICE (as at 5 March 2020)

- The Australian Government has put in place travel restrictions for South Korea, to match those for mainland China and Iran.
- Anyone who has returned to Australia from mainland China, Iran and South Korea, including transit through these countries, must self-quarantine at home for 14 days from the date they left the country and closely monitor for symptoms of COVID-19.
- If you have been in close contact with a confirmed case, you must isolate yourself for 14 days after your last contact with that person.

### Health care workers

- The Australian Government has also advised that staff who have close patient contact in hospitals and/or residential/aged care facilities who have returned from any higher risk country should not undertake work in a health care or residential care setting for 14 days since leaving the higher risk country.
  - Even if you do not have any symptoms, you should not attend the workplace until the exclusion period is over, although you do not need to be confined to your home. If you think this applies to you, please discuss this with your manager.
  - At this time, high risk countries include Mainland China, Iran, Italy and South Korea. A full list is on the Australian Government Department of Health website, which will evolve as the COVID-19 outbreak evolves.
- Canberrans preparing to travel overseas are strongly encouraged to regularly review the Smarttraveller website ([www.smarttraveller.gov.au](http://www.smarttraveller.gov.au)) and subscribe for updates.

*Approved by Dr Kerry Coleman, Chief Health Officer*

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## COMMUNITY CALL TO ACTION

- Given there is currently no confirmed COVID-19 cases in the ACT, we are asking the community to:
  - Be alert and not alarmed – stay up to date and informed through the ACT Health website and social media channels.
  - Stop the spread of germs in our community – practice good hand hygiene and cover your mouth and nose when coughing and sneezing to help. And if you're unwell, you should stay at home from work or school and avoid social activities and large public events.

*Approved by Dr Kerry Coleman, Chief Health Officer*

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## TALKING POINTS:

### HEALTH

- We understand that developments in the disease internationally and in other jurisdictions may cause a level of angst in the community. It has also been a very difficult few months for Canberra.
- We want to reassure the community that there is no cause for alarm. At this time there are no confirmed cases in the ACT, so people should go about their daily lives as per usual.
- The ACT Health Directorate has well established processes and procedures in place for the management of infectious diseases in the ACT.
- ACT Health is working in partnership with the Australian Government Department of Health and state and territory counterparts to monitor and respond to the situation.
- ACT Health is also working closely with our public hospitals and local General Practitioners (GPs), to ensure health workers are well prepared and have the advice they need to identify and treat any cases of this infection, should the need arise.
- What we really want to remind people of, is the importance of good hand and respiratory hygiene to prevent the spread of germs across the community.

### What we know about COVID-19

- COVID-19 causes a spectrum of illness including fever and/or respiratory symptoms (e.g. cough, sore throat or shortness of breath). Most cases are mild.
- The most common symptoms of COVID-19 are fever and respiratory symptoms, including cough, sore throat and shortness of breath.
- It appears so far that older people and those with chronic conditions are most at risk of COVID-19.
- Current estimates of the time it takes for symptoms to develop from when a person is infected (i.e. the incubation period) range from 2-14 days.
- Currently, there is no specific treatment.

### How is COVID-19 spread?

- There is evidence that it spreads from person to person, so good hygiene is important in preventing infection.

### Preventing the spread of germs

- Help prevent the spread of germs by paying attention to good hand and respiratory hygiene.
- Cover your mouth and nose when coughing and sneezing with a tissue, or cough into your elbow, dispose of the tissue into a bin and then wash your hands afterwards.
- Wash your hands regularly, especially after using the toilet and before eating.
- If you're unwell, stay at home from work or school and avoid social activities or mass gatherings.
- Do not visit people in aged care or other residential care facilities, or people in hospitals if you are unwell.
- If you have concerns about your health, please see your doctor.
- If someone has serious symptoms, such as difficulty breathing, they should call triple zero (000).

### Seeking health services

- If you are concerned you may have been exposed to or have symptoms of novel coronavirus (COVID-19), it's important you limit exposure to other people to limit the risk of transmission.



- This means an Emergency Department is not the best place to go unless you are critically unwell.
- If you're worried you may have symptoms of COVID-19, call your GP in the first instance. By calling your GP before arriving they can take appropriate infection control measures.
- If a person suspected of having COVID-19 needs to go to an Emergency Department, they will be triaged and isolated consistent with policies and procedures for infectious diseases, including novel coronavirus.
- The Weston Creek Walk-in Centre is also available to see people concerned about COVID-19. Staff there are trained to assess and, if required, collect the necessary pathology samples to test for COVID-19.
  - If you are attending the ACT's walk-in centres please ensure you use a mask and hand sanitiser available at the front door.
  - Walk-in Centres do not have a supply of masks to hand out to the public.

### Testing

- Testing will be arranged by your medical practitioner if they determine it is necessary.
- It usually takes about 24 - 48 hours for the test results to be returned, but in some cases may take longer.
- Further information for people who are being tested is available on the ACT Health website, including advice on self-isolation.

### **Masks**

- If you are healthy, you do not need to wear a mask.
- Masks are recommended for healthcare workers for when they are assessing and testing patients for COVID-19. They are also used for people who are unwell with respiratory symptoms (e.g. coughing and sneezing) and people who are suspected or confirmed to have COVID-19.
- The best and easiest way to reduce your risk of getting sick and spreading disease is to follow good hygiene practices.

*Approved by Dr Kerryn Coleman, Chief Health Officer, and taken from approved material developed by Canberra Health Services*

### **PREPAREDNESS FOR A PANDEMIC**

- Australia is very well prepared to deal with COVID-19, with a suite of measures implemented to help stop the spread of the virus and protect Australians.
- All states and territories are taking a highly precautionary approach based on the latest and best medical advice.
- Pandemic plans are designed to be scaled up and scaled down depending on the evidence and what is needed for the specific outbreak.
- In Australia, the states and territories will be using the pandemic influenza plan which has been converted into the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) Plan.
- Any actions or public health measures will depend largely on the characteristics of the virus and understanding the severity and transmissibility of the virus in Australia, to help determine the most appropriate intervention.

### **Hospital and health sector response**

- Both Canberra Hospital and Calvary Public Hospital are well prepared to care for patients with coronavirus.



- Our hospitals have well established infection control processes to manage communicable diseases.
- The Chief Health Officer has issued specific advice on COVID-19 to ensure health workers are well prepared and have the information they need to identify and manage any cases of this infection, should the need arise.
- In relation to respiratory assessment clinics, ACT Health is collaborating with several organisations, including Canberra Hospital, Calvary Public Hospital and Capital Health Network to identify a number of suitable locations in the ACT and appropriate resourcing for these facilities should they be needed.
- All of these measures are in accordance with the Australian Health Sector Emergency Response Plan for COVID-19 which is the plan guiding our response at this point in time, as it is elsewhere in Australia.
- The Government's priority is to provide exceptional health care. This includes putting procedures in place to protect the health of our staff and patients from viruses including COVID-19.

*Approved by Dr Kerry Coleman, Chief Health Officer*

### **Cleaning**

- Currently, the ACT Government is not advising additional cleaning or disinfecting procedures to be implemented in schools, public transport, shopping centres and other public places.
- Standard cleaning policies and procedures are sufficient.
- Performing regular hand hygiene will be the best way to protect yourself from contaminated surfaces. Cleaning frequently touched surfaces in schools, public transport, shopping centres, etc, will also assist in the preventing the spread of disease.
- In the event of a person spreading droplets (such as sneezing, coughing), it is best to clean surfaces with detergent/disinfectant wipes so that the potential spread of infection can be minimised.
- There is further information on public transport and advice for drivers of public transport on the Federal Department of Health website.

