



ACT Chief Health Officer's Report on the **COVID-19 Public Health Emergency**

2023





ACT
Government

ACT Health

Ms Rachel Stephen-Smith MLA
Minister for Health
ACT Legislative Assembly
London Circuit
CANBERRA ACT 2601

Dear Minister

CHIEF HEALTH OFFICER FINAL REPORT ON THE COVID-19 PUBLIC HEALTH EMERGENCY

Please find herein my final report to you, as Minister for Health, in relation to the declaration of a public health emergency in the ACT due to COVID-19. Section 123 of the *Public Health Act 1997* requires that, as soon as practicable after an emergency declaration ends, the Chief Health Officer prepares a written report about the emergency which includes information covering:

- the events that led to the emergency
- actions that were taken to deal with the emergency
- directions that were given during the emergency under section 120(1)
- any other matter(s) the Chief Health Officer considers appropriate.

This report steps through the chronology of the public health response during the public health emergency. It provides the context in which decisions were made and the public health response actions taken, and seeks to fulfil the requirements of section 123 of the *Public Health Act 1997*. I note the legislation also requires that you present the Report to the ACT Legislative Assembly within 6 sitting days after the day you receive it.

Yours sincerely,

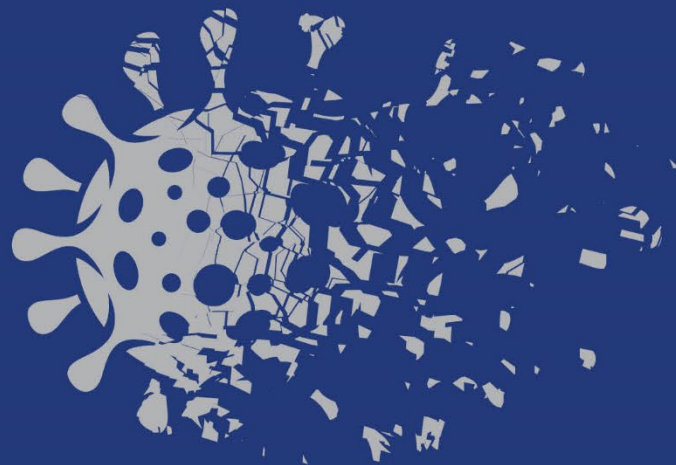
Dr Kerry Coleman
Chief Health Officer
14 November 2023

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Executive Summary



The emergence of a novel coronavirus in late December 2019 saw an unprecedented global pandemic develop. The ACT Government began preparatory activities that would enable the ACT health system and Whole of Government (WhoG) to mobilise a rapid emergency response in line with national guidance.

The Minister for Health declared, for the first time in the ACT's history, a *Public Health Emergency due to COVID-19 (PH Emergency Declaration)* with effect from 16 March 2020 due to the unprecedented ongoing public health risk presented by COVID-19. The Declaration remained in place for over 2 and a half years, until 30 September 2022. The PH Emergency Declaration enabled the Chief Health Officer to take any action, or give any direction considered necessary to alleviate the impact of COVID-19 on public health and to protect the lives of all Canberrans.

Section 123 of the *Public Health Act 1997* (the Act) requires that, as soon as practicable after an emergency declaration ends, the Chief Health Officer prepares a written report about the emergency. In accordance with the Act, this report includes information covering:

- the events that led to the emergency
- actions that were taken to deal with the emergency
- directions that were given during the emergency under section 120(1) of the Act
- any other matter(s) the Chief Health Officer considers appropriate.

The first case of COVID-19 in the ACT was confirmed on 12 March 2020, prompting immediate initiation of a local response. Initially, there was little information about COVID-19, including the ease of spread and severity of disease or treatment options.

Public health response actions to protect individuals, the community and the healthcare system fell into 4 key categories:

- communications
- actions affecting individuals
- actions for the community
- vaccination.

The ACT response reflected the national core objective to slow the spread of COVID-19 in Australia by taking steps to reduce community transmission by:

- implementing public health and social measures (through Public Health Emergency Directions)
- issuing clear communications to the community.

When making public health directions, the Chief Health Officer considered:

- **Risk assessments.** To ensure the actions remained proportionate to the risk being managed at the point of time in the pandemic, risk assessments were continuously updated, and considered multiple sources to inform and refine public health response actions.
- **Alignment.** Directions were consistent with that of other states and territories where appropriate or necessary, and aligned with the advice of the Australian

Health Protection Principal Committee (AHPPC)¹ and decisions of National Cabinet.

- **Compatibility with human rights.** Consideration was given to the ACT's *Human Rights Act 2004*² which requires all public authorities to give proper consideration to human rights in decision-making, and to ensure that the directions are compatible with human rights.

Due to the ACT's unique geographic location and being the Nation's capital and seat of Parliament, the economic and social impacts on residents, businesses, workplaces and government were important considerations for local decision-making. This resulted in the ACT working closely with New South Wales, and Commonwealth Government agencies, throughout the public health emergency to maintain consistency in approach, wherever possible.

Through the public health emergency, 212 Public Health Emergency Directions were issued by the Chief Health Officer. There were regular reviews of these directions to ensure they remained proportionate to the public health risk presented by COVID-19. Additionally, the Chief Health Officer provided written advice to the Minister for Health every 30 days on the status of the emergency and whether the declaration remained justified. This advice was tabled in the ACT Legislative Assembly by the Minister for Health. It was also shared publicly and remains available on the ACT Health website.

The Canberra community, including businesses and workplaces, played a vital role in slowing the spread of COVID-19 by following the health advice and cooperating with public health directions. The ACT achieved high levels of population-wide vaccination coverage, relative to national and global standards.

The public health emergency ended on midnight 29 September 2022 in the ACT. On 30 September 2022, the COVID-19 Management Declaration commenced in the ACT, enabling a responsible transition away from public health emergency settings.

¹AHPPC issued regular advice in relation to COVID-19. Notably on 17 March 2020, AHPPC issued a statement reinforcing the importance of physical distancing and minimising social interactions to reduce burden of disease. It recommended that restrictions be placed on visitors and staff of residential aged care facilities (RACFs) and other high-risk settings in some circumstances. [AHPPC coronavirus \(COVID-19\) statement on 17 March 2020](#).

²[Human Rights Act 2004 | Acts](#)

Structure of report

This report describes the ACT public health response to the COVID-19 pandemic. It is structured as follows:

Introduction provides an overview of established international, national and ACT mechanisms to respond to public health emergencies. It describes ACT plans and governance arrangements and the public health response actions available to the Chief Health Officer.

Chapter One outlines the global and national epidemiological situation that evolved prior to the ACT receiving notification of its first COVID-19 case, the National COVID-19 preparations undertaken by the Australian Government that informed the ACT response, and the early preparatory activities undertaken in the ACT.

Chapter Two describes the additional operational arrangements designed to complement the established health emergency arrangements to deliver the ACT's COVID-19 response.

Chapter Three outlines the actions that were taken from 17 March 2020 to 30 April 2020 in response to the initial spread of COVID-19 in the ACT.

Chapter Four covers the 14 month period from 1 May 2020 to 25 June 2021 when the number of COVID-19 cases identified in the ACT was kept to 18. Actions during this period included monitoring global, national and local infections and focussed on planning and preparations for a staged easing of public health restrictions, managing potential new cases, vaccination rollout and management of individuals in quarantine or isolation combined with ongoing monitoring of public health restrictions.

Chapter Five sets out the context and the public health actions taken in response to the spread of the Delta variant of COVID-19 in the ACT from 26 June 2021 to 25 November 2021.

Chapter Six describes the ACT response to the widespread transmission of the Omicron variant. It covers the period from 26 November 2021, when the first cases of the Omicron variant were identified to 31 March 2022, when cases in the ACT had largely stabilised.

Chapter Seven sets out the context and actions taken to manage the public health response to COVID-19 and covers the period from 1 April 2022 to midnight on 29 September 2022, when the public health emergency ended and the ACT transitioned to a COVID-19 management declaration framework.

Chapter Eight describes the ACT Health facilitated exemptions program for individuals, businesses and workplaces that sought to be excluded from public health directions.

Chapter Nine outlines compliance activities that were overseen by the Compliance and Enforcement Working Groups which was established in March 2020 and replaced by the Community Enquiries Working Group in June 2022.



The ACT Public Health
Emergency declaration
was in place for

927 days

ACT Government
communicated with
**over 11,000
businesses**
during the pandemic.



At the time the COVID-19 management
declaration was lifted on
28 February 2023,

over **232,018
COVID-19 cases**

had been reported in the ACT.



At their peak, ACT Government
clinics were able to surge
operations to deliver
**up to 30,000
vaccines** per week.



ACT Government testing
sites were able to facilitate

**more than 6,000
PCR tests each day**

in the lead up to Christmas 2021;
accounting for about 1.4 percent
of the ACT population daily.

The Check In CBR app was
downloaded more than

**1.25 million
times** and 117 million
check-ins were recorded
across more than 29,000
different locations.



Between 31 March 2020 and
26 October 2022, the COVID-19
Public Hotline received

305,429 calls,
with an average wait time
of 4 minutes 29 seconds.



The Check In CBR app was
shared and adopted by

**Queensland,
Northern Territory
and Tasmania.**



By 7 November 2021
ACT accomplished
primary vaccination

coverage of 95%
(12 years and older).

During the public health emergency,
**25,652 workplace
compliance
inspections**
were completed.





ACT Health sent **over one million SMSs** and emails to people in quarantine (diagnosed cases) until the emergency declaration ended.



The Equity to Access program administered **3,189 vaccinations** across 47 pop up clinics, 70 in-reach clinics and 149 in-home visits.

The AIS clinic administered **more than 280,000 vaccinations** from September 2021 until it closed in May 2022.



ACT Health provided telehealth counselling services to **over 9,000 Canberrans** in quarantine or isolation.



The ACT's COVID-19 website had **over 87 million visits**

between 30 March 2020 and when the public health emergency was lifted on 29 September 2022.

Over 250,000 vaccination certificates

were shared through the Check In CBR app.



Canberra's COVID-19 testing centres conducted **more than 1.2 million PCR tests** during the pandemic.



ACT Health's Exemptions team processed

approximately **100,000 exemption applications.**



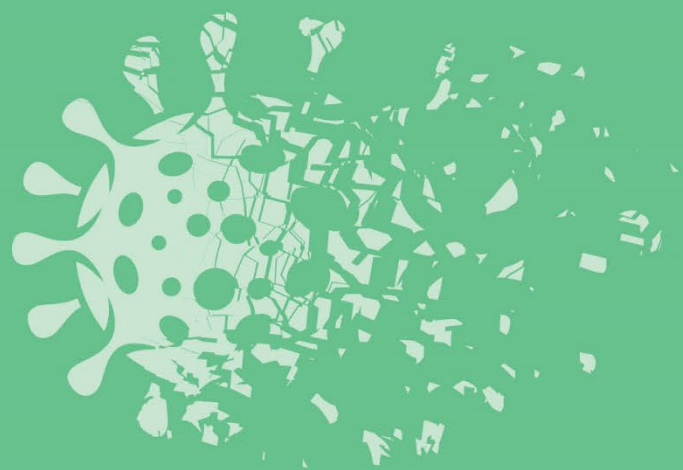
Since 2022, the ACT Government has distributed **over 2.9 million RATs** to Canberrans.

More than 1.7 million

COVID-19 vaccines were administered in the ACT during the pandemic.



Introduction



Introduction

A public health emergency declaration was in place from 16 March 2020 to 30 September 2022, enabling the ACT Government to respond appropriately and proportionately to the public health risk posed by coronavirus disease (COVID-19), an infectious disease caused by the SARS-CoV-2 virus. This was the first public health emergency declaration made in the ACT. A summary of the original emergency declaration and extension dates is provided in [Appendix B](#).

This report steps through the chronology of the public health response and actions taken by the Chief Health Officer.

Additional operational arrangements to complement established health emergency arrangements were established to deliver the ACT's COVID-19 response. This included broader response actions taken by other directorates, Non-Government Organisations (NGOs) and the community. A detailed description and analysis of this operational response are outside the scope of this report.

Background to public health emergency management in the ACT

International and national governance arrangements

The World Health Organization (WHO) is the global authority that coordinates the international response to health emergencies. The WHO is responsible for the declaration of a global pandemic, based on global monitoring of disease. It also provides guidance and support on management and response actions. International Health Regulations impose requirements for notification of significant public health events and emergencies to the WHO.

In Australia, the management of public health emergencies is undertaken collaboratively between states and territories and the Australian Government. States and territories are responsible for responding to emergencies within their jurisdictions in accordance with their own applicable legislation. For the ACT, this is the *Public Health Act 1997*.

In March 2018, the [Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements](#) (the National CD Plan) for the implementation of a nationally coordinated health sector response to prevent, prepare, respond and recover from communicable disease was developed and endorsed by all jurisdictions. It established Commonwealth, state and territory responsibility for managing communicable diseases of national significance. Under these arrangements, the Australian Government agreed to support jurisdictions by undertaking certain responsibilities including:

- an integrated health response
- maintaining essential services
- coordinating with international partners

- gathering and disseminating national surveillance information
- maintaining the National Medical Stockpile
- implementing international border activities.

On 25 February 2020, the Australian Government activated the Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements.

The Australian Government has established mechanisms to coordinate the national health response where a public health emergency has a national or international impact. Governance arrangements are well established and include forums for communication, liaison and coordination between and across the government, agencies and nationally:

- The National Incident Centre (NIC) is the Department of Health and Aged Care's emergency response centre which coordinates national responses to health emergencies by coordinating response and recovery operations between the Australian Government, state and territory health authorities, other Commonwealth operations centres and the international health community.
- The Australian Health Protection Principal Committee (AHPPC) provides national advice on health protection matters to mitigate emerging health threats which relate to infectious diseases, the environment and man-made disasters. The AHPPC membership includes all state and territory Chief Health Officers and is chaired by the Australian Government's Chief Medical Officer.
- The Communicable Diseases Network of Australia (CDNA) provides national public health coordination and leadership, particularly in regard to communicable disease surveillance. It supports best practice for the prevention and control of communicable disease. The membership of the CDNA includes government representatives from all states and territories and the Australian and New Zealand governments, as well as representatives from relevant organisations. The CDNA is a subcommittee of the AHPPC.
- The Public Health Laboratory Network (PHLN) is Australia's leading network of public health laboratories with expertise and provide services in public health microbiology in Australia. The PHLN provides leadership in all aspects of public health microbiology and communicable disease control. The PHLN is also a subcommittee of the AHPPC.

The National Cabinet, a forum for the Prime Minister, Premiers and Chief Ministers to meet and work collaboratively, was formed on 13 March 2020 to coordinate the National COVID-19 response for industry and stakeholders. The National Cabinet met regularly to ensure that the interests of our safety, economy and social wellbeing were considered in addition to the immediate health issues. At its first meeting, National Cabinet agreed that its core objective was to slow the spread of COVID-19 in Australia by taking steps to reduce community transmission.³

³ [Coronavirus measures endorsed by National Cabinet](https://aph.gov.au) (aph.gov.au). Published 16 March 2020.

To support financial arrangements, on 14 April 2020, the National Partnership Agreement on the COVID-19 Response (National Partnership) was established between the Commonwealth of Australia, states and territories. The National Partnership:

- shared responsibility for preparing the health system to respond to COVID-19
- outlined financial cost sharing arrangements between the Commonwealth, states and territories.

ACT plans and governance arrangements

The ACT Emergency Plan, established under the *Emergencies Act 2004* (Emergencies Act), defines the responsibilities, authorities and mechanisms for managing emergencies in the ACT. Emergency sub plans are also prepared for events that may have a significant impact on the ACT, including:

- a Health Emergency Sub Plan
- a Plan for responding to epidemic infectious diseases.

The plans establish arrangements for an ACT health-sector-wide response to any emergency that impacts on the health of the ACT community.

The Security and Emergency Management Committee of Cabinet (SEMC) provides general strategic direction to the ACT Government's prevention and preparedness arrangements for emergencies, including health emergencies. The Security and Emergency Management Senior Officials Group (SEMSOG), established under Part 7.1 of the Emergencies Act, is the primary mechanism for ensuring cooperation and coordination of activities between ACT Government agencies in planning for, and responding to, emergencies and providing advice to the SEMC.

The SEMSOG was immediately stood-up to ensure inter-Directorate coordination and advice to the SEMC on matters related to COVID-19. To enable a nimble and fit for purpose WhoG forum, the ACT Government convened a Deputy Director-General Coordination Group, called the Coordinator General's Group, led by the newly established Coordinator General (Non-Health). This group comprised representatives from each ACT Government Directorate.

Actions available to the Chief Health Officer

It is recognised that new (novel) viral respiratory diseases, such as COVID-19, have the potential to cause pandemics.⁴ The WHO defines a pandemic as 'an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.'⁵

A range of public health response actions can be implemented to protect individuals, the community and the healthcare system from the impacts of the pandemic. For viral

⁴ [WHO to identify pathogens that could cause future outbreaks and pandemics](#)

⁵ [World Health Organization \(WHO\) Pandemic Definition - Public Health](#)

respiratory disease pandemics, these actions can be largely summarised against 4 core categories:

- communication
- actions affecting individuals
- actions for the community
- vaccination.

The first 3 categories described are the only way of minimising illness and deaths in the stages of a pandemic when there are no medications or vaccines available to treat or prevent the new disease.

Communication

Public communication is a critical tool in any public health emergency. It is the real-time provision of information and advice to support individuals and groups to make informed decisions and minimise their risk. In addition to specific risk communication approaches, standard responsive public communications are also used to provide advice about, for example, the changing situation, updates about the response and any individual legal responsibilities.

Actions affecting individuals: Test, trace, isolate and quarantine

The spread of an infectious disease can be interrupted by rapidly identifying when someone has the disease, or is at risk of developing the disease, reducing their contact with others, and therefore the chance of them passing the infection to another person. These measures can be collectively referred to as **test, trace, isolate** and **quarantine** (TTIQ).

When a **test** is available, a person should be tested for the disease as early as possible. In some circumstances, an assessment of symptoms can be used to identify a person with the disease. This may be needed early in a pandemic when:

- a test has not been developed
- there are more people requiring a test than available tests
- testing facilities are overstretched.

The most effective way of reducing the chance of a disease spreading from person to person is to limit contact of individuals who have been diagnosed, as well as those exposed to a diagnosed person, with others.

Isolation is the term used to describe the action of preventing an individual diagnosed with a disease (for example, COVID-19) from interacting with others.

Quarantine is the term used when an individual is at risk of getting the disease due to their exposure to a person with the disease, but who had not yet developed symptoms or tested positive. Individuals who may need to quarantine are called **contacts** and are identified through **contact tracing**.

Contact tracing is most effective and important when there is only a small number of people with the virus in the community, and early identification and quarantine of contacts can prevent further spread of the disease and subsequent impacts across the community.

Actions for the community: Public health and social measures

Actions for the community were, for the COVID response, referred to as public health and social measures (PHSMs). They are used to prevent the spread of disease by reducing people's close interactions with others in the community. PHSMs may include restricting gathering sizes, enacting density limits within public spaces and requirements around wearing of personal protection equipment (PPE) – for example, face masks.

During the public health emergency, a range of PHSMs were enacted to respond to changing risk levels, including:

- stay-at-home requirements
- density limits within public spaces
- gathering limits for events
- short-term closure of certain high-risk businesses.

Border measures, including stopping or limiting travel, were also used to minimise movement from high-risk areas and the potential introduction of people who had the disease into the ACT.

Several PHSMs were also recommended to enable people to minimise their risk of exposure to the virus, including handwashing, physical distancing and working from home where possible.

Vaccination

When available, vaccination is an important way to decrease the impact of a viral respiratory disease. When vaccinated, people are less likely to become very sick if they are infected with the disease, less likely to need hospital care and, in some cases, less likely to spread the disease to others in the community.

Risk Assessments to support decision making

Actions taken are based on risk assessments to support the best outcome for the community. Initially, there may be little information about the disease, including the ease of spread and severity, or treatment options. Through different stages of the pandemic, more is learned about the impact of the disease and treatment options. Therefore, risk assessments are continuously undertaken during an emergency and multiple information sources are considered to inform and refine public health response actions, with the aim of ensuring that response actions remain proportionate to the risk being managed at the point in time in the pandemic.

The declaration of a public health emergency identifies a very high-risk situation and hence is likely to require a significant number of response actions. Response actions can be recommended or mandated, through issuing of public health directions. In making public health directions, the Chief Health Officer considers the ACT's *Human Rights Act 2004*,⁶ which requires all public authorities to:

⁶ [Human Rights Act 2004 | Acts](#)

- give proper consideration to human rights in decision-making
- ensure that their decisions are compatible with human rights.

Consideration of Human Rights Implications

Throughout the ACT's COVID-19 response, there was careful consideration of the human rights implications of imposed Public Health Emergency Directions. Section 40B of the Human Rights Act 2004 (the Act) requires all public authorities to give proper consideration and act in a compatible way with human rights. Section 30 of the Act requires that Territory laws be interpreted in a human rights compatible way, and section 28 of the Act permits limits to be placed on rights which are demonstrably justifiable in a free and democratic society.

In preparing each Public Health Emergency Direction, the Chief Health Officer was guided by these provisions and principles. In all instances, the intention of the Public Health Emergency Directions was to protect the lives and health of the Canberra community by preventing, where possible, and reducing where necessary, the spread of COVID-19.

Due consideration was given to the fact that various Public Health Emergency Directions engaged several human rights protected under the Act, including:

- The right to recognition and equality before the law
- The right to life
- The right to consent to medical treatment
- The right to privacy
- The right to freedom of movement
- The right to freedom of religion
- The right to freedom of assembly and association
- The right to work.