*Approved by Dr Kerry Coleman, Chief Health Officer*

## **ECONOMIC IMPACT**

### **Stimulus**

- The ACT Government is monitoring the impact of COVID-19 as the situation evolves. We remain flexible and ready to respond when we need to.
- We are looking closely at what the Commonwealth do Australia-wide and will work in partnership with them in the delivery of those measures locally, just as we are for the bushfire recovery.
- If further stimulus is required, particularly in the second half of the calendar year, our Budget will be the timeframe in which we would look to deliver that.

*Talking points consistent with Chief Minister's comments in press conference of 10/3/20*

### **WORKFORCE (ACT Government)**

- The ACT Public Service embraces principles of flexible working. This is one of the great features of working for the ACT Government.
- The ACT Public Service is undergoing a Workforce Transformation Program to take advantage of the opportunities provided by modern technologies and contemporary work practices in a way that provides greater flexibility for our workforce.

- This includes seamlessly connecting with colleagues from a greater variety of locations including home based work.
- The ACT Public Service has adopted a policy position of replacing fixed desktop PCs with a suite of mobile technologies that creates opportunities for staff to perform their duties with greater flexibility.
- The deployment of these technologies is phased to align with the lifecycle of existing desktop PCs.
- Further, the ACT Public Service is promoting the take up of flexible and contemporary work practices with updated policies, resources and training developed to support managers and their teams to work effectively together regardless of their physical location, whilst continuing to deliver to the high standard expected by our community.
- ACT Government Directorates have business continuity planning in place to make sure we can continue to serve the community and carry out key functions during emergency situations or other disruptions.

*Approved by Jacinta Evans, DDG, Chief Minister, Treasury and Economic Development*

## **EDUCATION**

- The Education Directorate continues to be led by advice from ACT Health with regard to COVID-19.
- This advice has led to us taking a sensible, measured approach across ACT public schools, in line with best practice.
- ACT public schools are operating as normal and will continue to do so for the foreseeable future.

### **What is the health advice for students and families?**

- Students or staff who travelled in or transited through mainland China (excluding Hong Kong, Macau and Taiwan) or Iran must quarantine themselves at home for 14 days after leaving China or Iran.
- Students or staff who travelled in or transited through South Korea on or after 5 March must quarantine themselves at home for 14 days after leaving South Korea.
- Students or staff who have had contact with a confirmed case of COVID-19 must quarantine themselves for 14 days from the date of last exposure to the case. This same advice applies to any impacted staff.
- Being isolated at home means that that students need to stay at home for the full period, unless they need medical attention. They cannot go into public areas, and should not use public transportation, ride share or taxis. Visitors to the home should be discouraged.
- You can view the latest advice and stay up to date through the ACT Health website, where information on the virus and its symptoms can be found along with a series of fact sheets.
- We wish to acknowledge that this is a challenging situation for many, and especially the Chinese Australian community, who are valued members of our school communities.

### **What if ACT schools were to be affected?**

- Plans have been developed for ACT schools to respond to the potential spread of COVID-19 in school communities.
- When and if there is a case of COVID-19 in the ACT, these plans will be scaled in proportion to the spread of the virus.
- At this point in time, the best way to minimise any transmission of the coronavirus is for students to continue with good hand and respiratory hygiene measures to prevent the spread of germs.

- While modifying the operation of schools is an option, should it be required, these decisions will be made on the advice of the medical experts and in proportion to the situation, as is the case with any planning for a communicable disease.
- A range of approaches are being looked at to assist students to continue their schooling if schools were to be affected, as well as for students are self-isolated at home.
- All of our schools have access to the Google platform which they use daily with their students.
- Continuity of learning could be accessed for key learning via the Google for learning platform.

### **Foreign National Students**

- The Commonwealth Government has announced that Year 11 and 12 foreign national students who are in China and unable to return to their studies in Australia can apply for an exemption under the current travel restrictions.
- The Commonwealth Government has outlined a number of strict criteria that will apply to eligible students, including a strict 14 day self-isolation period.
- The Commonwealth Government has indicated that exemptions will be granted on a case by case basis by the Australian Border Force Commissioner, under a framework recommended by Australian Health Protection Principal Committee (AHPPC).
- Exemptions are not available to those within the Hubei province.
- Currently, there are some ACT public school students, and a small number of non-government school students, who may be eligible to apply for an exemption under the Federal Government's new exemption policy, and return to Canberra for their studies.
- The ACT Government will work with the Commonwealth Government, the Chief Health Officer, the non-government sectors, eligible students and their families to help facilitate this process.

*Approved by Mark Huxley, EGM, Education Directorate*

### **MASS GATHERINGS**

- Currently, the ACT Government is not considering cancelling any planned public events. With no confirmed cases in the ACT at present, people should go about their daily lives as per usual and get out and about and enjoy what Canberra has to offer.
- While cancelling public events is an option, should it be required, these decisions will be made on the advice of the medical experts and in proportion to the situation, as is the case with any planning for a communicable disease.
- If you are heading to a major event, help prevent the spread of germs in larger crowds by paying attention to good hand and respiratory hygiene.
  - Cover your mouth and nose when coughing and sneezing with a tissue, or cough into your elbow, dispose of the tissue into a bin and then wash your hands afterwards.
  - Wash your hands regularly, after using the toilet and before eating.
  - If you are sick, look after yourself and be sure to keep your germs to yourself by staying at home.

*Approved by Dr Kerryn Coleman, Chief Health Officer*

### **SOCIAL INCLUSION**

- Canberra is an inclusive community that prioritises social cohesion.
- We will continue act responsibility and with compassion for our Canberra community.

*Approved by Christine Murray, EBM, Inclusion and Participation*

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**REGULAR UPDATES WILL BE POSTED ON THE ACT HEALTH WEBSITE ([www.health.act.gov.au](http://www.health.act.gov.au))  
AND ON ACT HEALTH SOCIAL MEDIA CHANNELS.**



**Pond, Aleks (Health)**

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**From:** Coleman, Kerryn (Health)  
**Sent:** Tuesday, 17 March 2020 5:09 PM  
**To:** Croke, Leesa; Doran, Karen  
**Cc:** De'Ath, Michael (Health); Dal Molin, Vanessa (Health); Johnston, Vanessa (Health)  
**Subject:** Fwd: FINAL: The Australian Health Protection Principal Committee 16-3-2020 (003)  
[SEC=OFFICIAL]  
**Attachments:** The Australian Health Protection Principal Committee 16-3-2020 (003).docx

Hi all

Please note, this AHPPC advice is provided in confidence to assist with briefing for tonight's national cabinet if needed.

I will be speaking with Cath and Minister Stephen-Smith shortly to run through AHPPC discussions and outcomes.

Cath will provide a summary of key points to CMO.

Thanks, Kerryn

## Australian Health Protection Principal Committee

### A statement from the AHPPC on COVID-19, 17 March 2020

The Australian Health Protection Principal Committee (AHPPC), on the advice of the Communicable Diseases Network Australia, today considered a number of additional public health measures to provide advice to the National Cabinet in relation to strengthening the control of COVID-19 in Australia.

The COVID-19 pandemic has continued to spread globally. Our actions to date, including border measures and extensive case finding and contact management, based on best evidence strategies to contain transmission, have provided time for our health system and society to prepare. These strategies will remain essential throughout the control phase that we are entering, but now need to be augmented by additional social distancing measures that will reduce the spread of all respiratory infections.

In the absence of a vaccine to provide immunity to the population, these measures are essential to protect the Australian public. Figure 1 shows the current trajectory of the outbreak in Australia compared to other nations experiencing significant COVID-19 outbreaks, with a growing number of cases daily, fuelled by an increase in overseas-acquired cases in the past 30 days (see Figure 2). These case figures have been detected from over 80,000 tests conducted to date, which is high compared to our overseas counterparts. Given the significant increase of cases and experiences of Europe and the United States, the AHPPC feels very strongly that social isolation and distancing measures be enhanced.

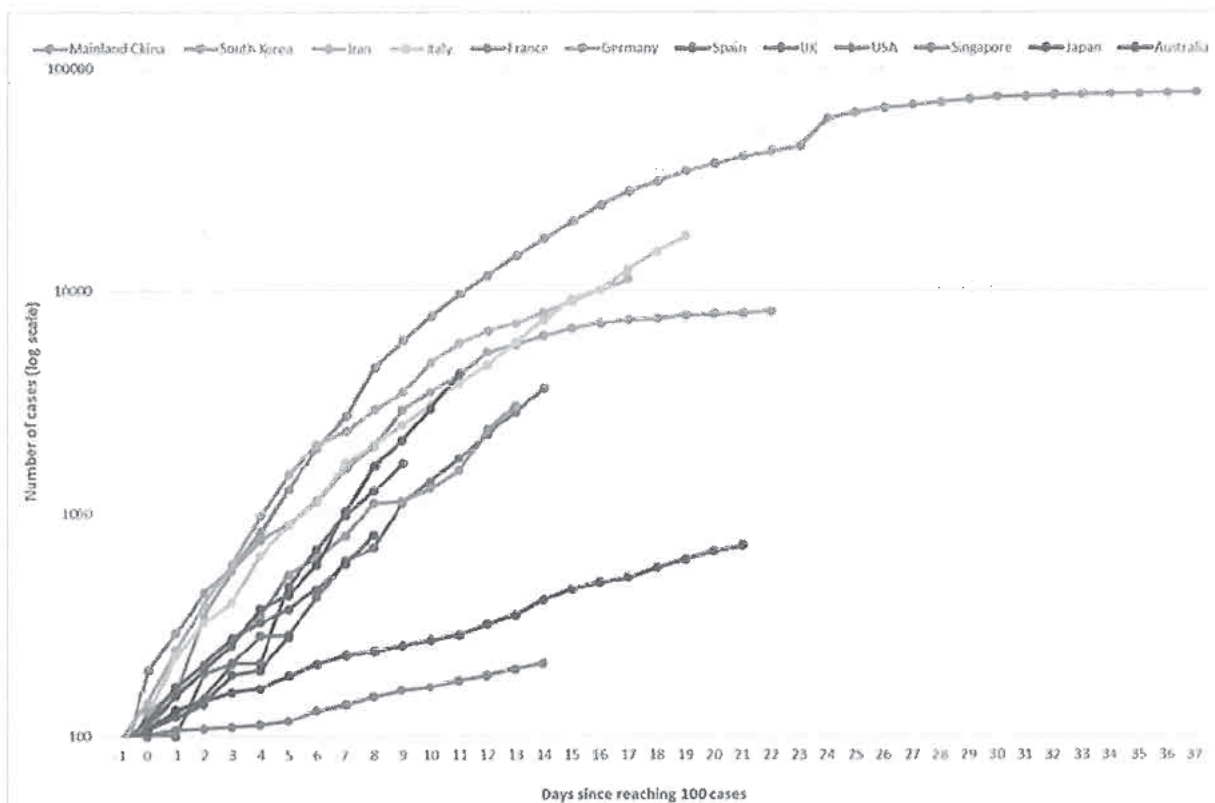


Figure 1. Number of cumulative cases since reaching 100 cases, by day and country

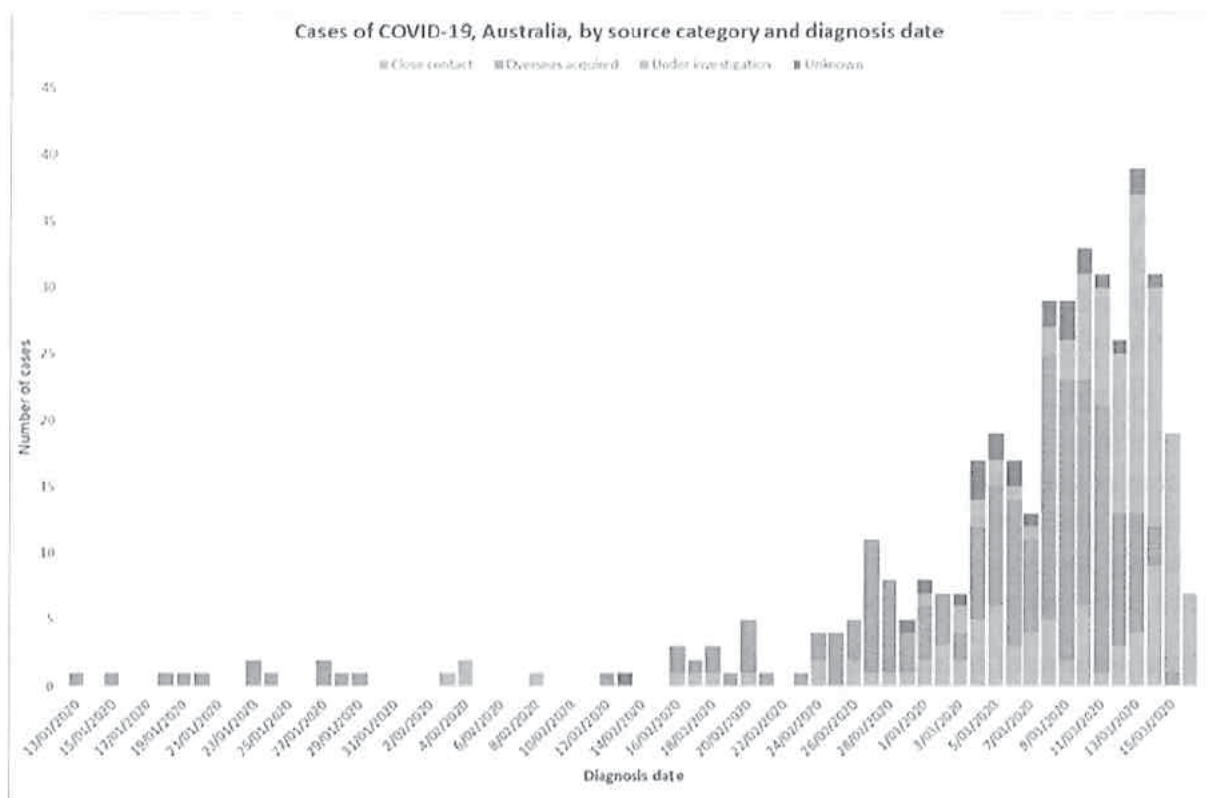


Figure 2. Number of cases in Australia, by diagnosis date and source of acquisition

COVID-19 is a contagious viral infection that causes mild respiratory illness in most people. Presentation can range from no symptoms to severe illness with potentially life-threatening complications, particularly in people who are vulnerable to infections. The current principle national objective is to slow progression of the outbreak in Australia and limit the burden on our health system by taking measures to reduce transmission.

Transmission of COVID-19 is through contact with respiratory droplets containing the virus, produced when an infectious individual coughs or sneezes. As a consequence, individual behaviour is key to containing spread of the virus, and involves taking personal responsibility for measures, such as regular hygiene practices, early self-isolation and personal social distancing.

Social distancing is one of the key measures currently being utilised to contribute to Australia's ability to severely limit transmission of COVID-19. This reduces the burden of disease in the community, and importantly, will ensure healthcare capacity is not overwhelmed at any given time. The health sector must continue to undertake its core functions, as well as maintain the capacity to support those with COVID-19 who require more intensive care.