Due consideration was also given to whether a limitation on these rights was reasonable, having regard to:

- The objective served by the imposed measure
- The interests that are protected by the right
- The extent to which that right may be limited
- The effectiveness of the measure in achieving the objective
- The availability of other less restrictive measures
- The procedural and other safeguards surrounding the measure.

While it was necessary for many of the Public Health Emergency Directions to be imposed in a short timeframe, it should be recognised that a considerable amount of policy consideration was placed on the construction of each one. This was done to ensure that there was clarity, certainty, consistency and fairness of application, and to be the least restrictive means reasonably necessary. Each Direction included a focus on ensuring there were appropriate exceptions, and an exemption process in recognition that there would be individual circumstances which were unique, unforeseeable or which required further consideration for compassionate reasons.

ACT Health worked very closely with the ACT Government Solicitor in drafting each Public Health Emergency Direction. ACT Health also worked closely with the ACT Human Rights Commission, particularly in planning and preparation for a step down from a Public Health Emergency Declaration to a COVID-19 Management Declaration Framework.

ACT Health was highly appreciative of the excellent support, advice and guidance provided by staff within the ACT Government Solicitor and the ACT Human Rights Commission.

01

Events Giving Rise to the Public Health Emergency

December 2019 to
16 March 2020



Chapter One: Events giving rise to the public health emergency – December 2019 to 16 March 2020

This chapter considers the events that gave rise to the declaration of a public health emergency by the ACT Minister for Health, under section 119 of the *Public Health Act 1997*. It outlines:

- the global and national epidemiological situation that evolved prior to the ACT receiving notification of its first COVID-19 case
- the National COVID-19 preparations undertaken by the Australian Government that informed the ACT response
- the early preparatory activities undertaken in the ACT.

A summary of key events, decisions and activities discussed in this section is provided at the conclusion of this chapter.

Key considerations and context which influenced decision making

- World health authorities were responding to the emergence of a novel respiratory virus with pandemic potential.
- The Australian Government's Chief Medical Officer added 'human coronavirus with pandemic potential' to the Biosecurity Determination 2016 on 21 January 2020.
- This triggered the mobilisation of a coordinated national health response, including international border restrictions and enhanced screening measures for certain passengers arriving in Australia.
- The first case of COVID-19 in Australia was confirmed by the Australian Government on 25 January 2020.
- On 30 January 2020, COVID-19 was declared by the WHO as a Public Health Emergency of International Concern.
- On 25 February 2020, the Australian Government activated the Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements.
- With limited information about ease of spread and disease severity, and with no vaccine or treatment available, identification of cases within the ACT resulted in the declaration of a Public Health Emergency on 16 March 2020.

Overview

Global snapshot⁷

In late December 2019, Chinese authorities notified the WHO of a cluster of people with viral pneumonia of unknown cause detected in Wuhan City, Hubei Province.

On 5 January 2020, WHO announced that 44 cases had been reported and that investigations were under way to determine a cause. There was very limited information to determine the risk to other countries.

By 10 January 2020, it had been confirmed that a novel coronavirus was the cause, the first death had been reported and WHO published guidance regarding the management of an outbreak of a new disease.

On 13 January 2020, the first confirmed case of COVID-19 was detected outside China, in Thailand.

By 22 January 2020, WHO had confirmed that COVID-19 was capable of human-to-human transmission; however, the extent was unknown. Cases had also been detected in other countries.

Following several warnings regarding preparedness, and an increase in cases, on 30 January 2020, WHO declared the novel coronavirus outbreak a *Public Health Emergency of International Concern*, WHO's highest level of emergency declaration.

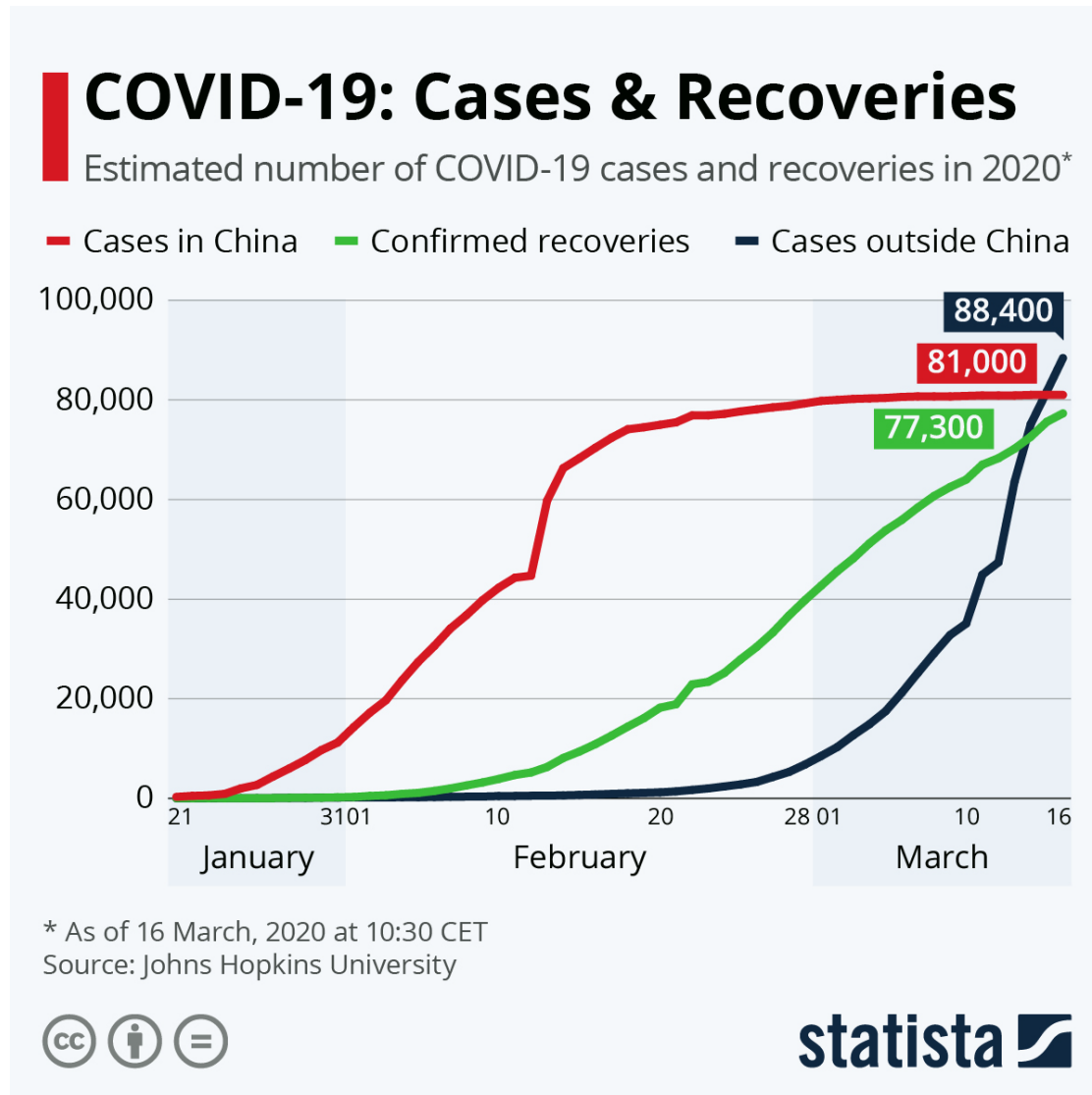
In February 2020, WHO announced the official name of the virus to be severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the official name of the disease it causes to be coronavirus disease (COVID-19). There was limited knowledge of how easily the disease spread, how many people became very unwell with the disease, the range of symptoms and who was most at risk of the disease (transmissibility or severity). There was no vaccine and no known effective treatment options apart from supportive care.

During February 2020, cases and deaths continued to rapidly increase in China, and then other countries around the world, as shown in [Figure 1](#) and [Figure 2](#).

A global shortage of PPE including gloves, medical masks, respirators, goggles, face shields, gowns and aprons was also emerging.

⁷ Global epidemiological updates are sourced from the World Health Organization [Timeline: WHO's response to COVID-19](#). National epidemiological updates are sourced from the Australian Parliament website at [COVID-19: a chronology of Australian Government announcements](#).

Figure 1: Worldwide COVID-19 cases and recoveries as of 16 March 2020⁸



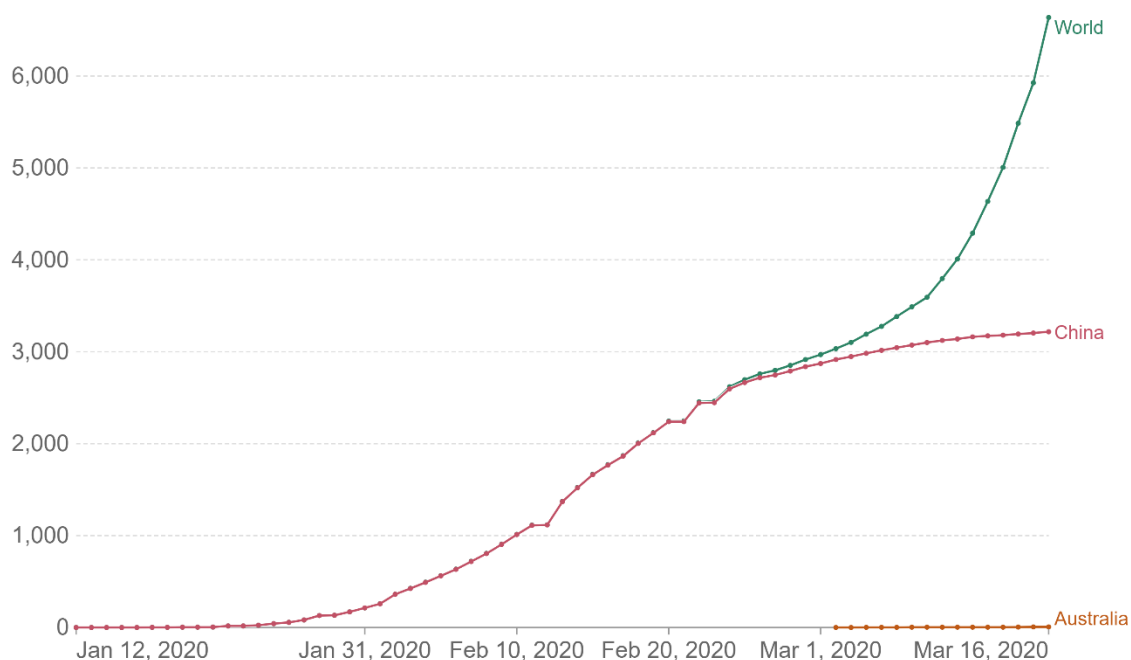
⁸ <https://www.weforum.org/agenda/2020/03/covid-19-update-total-cases-and-recoveries-so-far/>

Figure 2: Worldwide cumulative confirmed COVID-19 deaths as of 16 March 2020⁹

Cumulative confirmed COVID-19 deaths



Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.



Source: WHO COVID-19 Dashboard

CC BY

National preparations

On 21 January 2020, the Australian Government's Chief Medical Officer added 'human coronavirus with pandemic potential' to the *Biosecurity (Listed Human Diseases) Determination 2016*.¹⁰ This acknowledged the pandemic potential of COVID-19 and triggered mobilisation of a national health response, including the stand-up of the National Incident Room (NIC), daily meetings of AHPPC and meetings of Australian health ministers to consider pandemic readiness.

On 24 January 2020, the Department of Foreign Affairs and Trade (DFAT) issued a 'Level 4: Do Not Travel' advice for Wuhan and the Hubei Province, and stronger border measures were introduced under the *Biosecurity Act 2015* to screen for unwell travellers entering Australia.

⁹ https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&time=earliest..2020-03-16&facet=none&country=AUS~CHN~OWID_WRL&pickerSort=desc&pickerMetric=total_cases&hideControls=true&Metric=Confirmed+deaths&Interval=Cumulative&Relative+to+Population=false&Color+by+test+positivity=false

¹⁰ This occurred following a decision of the Communicable Disease Network of Australia (CDNA) on 20 January 2020, that nCoV-2019 be listed as a human disease under the *Biosecurity Act 2015*. The resulting amendment can be found at [Biosecurity \(Listed Human Diseases\) Amendment Determination 2020](#).

On 25 January 2020, the first Australian COVID-19 case was reported in Victoria in a traveller arriving from Wuhan. An additional 3 cases were later confirmed on the same day in New South Wales.

On 29 January 2020, AHPPC released a statement advising of the global emergence of known asymptomatic cases and pre-symptomatic transmission of COVID-19.¹¹ It was recommended that returned travellers who had been in Hubei Province and people who had been in contact with a confirmed case of COVID-19 should quarantine in their home for 14 days, unless leaving to seek medical care. This 14-day period was based on preliminary information at this time indicating:

- the typical time between being exposed and showing symptoms (incubation period) for COVID-19 was 5 days
- over 95 per cent of people who were going to show symptoms would do so within 14 days.

This length of time was used in coordination with the WHO and other public health agencies around the world.

On 1 February 2020, DFAT acted on the advice of AHPPC¹² by extending its 'Level 4: Do Not Travel' guidance to all of mainland China. Australian travellers returning from China were also required to quarantine for 14 days. National efforts during this period focused on safe return of Australian citizens and permanent residents from China using designated quarantine sites on Christmas Island and Howard Springs, Darwin.¹³

On 24 February 2020, AHPPC issued a statement¹⁴ that recognised the rapid global spread of COVID-19 across multiple countries including China, South Korea, Japan, Iran, Italy and others, but noted there had been 22 reported cases of COVID-19 in Australia with no evidence of community transmission.

Between 29 January and 13 March 2020, AHPPC issued 13 statements which detailed information that was known about the spread and characteristics of COVID-19 and recommended jurisdictions implement certain travel restrictions, quarantine, testing and surveillance measures.

On 25 February 2020, the Australian Government activated the Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements (the National CD Plan).

On 27 February 2020, the Prime Minister announced that the Australian Government had agreed to implement a targeted Australian Health Sector Emergency Response Plan for Novel Coronavirus in response to the speed of COVID-19 spread outside of China. The plan

¹¹ Australian Health Protection Principal Committee (AHPPC) statement on novel coronavirus on 29 January 2020 | Australian Government Department of Health and Aged Care, published on 30 January 2020.

¹² Australian Health Protection Principal Committee (AHPPC) novel coronavirus statement on 1 February 2020 | Australian Government Department of Health and Aged Care, published on 1 February 2020.

¹³ On 4 Feb 2020, there were 241 Australians evacuated from Wuhan and quarantined on Christmas Island. Another 266 Australians were evacuated and quarantine in Howard Springs on 9 February 2020, followed by 164 Australians following outbreak on the Diamond Princess Cruise Ship on 20 February 2020.

¹⁴ Australian Health Protection Principal Committee (AHPPC) statement on coronavirus (COVID-19) 24 February 2020 | Australian Government Department of Health and Aged Care, published on 25 February 2020.

aimed to ready the Australian health sector for COVID-19 and support a coordinated and proportionate response.

In early March 2020, the Australian epidemiological situation began to change. Australia had its first COVID-19-related death on 1 March 2020, a 78-year-old male passenger who had been aboard the Diamond Princess Cruise Ship. The next day, the first known case of local COVID-19 transmission was reported, taking the total number of reported cases in Australia to 33. By 10 March 2020, the number of confirmed COVID-19 cases in Australia had reached 100.

On 11 March 2020, the Australian Government committed \$2.4bn in funding for activities to reduce the public health risk nationally.¹⁵ The funding provided support to primary care (including telehealth services, home medicine services, national and state hotlines and respiratory clinics), aged care facilities (additional staff and infection control training), hospitals, research and the national medical stockpile (PPE and medicines).

From 15 March 2020, following the first meeting of the National Cabinet, all people arriving in Australia from overseas were required to quarantine for 14 days.¹⁶

ACT preparations

From early January 2020, the ACT Government began preparatory activities that would enable the ACT health system and WhoG to mobilise a rapid emergency response to COVID-19, in line with national guidance. This was undertaken concurrently during an unprecedented period where the ACT was already managing threats of severe bushfires and air quality deterioration due to severe smoke. The ACT declared a state of alert on 2 January 2020 and subsequently declared a state of emergency on 31 January 2020, which remained in place for 72 hours due to the bushfire threats.

ACT Health also established processes for information sharing across the ACT health system, including dissemination of CDNA and AHPPC advice.

On 29 January 2020, the ACT Health Emergency and Epidemic Infectious Disease Plans were formally activated.¹⁷ Under these arrangements, the Health Emergency Control Centre (HECC) was convened. Their objectives at this time were:

- continuous information gathering and analysis to build knowledge of COVID-19, its characteristics, associated clinical advice and the evolving epidemiological situation
- engagement with CDNA and AHPPC
- sharing knowledge and public health guidance throughout the ACT health sector
- developing and sharing risk communications to provide appropriate advice to the community and establish confidence and trust

¹⁵ Morrison, S., Hunt, G., & Colbeck, R. [\\$2.4 billion health plan to fight COVID-19](#). Media release: 11 March 2020

¹⁶ [ParlInfo - Transcript of press Conference: Sydney, NSW: 15 March 2020: National Cabinet meeting on coronavirus, health system, self-isolation requirement on international arrivals, ban on cruise ships, physical distancing measures, non-essential mass gatherings, aged care facilities, remote communities, State governments, NRL and public transport \(aph.gov.au\)](#)

¹⁷ These plans are supplementary to the ACT Emergencies Plan and are designed to provide targeted responses to widespread health and/or epidemic hazards.

- providing updates to the NIC on ACT surveillance, monitoring and preparatory activities
- early planning on governance and liaison models that may be required to support the response and stakeholder engagement
- managing ACT's PPE stockpiles, such as face masks and hand sanitisers
- reviewing and developing plans to support the operational response
- sourcing and rostering surge personnel in the event of response escalation.

During this period and throughout the COVID-19 response, the HECC regularly consulted across WhoG and with a wide range of stakeholders, including health sector and non-government stakeholders.

On 4 February 2020, COVID-19 was declared a notifiable condition in the ACT,¹⁸ requiring pathology clinics and health practitioners to report suspected and confirmed cases of COVID-19 to ACT Health.

On 12 March 2020, the first case of COVID-19 was confirmed in the ACT. This prompted the immediate initiation of a local response, including contact tracing. The second case for the ACT, not linked to the first case and not locally acquired, was reported on 16 March 2020.

Public health emergency declaration

On 16 March 2020, at 1:11pm, the ACT Minister for Health declared a public health emergency under section 119 of the *Public Health Act 1997*.

This was the first time that a public health emergency had been declared in the ACT, followed by consideration of the nature of the public health emergency, the area to which the emergency applied and the period during which the declaration should remain in force. By 16 March 2020, there were:

- 2 confirmed cases of COVID-19 in the ACT
- evidence of community transmission in Australia (about 250 confirmed cases and 3 deaths)
- evidence of community transmission globally (about 153,517 confirmed cases and 5,735 deaths across 142 countries).¹⁹



The *Public Health (Emergency) Declaration 2020 (No.1) NI2020-153* was declared for the whole of the Territory for an initial period of 5 days; the maximum time permitted under the *Public Health Act 1997* at that time.²⁰ Declaration of a public health emergency in the ACT enabled the Chief Health Officer to take necessary public health response actions to limit the spread of COVID-19.

¹⁸ Public Health (Novel Coronavirus – Temporary Notifiable Condition) Declaration 2020

¹⁹ 20200315-sitrep-55-covid-19.pdf (who.int)

²⁰ At this time, extensions to a public health emergency declaration could only be made for up to 5 days with 2-day extensions. As the national public health situation continued to deteriorate, the Declaration was extended 9 times, every 2 days, from 21 March to 9 April 2020 (refer to Appendix B).

Key events, decisions and activities | 5 January to 16 March 2020

 GLOBAL	 NATIONAL	 ACT
5 Jan 2020 WHO announced 44 cases of pneumonia with unknown aetiology	21 Jan 2020 COVID-19 placed on <i>Biosecurity (Listed Human Diseases) Determination 2016</i>	22 Jan 2020 Acute Response Team convened to coordinate information sharing
13 Jan 2020 First case of novel coronavirus (nCoV-19) detected outside China	25 Jan 2020 First Australian nCoV-19 cases reported in Victoria and NSW	29 Jan 2020 ACT Epidemic infectious Diseases Plan activated
22 Jan 2020 First evidence of human-to-human transmission established	29 Jan 2020 AHPPC advise: asymptomatic cases and pre-symptomatic transmission	29 Jan 2020 Health Emergency Control Centre convened
30 Jan 2020 NCoV-19 declared a public health emergency of international concern	30 Jan 2020 AHPPC advise: 14 day quarantine requirement if exposed to COVID-19	
12 Feb 2020 WHO announcement: Novel coronavirus to be referred to as COVID-19	01 Feb 2020 Borders close to Chinese foreign nationals. Citizens returning from China must quarantine	01 Feb 2020 Public health advice for travellers updated to align with Commonwealth border measures
23 Feb 2020 Spread in South Korea, Japan, Iran, Italy and others under investigation	24 Feb 2020 AHPPC advice: Australia appears to have contained COVID-19	04 Feb 2020 Novel coronavirus is made a notifiable condition under the <i>Public Health Act 1997</i>
24 Feb 2020 WHO provide large-scale investment in public health to tackle COVID-19	25 Feb 2020 National Emergency Response Plan for Communicable Disease enacted	
	27 Feb 2020 Australian Health Sector Emergency Response Plan for Novel Coronavirus launched	
	28 Feb 2020 AHPPC advice: monitor travellers from South Korea, Iran, Japan, Italy, Hong Kong, Singapore, Thailand, and Indonesia	
03 Mar 2020 WHO warn of severe and mounting global PPE supply disruptions	01 Mar 2020 First Australian death of individual with COVID-19	12 Mar 2020 The first confirmed case of COVID-19 is reported in the ACT
07 Mar 2020 Number of confirmed COVID-19 cases surpasses 100,000 globally	02 Mar 2020 First Australian community transmission reported in NSW	16 Mar 2020 Second confirmed case of COVID-19 is reported in the ACT
11 Mar 2020 WHO announce that COVID-19 can be characterised as a pandemic	13 Mar 2020 National Partnership Agreement on the COVID-19 Response commenced	16 Mar 2020 Public Health Emergency declared by the Minister for Health
	15 Mar 2020 All international travellers required to quarantine for 14-days	

02

Operational Arrangements for the ACT



Chapter Two: Operational arrangements for the ACT

Early in the emergency, it became clear that to deliver the ACT's COVID-19 response, additional operational arrangements than those outlined in existing emergency plans would be required. These new arrangements were designed to complement the established health emergency arrangements outlined earlier in this report.