These interventions may need to continue for more than 6 months, and must be feasible and sustainable. The application of extraordinary measures for a short term (for a period of four weeks) will only defer the increase in cases and will not achieve long term flattening of the curve or, ultimately, save lives.

Figure 3 demonstrates the impact of effective social distancing and other interventions on the timing and size of the peak burden of disease. As demonstrated in the figure below, the intent is to ensure the burden of disease does not exceed the capacity of the health system to manage.

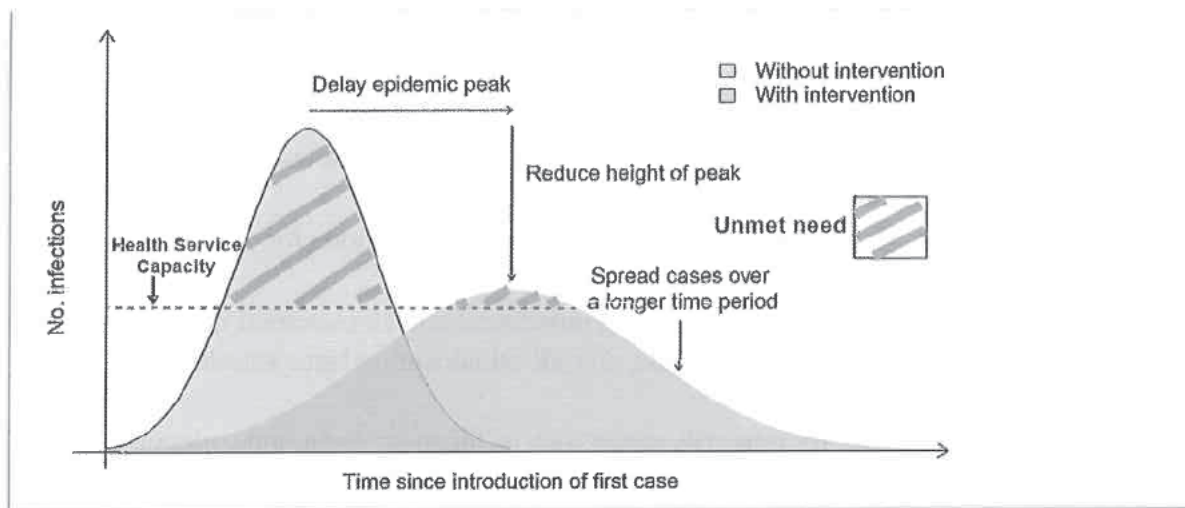


Figure 3. 'Flattening the curve' - health capacity and epidemic curve of an outbreak by introduction of first case, number of infection and interventions

The overarching goal of our recommendations is to slow the spread of the virus and flatten the epidemic curve. We all have both a community and individual responsibility to maintain social distancing and minimise interactions in order to protect the people we love. The aim is a population response, to reduce transmission to protect vulnerable populations.

Our approach to containing the COVID-19 pandemic needs to be flexible and scalable to respond effectively to the evolving situation. Whilst we have a national approach to social distancing currently, if case numbers continue to grow, more stringent measures will need to be introduced locally or nationally to control surges in case numbers.



## **Recommendation on public gatherings**

### ***General Population – Indoor Gatherings***

Non-essential indoor gatherings of greater than 100 people will no longer be permitted. Risk mitigation should be applied to gatherings of fewer than 100 people including the following:

- In a given occupied space, there must be a density of no more than one person per four square metres of floor space.
- Availability of hand hygiene products and suitable waste receptacles, with frequent cleaning and waste disposal.
- Promotion of the Department of Health recommendations for unwell individuals to isolate at home and not attend.
- For settings where there is ongoing movement and an increased number of interactions between individuals, an individual's attendance should be less than two hours duration.
- For settings that are primarily static such as theatres, restaurants, cinemas, sporting events, an individual's attendance should be limited to four hours duration.

#### *Examples:*

- Cinemas and theatres to implement decreased density of patrons, which could include alternate seating, staggered seating and alternate rows, except for family groups who may be seated together.
- Seated restaurants may need to undertake a significant capacity reduction in order to meet the above density requirements.
- Weddings and funerals will need larger spaces, staggered attendance or a reduced number of attendees to meet the above density requirements.
- A symphony orchestra or choir will need to consider the measures mentioned above and amend practices to comply with recommendations.

### ***Safe food and utensil handling statement for catering***

The primary transmission route for COVID-19 is person-to-person; it may therefore be transmitted via utensils or plates that have been handled by someone who has COVID-19.

- For catering, advise staff if they feel unwell to stay at home, and deny entry to staff who are unwell.
- All food, including pre-packaged foods such as boxed lunches, should be prepared by staff trained in safe food handling practices.
  - Ensure hand washing facilities are accessible for staff and supplied with adequate soap and paper towels.

### ***Social venues, pubs, clubs and nightclubs***

The total number of people in a venue, including staff, must be fewer than 100 per uninterrupted space and the four square metres per individual rule must apply.

### ***Gyms and indoor fitness activities***

Settings like gyms and indoor fitness centres are not required to close at this time providing they meet these requirements for social distancing and hand hygiene. Such venues should take actions to ensure regular high standards of environmental cleaning take place.

### ***Transport***

All Australians should consider not undertaking non-essential travel. If unwell, people must stay at home, unless seeking medical care.

#### Domestic air travel

The risk of acquiring COVID-19 on planes is low. However, in order to minimise the spread of infection over long distances, non-essential travel should be avoided.

#### Public transport (trains, trams, buses, ferries)

Most public transport is considered essential, however employers should strongly consider offering staggered work times and remote working arrangements to employees to reduce the risk of overcrowding at peak traffic times. Operators should consider increasing the frequency of transport options to reduce passenger density.

Operators should increase the frequency of cleaning, particularly of those surfaces that are frequent touch points. Commuters must practise hand hygiene, which should also be promoted on vehicles and at transport hubs.

Long distance bus or train services pose a higher risk, and should be reconsidered if not essential. The Spirit of Tasmania ferries are regarded as essential transport.

#### Taxis and ride share vehicles

If possible, passengers should sit in the back seat, and hand sanitisers should be available for passengers and drivers to utilise. The air conditioner/heating setting should be set to external airflow, as opposed to recycled.

#### Transport of vulnerable populations

Mass transport of vulnerable people, including the elderly, should be avoided or have risk mitigation strategies implemented, such as seating people at a greater distance from one another.

### ***General Population – Outdoor Events***

Outdoor events of fewer than 500 attendees may proceed. There are general measures that all events should follow.

- In a given occupied space, there must be no more than one person per four square metres of ground space.
- Availability of hand hygiene products and suitable waste receptacles, with frequent cleaning and waste disposal.

- Promotion of the Department of Health recommendations for unwell individuals to isolate at home and not attend.

Food markets are exempt from the 500 person limit, however must undertake additional measures, such as control of patronage level numbers or stall density reduction to decrease the risk of COVID-19 transmission.

### ***Community Sport***

All community sport participants must play a role to help reduce the transmission of COVID-19, including those organising, attending or supporting attendance at these activities.

Participants should not attend and participate in Community Sport if they:

- Have travelled internationally or been exposed to a person with COVID-19 in the preceding 14 days; or
- Are at a high risk including the elderly and those with pre-existing medical conditions.

### Attendance at Community Sport activities

Only essential participants should attend activities, i.e. players, coaches, match officials, staff and volunteers involved in operations and parents/guardians of participants;

All players, visitors should practise the following social distancing measures at Community Sporting activities:

- Players, visitors and officials should minimise physical contact as much as is practicable, for example no shaking hands, no walking out with player mascots, no pre- or post-match celebrations and no celebrating between players during the match.
- When spectating or attending a game or training session, ensure a distance of 1.5 metres is kept between yourself and others;
- Access to change rooms should be restricted solely to players, officials and essential staff;
- If spectating, try to maintain 1.5 metres between yourself and others.
- It is recommended that sporting teams, including school sporting teams, maintain local competitions only, with no inter-district, or inter-club travel. As with all gatherings, basic protective measures should be observed, such as regular hand hygiene practices before, during and after the match, do not share drink bottles, and avoid touching your face.

It is acknowledged that contact sports have a greater risk of transmission than other sports, and as such, should be considered on a case-by-case basis. However, other mitigation strategies for match socialisation and contact must be employed to reduce the risk to players, visitors, and officials more broadly.

### Swimming pools

There is no evidence that the virus will survive in well managed and maintained pools chlorinated in accordance with Australian standards and guidelines. People should minimise time spent out of the pool and comply with the aforementioned social distancing and protective

measures when in the change rooms and outside the pool. Shower with soap before attending the facility.

Recreational water facilities (water slides, surf parks) should also comply with social distancing and protective measures.

#### General hygiene measures at facilities

Facilities should ensure that:

- Spaces at each facility, surfaces and objects are regularly cleaned with disinfectant;
- Provide hand washing guidance ([www.who.int/gpsc/clean\\_hands\\_protection/en/](http://www.who.int/gpsc/clean_hands_protection/en/));
- Promote regular and thorough hand washing by staff and participants;
- Provide sanitising hand rub dispensers in prominent places around the event (particularly entry or high use areas such as a registration desk, change rooms, toilets or kiosk);
- Make sure dispensers are regularly refilled; and
- Promote exclusion of ill persons.



## **Recommendation to the Education Sector**

### ***Schools***

The AHPPC met on Tuesday 17 March to consider the issue of school closures in relation to the community transmission of COVID-19. The Committee's advice is that pre-emptive closures are not proportionate or effective as a public health intervention to prevent community transmission of COVID-19 at this time.

There is currently limited information on the contribution of children to transmission of COVID-19. The WHO-China Joint Mission noted the primary role of household transmission and observed that children tended to be infected by adults in the household. In China, 2.4% of total reported cases were under the age of 19 years old. Worldwide, of those cases under 19 years of age, very few were severe or critical. This contrasts distinctly with the severity pattern observed with other respiratory viruses, where young children are particularly at risk of severe disease.

Previous studies suggest that the potential reduction in community transmission from pre-emptive school closures may be offset by the care arrangements that are in place for children who are not at school. Children may require care from older carers who are more vulnerable to severe disease, or may continue to associate (and transmit infection) outside of school settings.

Broadly, the health evidence on school closures from previous respiratory epidemics shows the costs are often underestimated and the benefits are overestimated. This may be even more so in relation to COVID-19 as, unlike influenza, the impact on otherwise healthy children has been minimal to date.

School closure is associated with considerable costs. Studies have estimated that around 15% of the total workforce and 30% of the healthcare workforce may need to take time off work to care for children. This burden will be significant and will fall disproportionately on those in casual or tenuous work circumstances.

At this stage, the spread of COVID-19 in the community is at quite low levels. It may be many months before the level of Australian community infection is again as low as it is at the moment. For pre-emptive school closures to be effective, closure for at least several months is required and it would be unclear when they could be re-opened.

School closures for shorter defined periods may be considered as part of a suite of more stringent distancing measures later in the outbreak, in anticipation of a peak in infection rates.

Short term reactive school closure may also be warranted to allow cleaning and contact tracing to occur in response to an outbreak in a given school.

More than 70 countries around the world have implemented either nationwide or localised school closures, at different times in the evolution of the local COVID-19 epidemic, however it should be noted the majority of these have not been successful in controlling the outbreak. Some of these countries are now considering their position in relation to re-opening schools.

Singapore has had success in limiting the transmission of COVID-19 in the community without closing schools. Other countries are working in different contexts, including Northern Hemisphere countries making decisions at the end of winter with COVID-19 being accompanied by influenza in the community.

The advice in relation to school closures will continue to be reviewed at daily meetings of the AHPPC.

Schools should implement a range of other strategies to reduce transmission, including the promotion of personal hygiene measures (frequent handwashing, reducing face-to-face contact, cough etiquette), physical distancing, reducing public gatherings (e.g. face-to-face school assemblies), and reducing the mixing of students (e.g. reduced use of common areas, staggered lunchtimes, and reduced after-school activities and inter-school activities).

Schools should also reinforce existing policies to exclude students and staff who are unwell, and current policies requiring quarantine for those who have recently travelled overseas. It is also important that the learning needs of students who are excluded from school are met.

### ***Boarding Schools***

Boarding schools are at high risk of transmission of COVID-19 due to close and shared living arrangements and higher frequency of face-to-face contact. An outbreak in a boarding school would present a difficult management issue including potentially the isolation of the entire boarding school, as all students and staff would be defined as close contacts following a confirmed case. Depending on the structure, the boarding school may be unsuitable for isolation procedures.

Should a boarding student from a rural or remote community be diagnosed with COVID-19, they may not be able to return home if there is not sufficient health infrastructure to support them, or support their isolation.

Schools and parents should consider the risks versus the benefits of a student remaining in boarding school, and make their own decision, noting that the duration of the COVID-19 pandemic is likely to span more than six months. The decision to remain at boarding school should be a shared and documented decision.

### ***Universities and other higher education centres***

University and higher education are considered essential and should continue at this time, but with risk mitigation measures in place. AHPPC considers the actions below will enact social distancing and help to protect health service provision as well as ensuring business continuity:

- Encouraging staff who can work effectively from home to do so.
- Holding as many business meetings as possible by audio-visual link or other remote means.
- Cancelling all non-essential events.
- Encouraging universities and higher education facilities to provide to access online content remotely and participate in as many other classes as possible by audio-visual link or other remote means.

- Ensuring lectures and examinations have no more than one person per four square metres of floor space.
- Continuing to support clinical placements if the necessary risk assessments have been undertaken, after discussion with clinical supervisors and facilities. The safety of patients, staff and students is paramount.
- Staff should continue to undertake their normal duties with risk mitigation strategies.

Given the demonstrated feasibility of online delivery of lecture content, we support universities and higher education centres moving to an online platform for continuity of student education.

For those programs that require face-to-face interactions or utilise the physical environments, such as laboratories, classes can continue but need to consider reduction in the size of the classes; ensure regular hand hygiene for all staff and students (e.g., hand sanitisers at entry points); and ensure cleaning addresses areas of high touch points for students and staff.

These steps will allow universities and higher education centres to play their part in reducing interactions as much as possible in support of the government's efforts to encourage social distancing.

Students and staff who are unwell with acute respiratory symptoms or fever must not attend the university, and must self-isolate at home until their symptoms have resolved.

Universities and higher education centres should have contingencies in place to manage students who need to be quarantined or isolated if they are suspected of, or confirmed to be COVID-19 positive. It is important to note that group student accommodation presents a higher risk for transmission of COVID-19, similar to that experienced in boarding schools, and universities should have strategies in place to identify those who have respiratory symptoms or fever, and isolate these individuals as quickly as possible. If appropriate risk mitigation cannot be undertaken, universities and higher education centres should consider closing or reducing accommodation densities.



## **Recommendations to Residential Aged Care Facilities**

While all respiratory viruses can cause outbreaks and significant morbidity and mortality, COVID-19 is acknowledged as a significant health risk particularly for the elderly and individuals with co-morbidities or low immunity.