Health Emergency Control Centre

The Health Emergency Control Centre (HECC) was the control centre for managing the response to COVID-19 in the ACT and for supporting implementation of the public health emergency. A significant amount of work was undertaken to support the ACT Government and Canberrans to plan, prepare and respond to the pandemic.

The HECC consisted of liaison officers from relevant ACT Government Directorates and 3 sub-groups:

- the Public Health Emergency Coordination Centre (PHECC)
- the Clinical Health Emergency Coordination Centre (CHECC)
- the Public Information Coordination Centre (PICC).

Each sub-group was responsible for delivering a particular aspect of the COVID-19 response. There was close collaboration at all levels across these sub-groups, as well as at a WhoG level, to ensure response efforts were considered, coordinated and effective.

Over the course of the pandemic, the structural and governance arrangements for the HECC evolved in response to learnings and the response actions required.

Public Health Emergency Coordination Centre (PHECC)

The PHECC was established in March 2020 to provide a scalable operational capacity to control, coordinate and deliver the public health response.

Activities and functions of the PHECC evolved and adapted as the nature of the COVID-19 response changed. Generally, throughout the entirety of the public health emergency, its primary functions included:

- case management
- contact tracing
- quarantine management
- wellbeing support
- support for outbreak management
- public health advice for individuals and organisations
- surveillance

- data reporting and analytics
- supporting the arrival of government-facilitated flights
- logistics, including coordination of PPE stockpiles and accommodation services for hotel quarantine programs, and later supporting testing and mobile vaccination clinics
- planning, including health sector, high-risk facility and community response planning
- exemptions from the Public Health Emergency Directions
- development of policy advice, including legal policy advice
- government coordination activities
- intergovernmental relations activities, including engagement and consultation activities
- stakeholder engagement activities, particularly in relation to the evolving public health restrictions.

The PHECC also led the development and implementation of step-down arrangements to manage the repeal of public health restrictions in a planned and considered way, when the public health emergency period ended.

Clinical Health Emergency Coordination Centre (CHECC)

Reflecting on the evidence from other countries and advice from AHPPC that COVID-19 was likely to see Australian health services come under intense pressure, in late March 2020, a formal clinical services sector governance model was established. The CEO of Canberra Health Services (CHS) was asked to lead this model, as Deputy Health Controller (Clinical Services), and to take responsibility for the development and implementation of the ACT-wide COVID-19 clinical response.

Representation in the CHECC included all ACT public and private hospitals (referred to in this report as ACT health facilities), and their community and home-based services:

- CHS
- Calvary Public Hospital Bruce
- Calvary Bruce Private Hospital
- Calvary John James Hospital
- National Capital Private Hospital
- Barton Private Hospital
- Canberra Private Hospital.

Additional CHECC members represented:

- the Health Care Consumers Association
- the CHS GP Liaison Unit
- ACT Health Directorate, via the NGO Leadership Group.

All CHECC activities were underpinned by the guiding principles of protecting staff, patients, visitors and the broader ACT community who interacted with ACT health facilities. Initially, the CHECC's focus was working with stakeholders across the ACT healthcare system to establish a Territory-wide COVID-19 Clinical Response Plan for managing patients and staff, laboratory services, and to build clinical equipment stockpiles (for example, ventilators). The Territory-wide Clinical Response Plan was developed to ensure readiness to flexibly respond to new scenarios, such as localised outbreaks or intermittent increases in COVID-19 activity.

ACT public health directions and public health recommendations guided the CHECC's tailored advice to ACT health facilities. In addition to applying public health mandatory requirements and guidance to ACT health facilities, the CHECC was responsible for issuing specific operational advice in relation to PPE, COVID-19 screening, surveillance testing, management of COVID-19 affected patients, visitor restrictions, exemptions processes, exposures and outbreak management in other health care settings, including residential aged care facilities (RACFs) and primary care providers.

The CHECC consulted widely to maximise understanding of stakeholders needs and perspectives when planning, decision making and implementing public health directions. Key stakeholders included ACT health facilities, ACT Health, Health Care Consumers' Association, Capital Health Network, Southern NSW Local Health District, and ACT Academic Institutions. Several consumer carer and community stakeholder groups were also engaged for their views on varying matters.

Garran Surge Centre

On 2 April 2020, the ACT Chief Minister and ACT Minister for Health, together with the CEO of CHS, announced the construction of a temporary COVID-19 health facility at the Garran oval.

The Garran Surge Centre was developed to support the ACT's COVID-19 pandemic response and helped to ensure the territory was prepared for an increase in patients requiring COVID-19 related support and treatment.

Operated by Canberra Health Services, the Surge Centre played a critical role throughout the pandemic as a testing site, vaccination centre and as a COVID-19 clinic treating people for illness and minor injuries.

The COVID-19 Surge Centre was permanently closed on 28 February 2023. At that time, the ACT Minister for Health acknowledged the centre's workforce for their commitment to providing safe, accessible and effective COVID-19 services and care for the Canberra community.

The Garran Surge Centre is referenced at different points throughout this report.

Public Information Coordination Centre (PICC)

Maintaining clear and trusted public information was challenging throughout the COVID-19 response as health advice was continuously evolving to take account of the changing knowledge base about the virus, the local and international epidemiology, and the development and availability of vaccines.

It was recognised early that Canberrans required a single source of reliable information about the local situation and the protective behaviours that should be adopted. The PICC was established during March 2020 to develop and disseminate this information.

The PICC was staffed by communications specialists from various ACT Government Directorates to ensure coordinated WhoG messaging. Its role was:

- delivering clear and timely information about COVID-19, associated public health advice, emerging clinical treatments and key services and programs available to the public
- using paid and unpaid channels to distribute information widely, including media (television, radio and print), social media and direct stakeholder engagement with community members and non-government service providers
- translating information into multiple languages, including the development of Auslan videos and easy-to-read text to ensure accessibility for everyone in the community
- engaging collaboratively with national and state and territory communications teams to ensure alignment in messaging
- working with multiple ACT Government Directorates to deliver targeted communications and advice to:
 - business and hospitality industries
 - teachers, parents and students
 - community groups, including culturally and linguistically diverse audiences, people with disability, and their carers
 - government-run facilities, such as correctional centres
 - affected staff and customers of public transport, city services and parks
 - ACT Government staff.

A separate communications team was established to roll out communications for the vaccine delivery program. This team worked closely with the PICC to ensure alignment of messaging and remained in place until December 2021, when functions were transferred to the COVID-19 Communications team.

From December 2021, the COVID-19 Communications team took on all the responsibilities of the PICC, but with a smaller resourcing footprint, given that the channels and strategies needed to promote COVID Smart behaviours and compliance with public health directions were already in place.

Communications formed a critical part of the ACT COVID-19 response to the end of the public health emergency on 30 September 2022, and beyond, noting the ongoing need to maintain communications around COVID-19.

Coordinator General for the Whole of Government (Non-Health) Response to COVID-19

On 1 April 2020, in recognition of the potential widespread impacts of COVID-19, the Head of Service established the position of the Coordinator General, responsible for the WhoG (non-Health) response to COVID-19. The position was located within the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) to help facilitate WhoG coordination and oversight of the non-health issues associated with the ACT Government response to COVID-19.

The Coordinator General worked closely with the Chief Health Officer throughout the public health emergency to consider the broader impacts of the pandemic. Each party maintained responsibility for briefing the Chief Minister, Minister for Health and SEMC regarding the status, nature and impacts of the emergency response, as well as future recommended actions.

The activities of the Coordinator General fall outside of the scope of this report, which is focused on the particulars of actions and directions made by the Chief Health Officer to deal with the public health emergency. However, a summary of the actions and outcomes delivered by the Coordinator General are highlighted below.

Actions and outcomes of the Office of the Coordinator General

Under the leadership of the Coordinator General, the Government Coordinator General's Group met more than 230 times throughout the pandemic response, sometimes twice daily, to ensure that all government directorates were kept informed of the rapidly changing situation and supported to deliver an effective WhoG response to the community.

The Office of the Coordinator General participated in the inter-jurisdictional National Coordination Mechanism chaired by the Commonwealth Department of Home Affairs and responded at a national level to discussions about a range of issues, including the reopening of international borders, food and grocery supply, freight challenges, cross-border management of essential workers and international passenger caps. The Office of the Coordinator General also supported the ACT Chief Minister to represent the ACT's interests at 74 meetings of the National Cabinet by providing strategic advice about the COVID-19 response.

Key actions and outcomes of the Office included:

- undertaking business, health, economic and social impact planning to build ACT Government's understanding of the implications that different responses to the COVID-19 pandemic might have on the community
- driving WhoG responses to quarantine, the vaccine rollout, managing the resilience of the ACT health system and transitioning the ACT to COVID normal
- leading ACT Government engagement with the Planning and Construction Industry, Chief Executive Reference Group and the Canberra Business Chamber
- supporting WhoG business continuity and surge requirements in response to workforce pressures, including engagement of the Australian Defence Force (ADF) to support ACT Health during the most pressured periods of the emergency response
- coordinating WhoG consultation about the implementation of new public health directions, to aid understanding and compliance with revised directions
- developing the ACT Recovery Plan 2021–22
- facilitating negotiations with the Australian National University (ANU) and ACT Health on agreements for managed quarantine facilities, repatriated Australians, and returning government officials, diplomats and international students
- leading engagement with the New South Wales Government and providing advice on the non-health aspects of cross-border management
- supporting the procurement of rapid antigen tests (RATs) for the ACT.

Other Forums and Working Groups

A number of other forums and working groups, either existing or newly established, were also used throughout the COVID-19 Response to ensure that ACT Health was appropriately engaging across the community. Some of these included, but were not limited to:

- Non-Government Organisation Leadership Group
- Primary Care Emergency Response Working Group
- COVID-19 Compliance and Enforcement Working Group
- CALD Communities COVID-19 Health Advisory Group
- Vaccine Operations Committee.

These Committees provided invaluable advice and support to the COVID-19 Response team, and supported implementation of public health emergency directions as appropriate. They provided an important conduit between the COVID-19 Response, ACT Government more broadly and areas of the community in which they represented. This demonstrates the importance of ensuring there is strong coordination and clear links between various sectors to ensure successful responses to public health threats, and the lessons learned through the COVID-19 Response will be taken into preparedness planning for future emergency responses.

Primary Care Emergency Response Working Group

The **Primary Care Emergency Response Working Group** had already been meeting regularly, and on the declaration of the COVID-19 Emergency was tasked to assist with implementation of the primary health care and support framework. The Working Group continued to meet to assist with dissemination of information and to enable effective liaison between both the CHECC and PHECC and local primary health care clinicians.

The Working Group was critical in supporting a number of solutions to key challenges including aged care service delivery, and the COVID care at home service, and helped underpin the high and rapidly achieved vaccination rates for the ACT. The broad membership from general practice, pharmacy, community nursing, after hours services, consumers and Government representatives remained stable throughout the response.

03

Response to initial local spread of COVID-19 in the ACT

17 March 2020 to
30 April 2020



Chapter Three: Response to initial local spread of COVID-19 in the ACT – 17 March 2020 to 30 April 2020

This chapter outlines the actions that were taken in response to the initial spread of COVID-19 in the ACT. A summary of key events, decisions and activities discussed in this section is provided at the conclusion of this chapter.

Key considerations and context which influenced decision-making

- Globally, COVID-19 was rapidly spreading with large outbreaks and increasing numbers of deaths. Local spread had started in Australia and the ACT.
- There were still many unknowns in relation to COVID-19, including those who were most at risk, how easily it was spread and how severe the illness was for most people.
- No vaccines or specific treatments were available. Based on AHPPC advice, National Cabinet agreed that the core objective was to slow the spread of COVID-19 in Australia by taking additional steps to reduce community transmission. This would help to spread the burden on the healthcare system over time and allow more time for the development of treatments and vaccines.
- The ACT response reflected this core objective, including a focus on the early identification and isolation of cases, and identification and quarantine of contacts.
- Public health and social measures were used nationally to limit close interactions in public places, including restrictions on the size of non-essential gatherings and implementation of density limits in public settings.
- Measures were also implemented to protect high-risk settings, including aged care facilities, such as limiting visitor numbers and mandatory influenza vaccination.

Overview

Global

COVID-19 continued to spread rapidly overseas with large outbreaks and an increasing number of deaths. International travel was discouraged by borders closing around the globe.

On 17 March 2020, the WHO reported 179,111 cases and by 29 April 2020 the WHO reported that cases had reached 3,018,681, resulting in 207,973 deaths globally.²¹

National

National Cabinet met regularly to guide the national response as overseas transmission patterns and other public health information emerged.

In March 2020, based on AHPPC advice, National Cabinet agreed that the core objective was to slow the spread of COVID-19 in Australia by taking additional steps to reduce community transmission.²² This sought to help reduce the potential burden on the healthcare system and allow time for additional preparations. The objective to slow the spread also sought to delay infection for as many people as possible until there had been the opportunity for treatments and vaccines to be developed, manufactured and distributed. By 30 April 2020, there had been 6,753 cases reported nationally, as shown in [Figure 3](#).

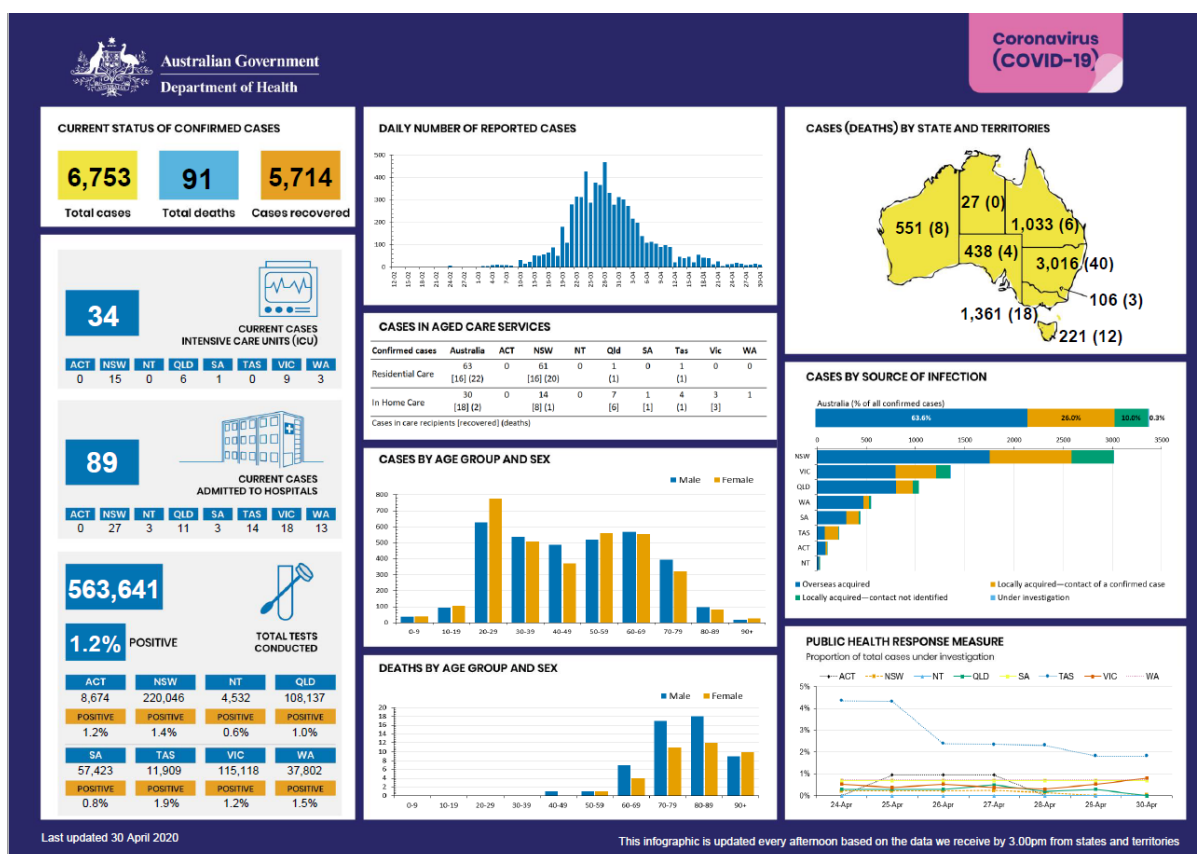
There was also a strong national focus on protecting the health and wellbeing of Australians and their livelihoods, to ensure that Australia was positioned to emerge strong and resilient from the pandemic.²³

²¹ <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200429-sitrep-100-covid-19.pdf?sfvrsn=bbfbf3d1>

²² National Cabinet transcript 16 March 2020 <https://pmtranscripts.pmc.gov.au/release/transcript-42730>

²³ National Cabinet transcript 18 March 2020 <https://pmtranscripts.pmc.gov.au/release/transcript-43966>

Figure 3: COVID-19 at a glance 30 April 2020, Australian Government Department of Health and Aged Care



ACT

ACT Government representatives liaised almost daily with the Australian Government Department of Health and Aged Care and national expert bodies including AHPPC, CDNA and the NIC, to ensure the most current advice was available to support decision-making. The ACT Government's main focus was to help the community understand the rapidly changing health situation, with advice on actions for people who had symptoms and ways to reduce spread of COVID-19.

The ACT's decision to implement public health actions for individuals and the community (outlined below) was informed by the:

- core National objective
- AHPPC advice
- rapid spread of the virus around the globe
- lack of vaccine and treatments
- concern about the ability of the health system and community to manage large numbers of unwell patients.

The ACT restrictions were implemented through Public Health Emergency Directions issued by the Chief Health Officer under section 120 of the *Public Health Act 1997*.

Review of public health restrictions

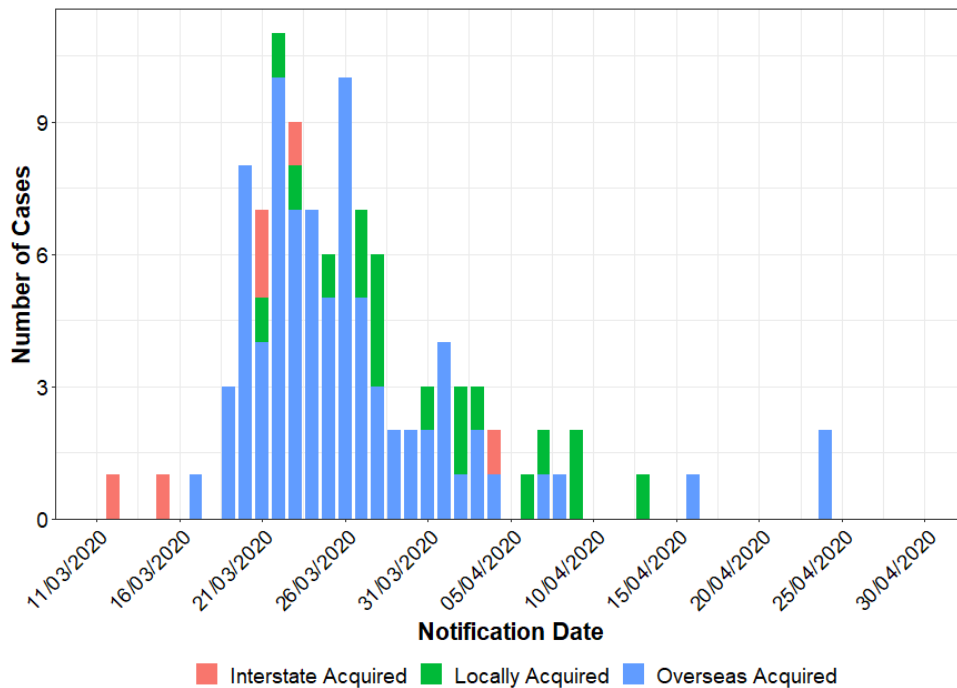
There was ongoing review of public health restrictions in place throughout the public health emergency to ensure that they remained proportionate to the risk. The following points were considered throughout the emergency to support the review of public health restrictions:

- case numbers, the source of exposure and location of cases (for example, whether cases were overseas acquired, locally acquired, or acquired in isolation or quarantine)
- testing numbers, positivity rates and trends
- number of individuals in quarantine
- epidemiological situation in the ACT, the surrounding New South Wales region and nationally
- variant type and information known about the characteristics of the variant (for example, transmissibility and severity)
- monitoring and surveillance tools, such as whole genome sequencing and wastewater testing
- community acceptance and compliance with public health advice and directions
- community vaccination rates and immune response to infection
- public health system preparedness to respond.

ACT epidemiology

During the period 12 March to 30 April 2020, there were 106 diagnosed cases of COVID-19 identified, and almost 10,000 negative polymerase chain reaction (PCR) tests performed. All positive cases were linked to overseas travel (including cruise ships), interstate travel, or were close contacts of a confirmed case, except for one case which was believed to have been locally acquired from an unknown source (see Figure 4).