While this recommendation is for RACFs, the principles are applicable to many settings including residential facilities for people with physical and mental disabilities, detention and correctional centres.

RACFs must ensure that they are prepared to manage outbreaks of COVID-19. Detailed guidance can be found at [www.coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities](http://www.coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities). There is currently no vaccination to prevent COVID-19; avoidance of exposure is the single most important measure for preventing COVID-19 in RACFs. RACFs must have, and be vigilant in implementing measures to prevent introduction of COVID-19 into their facility.

### ***Restrictions on entry into RACFs***

The following visitors and staff (including visiting workers) should not be permitted to enter the facility:

- Those who have returned from overseas in the last 14 days
- Those who have been in contact with a confirmed case of COVID-19 in the last 14 days
- Those with fever or symptoms of acute respiratory infection (e.g. cough, sore throat, runny nose, shortness of breath) symptoms
- Those who have not been vaccinated against influenza

### ***Visitors***

RACFs should implement the following measures for restricting visits and visitors to reduce the risk of transmission to residents, including:

- Limiting visits to a short duration;
- Limiting visits to a maximum of two visitors at one time per day. These may be immediate social supports (family members, close friends) or professional service or advocacy;
- Visits should be conducted in a resident's room, outdoors, or in a specific area designated by the RACF, rather than communal areas where the risk of transmission to residents is greater;
- No large group visits or gatherings, including social activities or entertainment, should be permitted at this time;
- No school groups of any size should be allowed to visit RACFs.

Visitors should also be encouraged to practise social distancing practices where possible, including maintaining a distance of 1.5 metres.

Children aged 16 years or less must be permitted to visit only by exception, as they are generally unable to comply with hygiene measures. Exemptions can be assessed on a case-by-case basis, for example, where the resident is in palliative care.



Measures such as phone or video calls must be accessible to all residents to enable more regular communication with family members. Family and friends should be encouraged to maintain contact with residents by phone and other social communication apps, as appropriate.

### ***Residents***

Active screening for symptoms of COVID-19 in residents being admitted or re-admitted from other health facilities and community settings should be conducted. No new residents with COVID-19 compatible symptoms are permitted to enter the facility.

#### *Residents admitted from other health facilities*

Residents admitted from other health facilities should be assessed by appropriate medical staff prior to admission to the facility.

Appropriate infection prevention practices should be implemented for residents returning from treatment or care at other facilities.

#### *External excursions*

No external excursions for residents should currently be permitted.

### ***Managing illness in visitors and staff***

RACFs should advise all regular visitors and staff to be vigilant for illness and use hygiene measures including social distancing, and to monitor for symptoms of COVID-19, specifically fever and acute respiratory illness. They should be instructed to stay away when unwell, for their own and residents' protection.

Given the high vulnerability of this particular group, RACFs should request that staff and visitors provide details on their current health status, particularly presentation of symptoms consistent with COVID-19. Screening for fever could also be considered upon entry.

These additional measures should be implemented in order to better protect residents and prompt individuals entering the RACF to consider their current state of health prior to entry. Both individuals and management need to take responsibility for the health of visitors and staff at facilities to protect our most vulnerable community members.

#### *Symptomatic staff*

Staff should be made aware of early signs and symptoms of COVID-19. Any staff with fever OR symptoms of acute respiratory infection (e.g. cough, sore throat, runny nose, shortness of breath) should be excluded from the workplace and tested for COVID-19. Staff must report their symptoms to the RACF.

Sick leave policies must enable employees to stay home, if they have symptoms of respiratory infection.

### ***Hygiene Measures***

Signage and other forms of communication (i.e. information and factsheets) must be used to convey key messages, including what actions the facility is taking to protect visitors, residents and staff, and explaining what they can do to protect themselves and their family

members. This includes signs on appropriate hand washing techniques upon entry and throughout the facility.

RACFs must ensure that adequate hand washing facilities and alcohol based hand rub, as well as tissues and lined disposal receptacles are available for visitors to use; at the entrance of the facility and in each resident's room. Staff should ensure visitors perform hand hygiene before entering and after leaving the resident's room and the RACF.

The recommendations outlined may be altered according to the particular circumstance of the resident, including those who are in palliative care or residents in dementia units, which should be considered on a case-by-case basis. These situations will likely necessitate increased social contact with visitors.

**Recommendation on ANZAC Day ceremonies and events**

ANZAC Day ceremonies and events should be cancelled due to the high proportion of older Australians who attend such events and the increased risk posed to such individuals. A small streamed/filmed ceremony involving officials at a state level may be acceptable. There should be no marches.

**Recommendation on bulk purchase of supplies**

The AHPPC advises against the bulk purchase of foods, medicines and other goods. We discourage the panic purchase of food and other supplies. While some advice has been provided to have a small addition of long shelf life products in the case of illness there are a range of mechanisms in place to support people in self-isolation, including food and other deliveries. AHPPC notes that the risk of individual Australians being asked to quarantine in coming weeks is low, and encourage individuals to plan with friends and family in the event of the need to isolate. We recognise the importance of supply lines to remote communities.

**Pond, Aleks (Health)**

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**From:** Coleman, Kerryn (Health)  
**Sent:** Sunday, 22 March 2020 6:07 PM  
**To:** Croke, Leesa; Bergin, Catherine; Stephen-Smith, Rachel  
**Subject:** Fwd: FINAL - AHPPC Statement 22 March [SEC=OFFICIAL]  
**Attachments:** 2020 03 22 - AHPPC Statement - National Cabinet - 22 March.docx; 20200322 - Total postcode Heatmaps and breakdown for COVID-19 - 22 March 2020.pdf


Hi all

Please find attached for briefing purposes for this evening the final statement.

- 
- Advice on indoor gatherings etc is self explanatory.
- 

Thank, Kerryn

---

**From:** AHPPC Secretariat   
**Sent:** Sunday, March 22, 2020 5:32 pm



**Subject:** FINAL - AHPPC Statement 22 March [SEC=OFFICIAL]

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good afternoon

Please see attached: FINAL - AHPPC Statement.

Kind regards

**AHPPC Secretariat**



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## **Australian Health Protection Principal Committee (AHPPC) Advice** **Sunday 22<sup>nd</sup> March 2020**

### **Further Short Term Social Distancing Measures**

National Cabinet has asked AHPPC for advice on options for the progressive scale up of social distancing measures in response to the COVID-19 outbreak. There was a specific request to look at stronger measures in relation to non-essential gatherings initially, followed by further more intense options. The Cabinet has further asked for the triggers for introduction of stronger measures, either as a focal response or nationally.

#### **The First Thousand Cases**

We now have 1,000 cases and we are clearly concerned at the rate of rise in cases and potential trajectory. Without diminishing the significance of the rise in case numbers, it is worth noting that the situation with our first 1,000 is somewhat different to that of other countries such as Italy and the USA when they were at 1,000. Please refer to the charts and table attached as Appendix A.

More than half our cases are still imported from overseas or their direct contacts. We have one of the lowest COVID-19 test positivity rates in the world (0.7% compared to USA 13%, UK 5% and even ROK 3%). We have had only 7 deaths, all in people aged 75 or over and so far, less than 20 people have needed ICU treatment. This suggests that we do not have as large a proportion of undetected cases in the population, as was likely the case in the USA, Italy and other countries. Our early detection and control work was effective.

#### **Current measures**

Despite the above, the recent rapid influx in imported cases and associated chains of transmission, including cruise ships and super-spreader events, means we do need to do more now. It is too soon for the measures introduced only last week to have impacted on the epidemiology, but we are seeing evidence of non-compliance with these new measures, people not taking this seriously. We have also now had two 'super spreader' events in Sydney - one a wedding (35 infected) and one at a church service.

There is a strong argument to do more, at least in the short term, to enforce the new way of life in social distancing that we will have to endure and to adapt the Community mindset. This will also allow more time to consolidate health system preparations and evaluate measures already implemented in Australia, and to learn from interventions in other countries.

#### **Option 1 – National discontinuation of all non-essential gatherings**

AHPPC recognises the importance of a nationally consistent approach to measures to reduce the spread of COVID-19. This would entail the temporary closure of clubs, gyms, cinemas, entertainment venues, restaurants (restrict to take away), churches, weddings, funerals (other than very small groups). School closures are not included in this option, but some jurisdictions may elect to include other measures

These measures could be reviewed at one month, after which there could be consideration of some gradual relaxation of elements as people and businesses fully understand the new social distancing rules and can open in a safe manner. The duration of any measures must also take into account the

changed trajectory of case numbers. If control is not strong at the end of one month, these measures may be continued for some months with some societal functioning. Effectiveness will depend on population-level compliance with social distancing and enhancements to case-finding, early isolation, contact tracing and quarantine.

These measures would also allow some of the health system preparedness concerns to be addressed, for the impact of the social distancing interventions implemented in mid-March to be assessed and future interventions to be planned.

AHPPC is also concerned about large informal outside gatherings and will come back to National Cabinet with more guidance. It is very important to encourage the community to adhere to social distancing prior to the application of more stringent measures.

**Option 2 – National discontinuation of all non-essential gatherings in cities with high caseload or local transmission**

The Government may consider limiting implementation of the measures outlined in Option 1 to jurisdictions, or regions within, which are experiencing a high caseload or local transmission. This would be considered to limit the social and economic disruption to the broader community. This approach cannot account for the rapidly changing epidemiology and risks allowing seeding of cases from high risk areas to low risk areas. This approach may also see people move out of locked down locations to other places for entertainment or to seek employment.

We therefore do not recommend this option.

**Option 3 – Option 1 or 2 plus close schools and early childhood education centres nationally or regionally**

AHPPC does not support the closure of schools given the lack of evidence of significant disease in children and the lack of reported major disease spreading in schools. Furthermore, the closure of schools poses a major risk to children's education, mental health and wellbeing, particularly those from low socioeconomic regions, where schools provide an important environment for nurturing and learning. The impact on the critical workforce and potential exposure of elderly relatives caring for children is also of significance. School closure would achieve some degree of additional social distancing but the evidence of its benefit at this stage is minimal. AHPPC views schools as an essential service and strongly supports keeping schools open.

There are significant opportunities to improve social distancing within schools, and we will continue to work to provide advice to the sector. AHPPC will continue to review developing evidence regarding the effect of the disease in children and the role of children in the transmission of the virus.

School closures are likely to be more effective when approaching the peak of the epidemic and enforced for a shorter period. If there is a strong desire to close schools at this later stage, it is essential that an option is provided for children of essential service providers, such as health care workers, to attend school or be otherwise cared for.

AHPPC notes one state has elected to bring forward their Easter school holidays.

#### **Option 4 – total lock down for 4-6 weeks – nationally or in focal hotspots as per Option 2**

Many countries have taken this approach after having cases numbering in the thousands, and a growing number of deaths. Total lockdown is seen as the most dramatic way to limit spread. It entails citizens (other than essential service workers) staying at home, only going out for supplies or for medical attention. The aim is to reduce transmission to below  $R_0=1$  and stop the growth in cases in the short-term.

It is not clear what the strategy for paring back of restrictions should be. Proponents talk about relaxing these measures when control is achieved, by keeping the borders closed for over 12 months until a vaccine is developed. Other proponents have a narrative that a 4-6 week total lock down would enable greater focus on case detection and isolation, contact tracing and quarantine, and to consolidate preparedness of the health system.

The social disruption of this option is extreme and good compliance has generally required strong law enforcement/military presence. The public messaging of this Option would be challenging and need to ensure that it does not give false hope that any subsequent epidemic will either not occur or be materially modified as the long term effect of this intervention is unknown.

#### **Supplementary Option 5 – Even stronger enforcement of quarantine and isolation**

The continued growth of cases in returned travellers (including the Ruby Princess) necessitates even stronger action on enforcing the quarantine of any returned traveller, with phone checks, mobile phone tracking and other measures. Similar attention needs to be given to case contacts in quarantine. Of most importance is the checking on the actual confirmed cases, if they are in isolation in their homes. It is not practical to keep them all in hospital but they must be checked daily with provision for formal supervised isolation for any non-compliance. Social support may also be required. This must include progressive expansion in the testing criteria, subject to availability of testing. Major supplementation of the public health workforce is in train and must continue.

#### **Evaluation of efficacy of interventions**

AHPPC will develop a suite of measures to assess the efficacy of all interventions. These measures will include:

- Evidence for efficacy of strengthened border measures/ travel advisories: reduction in the number of imported cases detected over time
- Evidence of efficacy of the reduction in non-essential gatherings and mixing group sizes: reduction in the average number of secondary infections per case, based in contact tracing
- Evidence for the combined efficacy of case finding and contact quarantine measures augmented by social distancing: reduction in the rate of growth of locally acquired infected cases

Urgent unintended matters will be addressed through ongoing reviews undertaken twice weekly at AHPPC and the National Cabinet.

#### **Triggers for Implementing Further Options**

National cabinet asked if measures of case density in a given area would be a valuable guide to trigger further action. As can be seen from the heat maps (Appendix 2), the spread of cases, while still mostly in large eastern seaboard cities is widespread across these cities. This is expected, given the preponderance at this stage of imported cases.

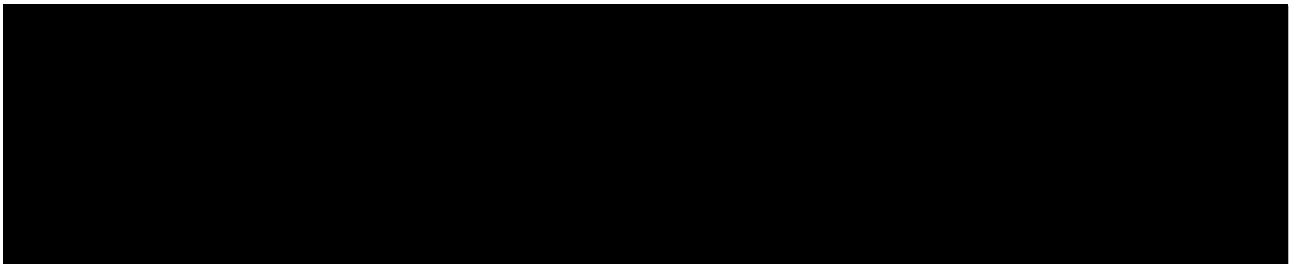


Previously AHPPC considered an important trigger in a given area to be when >50% of cases are locally transmitted, but recent international evidence suggests that action needs to be taken earlier than that point, given the lag in epidemiology. Nationally, Australia is close to 50% community transmission at this time but the major trigger is not focal. Rather it is the rapid growth in total cases and the case-load particularly in Sydney, Melbourne and Brisbane/Gold Coast. The call for action is now based on the principle of getting ahead of the curve the delay in the impact of new interventions.

A trigger for local lock down provisions in a part (or parts) of the country (as seen in Italy and elsewhere) would be a substantial growth in locally transmitted cases, which could be predicted to exceed the future capacity of the region's health services. More modelling will be conducted to refine such predictive measures.