Figure 4: Confirmed ACT COVID-19 cases in the ACT, by date of notification and infection source



There were 3 COVID-19-related deaths²⁴ during this period, reflecting a case-fatality rate of 2.8 per cent.

By 1 May 2020, the ACT had no active cases of COVID-19 and the Territory became the first Australian jurisdiction to stop local spread following an outbreak, a scenario that reflected well on the public health measures and participation of the ACT community.

Changes to the legislative framework

One of the key challenges facing responders in the initial weeks of the pandemic was the emergency framework. The emergency provisions of the *Public Health Act 1997* were targeted towards short-term public health emergencies of several days. The initial term of an emergency declaration was 5 days and could be extended for up to 2 days by the Minister. The *Public Health Act 1997* was not designed to respond to a longer-term global pandemic where restrictive powers were required on a Territory-wide level over weeks, months or years.

The ACT Government's focus was on making amendments that would help the Minister for Health and Chief Health Officer mobilise and scale a rapid public health response to the immediate threat of outbreak. On 7 April 2020, the [Public Health \(Emergencies\) Amendment Bill 2020](#) was passed by the ACT Legislative Assembly, to allow extensions of the public health emergency on advice from the Chief Health Officer for up to 90 days, if the declaration was made to respond to COVID-19. Refer to [Appendix B](#) for more information.

If the public health emergency was extended, the Chief Health Officer was required to advise the Minister for Health at least every 30 days about:

- the status of the emergency
- whether the Chief Health Officer considers the declaration to be justified.²⁵

Actions for the community: Public health and social measures

Public gatherings

On 19 March 2020, in accordance with the core National objective to slow the spread of COVID-19 across the broader community, the first of the ACT's public health directions was issued. Restrictions were placed on public indoor and outdoor gatherings. Indoor gatherings were limited to no more than 100 people ([NI2020-162](#)) and outdoor gatherings to no more than 500 people ([NI2020-163](#)). These limits remained in place until 31 March 2020, when more restrictive measures were implemented, significantly reducing movement of Canberrans outside of their home.

²⁴ The definition of a COVID-19-related death for surveillance purposes is according to the COVID-19 National Guidelines for Public Health Units. A COVID-19-related death is reported if the person dies with COVID-19, though it may not be the primary cause of death.

²⁵ Section 119 (4B) *Public Health Act 1997*

High-risk settings

On 19 March 2020, the CHECC introduced visitor restrictions at ACT health facilities.²⁶ Restrictions limited patient visitors to one person per day. COVID-19 safety measures, including physical distancing and hand and respiratory hygiene, were strongly promoted. These restrictions were set out in policy rather than public health directions but were consistently applied across health and hospital facilities to protect staff, patients and visitors, and to reduce the risk of virus transmission to individuals who were already unwell. There was also a need to protect the health services workforce from exposure so that they could continue to provide services to the ACT community should pressure be placed on the public hospital system.

On 23 March 2020, the ACT introduced public health restrictions that limited resident visits at RACFs to 2 persons for up to 2 hours daily for the purpose of providing care and support, or visiting at end-of-life (NI2020-168). Essential services and employees or contractors were permitted to continue to enter RACFs. These restrictions sought to balance the need to protect older persons who were at higher risk of severe illness due to COVID-19, with the need to preserve critical care, support and significant relationships.

Restriction of non-essential services

On 22 March 2020, the ACT proceeded to a more comprehensive shutdown of non-essential services, in alignment with decisions made at National Cabinet. This was consistent with decisions of other jurisdictions, including New South Wales and Victoria. . This announcement was made with the identification of 11 new COVID-19 cases in the ACT in a single day (see Figure 4) and advice from AHPPC that the growth trajectory of COVID-19 cases and slow implementation of physical distancing measures required significantly stronger public health measures to be implemented. AHPPC recommended implementation of stronger restrictions on indoor gatherings with immediate effect.²⁷

The first shutdown of its kind in the Territory required all hotels, licensed premises and registered clubs, gyms and indoor sporting venues, cinemas, entertainment venues, casinos and night clubs, restaurants and cafes, places of worship, and religious gatherings to cease operating with effect from 24 March 2020 (NI2020-169). Takeaway and home delivery services were permitted for restaurants and cafes. It was strongly recommended that any business that could transition to a work from home arrangement should commence this process as soon as possible. At the same time, Canberrans were urged to avoid all non-essential travel outside the ACT region.

The restrictions were regularly reviewed to ensure that they remained proportionate to the immediate public health risk and aligned with decisions made at National Cabinet. Notably, the definition of non-essential services was expanded during this period to include additional businesses and settings that were subsequently required to close (NI2020-203).

Restrictions – movement

²⁶ Stephen-Smith, R. The ACT health system is putting in place new measures to help slow the spread of COVID 19 in our community. Media release: 19 March 2020.

²⁷ AHPPC coronavirus (COVID-19) statement on 22 March 2020. Published on 23 March 2020.

Movement restrictions implemented from 1 April 2020 required Canberrans to remain at home unless they were leaving for an essential reason ([NI2020-202](#)). Essential reasons included attending essential work (that could not be undertaken from home), attending a wedding or funeral ([NI2020-203](#)), or in the case of an emergency, for medical care or law enforcement purposes. There were also restrictions on the use of public playgrounds, skateparks, outdoor gyms, fitness stations and exercise equipment to further decrease potential transmission.

The most restrictive of all directions issued in response to the ACT's initial outbreak, these measures were short-lived and ended on 9 April 2020, when public and individual health actions were effective in slowing transmission in the community, as shown in Figure 4.

From 1 May 2020, there were no active cases of COVID-19 in the ACT and restrictions on non-essential services began easing.

Education

ACT schools moved to a distance education model from 24 March 2020, aligning with similar responses in New South Wales and Victoria.²⁸ Children of essential workers were supported to continue to attend modified face-to-face education.

Actions for individuals: Test, trace, isolate and quarantine

Testing

Following the announcement of the public health emergency, CHS was responsible for delivering ACT Government-run COVID-19 testing services within the ACT.

On 11 March 2020, one of the ACT's 4 health Walk-in Centres, the Weston Creek Walk-in Centre, was repurposed as a dedicated COVID-19 testing centre.

On 20 March 2020, a dedicated drive-through testing clinic was established at EPIC.²⁹ This clinic allowed individuals to present for PCR COVID-19 testing if they had recently been overseas, had been in contact with a diagnosed person in the last 14 days, or were a healthcare worker with direct patient contact, and respiratory symptoms had developed.

On 5 April 2020, in response to the increasing presentations of individuals at ACT hospital emergency departments with COVID-19 like symptoms, the service was expanded to a Respiratory Assessment Centre, to provide patients with less serious illness an alternative for face-to-face assessment.

From 24 April 2020, anyone with a fever ($\geq 37.5^{\circ}\text{C}$), or symptoms of a respiratory infection was encouraged to be tested.

²⁸ [ACT Public Schools Pupil Free from Tuesday 24 March to School Holidays - Education](#); Term 2 in ACT public schools.

²⁹ [Drive through testing for COVID-19 to commence at EPIC from Friday - CMTEDD \(act.gov.au\)](#)

Contact tracing

Comprehensive interviews were completed with cases to identify contacts and places where they had been. Following this, all contacts were notified and the public was made aware of any potential exposure sites.

Quarantine

From 19 March 2020, the ACT required returning international travellers to immediately enter 14 days of quarantine upon entering the ACT ([NI2020-164](#)). Quarantine could be completed at an individual's home, or another site as agreed with ACT Health, if it could be completed safely and without risk of spreading the virus to others.

On 27 March 2020, National Cabinet agreed that all international travellers arriving in Australia would be required to undertake their mandatory 14-day quarantine period at a designated facility.³⁰ All travellers arriving in Australia were transported directly to a designated facility after appropriate immigration, customs and health checks. These requirements were implemented under state and territory arrangements and were enforceable by state and territory governments with the support of the ADF, Australian Border Force and jurisdictional policing. Travellers were required to complete their quarantine period in the city where they had cleared immigration, unless an exemption had been granted to on-travel. Only a very small number of international flights entered the ACT directly from overseas during this period.

The ACT implemented mandatory hotel quarantine, imposing the requirement on a flight which departed Qatar prior to the National Cabinet decision that arrived in Canberra early on 28 March 2020. In the 12 hours prior to the flight arrival, [HECC](#) staff, working with officials across the ACT and Commonwealth governments, arranged to meet the flight and transferred the passengers by bus to designated hotel quarantine premises.

Later that day, the initial requirement was reassessed in consideration of the public health risk and in line with ACT's Human Rights obligations. Returning travellers who entered the ACT directly from a flight that commenced outside of Australia, were required to complete at least the first 48 hours of their quarantine period at a designated site such as hotel quarantine. After the first 48 hours, if certain criteria were met, leave could be given to allow completion of the 14-day quarantine period at another suitable quarantine premises such as a private residence ([NI2020-183](#)).

On 3 April 2020, further changes were made to public health directions to allow unaccompanied minors to be exempt from hotel quarantine requirements in the jurisdiction in which they arrived so that their safety and wellbeing could be appropriately managed at home by a responsible guardian. This exemption allowed unaccompanied minors to travel to the ACT to complete their quarantine period at home for 14 days ([NI2020-215](#)).

The Vienna Convention prohibited public health directions from applying to foreign diplomats and the Geneva convention prevented the containment of diplomats. At the request of the Australian and jurisdictional governments, diplomatic visa holders agreed

³⁰ [Transcript 42761 | PM Transcripts \(pmc.gov.au\)](#)

to quarantine at home or a suitable premises so that they might continue their official duties more easily.

For all returning travellers quarantining at a private residence, it was a condition for any other household members in the residence to participate in quarantine throughout the full 14-day period. Individuals in quarantine were required clearance from an authorised medical officer prior to leaving quarantine (return a negative PCR test).

Wellbeing services (see Isolation) were provided to all individuals completing a period of quarantine either as returned travellers or if a contact of a diagnosed person.

Isolation

From 26 March 2020, any individual who was diagnosed with COVID-19 was required to immediately enter isolation at an appropriate premises (usually a private residence) until clearance was given by an authorised medical officer ([NI2020-177](#)).³¹ Diagnosed persons were supported by the [HECC](#) staff, who contacted each individual to ensure they were isolating and aware of their obligations, and to ascertain whether they required any support or medical attention. Care packages that included non-prescription pain relief medications and essential supplies (for example, groceries) were provided to support completion of the isolation period safely.

In addition to practical supports, ACT Health established a Wellbeing team that worked with the Community Services Directorate and NGOs to provide psychosocial support to persons in isolation. The ACT was the first jurisdiction in Australia to introduce a dedicated mental health and wellbeing team for people in quarantine and isolation. Daily welfare checks were conducted by telephone to monitor for any clinical and/or psychological deterioration that may require an escalation in medical care. Individuals could also contact the team to report a change in their health and wellbeing.

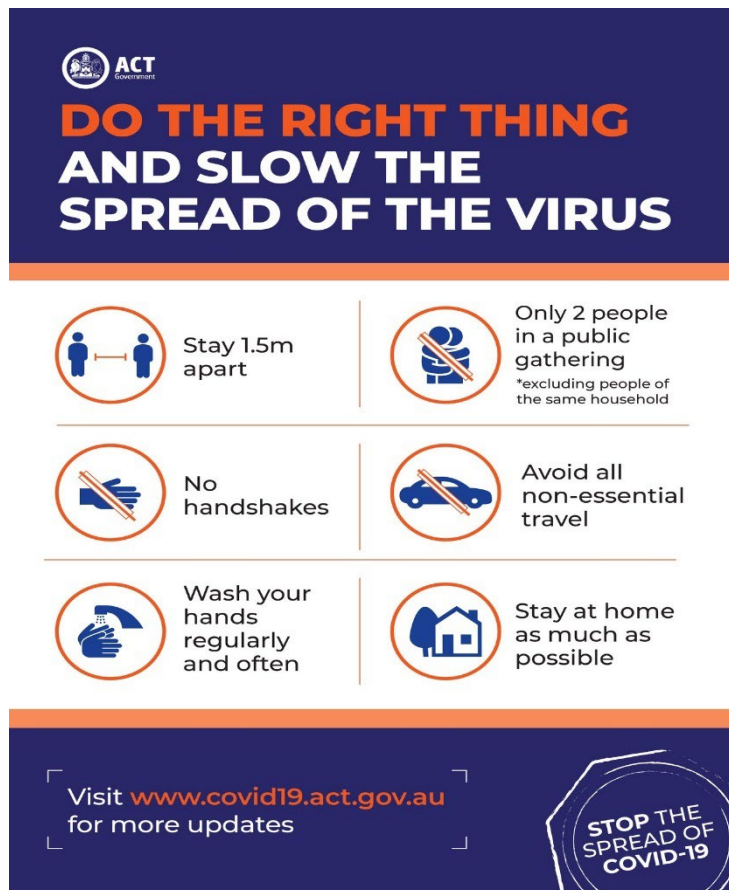
In line with national guidance at the time, diagnosed persons were given clearance to leave isolation when their symptoms were gone and they returned a negative PCR test. CHS provided necessary clinical support via telehealth and facilitated COVID-19 testing for all diagnosed individuals prior to their isolation period ending.

³¹ Prior 25 March 2020, persons who tested positive to COVID-19 voluntarily went into isolation as the Chief Health Officer had not issued isolation directions under the *Public Health Act 1997*.

Communications

Immediately following the declaration of the public health emergency, the ACT Government focused on anticipating and responding to the high number of public, media, business and health sector enquiries about COVID-19. Communications sought to help Canberrans understand what actions they could take to protect themselves from COVID-19 and help slow the spread of the disease, as well as provide information about any public health restrictions in place (see [Figure 5](#)).

Figure 5: Stop the spread of COVID-19 message



By 30 March 2020, a coordinated WhoG COVID-19 Communications Campaign was launched and supported by a [COVID-19 website](#) that offered a clear single source of information to the public about COVID-19.³² A central COVID-19 Public Hotline was opened on 31 March 2020, and was delivered in partnership with Access Canberra to respond to public inquiries about COVID-19.

Throughout this phase, near-daily press conferences took place with the Chief Minister, Minister for Health and Chief Health Officer. These were televised and live-streamed on various social media channels to reach as many Canberrans as possible. These included regular updates on case identification, contact tracing efforts, decisions of National

³² At the time of writing this report, the [COVID-19 website](#) remained a critical source of information about COVID-19 and related public health advice for the community and businesses.

Cabinet and public health advice. This strategy was used to build trust and confidence in the public health advice during a time when the world was still learning about COVID-19.



Key messages during this period were to avoid unnecessary gatherings, watch out for symptoms, stay at home if unwell and follow the public health directions. Communications also focused on protecting individuals and loved ones through physical distancing and appropriate hand and respiratory hygiene during the period, along with advice on when to get tested.

Vaccination

COVID-19 vaccines were not available in Australia during this period. On 17 March 2020³³ AHPPC recommended influenza vaccination of RACF visitors and workers as a means of reducing the impact of influenza among the elderly. Consistent with this advice and other jurisdictions, the ACT introduced a requirement for RACF visitors and staff to be vaccinated against influenza from 23 March 2020 ([NI2020-168](#)).

³³ AHPPC. [Coronavirus \(COVID-19\) statement](#): Published 17 March 2020. This recommendation was reiterated in subsequent statements issued by AHPPC on 22 April and 19 June 2020. Refer: AHPPC. [Advice on residential aged care facilities](#): Published 22 April 2020 and [Update to residential aged care facilities about minimising the impact of COVID-19](#): Published 19 June 2020

Key events, decisions and activities | 16 March to 1 May 2020

 NATIONAL	 ACT
16 Mar Commonwealth announce: Gatherings larger than 500 people are cancelled, all international travellers must quarantine for 14-days, cruise ships banned for 30-days	16 Mar Minister for Health declares a Public Health Emergency
18 Mar Commonwealth announce: Australians overseas should return home, ban on indoor gatherings larger than 100 people, and restrictions on visits to aged care facilities	19 Mar Chief Health Officer issues public health directions: international travellers must quarantine for 14 days and public gatherings restricted. Hospitals restrict patient visitors to one per day.
20 Mar Australian borders close to all non-residents and non-Australian citizens from 21:00hrs	20 Mar EPIC site was opened to the public as a dedicated drive-through testing clinic
21 Mar Commonwealth announce: social distancing rule of 4m ² per person in any enclosed space will be imposed	23 Mar Chief Health Officer issues public health directions: visits at residential aged care facilities restricted and non-essential services are closed
24 Mar Commonwealth announce: social distancing restrictions including for beauty and personal care, entertainment, leisure, recreation, and community facility services	24 Mar ACT schools move to an online learning model. Schools remain open for children of essential workers.
27 Mar Prime Minister announces: all international travellers must undertake mandatory quarantine at a designated (e.g., hotel) facility	25 Mar Any person diagnosed with COVID-19 must complete 14 days isolation
	30 Mar ACT Government COVID-19 Website launched
	31 Mar Chief Health Officer issues lockdown measures. Centralised ACT COVID-19 Public Telephone Hotline launched

04

Ongoing Response

1 May 2020 to
25 June 2021



Chapter Four: Ongoing response – 1 May 2020 to 25 June 2021

This chapter outlines actions taken in the 14-month period between the initial community transmission in the ACT and the change in the local and national situation in June 2021 associated with the Delta variant. During this time, 18 cases were identified in the ACT, with most of these cases identified in returned travellers or their contacts, who were already in quarantine. Actions during this period focused on:

- monitoring global, national and local infections
- planning and preparing for a staged easing of public health restrictions
- managing individuals in quarantine or isolation, combined with the ongoing monitoring of public health restrictions.
- Planning for management of new cases
- vaccination rollout

A summary of key events, decisions and activities discussed in this section is provided at the conclusion of this chapter.

Key considerations and context which influenced decision-making

- Globally, there were large outbreaks of COVID-19, with health systems becoming overwhelmed and many people dying.
- While public health responses had effectively slowed the initial spread of COVID-19 nationally, there continued to be ongoing introductions with travellers returning from overseas and with localised (and later larger) outbreaks that required jurisdictions to respond throughout this time.
- The National overarching objective continued to be to slow the spread of COVID-19 while no vaccine or specific treatments were widely available, and to be as prepared as possible for a potential large outbreak.
- The National COVID-19 3 Step Framework was released which focused on the staged easing of public health restrictions so that Australia's economy and social interactions could begin to return to 'normal'.
- The ACT had effectively slowed the initial outbreak of COVID-19 in the local community using TTIQ, PHSM and communication measures that promoted COVID safe behaviours.
- The ACT focused on implementing a staged recovery from public health restrictions used, noting that some public health actions would become 'COVID normal' settings while global and national spread of the virus persisted (see [Appendix D.1](#)).
- The ACT continued to support overseas returning travellers in quarantine, including government officials, diplomats and parliamentarians, and continued preparations for a large outbreak that could occur at any stage.
- Planning and implementation to support the National COVID-19 Vaccination Program rollout for a vaccine as supply became available.

Overview

Global

Globally, there were large outbreaks of COVID-19 with health systems becoming overwhelmed and many people dying or requiring hospital care. New variants of the virus continued to be identified and monitored for the potential to spread more easily and/or cause more severe illness.

The urgent need for a safe and effective vaccine resulted in greatly expanded global resources to enable an accelerated vaccine development pipeline for COVID-19.

National

By 1 May 2020, Australian spread was slowing in all affected jurisdictions. On 8 May 2020, National Cabinet released the 3 Step Framework for the easing of COVID-19 Restrictions (National 3 Step Framework), focused on:

- reopening the economy
- returning to work and social activities
- increasing the size of gatherings
- reopening businesses with minimal restrictions.³⁴

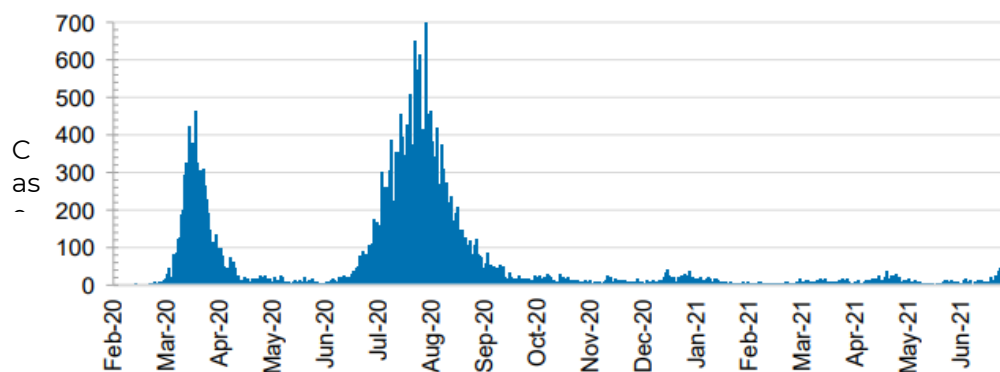
While the actions were agreed nationally, it was up to individual states and territories to determine timing for implementation.

Returning overseas travellers continued to present a risk of introducing COVID-19 into the community, and public health actions to manage this remained important.

In June 2020, there was a significant outbreak throughout Victoria and in certain regions of New South Wales, as shown in Figure 6. Periodic outbreaks continued nationally throughout 2020 and the first half of 2021, with ongoing daily reporting of new COVID-19 cases during this time in Victoria, New South Wales, Queensland, South Australia and Western Australia.

³⁴ The framework was announced by the Prime Minister following a meeting of National Cabinet on 8 May 2020 Transcript 43983 | PM Transcripts (pmc.gov.au). A copy of the framework is available at: [3-step-framework-for-a-covidsafe-australia-3-step-framework-for-a-covidsafe-australia_2.pdf](#) (health.gov.au) and [Roadmap to a COVIDSafe Australia](#) (pmc.gov.au).

Figure 6: Daily confirmed COVID-19 cases in Australia, February 2020 – July 2021³⁵



ACT

During this phase, the ACT had several priorities:

- promoting cooperation with public health advice
- modifying and easing restrictions in a proportionate manner, relevant to risk
- maintaining appropriate border restrictions and repatriating Australians safely
- monitoring for early evidence of COVID-19 spread in the community
- when available, rolling out the National COVID-19 Vaccination Program to priority populations
- preparing for future outbreaks, particularly for high-risk settings such as RACFs and hospital settings.

The ACT was able to quickly begin implementing the National 3 Step Framework. On the same day as the framework's announcement, the Canberra Recovery Plan was launched, outlining how the National 3 Step Framework would be adopted locally (refer to [Appendix D.1](#) for more information). Starting immediately, on 8 May 2020, the Recovery Plan outlined the relaxation of public health restrictions every 2 weeks until step 3 (the final step) was reached. By staggering the lifting of restrictions, the impact could be assessed and a changing national epidemiological situation incorporated into decision-making. Easing of restrictions, while gradual, allowed non-essential services to increase their operations by raising density and occupancy limits.

Initial implementation of the Recovery Plan proceeded without issue. However, in June 2020, significant outbreaks in Victoria and parts of regional New South Wales paused progress. Periodic outbreaks continued nationally throughout 2020 and the first half of 2021, with ongoing daily reporting of new COVID-19 cases during this time in Victoria, New South Wales, Queensland, South Australia and Western Australia. The national situation was continuously monitored, and domestic border restrictions were enacted to limit the movement of visitors into the ACT from COVID-19 affected areas in Australia in order to minimise the potential introduction of COVID-19 into the ACT community.

³⁵Table taken from the COVID-19 at a glance Infographic produced by the Department of Health and Aged Care, dated 30 June 2021: [COVID at a glance \(health.gov.au\)](#)

By August 2020, cases in Victoria and New South Wales had decreased and steps to ease public health restrictions in the ACT continued. A revised Canberra Recovery Plan was released that set out additional steps for easing of restrictions, subject to risk assessments being undertaken, with a goal to reach a 'COVID normal' point by February 2021. Refer to [Appendix D.2](#) for more information.

The ACT reached its 'COVID normal' milestone, as planned, on 20 February 2021.

WhoG engagement

The ACT's COVID-19 response could not have been as successful as it was without a strong and coordinated approach across WhoG. The PHECC worked closely with the Coordinator General for the Whole of Government (Non-Health) response to COVID-19 to ensure a truly WhoG approach to the response was able to be achieved. This involved daily meetings between the Coordinator General, Chief Health Officer and executives within ACT Health.

In addition, the PHECC had extensive liaison and collaboration across all ACT Government Directorates. Directorates provided critical contacts who were available at all hours to support the response. This particularly supported development of public health directions, to ensure that they were understood and able to be appropriately implemented where broader government services were impacted. This communication also supported ACT Government Directorates to engage with their own stakeholders as appropriate.

ACT Government Directorates also provided staffing support for the PHECC, as surge workforce was required to be implemented, particularly at short notice. The willingness of staff to work within the COVID-19 response (and for staff to be released to do this work) was truly appreciated by the PHECC staff.

WhoG support was also provided for many other activities including to support distribution of RATs to the community and to priority populations.

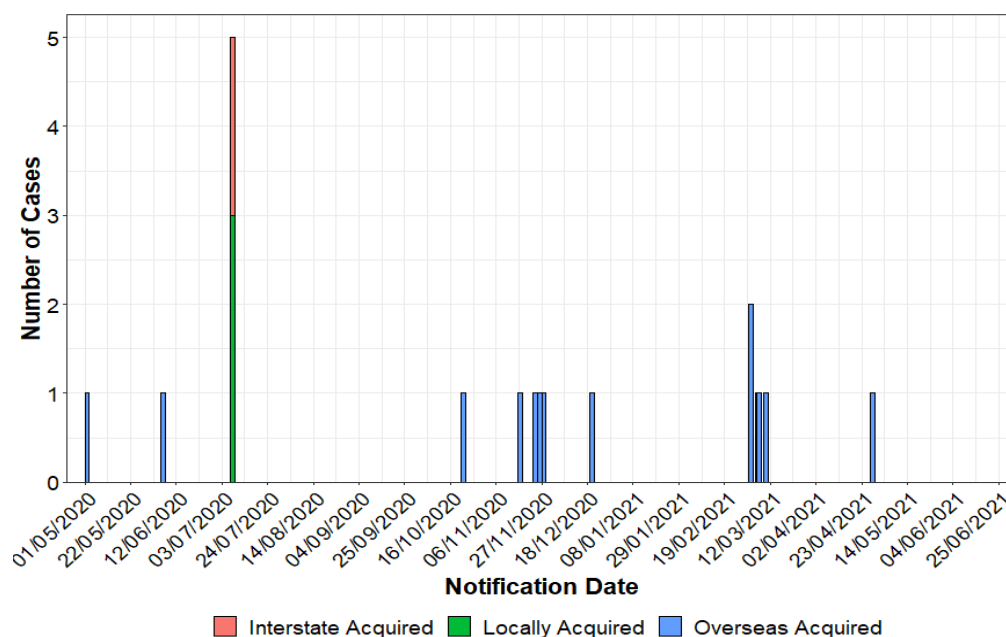
It should also be recognised that many of the decisions outlined in this report required a significant non-health response from WhoG agencies.

The responsiveness of ACT Government Directorates to significant number of requests for advice and actions contributed greatly to the success of the health response to COVID-19.

ACT epidemiology

In the 14-month period from 1 May 2020 to 25 June 2021, there were 18 new cases of COVID-19 identified and no deaths reported; bringing the total number of COVID-19 cases in the ACT to 124 since the start of the pandemic (see [Figure 7](#)). Thirteen (72.2 per cent) of the new cases reported were linked to an overseas or interstate source. The 5 remaining cases were thought to be locally acquired, with 2 of these cases not able to be attributed to a particular source.

Figure 7: Confirmed ACT COVID-19 cases, by date of notification and transmission source



Actions for the community: Public health and social measures

High-risk settings

High-risk settings were a key focus of ACT Health outbreak prevention and preparedness activities. This included work with providers to create outbreak management plans and a phased approach to visitor restriction that balanced risks and freedoms.

From 27 June 2020, restrictions in RACFs were eased to allow multiple family members, friends or service providers to visit a resident daily, provided that only 2 people visited at a time and the purpose of the visit was for 'care and support' or was undertaken at 'end-of-life' (NI2020-363). Given the interstate outbreaks occurring, this remained in place throughout the rest of this period.

On 17 May 2021, a public health direction was enacted to clarify that people who had tested positive to COVID-19, had COVID-like symptoms, or who were at higher risk of getting COVID-19 due to having been overseas, should not attend RACFs (NI2021-265). This direction was issued to further protect residents and limit the likelihood that COVID-19 would be introduced to high-risk facilities, as had been the experience of other jurisdictions.

The CHECC continued efforts to reduce the risk of COVID-19 exposure for hospital inpatients by issuing advice preventing interstate travellers who had been in a COVID-19 affected area, close and casual contacts of a COVID-19 case, and people with COVID-like symptoms from visiting or working at public and private hospitals and affiliated health facilities for 14 days. When the risk was high, individuals were also required to wear a face mask while in these facilities. To support implementation, screening stations were established at facility entry points to identify visitors at high risk of potentially having COVID-19 prior to entry. Exemptions were available for those seeking entry to a facility on compassionate grounds and where appropriate risk mitigation strategies could be applied. Access to facilities for urgent and essential medical care was never restricted.

Non-essential services and public gatherings

Stages 1 and 2 of the Canberra Recovery Plan (see [Appendix D.1](#)) proceeded without issue and it was decided to partially move density limits to Stage 3 as part of Step 2.2 changes, as shown in Table 1.

Table 1: Summary of public health changes under the Canberra Recovery Plan

Step	Date	Restrictions lifted
1.1	8 May 2020*	<ul style="list-style-type: none"> Public gatherings of up to 10 people at indoor and outdoor locations are permitted, provided physical distancing occurs (NI2020-268). Selected non-essential business activities including boot camps, personal training, real estate auctions and open house inspections are permitted to restart with density limits of one person per 4m² and an occupancy limit of 10 people (NI2020-267).
1.2	15 May 2020*	<ul style="list-style-type: none"> Restaurants and cafes, hairdressers, barbers and libraries are permitted to reopen with a density limit of one person per 4m² and occupancy limit of 10 people (NI2020-286).
2.1	29 May 2020*	<ul style="list-style-type: none"> Indoor and outdoor public gatherings of up to 20 people, or attendance at select non-essential businesses can occur if physically distanced (NI2020-313). These businesses must have a COVID-19 Safety Plan in place and continue to abide with density limits of one person per 4m². Select businesses included restaurants, cafes, gyms, bootcamps, swimming pools, community centres, hairdressers and beauty services, tattoo parlours, auction houses, real estate agents and open house inspections.³⁶
2.2	19 June 2020	<ul style="list-style-type: none"> Public gatherings of up to 100 people permitted and limits on indoor private gatherings are removed, provided physical distancing occurs (NI2020-332). Some non-essential businesses are permitted to increase occupancy limits to 100 persons, provided density limits of one person per 4m² are observed. Licensed venues can serve alcohol, but patrons must be seated, served food, and are limited to 10 persons per table.

* Directions commenced from 11.59pm on these dates.

In mid-July 2020, when the remainder of Stage 3 of the Recovery Plan was planned to begin, the national situation had deteriorated (see Figure 6) and a decision was made to pause progression of eased restrictions, with weekly reviews.³⁷

On 10 August 2020, a revised Canberra Recovery Plan (see [Appendix D.2](#)) was released, with updated actions under Stages 3 and 4 and a flexible timeframe dependent on the evolving situation.³⁸ The national situation remained relatively stable and progression

³⁶ Select non-essential businesses did not include night clubs, dance venues or other environments that were identified as 'very high risk' by AHPPC due to their large numbers, crowding, intimate physical contact, service of alcohol and/or poor ventilation – for example, steam rooms and brothels. [AHPPC statement on very high-risk social environments](#). These businesses continued to either remain restricted or could only operate with up to 10 patrons present at any time.

³⁷ Barr, A. Media Statement. [Further restriction easing postponed in the ACT](#). Released: 23 July 2020.

³⁸ The continued lifting of restrictions to COVID normal settings adhered to advice provided by the AHPPC (2020) [Statement on recommendations for managing of health risk as COVID-19 measures lift](#). Published: 6 July 2020.

through the steps of the revised plan proceeded as intended (refer to [NI2020-480](#), [NI2020-617](#), [NI2020-660](#), [NI2020-719](#), [NI2020-771](#), [NI2020-790](#)) until 11 December 2020. This culminated in the reopening of all remaining non-essential businesses, if they complied with risk mitigation measures.

Restrictions were eased for ticketed and seated event venues if they complied with risk mitigation measures. This was consistent with AHPPC guidance regarding safe return of crowds to stadiums, arenas and large theatres.³⁹ By 11 December 2020, GIO Stadium and Manuka Oval were permitted to operate at 65 per cent capacity (50 per cent capacity for all others, for example, cinemas and theatres). Occupancy limits were again lifted on 14 April 2021, permitting all ticketed and seated venues to operate at full capacity.

Specific guidance was developed in November 2020 to support all ACT schools to plan for end of year school events, including school formals and graduation ceremonies.

The ACT moved to 'COVID normal' settings from 20 February 2021, permitting:

- outdoor gatherings of up to 1,000 people, provided that a density limit of one person per 2m² was maintained
- non-essential businesses to remove occupancy caps, provided that a density limit of one person per 2m² was maintained for both indoor and outdoor spaces
- events or functions of 500 people or more to proceed if they maintained a COVID-19 Safety Plan and followed COVID Safe Event Protocols ([NI2021-98](#)).

COVID Safe Event Protocol: A Safe Return to Events in the ACT

On 22 September 2020, the ACT released the COVID Safe Event Protocol: A Safe Return to Events in the ACT to provide guidance to event organisers seeking to plan a COVID Safe event in the ACT. The protocol outlined the risk factors associated with events, with a particular focus on large unstructured events and provided guidance to event organisers on how to develop a COVID Safe Event Plan.

An exemption process was established during Step 3.1 of the Recovery Plan for event organisers wishing to hold events with over 100 participants. There were more specific processes established for events wishing to host between 101 and 500 participants (medium risk) and 501 to 5,000 participants (high risk).

A COVID Safe Event Committee, with representation from key areas of ACT Government, was established to provide recommendations to the Chief Health Officer regarding exemptions for high-risk events.

As larger gatherings were permitted, the Protocol and exemption processes were refined and updated.

³⁹ AHPPC. [Statement on the safe return of crowds to stadiums, arenas and large theatres](#). Published: 26 June 2020.

Domestic border restrictions

With outbreaks in Victoria in June 2020, the ACT implemented border restrictions on 3 July 2020 requiring people who had been in an identified COVID-19 affected region (COVID-19 hotspot) in the last 14 days to complete 14 days of quarantine, including any period of time that had elapsed since last in a COVID-19 hotspot ([NI2020-387](#)). This direction was amended on 2 subsequent occasions to include additional COVID-19 hotspots ([NI2020-390](#), [NI2020-393](#)).

On 8 July 2020, a statewide restriction on all travel to and from Victoria ([NI2020-399](#)) was imposed, as the outbreaks continued to spread, and remained in place until 22 November 2020. Under this direction, all non-ACT residents who had been in Victoria in the last 14 days were prohibited from entering the Territory, unless an exemption had been granted. ACT residents returning from Victoria were required to inform ACT Health of their intention to travel prior to arrival and immediately commence quarantine on their return to the ACT.

Exemptions for travellers from Victoria

In response to the outbreaks in Victoria, the PHECC launched a program to allow individuals to travel to the ACT from Victoria, subject to meeting certain criteria. An online form allowed people to apply for exemptions from travel restrictions. ACT residents were permitted to return home subject to registering their intention to return to the ACT and complete a period of quarantine. Non-ACT residents required an exemption prior to travelling.

In the first 2 weeks of Victorian border restrictions being in place, 614 people registered with ACT Health and entered quarantine; 523 in their homes and 91 in hotel facilities. A total of 672 exemptions were granted during this period to enter the ACT from Victoria due to exceptional circumstances, including, but not limited to, needing urgent medical care, on compassionate grounds, work purposes, or for court proceedings and child access arrangements.

PHECC worked closely with ACT Policing and State Emergency Service volunteers to check compliance with any quarantine requirements. Staff were deployed to the airport, bus and train stations to screen arriving passengers, to provide information and to undertake compliance checks. People in home and hotel quarantine were supported to ensure compliance and for wellbeing purposes, with most receiving daily phone calls or text messages and, if needed, support from the Wellbeing team.

New South Wales also began experiencing local spread, including in southern New South Wales regions frequented by ACT residents, necessitating the introduction from 16 July 2020 of a 14-day quarantine period for Canberrans who had been to identified COVID-19 hotspots, with requirements in line with travellers to Victoria ([NI2020-430](#)). Additional hotspots were added to the directions as required before the directions were revoked on 9 October 2020 ([NI2020-664](#)).

In October 2020, ACT Health established exemption processes for Members of Parliament and Senators to enter the ACT (from COVID-19 hotspots) to undertake essential parliamentary business and to attend Federal Parliament sittings. Essential staff and accompanying family were also permitted to travel in exceptional circumstances. These processes permitted individuals to enter the ACT provided that certain risk mitigation strategies were met. ACT Health worked closely with the Australian Government Chief Medical Officer, and the Australian Parliament House Presiding Officers and their staff to settle the processes applied to Federal Parliamentarians. Risk mitigation strategies were regularly reviewed to ensure they were proportionate and minimised the risk associated

with travellers entering the ACT from a COVID-19 hotspot. Federal Parliamentarians were still required to comply with all public health directions in operation in the ACT during their stay.

In November 2020, an outbreak occurred in South Australia and on 19 November 2020, ACT introduced border restrictions with South Australia ([NI2020-739](#), [NI2020-745](#)). South Australian border restrictions were removed on 8 December 2020 ([NI2020-784](#)).

On 11 December 2020, an outbreak emerged in the Northern Beaches region in Sydney which resulted in NSW Health issuing a public health order to lockdown Sydney's Northern Beaches. On 18 December 2020, the ACT required anyone who had visited the Northern Beaches Local Government Area (LGA) from 11 December 2020 to self-isolate and be tested, and moved to a more flexible model for border restrictions related to regional or state-based outbreaks.

Rather than creating separate directions for each outbreak, a single direction was issued that simply required anyone who had been in a declared COVID-19 hotspot during specified dates and times to immediately undertake quarantine for 14 days upon arrival to the ACT (to include any period of time that had already elapsed since the person was last in a COVID-19 hotspot), with areas updated as required ([NI2020-819](#)). Additional hotspots and the requirement to complete an *Interstate traveller and Returning resident* self-declaration form within the 24-hour period prior to travel were added to the directions on 20 December 2020 ([NI2020-820](#)) and 21 December 2020 ([NI2020-834](#)).

Operation Flamingo

Operation Flamingo was established to manage the response to the Northern Beaches and Berala outbreaks. Operation activities included facilitating quarantine, supporting border declaration and exemption processes, undertaking compliance and enforcement activities, and implementing an exemptions program for essential and compassionate travel.

The PHECC, PICC and ACT Policing were actively involved.

From 2 January 2021, a requirement was imposed on non-ACT residents travelling from a COVID-19 hotspot to seek, and be granted, an exemption to travel to the Territory prior to their arrival ([NI2021-1](#)).

By February 2021, the national public health situation had continued to evolve and further refinements which allowed COVID-19 affected areas (previously identified as 'hotspots') to be listed on the ACT Government COVID-19 website via an Area of Concern Notice rather than a formal amendment to public health directions ([NI2021-79](#)). Together, these changes enabled the ACT to respond more rapidly to emerging outbreaks and the community to access information about the changing situation.

Actions for individuals: Test, trace, isolate and quarantine

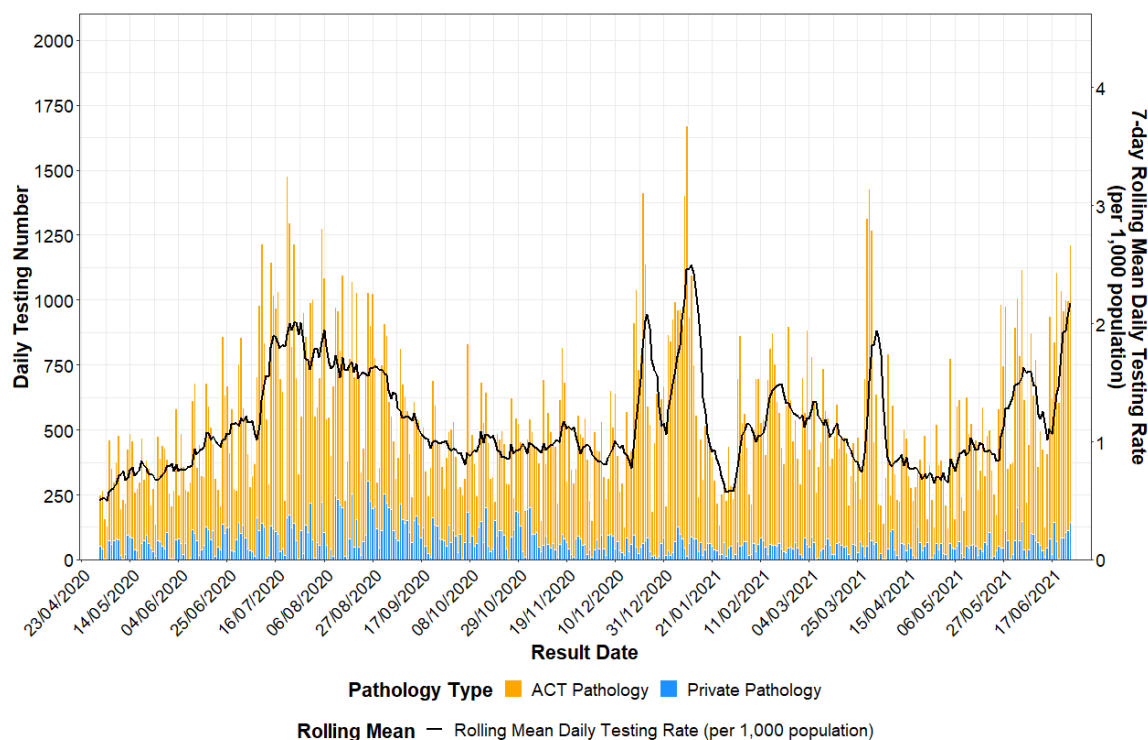
Testing

ACT Health continued a program of enhanced testing to detect cases in the community. Individual testing criteria had been broadened to capture any person with possible

COVID-19 symptoms and people who had a high risk of exposure or illness, such as quarantine workers, returned travellers and close contacts.

By 10 June 2021, a total of 220,733 negative PCR tests had been conducted and the testing rate had reached as high as 2.43 tests per 1,000 residents per day (see [Figure 8](#)).

Figure 8: ACT daily number of COVID-19 tests and 7-day rolling mean testing rate per 1,000 population – 01 May 2020 – 25 June 2021



As cases increased interstate, there was a steady increase in the number of individuals presenting for PCR testing in the ACT. To meet demand, 2 additional testing clinics were opened by CHS in Garran and West Belconnen on 11 and 13 July 2020⁴⁰ respectively, to support sites already in operation at the Weston Creek Walk-in Centre and EPIC. A further drive-through site was established in Kambah on 30 July 2020, ensuring that residents across the ACT would all have easy access to testing facilities.