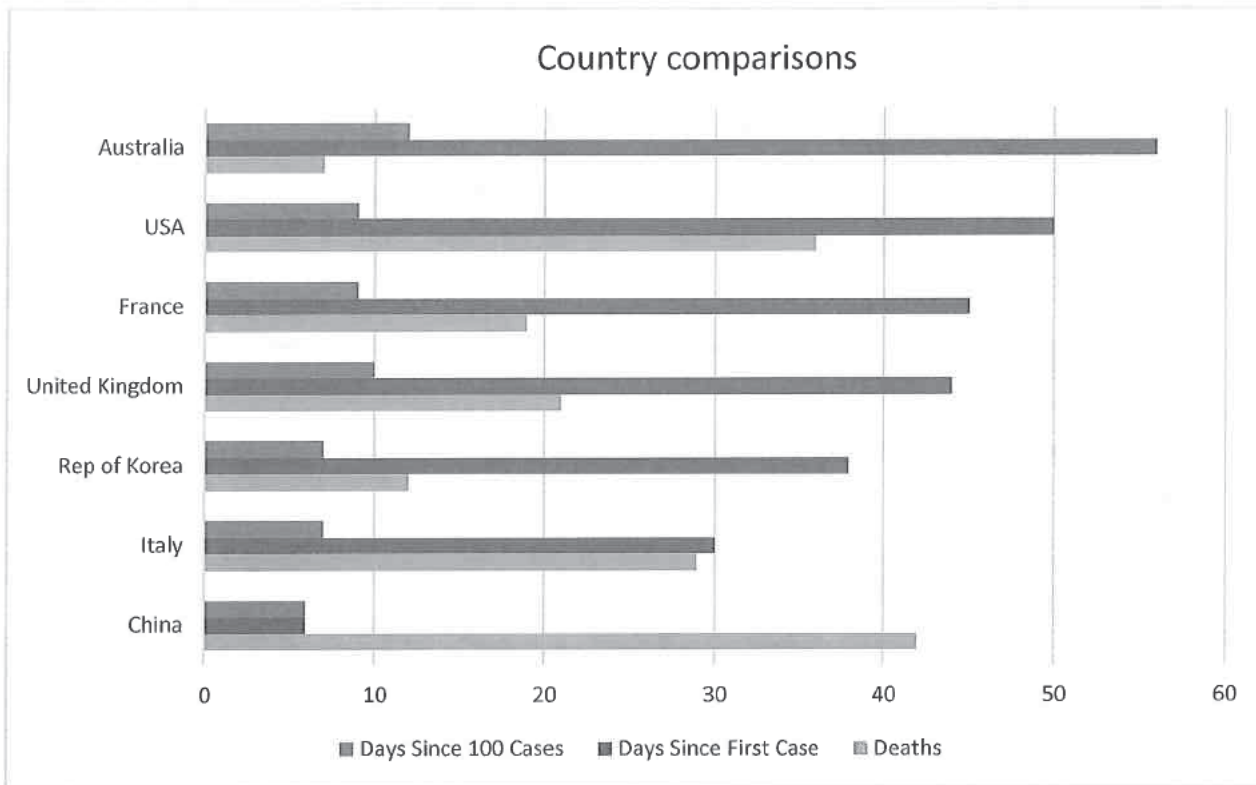
### **Recommendations**

The growth trajectory of cases in Australia and the incomplete and slow implementation of social distancing measures, which is still a new concept for Australians, requires significantly stronger measures in social distancing in the short (initially for one month) term.

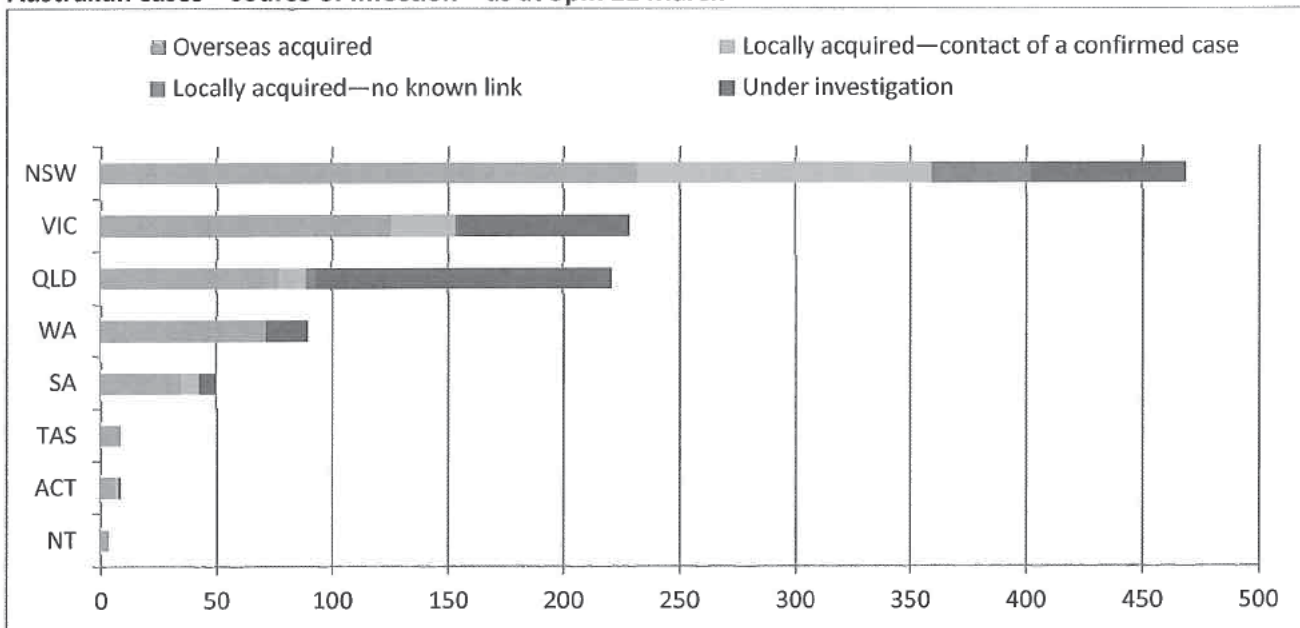


**Appendix 1 – First 1,000 cases – international comparison**

As at 21 March there are 19 countries that have reported more than 1000 confirmed cases. The graph below compares 6 countries on the day they reported more than 1000 confirmed cases.



**Australian cases – source of infection – as at 3pm 21 March**



**COVID-19 testing data**

Country	Cases	Tests	Percent COVID-19 positive	Population	Test by 100,000 population	Date
Australia	1081	123,000	0.9%	25,633,000	480	As of 21 March
South Korea	8565	282,555	3.0%	51,470,000	549	As of 19 March
UK	3269	66,976	4.9%	66,440,000	101	As of 20 March
USA	4484	54,205	8.3%	327,200,000	17	As of 20 March
Austria	2013	18,545	10.9%	8,822,000	210	As of 21 March
France	6153	36,747	16.7%	66,990,000	55	As of 15 March

\*Please note different countries have different testing regimes based on their case definition and testing capability.

Australian testing rate equates approximately to testing of almost 5 people per 1000 population.









































































**Pond, Aleks (Health)**

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**From:** Coleman, Kerry (Health)  
**Sent:** Wednesday, 25 March 2020 11:38 AM  
**To:** Croke, Leesa  
**Cc:** Engele, Sam; ACT Health, HPSOps; Dal Molin, Vanessa (Health)  
**Subject:** ACT critical care capacity provided to AHPPC  
**Attachments:** Ventilator Information for National Cabinet on Tuesday 24 March 2020 copy.docx

This is the info provided for tonight's national cabinet

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