On 17 November 2020, the ACT joined the NSW Health Wastewater COVID Surveillance Program, with weekly sample collection from the Lower Molonglo Water Quality Control Plant. The plant processed wastewater from over 99 per cent of the ACT population, making this sampling strategy useful for the detection of unidentified cases within the Territory but not capable of identifying regions of concern within the ACT. For this reason, on 14 December 2020, there were 5 additional wastewater sampling sites included, with each catchment area catering to between 40,000 and 100,000 ACT residents. Weekly wastewater testing continued throughout this period. On the few occasions that samples detected traces of COVID-19, further investigation revealed that the positive result could be attributed to viral shedding from recovered cases or wastewater produced from known cases in hotel isolation.

⁴⁰ Testing services at the Garran Surge site were later suspended temporarily to scale delivery of the COVID-19 vaccination program in March 2021.

SCAN Program

On 25 November 2020, ACT Health introduced a Safeguarding Canberrans (SCAN) Program in response to a national review of hotel quarantine arrangements. This was a robust quality assurance, infection control and surveillance program for the early detection of COVID-19 among operational staff who were working within the quarantine program in the ACT. All ACT Government and hotel staff involved in supporting government-facilitated flights were registered in 'SCAN' and were required to participate in weekly testing and daily syndromic surveillance.

The SCAN Program was used throughout the remainder of the public health response to detect if staff cases were occurring due to breaches in protocol at quarantine sites. Surveillance testing was extended to other areas of COVID-19 response operations, including the teams providing testing and vaccination.

Contact tracing

On 9 September 2020, ACT Health launched Check In CBR, a mobile application that provided a way for businesses and the community to support businesses and community to comply with 'check in requirements' contained in public health directions and later our contact tracing program.⁴¹ Data from the Check In CBR app was used by contact tracers in identifying potential exposure sites.

In late 2020, the Australian Government undertook a National Contact Tracing and Outbreak Management Review in all jurisdictions. The aim of the review was to identify gaps and strengthen the state-based capacity and capability of outbreak response processes. The ACT was assessed as having strong contact tracing and outbreak management systems in place. Check In CBR was referenced as a simple and effective way to support site-based contact tracing. The review also identified areas for the continuous improvement for all jurisdictions in areas including workforce and training, technology systems, data exchange and community engagement.

The ACT committed to all 22 report recommendations and steps were taken to improve operations against each of the areas identified within the report, for example:

- ongoing surge and resource planning with a range of external stakeholders such as the ANU and the Capital Health Network, so that rapid scaling of trained contact tracers could occur if required
- use of digital forms for traveller notification of movement to and from COVID-19 affected areas – the data provided was used by automated systems for notifications to close contacts
- creation of online surveys for cases, which included screening questions to help identify high-risk patients for a triaged response and questions about attendance at exposure locations
- preparatory work for the implementation of a new integrated disease surveillance and outbreak management tool for all notifiable diseases, including COVID-19.

These steps would eventually support scaled-up contact tracing efforts in the ACT's response to the Delta strain (see Chapter 5).

⁴¹ New app to streamline contact tracing at Canberra venues. Published: 9 September 2020.

Check In CBR

Check In CBR was launched by ACT Government on 9 September 2020, to help patrons and visitors at local venues, businesses and facilities to record their attendance quickly and securely using their mobile phone. Canberrans could quickly check if they had been in a COVID-19 affected area and contact tracers could identify potential exposure sites.

Check In CBR was downloaded more than 1.25 million times and recorded more than 117 million check-ins across more than 29,000 venues. Over time, its functionality was expanded to include the ability to check in others and the ability to receive essential public health messages from ACT Health. It also provided a link to Australian Government Medicare records so that COVID-19 Vaccination Certificates could be accessed quickly and easily from a single location.

The app was shared and adopted by the Northern Territory, Queensland and Tasmanian governments, where it was re-branded for use in these jurisdictions. This meant that the same mobile app could be used to check into any of these 4 Australian jurisdictions when travelling. The app was switched off from 1 December 2022.

In order to strengthen privacy protections applying to personal information collected through the Check In CBR, the ACT Legislative Assembly passed the *COVID-19 Emergency Response (Check-in Information) Amendment Act 2021*, which took effect from 22 September 2021. The personal data collected through Check In CBR was securely stored by ACT Health and deleted after 28 days. Personal information was only accessed if it was required for contact tracing purposes to ensure quick and effective identification of contacts of a positive case. The ACT recognised the need for strong privacy protections of the information collected through the app, and the legislation entrenched the privacy policy, namely that the information was provided directly to and stored by ACT Health, with information deleted after 28 days, unless a person was subject to an investigation or prosecution for failing to comply with a public health direction. The legislation displaced the ability of a state or territory court or tribunal to compel the production of documents, records or information collected by the app. Information collected through Check In CBR was only admissible as evidence in a court proceeding for the purposes of investigating or prosecuting an offence for failing to comply with a public health direction relating to contact tracing. Additional provisions around collection of information for contact tracing purposes were also included in the legislation.



Did you know?

The contact tracing training program developed by ACT Health and the ANU was adopted by international public health bodies, including Global Outbreak Alert and Response Network, WHO, Médecins Sans Frontières (Doctors Without Borders) and the European Centre for Disease Prevention and Control.

Isolation

There were no changes to management of cases, isolation requirements or supports made during this period.

Quarantine

Quarantine was used by all jurisdictions as the primary strategy for preventing spread from returned travellers.⁴² The ACT continued to support national efforts to repatriate Australian citizens and permanent residents from overseas. During this period, 5 flights repatriating a total of 935 Australian citizens and permanent residents landed in the ACT. ACT Health partnered with the Community Services Directorate, NGOs, the AFP, ADF, and CHS to manage extensive home and hotel quarantine programs for interstate and international arrivals.

The ACT also managed the frequent return of diplomats and government officials travelling to Canberra for official duties. ACT Health worked closely with DFAT and other stakeholders to negotiate foreign diplomats' entry and voluntary quarantine upon arrival. In July 2020, a nationally agreed 'government officials' class exemption was granted which allowed government officials returning to Australia following international travel for work purposes, to travel from their port of entry to quarantine in their own homes. The ACT supported over 1500 diplomats and 895 government officials to quarantine in the ACT during the COVID-19 Response.

In the ACT, preference was given to supporting people to quarantine in the home. Hotel quarantine was reserved for returning international travellers and individuals who could not safely complete quarantine in their home due to having unsuitable, insecure or shared accommodation. Processes were established to enable the safe delivery of food hampers and private food services, as well as essential items such as medicines.

A mental health and wellbeing team engaged regularly with individuals, providing mental health support, including options for indoor exercise and activity. A Rapid Evaluation and Care in the Home (REaCH) team was set up by CHS to provide in-reach primary health care to those affected by COVID-19 in a quarantine facility or their home.

On 23 October 2020, a National Review of Hotel Quarantine⁴³ was released. The review found that hotel quarantine was an effective first line of defence and should be continued until a safe and accessible vaccine became available. The ACT model performed well in most aspects of the review. Some room for improvement was identified in areas related to assurance and risk mitigations, and the SCAN Program (see [Testing](#)) was implemented to provide additional safeguards in this area. During the public health emergency period, the ACT did not detect any spread of COVID-19 from government-facilitated quarantine into the community.

⁴² As of 30 June 2021, there were 25.8 per cent of all confirmed cases reported in Australia that had been acquired overseas. Data reported by the Department of Health and Aged Care. [Coronavirus \(COVID-19\) at a glance for 30 June 2021](#).

⁴³ <https://www.health.gov.au/resources/publications/national-review-of-hotel-quarantine?language=en>

Communications

The Canberra community played a vital role in slowing the spread of COVID-19 with the majority following public health advice and directions. The *Restrictions may have eased, but your responsibility hasn't* campaign drove public health communications throughout this period. The campaign encouraged Canberrans to adopt and maintain COVID safe behaviours despite easing restrictions as there was still a risk of spread (see [Figure 9](#)).

Figure 9: Key messages updated in February 2021



The ACT Government and officials took every opportunity to remind people of COVID-19 symptoms, encouraging testing no matter how mild. This conscious strategy to keep testing rates above the nationally agreed benchmark of one test per 1,000 residents per day⁴⁴ was considered critical for robust surveillance.

Other priority messaging included:

- promoting the development of COVID Safety Plans by businesses (see [Non-essential services and public gatherings](#))
- promoting the continued adoption and use of Check In CBR app (see [Contact tracing](#)).

In early 2021, promotion of the COVID-19 Vaccination Program became a key focus of public health communications. In February 2021, there were 2 separate communication teams established:

- *Community Engagement Team* – responsible for engaging different cultural groups and trusted community leaders in the translation, interpretation and distribution of complex public health messaging and identification of appropriate communication channels, including collaboration with Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities
- *COVID-19 Vaccine Communications Team* – responsible for providing information about, and promoting, the vaccination program to the community including where and how to access vaccines.

These teams collaborated to ensure vaccine messages were tailored to all members of the community including those with additional vaccine needs (see [Specialist vaccination clinics](#)).

⁴⁴ National testing benchmarks are set out in the Australian National Disease Surveillance Plan for COVID-19. At the time of drafting this report, the most recent version of this Plan (V3.0) was available online at [Australian National Disease Surveillance Plan for COVID-19](#) (health.gov.au). Throughout this phase of the response, the testing ratio fluctuated between 0.80 and 2.43 (tests per 100,000 residents).



The PICC continued to be responsible for delivering responsive messaging to the community. Daily media statements and live-streamed press conferences were an ongoing feature and useful tool for updating Canberrans about the status of emerging outbreaks and the changing public health situation. A particular focus remained on helping the community to understand which public health restrictions were changing and why.

At every review of public health restrictions, clear and concise messaging was developed so Canberrans could remain informed about changing travel advice, border closures, the need to quarantine and other rapidly changing information. All messaging was maintained on the ACT Government COVID-19 Website and social media, and used in media statements.

Vaccination

The development of vaccines effective at reducing severe disease and death from COVID-19 were a major turning point in the pandemic response. Early results from other countries suggested that as vaccine coverage increased, it would enable decreasing reliance on community and individual actions to prevent poor health outcomes as a result of COVID-19 spread. As well as protecting those most at risk of disease, it would likely be the fastest and most effective way to enable businesses and events to return to pre-pandemic operations.

Doses of the initial AstraZeneca vaccine were expected to be available in Australia in early 2021. Significant work occurred to prepare for the ACT rollout of the national COVID-19 Vaccination Program starting 22 February 2021.

On 13 November 2020, the Commonwealth released the Australian COVID-19 Vaccination Policy which set out the roles and responsibilities of government for delivery of the national vaccination program.⁴⁵ The Australian Government was responsible for:

- selecting and purchasing COVID-19 vaccines
- ensuring COVID-19 vaccines met required safety standards
- transporting and distributing vaccines among jurisdictions
- developing a national communications campaign
- setting minimum data collection and reporting requirements

⁴⁵ On 19 August 2020, the Prime Minister had previously released a National COVID-19 Vaccine and Treatment Strategy, that set out the Australian Government's approach to securing a safe and effective supply of COVID-19 vaccines, needles and syringes. Under the Strategy, the Commonwealth was responsible for securing the supply of vaccines and for streamlining the Therapeutic Goods Administration (TGA) regulatory approval processes for rapid program rollout. States and territories were responsible for delivery of the program within their own jurisdictions.

- specifying priority populations to receive vaccination.

The Australian Government would run the vaccination program for residents and staff of aged care and disability care facilities.

States and territories were responsible for:

- administering vaccines to the public in state-run clinics
- supplementing the activities of doctors and pharmacists in the primary care sector who were traditionally responsible for vaccination.

The Australian Government indicated its intention to secure 4 vaccines, should they prove to be safe, effective and readily available:

- University of Oxford AstraZeneca vaccine (AstraZeneca vaccine)⁴⁶
- Pfizer and BioNTech vaccine (Pfizer vaccine)⁴⁷
- Moderna vaccine⁴⁸
- Novavax vaccine.⁴⁹

Cohort prioritisation

As vaccine supplies were initially limited, on 7 January 2021, the Department of Health and Aged Care released Australia's [COVID-19 Vaccine National Rollout Strategy](#), informed by the Australian Technical Advisory Group on Immunisation (ATAGI).⁵⁰ This provided priority sites and cohorts for vaccination as doses became available, based on populations most at risk of developing severe disease from COVID-19 infection, or most at risk of exposure to COVID-19 and/or spreading it to people at high risk of severe disease (see [Figure 10](#)).

As global manufacturing increased, additional vaccine doses became available in Australia and capacity of vaccination clinics increased, vaccines would be rolled out to additional priority groups.

⁴⁶ TGA. [TGA provisionally approves AstraZeneca's COVID-19 vaccine](#): Published 16 February 2021; Hunt, G. [Doorstop interview on the arrival of AstraZeneca vaccines in Australia](#). Published: 28 February 2021.

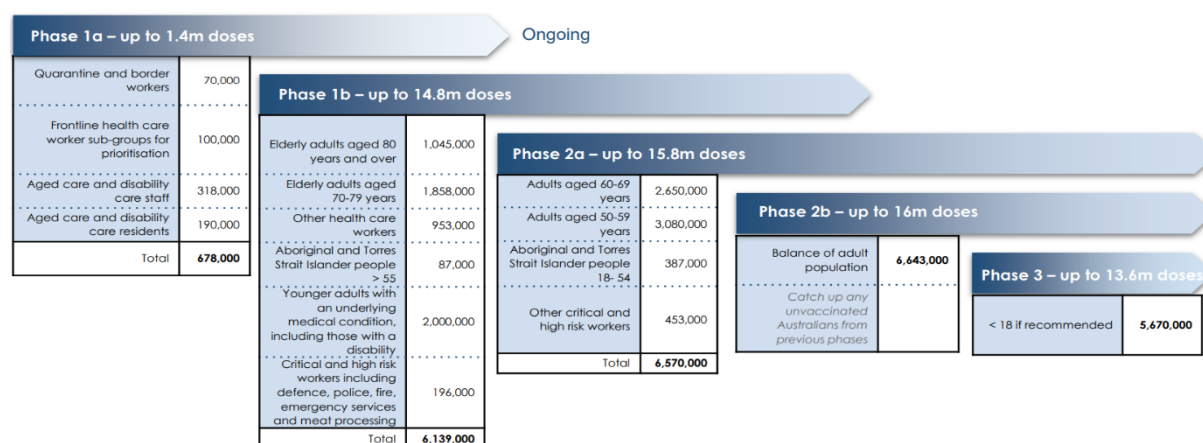
⁴⁷ Department of Health and Aged Care. [TGA provisionally approves Pfizer/BioNTech COVID-19 vaccine for use in Australia](#): Published 25 January 2021; Hunt, G., & Kelly, P. [Doorstop interview about the arrival of COVID-19 vaccine](#): Published 15 February 2021.

⁴⁸ Hunt, G. [Australia secures Moderna vaccines](#). Published 13 May 2021.

⁴⁹ Hunt, G. [Australia secures a further 50 million doses of COVID-19 vaccine](#). Published 5 November 2020. Department of Health and Aged Care. [Nuvaxovid \(Novavax\)](#). Last Updated: 5 October 2022

⁵⁰ ATAGI advises the Australian Government Minister for Health and Aged Care on the National Immunisation Program and other immunisation issues. Its role includes providing advice about the medical administration of vaccines in Australia.

Figure 10: Cohort prioritisation under Australia's COVID-19 Vaccine National Rollout Strategy



Planning

In late 2020, a COVID-19 Vaccination Program team was established to plan for rapid and coordinated administration of vaccines in the ACT. Planning occurred in close collaboration with the Commonwealth and other states and territories, so that common challenges could be identified and resolved, and implementation could be streamlined wherever local context allowed. To support the vaccination of people in the region immediately surrounding the ACT, close cross-jurisdictional collaboration took place with NSW Health to ensure efficient service delivery, consistent messaging and sharing of resources. ACT Health leveraged established New South Wales vaccination training modules which enabled a surge contingent of qualified vaccine administrators to be prepared for large-scale vaccine delivery.

A mass vaccination clinic was established at the Garran Surge Centre, with the ability to administer up to 8,000 vaccine doses per week. A second mass vaccination clinic was identified at the Calvary Public Hospital with the ability to administer 600 to 800 vaccine doses per week, should additional capacity be required.

Implementation

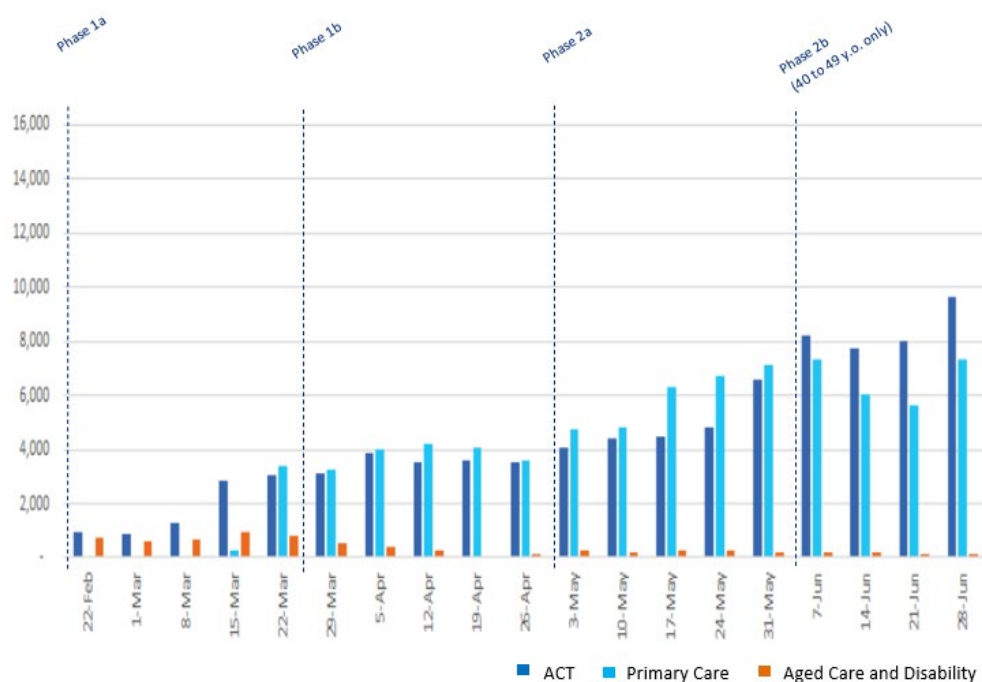
The priority of the ACT COVID-19 Vaccination Program was to deliver a safe, efficient and targeted program for Canberrans consistent with the national policy. Pfizer vaccine supply remained constrained throughout much of 2021. While it was important to prioritise those at greatest risk to minimise the impact of COVID-19, this presented significant practical challenges for implementation. States, territories, and primary care providers needed to rapidly build systems that could assess an individual's eligibility for vaccination. This was particularly challenging in an environment of population-wide demand for vaccination and regular Commonwealth announcements related to upcoming eligibility criteria. To help accommodate these practical challenges in the mass vaccine clinics, in March 2021 ACT Health stood up a local booking system that integrated with MyDHR (Digital Health Records) as well as a telephone-based appointment service.

Individuals were screened for eligibility and suitability⁵¹ prior to booking in their vaccination.

The Australian Government established an online Vaccine Clinic Finder for individuals seeking vaccination from the primary care sector to self-assess their eligibility and find a vaccine clinic in their local area. While helpful in connecting patients with local general practitioner (GP) and pharmacy clinics, it was up to the clinics themselves to provide a booking system and to ensure that individuals were eligible and suitable for vaccination. Local GPs and pharmacies rose to the challenge and were key partners in vaccinating the ACT population (see [11](#)).

On 22 February 2021, the ACT commenced delivery of Phase 1a of the COVID-19 Vaccination Program at the Garran Surge Centre. The ACT initially focused on administering vaccines to frontline healthcare, quarantine and border workers as these groups were at greater risk than other priority groups in Phase 1a due to no community spread at the time. The initial uptake of the vaccine by the eligible workforce was strong. By 15 March 2021, a total of 6,986 vaccinations had been administered at Garran Surge Centre, exceeding the estimated cohort size of 4,000 (see [Figure 11](#)). Only the Pfizer vaccine was available in the initial weeks of the program, with the AstraZeneca vaccine available from 10 March 2021.

Figure 11: COVID-19 vaccines administered in the ACT, by delivery channel (to end June 2021)⁵²



Rollout to Phase 1b recipients (see [Figure 11](#)) began on 22 March 2021, when vaccine supply became available. It was estimated about 100,000 Canberrans would be eligible for vaccination under Phase 1b. Initially, there were 5,000 to 8,000 doses delivered to the

⁵¹ Early in the COVID-19 response, ATAGI recommended against the vaccination of pregnant women and other individuals with specific health characteristics until vaccine safety could be demonstrated.

⁵² Figure provided by the [Cwlth Department of Health and Aged Care. COVID-19 vaccine rollout jurisdictional breakdown](#). Published: 16 August 2021. Phase markers added.

Territory on a weekly basis, to be shared across ACT Government clinics, primary care and Commonwealth programs. This allocation was used each week (see [Figure 11](#)) until supply increased in May 2021.

Phase 2a delivery commenced on 3 May 2021 and coincided with the opening of the clinic at Calvary Public Hospital. To streamline operations across both clinic sites, the Calvary Clinic was a dedicated AstraZeneca vaccine clinic and its capacity increased to up to 1,000 doses per week. This meant that the Garran Surge Centre was reserved for administration of the Pfizer vaccine, making operations more efficient at both sites. Any AstraZeneca vaccine supply above what the Calvary Clinic could administer was given to primary care providers to extend vaccine provision capacity. The Phase 2a cohort (see [Figure 10](#)) captured about 120,000 additional Canberrans and demand surged. Despite the challenges of a vaccine rollout of this size and complexity, by the time Phase 2b (see [Figure 10](#)) began on 3 June 2021, ACT Government clinics had administered 51,390 doses of COVID-19 vaccines to residents of the ACT and surrounding region, and began operating at maximum capacity, delivering more than 8,000 vaccine doses weekly.

Specialist vaccination clinics

Along with the rollout of mass vaccination clinics, CHS was responsible for the delivery of several specialist vaccination clinics throughout the pandemic response, to enable all eligible people to access vaccination, if they chose to. The Access and Sensory Clinic was one of the first clinics to be established at the Garran Surge Centre from 1 June 2021. This low-volume clinic provided up to 108 appointments weekly and operated 2 days each week. It catered to people with disability or sensory challenges that prevented them from easily accessing mainstream vaccination services. Each appointment offered a patient the opportunity to be vaccinated with a carer or family member, as well as a quiet space for post vaccination in-chair recovery.

Vaccine Safety Management

An adverse event following immunisation (AEFI) is any untoward medical occurrence that follows immunisation. These events may be caused by the vaccine(s) or may occur by chance (that is, the event would have occurred regardless of vaccination). Monitoring AEFI facilitates early detection of emerging safety concerns and plays an important role in supporting public confidence in vaccines and informing evidence-based immunisation policy.

AEFI are a notifiable condition under the *ACT Public Health Act 1997* and must be notified by medical practitioners, registered nurses, pharmacists or other health professionals to the Immunisation Unit, Communicable Disease Control, Health Protection Service.

With the rollout of the novel COVID-19 vaccines, the ACT Immunisation Unit participated in supporting national efforts for enhanced surveillance of AEFI to detect early safety signals. AEFI reports were received passively through notifications made by health professionals and members of the public, and complemented by active surveillance through the AusVaxSafety programs sending automated SMS questionnaires at specified time points to participating vaccine recipients.

Serious AEFIs and adverse events of special interest were investigated by ACT Health. Following existing processes for any other AEFI, all notifications received following a COVID-19 vaccine were forwarded to the Therapeutic Goods Administration (TGA). De-identified AEFI data collected in the ACT contributed to the national AusVaxSafety COVID-19 vaccine safety surveillance and research. To support these efforts, education was provided to ACT health professionals to support AEFI notifications, and information to support health professionals and members of the general public was provided on the ACT Health website.

An online system was developed to support direct notification by health professionals and members of the public, and to provide a streamlined process for reporting and follow-up by ACT Health.

Key events, decisions and activities | 1 May 2020 to 25 June 2021

ACT

08 May 2020	Canberra Recovery Plan launched to guide relaxation of public health emergency arrangements in the ACT. Gatherings of up to 10 people permitted.	17 May 2020	RACF staff and visitors not permitted onsite if they have been overseas or have COVID-19 symptoms.
15 May 2020	Select non-essential businesses are permitted to reopen with up to 10 people and density limits.	29 May 2020	Gatherings of up to 20 people and non-essential businesses can reopening with up to 20 people and density limits.
19 June 2020	Gatherings of up to 100 people and non-essential businesses can reopen with up to 100 people and density limits.	26 June 2020	Multiple RACF visits allowed daily by up to 2 people for care and support or at end-of-life.
03 July 2020	Domestic border restrictions: Travellers from Victorian COVID-19 hotspot locations must quarantine for 14 days on arrival.	08 July 2020	Domestic border restrictions: State-wide restrictions on all travel to and from Victoria to the ACT.
13 July 2020	Garran and West Belconnen testing clinics are opened to the public.	16 July 2020	Domestic border restrictions: Travellers from NSW COVID-19 hotspot locations must quarantine for 14 days on arrival.
23 July 2020	Chief Minister announced the ACT would not move forward with Stage 3 easing of restrictions.	30 July 2020	Kambah drive-through testing site opened to the public.
10 Aug 2020	Revised Canberra Recovery Plan released, setting out additional actions for the relaxation of public health emergency arrangements		
09 Sep 2020	Check In CBR launched to help contact tracing and support business and community to comply with public health directions.		
09 Oct 2020	Domestic border restrictions: NSW COVID-19 hotspot quarantine requirements lifted for all domestic travellers.		
17 Nov 2020	ACT joined the NSW Wastewater COVID Surveillance Program.	19 Nov 2020	Domestic border restrictions: Travellers from COVID-19 hotspot locations must quarantine for 14 days on arrival.
22 Nov 2020	Domestic border restrictions: Victorian COVID-19 hotspot quarantine requirements lifted for all domestic travellers.	25 Nov 2020	The Safeguarding Canberrans (SCAN) Program is introduced in response to a national review of quarantine arrangements.
08 Dec 2020	Domestic border restrictions: South Australian COVID-19 hotspot quarantine requirements lifted for all domestic travellers.	11 Dec 2020	GIO Stadium & Manuka Oval permitted to operate at 65% capacity. Cinemas & theatres permitted to operate at 50% capacity.
18 Dec 2020	Domestic border restrictions: Travellers from NSW Northern Beaches hotspot to quarantine for 14 days. Extended to other hotspot locations from 21 Dec 2020.		



ACT

**29 Jan
2021**

Domestic border restrictions: NSW COVID-19 hotspot quarantine requirements lifted for all domestic travellers.

**20 Feb
2021**

'COVID normal' milestone achieved under the revised Canberra Recovery Plan. Gatherings of up to 1,000 people and removal of occupancy limits for non-essential business.

**22 Feb
2021**

Gatherings of up to 20 people and non-essential businesses can reopening with up to 20 people and density limits.

**22 Mar
2021**

Phase 1b of the COVID-19 Vaccination Program begins.

**14 Apr
2021**

Occupancy limits lifted permitting all ticketed and seated venues to operate at full capacity.

**03 May
2021**

Phase 2a of the COVID-19 Vaccination Program begins.
Calvary Clinic opened as an Astra Zeneca only clinic.

**01 June
2021**

Access and Sensory Clinic is established at the Garran Surge Centre.

**03 June
2021**

Phase 2b of the COVID-19 Vaccination Program begins for adults aged 40 to 49 years.

05

Response to the Delta Strain

26 June 2021 to
25 November 2021



Chapter Five: Response to the Delta strain – 26 June 2021 to 25 November 2021

This chapter sets out the context and actions taken in response to community spread of the Delta variant of COVID-19 in the ACT. A summary of key events, decisions and activities undertaken during this period are provided at the conclusion of this chapter.

Key considerations and context which influenced decision-making

- Delta variant of COVID-19 (Delta variant) was first detected overseas in late 2020 and named by WHO on 31 May 2021. The Delta variant was significantly more transmissible and severe than previous variants, causing health systems to be overwhelmed in outbreaks overseas.⁵³
- Early data from countries with a vaccine program and Delta variant outbreaks suggested that vaccines were decreasing the size and impact of outbreaks.⁵⁴
- The Delta variant was first detected in Australia in June 2021, and its impacts were carefully monitored and assessed to support ACT planning and preparation.
- In the ACT, the Delta variant was first detected in August 2021, and based on learnings in other jurisdictions, the transmissibility of the Delta strain and potential impacts on the health system, the decision to take rapid action to enact a Territory-wide lockdown of non-essential activities to limit spread was enacted.
- Early in the Delta outbreak, the overarching public health strategy was to continue to slow the COVID-19 spread using PHSM and TTIQs, which could then be eased pending the attainment of vaccination targets.
- The National Plan to Transition Australia's National COVID-19 Response guided the actions of the Commonwealth, states and territories throughout this period. The ACT COVID-19 Pathway Forward set out ACT-specific steps for delivering the National Plan.

⁵³ The Lancet – Hospital admission and emergency care attendance risk for SARS-Cov-2 delta (B.1.617.2) compared with alpha (B.1.1.7) variants of concern: a cohort study. Published: 27 August 2021

⁵⁴ Medrxiv – Effectiveness of COVID-19 vaccines against the B.1.617.2 variant <https://www.medrxiv.org/content/10.1101/2021.05.22.21257658v1>

Overview

Global

In early 2021, a new form of the virus, the Delta variant was identified overseas. Throughout 2021 there was a rise in Delta variant cases worldwide. This variant was seen to be significantly more transmissible (40 to 80 per cent) and caused more severe disease than the initial variant. The number of people being hospitalised globally was increasing, and there were concerns raised by the WHO that cases were being under-reported.⁵⁵

Evidence was emerging globally showing people who were fully vaccinated with at least 2 doses of an approved COVID-19 vaccine were significantly less likely to become seriously ill and require hospitalisation if they contracted known variants of the virus.⁵⁶ Studies also suggested that vaccination could reduce the risk of Delta variant transmission between fully vaccinated individuals by around 50 per cent, compared with unvaccinated persons.⁵⁷

Evidence regarding specific treatments was also emerging, including treatment options for those with severe disease in hospital and options to decrease progression to severe disease.

National

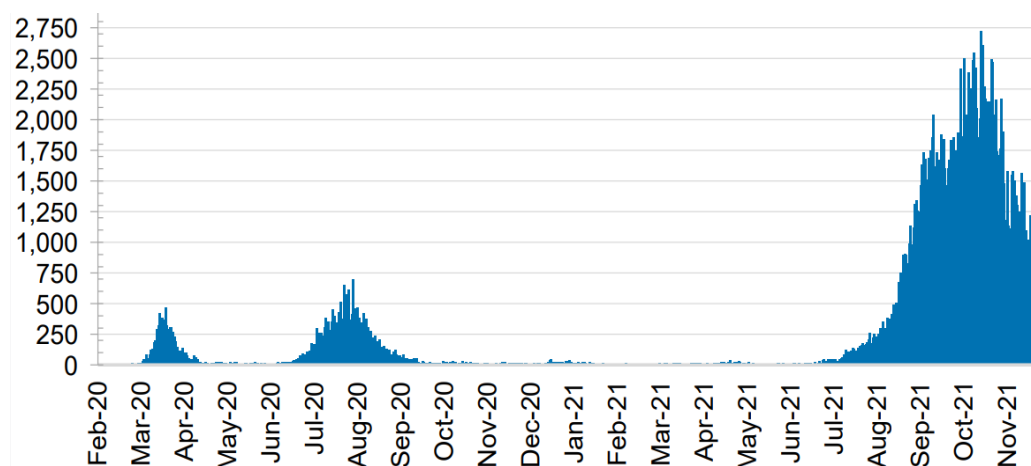
In late June 2021, there was an outbreak in New South Wales (Sydney), with subsequent identification of associated cases throughout Australia and rapid spread into several LGAs. Within days, the Delta variant was identified as the cause. Similar outbreaks occurred in Queensland, the Northern Territory, Western Australia, South Australia and Victoria (see [Figure 12](#)).

⁵⁵ WHO. (2021). [Delta variant, a warning the COVID-19 virus is getting 'fitter and faster'](#). UN News. Published: 30 July 2021.

⁵⁶ Sheikh, A., McMenamin, J., Taylor, Bob., & Robertson, C. (2021). SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission and vaccine effectiveness. *Lancet* 2021 June 26. DOI: [10.1016/S0140-6736\(21\)01358-1](#); Andrews N, Tessier E, Stowe J, et al. Duration of protection against mild and severe disease by COVID-19 vaccines. *New England Journal of Medicine* 386(4), 340-350. DOI: [10.1056/NEJMoa2115481](#); Lopez, B.J., Andrews, N., Gower, C., Robertson, C., Stowe, J., & Tessier, E. et al. Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on COVID-19-related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study. *British Medical Journal*, 373 (1). DOI: [10.1136/bmj.n1088](#).

⁵⁷ Eyre, D.W., Taylor, D., Purver, M., Chapman, D., Fowler, T., Pouwels, K.B., Walker, A.S., & Peto T.E.A. (2021). The impact of SARS-CoV-2 vaccination on Alpha and Delta variant transmission. *medRxiv* 2021.09.28.21264260. DOI: [10.1101/2021.09.28.21264260](#); Vitiello, A., Ferrara, F., Troiano, V., & La Porta, R. (2021). COVID-19 vaccines and decreased transmission of SARS-CoV-2. *Inflammopharmacology*. Doi: [10.1007/s10787-021-00847-2](#).

Figure 12: Daily confirmed COVID-19 cases in Australia, by date of notification⁵⁸



In June 2021, The Australian Government’s public health focus continued to be on slowing the spread of COVID-19 until high vaccine coverage could be reached.

There was still a need for all jurisdictions to maintain a robust quarantine program for returning international travellers and for contacts. Jurisdictions remained optimistic that public health restrictions would slow local spread if COVID-19 escaped the quarantine system, including for the existing outbreaks. This informed the [National Plan to transition Australia’s National COVID-19 Response](#) (the National Plan) which was agreed on 6 August 2021 (see [Appendix D.4](#)).

The National Plan outlined actions to transition Australia’s National COVID-19 Response from pre vaccination settings which focused on continued suppression of community transmission, to post vaccination settings which focused on prevention of serious illness, hospitalisation and death. The National Plan outlined 4 phases to reduce public health restrictions until COVID-19 was managed similarly to infectious diseases, with a focus on prevention of serious illness.⁵⁹ It leveraged the extensive modelling work done by the Doherty Institute and economic analysis was undertaken by the Department of Treasury to inform public health targets based on anticipated rates of COVID-19 spread, severity and vaccine effectiveness.⁶⁰ The National Plan made clear that vaccination would be the driver that allowed Australia to transition away from public health measures and set out a graduated pathway from pre-to-post vaccination settings. AHPPC statements in July 2021 recognised that there was an option for fully vaccinated people to be subject to less restrictive public health directions, dependent on the situational level of concern, commencing with differential quarantine arrangements for returning international

⁵⁸ Table taken from the COVID-19 at a glance Infographic produced by the Department of Health and Aged Care, dated 30 November 2021: [COVID at a glance \(health.gov.au\)](#).

⁵⁹ Morrison, S. (2021). National Cabinet Statement. [Transcript 44093 | PM Transcripts](#). Published: 6 August 2021.

⁶⁰ Morrison, S. (2021). Press Conference. [Transcript 43512 | PM Transcripts](#); Doherty Institute. (2021). [Modelling Report for National Cabinet, 30 July 2021](#). Of note, the modelling suggested that less stringent PHSMs would be needed as vaccination coverage increased. At 70 per cent vaccination coverage (16+), the rate of severe infection would be reduced in an uncontrolled outbreak, at 70 to 80 per cent vaccination coverage (16+), the rate of severe infection would be greatly reduced in an uncontrolled outbreak, and vaccinating young adults (under 40) offered the greatest transmission reduction potential.

travellers, and foreshadowing that this differential recognition of vaccination status would likely extend to other response settings.⁶¹

While it offered a pathway forward, AHPPC cautioned that the modelling upon which the National Plan was built relied upon initial variant transmission patterns. This uncertainty remained at the forefront of decision-making when the public health risk presented by the Delta variant was assessed during reviews of public health actions.

ACT

The ACT aligned with the national goal of decreasing spread as much as possible while working to increase vaccination coverage rapidly. High vaccination coverage would enable easing of public health actions even in the presence of ongoing community transmission. As the Delta variant was much more transmissible and severe than earlier strains, during this phase ACT Health focused on:

- expanding capability to thoroughly investigate cases and manage outbreaks, surging the workforce as increasing case numbers and outbreaks in high-risk settings occurred nationally and in the ACT
- increasing mass testing clinic capacity
- ongoing surveillance activities, supported by whole genomic sequencing for strain detection on a sample of positive PCR tests
- ensuring ACT Government-facilitated quarantine facilities had capacity to support increasing numbers of local cases and contacts, particularly for individuals who did not have appropriate locations to safely isolate or quarantine
- instituting a high level of PHSMs when the impacts of Delta were first experienced in the ACT, with review and modification of settings in response to the local epidemiology, and as vaccine coverage targets were reached
- ongoing isolation of positive cases, rigorous contact tracing and quarantine of close, casual and secondary contacts, with review of these settings as vaccine coverage targets were reached
- provision of targeted support for high-risk settings and communities, and settings where transmission risk and subsequent risk of severe disease was highest
- scaling up the ACT COVID-19 Vaccination Program to meet targets as soon as possible.

The ACT was well placed to respond to COVID-19 cases during this period due to the efforts of the ACT community in following health advice and public health social measures, fully operational mass testing clinics, and established quarantine and isolation programs including wellbeing supports. These activities helped to decrease community transmission in the ACT while allowing time for increasing vaccination coverage rates in the population.

⁶¹ AHPPC. (2021). [Statement on public health management of persons fully vaccinated against SARS-CoV-2](#). Published: 9 July 2021.

ACT epidemiology

On 12 August 2021, there were 4 COVID-19 cases identified in the ACT, along with positive COVID-19 wastewater detections. At the time that the cases were identified, based on what was known to be circulating nationally at the time, they were likely to be Delta variant. The samples were sent for whole genome sequencing⁶² which subsequently confirmed that they were the Delta variant. Due to the transmissibility of the Delta strain and the experience of other countries and Australian states, a decision to take rapid action to enact a Territory-wide lockdown of non-essential activities was made on 12 August 2021 ([NI2021-480](#)).

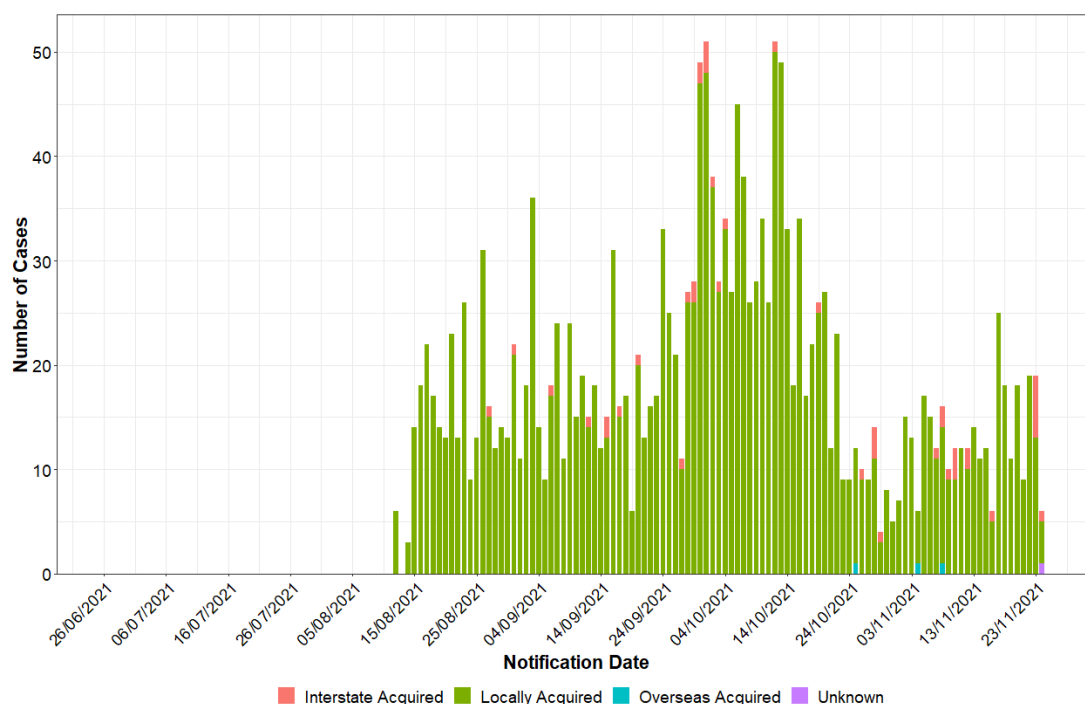
On 13 August 2021, there were 4 additional cases identified which led to the identification of multiple clusters. From these, there continued to be additional cases identified and case numbers continued to increase. Cases peaked at the end of September 2021 and had stabilised by mid-October 2021 (see [Figure 13](#)). This pattern of transmission was slightly ahead of, but broadly aligned with, New South Wales and Victoria (see [Figure 12](#) for national trends).

Most cases were locally acquired and contact tracing identified most cases to be linked to a known cluster.

Over this period, ACT total case numbers increased from 124 cases up until 25 June 2021 to 2,007 cases up until 29 November 2021. Sadly, the total number of reported COVID-19-related deaths increased during this period, from 3 to 14. From August 2021 until 29 November 2021, there were 154 people with COVID-19 who had been hospitalised, with 38 requiring intensive care treatment. Of these 38, only 6 had been fully vaccinated. Unlike the experience with the initial variant, the PHSMs and TTIQs measures that were applied slowed, but did not stop, local spread of the Delta variant.

⁶² ACT Health collaborated throughout the COVID-19 outbreak with the ANU to undertake whole genomic sequencing for strain detection on positive COVID-19 PCR samples taken in the ACT. This contributed to local and national variant surveillance.

Figure 13: ACT COVID-19 Cases, by date of diagnosis, 09 August 2021 to 25 November 2021



Actions for the community: Public health and social measures

Domestic border restrictions

Following the arrival of the Delta variant to Australia and consistent with Phase A of the National Plan, the ACT acted quickly to introduce domestic border restrictions as COVID-19 affected areas were identified. The list of COVID-19 affected areas needed to be reviewed and updated daily, through the COVID-19 Areas of Concern notice, with updates announced at daily press conferences and notices published on the ACT Government COVID-19 website. The number of COVID-19 affected areas grew rapidly from June 2021 as outbreaks occurred, culminating with the entire states of New South Wales and Victoria being affected (see [Table 2](#)). During this period, other jurisdictions were also placing similar restrictions on travel. As the number of affected areas increased, interstate travel was significantly limited and required an increasing number of Canberrans to quarantine (see [Quarantine](#)).

All affected travellers were required to obtain an approved exemption from ACT Health or to complete a self-declaration form prior to arrival ([NI2021-355](#)). Travellers were required to quarantine for 14 days immediately upon arrival in the ACT, or to stay-at-home under quarantine conditions and monitor for symptoms while awaiting COVID-19 test results.⁶³

⁶³ For simplicity, the information in Table 2 refers to quarantine and stay-at-home requirements collectively as 'quarantine'. The effective difference being that people subject to stay-at-home requirements could leave quarantine arrangements if they tested negative to a COVID-19 test and did not have the symptoms of COVID-19.

Table 2 summarises additional border restrictions.

Table 2: Domestic border restrictions implemented in the ACT, by date of announcement⁶⁴

Date	Border restrictions (Travel from...)
23 June 2021	<ul style="list-style-type: none"> • Sydney LGAs including City of Sydney, Waverley, Randwick, Canada Bay, Inner West, Bayside and Woollahra from 16:00 on 23 June 2021 must stay-at-home. • Greater Sydney LGAs, including Greater Sydney, Central Coast, Nepean Blue Mountains, Wollongong and Shellharbour must complete an online declaration. <p><i>Note: [Greater] Sydney LGA restrictions were extended to include multiple metropolitan locations on 25 June 2021, replaced on 14 August 2021 with Whole of New South Wales restrictions (see below).</i></p>
25 June 2021	<ul style="list-style-type: none"> • Metropolitan Sydney including Bayside, Blacktown, Burwood, Camden, Campbelltown, Canada Bay, Canterbury-Bankstown, City of Sydney, Cumberland, Fairfield, Georges River, Hornsby, Hunters Hill, Inner West, Kuring-gai, Lane Cove, Liverpool, Mosman, North Sydney, Northern Beaches, Parramatta, Penrith, Randwick, Ryde, Strathfield, Sutherland Shire, The Hills, Waverley, Willoughby and Woollahra arriving from 16:00 on 25 June 2021 must stay-at-home. <p><i>Note: Metropolitan Sydney restrictions were replaced on 14 August 2021 with Whole of New South Wales restrictions (see below).</i></p>
28 June 2021	<ul style="list-style-type: none"> • Greater Sydney, including the Central Coast, Blue Mountains, Wollongong and Shellharbour regions arriving from 00:01 on 21 June 2021 must quarantine. • Darwin, Palmerston and Litchfield regions arriving from 16:00 on 27 June 2021 must quarantine, and from 22 June 2021 complete an online declaration. <p><i>Note: ACT residents were advised not to travel to Greater Sydney, and strongly encouraged to reconsider domestic travel plans. Northern Territory restrictions were lifted from 2 July 2021. Greater Sydney restrictions were replaced on 14 August 2021 with Whole of New South Wales restrictions (see below).</i></p>
29 June 2021	<ul style="list-style-type: none"> • Southeast Queensland, Townsville, Magnetic Island and Palm Island arriving from 18:00 must quarantine, and if arriving from 19 June 2021 must complete an online declaration. • Perth and Peel regions (Western Australia) arriving from 12:00 must quarantine or, if arriving between 22 and 29 June 2021, must complete an online declaration. <p><i>Note: Quarantine restrictions were lifted for Peel, Perth, Southeast Queensland, Townsville, Magnetic Island and Palm Island from 3 July 2021. Declaration form restrictions were lifted for Western Australia from 14 July 2021 and for Queensland from 8 August 2021.</i></p>

⁶⁴The contents of Table 2 is not exhaustive. In addition to the border restrictions listed, anyone travelling from a close contact exposure site was required to complete an online declaration and quarantine upon arrival to the ACT. Site lists could be updated daily and required ongoing monitoring by ACT Health and travelling members of the community.

Date	Border restrictions (Travel from...)
30 June 2021	<ul style="list-style-type: none"> Whole of state of Victoria in the last 14 days must complete online declaration. <p><i>Note: Restrictions were lifted for Victoria from 8 July 2021 but reintroduced on 14 July 2021.</i></p>
1 July 2021	<ul style="list-style-type: none"> Alice Springs arriving from 18:00 on 30 June 2021 must quarantine. <p><i>Note: Restrictions were lifted for Alice Springs from 2 July 2021.</i></p>
9 July 2021	<ul style="list-style-type: none"> Alice Springs, Charlotte, Dundee Beach, Elrundie, Elyuen, Cox Peninsula, Dundee Downs, Litchfield, Bynoe, Darwin, Dundee Forest and Palmerston arriving in the last 14 days must complete an online declaration. <p><i>Note: Restrictions were lifted from 14 July 2021.</i></p>
15 July 2021	<ul style="list-style-type: none"> Whole of Victoria arriving from 23:59 on 15 July 2021 must quarantine and non-residents cannot travel to the ACT without exemption. <p><i>Note: Restrictions were lifted on 27 July 2021. Instead, Victorian travellers were required to complete an online declaration form prior to travel.</i></p>
20 July 2021	<ul style="list-style-type: none"> South Australia travelling from 23:59 must quarantine, and non-residents cannot travel to the ACT without exemption. <p><i>Note: Restrictions were lifted on 27 July 2021. Instead, South Australia travellers were required to complete an online declaration form prior to travel.</i></p>
21 July 2021	<ul style="list-style-type: none"> Orange City Council, Blayney Shire Council and Cabonne Shire Council (regional New South Wales) from 23:59 on 14 July 2021 must quarantine. <p><i>Note: Restrictions were lifted on 27 July 2021.</i></p>
2 August 2021	<ul style="list-style-type: none"> Brisbane City, Gold Coast, Ipswich City, Lockyer Valley, Logan City, Moreton Bay, Noosa Shire, Redland City, Scenic Rim, Somerset and Sunshine Coast Regional Council from 21 July 2021 must quarantine. <p><i>Note: restrictions were lifted on 8 August 2021. Instead, Queensland travellers were required to complete an online declaration form prior to travel.</i></p>
5 August 2021	<ul style="list-style-type: none"> Whole of Victoria arriving from 23:59 must quarantine. Coffs Harbour, Shoalhaven, Wingecarribee, Dubbo, Mid-Western Regional, Armidale, Newcastle, Lake Macquarie, Maitland, Port Stephens, Cessnock, Dungog, Singleton and Muswellbrook City Council areas from 23:59 must quarantine and apply for exemption prior to travel. <p><i>Note: Restrictions were lifted for regional Victoria from 9 August 2021, for Greater Melbourne from 19 August 2021. New South Wales restrictions replaced on 14 August 2021, see below.</i></p>
9 August 2021	<ul style="list-style-type: none"> Tamworth Regional Council, Byron Shire, City of Lismore, Ballina Shire and Richmond Valley Council regions (New South Wales), and Cairns and Yarrabah (Queensland) LGAs must quarantine. <p><i>Note: Restrictions were lifted from 11 August 2021 for Cairns and Yarrabah travellers. New South Wales restrictions were replaced on 14 August 2021, see below.</i></p>
12 August 2021	<ul style="list-style-type: none"> Whole state of New South Wales travelling from 17:00 must first be issued an exemption. This does not apply to surrounding New South Wales postcodes subject to a standing exemption: 2581, 2582, 2584, 2611, 2618, 2619, 2621, 2623 and 2626. <p><i>Note: Restrictions were replaced on 12 October 2021, see below.</i></p>

Date	Border restrictions (Travel from...)
14 August 2021	<ul style="list-style-type: none"> Whole state of New South Wales if travelling after 17:00 must quarantine (as well as applying for exemption, refer to 12 August 2021). This does not apply to surrounding New South Wales postcodes, as listed above. <p><i>Note: Restrictions were replaced on 12 October 2021, see below.</i></p>
16 August 2021	<ul style="list-style-type: none"> Greater Darwin and Katherine if travelling after 18:00 must quarantine. <p><i>Note: Restrictions were lifted on 20 August 2021.</i></p>
22 August 2021	<ul style="list-style-type: none"> Whole of Victoria travelling from 18:00 must quarantine, and an exemption must first be issued to travel to the ACT. <p><i>Note: Restrictions were lifted on 1 November 2021.</i></p>
12 October 2021	<ul style="list-style-type: none"> Whole state of New South Wales must first be issued an exemption. This does not apply to expanded list of New South Wales postcodes that are subject to a standing exemption: 2580, 2536, 2537, 2545, 2546, 2548, 2549, 2550, 2551, 2571 to 2579, 2581 to 2588, 2594, 2611, 2618 to 2633, 2642, 2649, 2653, 2720, 2722, 2726, 2727, 2729, 2730, 2803 and 2808. Standing exemptions only apply for approved reasons, such as undertaking essential work, accessing childcare and providing care. <p><i>Note: Additional postcodes were included throughout October, before restrictions were lifted on 1 November 2021.</i></p>

Maintaining a mechanism for essential movement between the adjoining regional New South Wales areas and the ACT was of particular importance given the ACT's geographic position and high cross-border movement by residents in both directions. The creation of a 'travel bubble' allowing unhindered access between bordering New South Wales regional areas and the the ACT in October 2021, was the result of rapid direct engagement and negotiation between ACT and New South Wales governments and the issuing of (largely) aligned public health directions from both jurisdictions. Standing exemptions were developed within the ACT to support ease of movement within the 'travel bubble'.

From 1 November 2021, a different approach to managing border travel was taken, due to the widespread effect of restrictions nationally, with a focus on managing highest risk situations. Domestic travel was permitted from all states into the ACT without the need to quarantine, provided travellers had not been to an identified exposure site in any jurisdiction or were not a contact. However, if a traveller had been at an identified exposure site in any jurisdiction or was a contact, the requirement to apply for exemption prior to entering the ACT and to quarantine remained in place. In these instances, as vaccinated travellers presented a lower risk of contracting and hence spreading COVID-19, their exemption documentation was generated through an automated process to avoid delays and they were permitted to enter the ACT for any reason. However, unvaccinated travellers who had attended an identified exposure site were only permitted to travel to the ACT for essential reasons, with exemption applications considered on a case-by-case basis ([NI2021-642](#)). This arrangement remained in place until late November 2021 (see [Chapter 6](#)).

Lockdown restrictions

Following the identification of the first COVID-19 Delta variant of concern cases in the ACT, from 12 August 2021, all people in the ACT were required to stay in their residence unless exiting for a permitted purpose, such as obtaining essential goods and services (for example, food and health care), performing essential work or engaging in time limited

exercise in an outdoor space. When outside of the home, people were required to wear a face mask and to physically distance from others ([NI2021-480](#)).

These measures were initially intended to be in place for a short period of 7 days with the strategy of slowing the spread of COVID-19. However, the persistent spread of cases in the ACT and surrounding region (see [ACT epidemiology](#)) meant that restrictions were extended on 18 August 2021 ([NI2021-496](#)), 2 September 2021 ([NI2021-521](#)), and 17 September 2021 ([NI2021-555](#)). Restrictions were in place for 63 days and were not completely eased until 14 October 2021 ([NI2021-590](#)) when cases were on a downward trend. There was evidence that high vaccination rates were an effective protective measure⁶⁵ and vaccine coverage milestones were reached (see [Vaccination](#)).

On 2 September 2021, changes to restrictions were implemented that reflected increased understanding about activities that posed the highest risk of spread (for example, being indoors) and acknowledged the wellbeing benefits of being outdoors. Changes included reopening playgrounds, outdoor fitness stations, dog parks and small increases to the number of people permitted to attend weddings, funerals and time-critical religious ceremonies. Non-essential small retail businesses were permitted to operate click and collect services, essential maintenance and landscaping activities could recommence, and real estate businesses were permitted to conduct one-person property inspections ([NI2021-521](#)). On 9 and 10 September 2021, the construction sector was also reopened subject to strict adherence to the 'ACT Building and Construction Industry COVID-19 Requirements', and there were limits on the type of construction activities that could occur ([NI2021-533](#), [NI2021-534](#)).

Changes also came into effect from 1 October 2021 in accordance with the ACT COVID-19 Pathway Forward (see [Appendix D.2](#)). These changes enabled people to leave their homes for up to 4 hours a day for physical exercise and/or recreational activity, and up to 2 people were able to visit households at any time ([NI2021-590](#)). Nature Reserves and National Parks were permitted to reopen and organised outdoor recreational activities could operate, provided that gathering limits and physical distancing rules were observed.

Staged reopening of non-essential services and gatherings

The ACT again undertook a staged reopening of services under the ACT COVID Pathway Forward (see [Appendix D.3](#)) to ensure that case numbers and the associated health service burden presented by COVID-19 remained manageable. The staged reopening was contingent on national and local vaccination coverage, health system capacity, the effectiveness of PHSM and TTIQ measures, and the local epidemiological situation, including the evolving understanding of the transmissibility and severity of the circulating variant.

⁶⁵ On 13 October 2021, the Chief Health Officer announced publicly that the majority of cases during the lockdown period were identified in unvaccinated individuals. Unvaccinated persons accounted for 72 per cent of all cases, persons with a single dose accounted for 17 per cent of all cases, and only 11 per cent of cases were fully vaccinated (had received 2 doses of a vaccine). High vaccination rates therefore appeared to act as a strong protective measure against severe disease and spread in a local context. Data source: HECC Daily situational reports, 13 October 2021.

The easing of restrictions occurred as planned from 15 October 2021. Specifically, people were permitted to leave their residence, attend public spaces and access non-essential services, provided they physically distanced and wore a face mask (see [Face masks](#)). Up to 25 people were permitted to congregate in public outdoor spaces and visit residences in groups of up to 5 people. Retail services were able to open to the public for click and collect. Small businesses (for example, hairdressers, nail salons and tattoo parlours), gyms and fitness centres, libraries, real estate services, bars and places of worship could reopen so long as they worked to an approved COVID-19 Safety Plan, displayed and adhered to occupancy limits, and ensured that staff and visitors checked in prior to entry ([NI2021-608](#)). Occupancy limits for these services remained conservative at 25 people or one person per 4m².

On 19 October 2021, ACT reached its vaccination target of 80 per cent of eligible population fully vaccinated (for people aged 12 years and older).⁶⁶ In response to achieving the vaccination target from 22 October 2021, and with a stable local epidemiology, the ACT permitted all retail businesses to reopen to the public if they observed density limits of one person per 4m² of usable outdoor and indoor space ([NI2021-617](#)).

From 29 October 2021, changes included the lifting of outdoor and informal gathering limits to 30, increasing the number of visitors allowed in a home to 10 and permitting organised events of up to 500 people. Retail and other non-essential businesses were able to increase their maximum outdoor occupancy rate to 300 people, provided they did not exceed density limits of one person per 2m² ([NI2021-63](#)).

By early November 2021, cases had stabilised (see [ACT epidemiology](#)) and the community had achieved nation-leading vaccination coverage of 95 per cent for people aged 12 years and older (see [Vaccination](#)), allowing the ongoing easing of public health restrictions. From 12 November 2021, limits on informal outdoor gatherings and visitors to residential households were removed. Indoor density limits for most businesses were also eased to 25 people or one person per 2m² (whichever is greater), and restrictions that previously required people to sit while eating and drinking in nightclubs and licensed venues were also removed ([NI2021-674](#)). Only a small number of Indoor Play Centres intended for children who were ineligible for COVID-19 vaccination due to their age remained closed, in view of the increased risk of spread to unvaccinated people in these environments. However, these centres were also permitted to reopen from 26 November 2021, with appropriate density limits in place ([NI2021-694](#)).

High-risk settings

On 13 August 2021, visitor restrictions on people attending residential aged care facilities (RACFs) were revoked ([NI2021-483](#)) as there were broader requirements that prevented people from leaving their homes. As broader restrictions ended, on 15 October 2021, provisions were reintroduced to limit daily visitors to 2 people per resident. On 28 October 2021, residents could receive multiple visitors daily if there were no more than 2 people in attendance at a time ([NI2021-632](#)). These visitor restrictions were removed entirely on 12 November 2021 ([NI2021-674](#)) as vaccine targets were reached, allowing RACFs to base their policies on the individual risk faced by their facility, and taking account of work, health and safety obligations. The Council of the Ageing (COTA) provided advice to RACFs

⁶⁶ ACT Govt. (2021). [ACT reaches 80% of eligible population fully vaccinated](#). Published: 19 October 2021.

on best management practices for visitors,⁶⁷ which helped to reduce risk associated with the relaxation of restrictions. Face masks were also used to reduce risks associated with increased visitors (see [Face masks](#)).

Although not required by public health direction, to manage health facility risks the [CHECC](#) introduced measures that restricted visitor access to all ACT Health facilities, proportionate to the public health risk at the time. On 28 June 2021, restrictions of one visitor per patient per day were applied, coupled with mandatory face mask wearing. From 12 August 2021, visitors were not permitted to attend ACT Health facilities except in exceptional circumstances such as end-of-life care, birthing or for paediatric care. The Canberra Hospital also opened a dedicated COVID-19 ward and the Calvary Public Hospital established a respiratory assessment unit for COVID-19 affected patients to reduce the risk of onsite transmission. Compassionate exceptions were made for visitors on a case-by-case basis if deemed appropriate by the facility.

Support to high-risk settings

The PHECC worked closely with a number of high-risk settings in the ACT, including RACFs and disability care. The PHECC aimed to support and empower these settings to prepare and respond to COVID-19 outbreaks while continuing to provide quality care in a safe environment.

The Residential Aged Care Sector and COVID-19 – Preparedness and Response Plan was developed in August 2020. The plan was developed by ACT Health and members of the Residential Aged Care Facility COVID-19 Working Group, which included representation from key government, private and non-government stakeholders working in the aged care sector. The objective of the plan was to communicate and support education to RACFs regarding preparedness and response arrangements to a COVID-19 outbreak in a RACF.

The COVID-19 – An ACT Operational Plan for People with Disability was developed in September 2020. The plan was developed to complement the Community Services Directorate's COVID-19 Disability Strategy Action Plan and the Australian Government Department of Health's Management and Operational Plan for People with Disability. The plan sought to be inclusive of people with a disability of all ages, regardless of their National Disability Insurance Scheme Status and people with a disability in the full array of life and life circumstances.

The PHECC communicated regularly with the 29 RACFs and numerous disability care providers located within the ACT in a variety of ways. This included facilitating a number of community forums providing COVID-19 updates and preparedness advice, and regularly issuing "CHO alerts" updating settings on changes to Public Health Emergency Directions. The PHECC also provided a dedicated phone and email line for high-risk settings to use when they required advice to support outbreak management, including infection, prevention and control guidance.

Education

In support of lockdown restrictions (see [Lockdown restrictions](#)), the ACT Minister for Education announced that from 13 August 2021 students should remain at home unless in attendance at one of the Territory's 4 specialist schools (Black Mountain, Woden, Malkara,

⁶⁷ A current copy of the code is available at [Industry Code for Visiting in Aged Care Homes - COTA Australia](#).

and Cranleigh).⁶⁸ ACT schools maintained remote learning arrangements throughout Term 3 and part of Term 4 2021, however, remained open in a limited capacity for the children of parents and carers who could not care for children at home, or who were essential workers.

In Term 4, 2021 the ACT Government released the ACT Public Schools return to school plan which was developed in line with advice from AHPPC⁶⁹ and the Health Guidelines for Schools and Early Childhood Education and Care.⁷⁰ The Return to School Plan and the Guidelines provided information for staff, students and families on the COVID Smart operation of schools, including check-in guidance for staff and visitors, physical distancing, and hygiene, cleaning and ventilation.

Staged reopening of schools as outlined in the Health Guidelines for Schools and Early Childhood Education Services⁷¹ was adopted as part of ACT COVID-19 Pathway Forward to ensure learning could be delivered safely and with the lowest possible risk of spread within schools. From 5 October 2021, Year 12 students returned to on-campus learning, with Year 11 students returning from 18 October 2021. Onsite classes resumed for all year levels in public schools by 1 November 2021.

Continuing education safely during COVID-19

The Education Directorate worked closely with ACT Health throughout the pandemic. During the August to October 2021 lockdown, the Education Directorate worked with ACT Health and education sector stakeholders to deliver a Pathway out of Lockdown: Health Guidelines for ACT Schools and Early Childhood Education and Care Services and an associated risk management approach to enable onsite learning and teaching.

Year 12 students returned to onsite learning from 5 October 2021, to allow preparation for the Australian Scaling Test (AST). The AST was staged on 12 to 13 October 2021 for Year 12 students, with thousands of students sitting the test in accordance with COVID Smart preparations. The Health Guidelines remained in place for Term 4, 2021 and Term 1, 2022 with minor adjustments made to ensure the advice remained up to date with latest evidence and epidemiology.

COVID Smart plans and procedures were developed by the Education Directorate, including limiting visitors, mask wearing for all staff and students in years 7 to 12 when indoors, physical distancing, and an increased cleaning schedule.

The Education Directorate worked with ACT Health and stakeholders to develop the ACT Public Schools COVID-19 Management Plan for Term 2, 2022, guided by the National Framework for Managing COVID-19 in Schools and Early Childhood Education and Care.

⁶⁸ ACT Education Directorate. (2021). COVID-19 snap lockdown and ACT public schools. Released: 12 August 2021.

⁶⁹ AHPPC. 2021. Statement on COVID-19, schools and early childhood education and care | Australian. Published: 15 November 2021.

⁷⁰ ACT Govt. (2021). Health Guidelines for Schools and Early Childhood Education Services (including OSHC). Published: Term 4, 2021.

⁷¹ ACT Education Directorate 2021 Health-Guidelines-for-Schools-and-ECEC-including-OSHC_SWD-addendum_FINAL_300921-002.pdf (act.gov.au).

Face masks

As an additional layer of protection against the spread of COVID-19 into the ACT, the ACT mandated the wearing of face masks in certain public indoor settings from 27 June to 9 July 2021 ([NI2021-387](#)). This coincided with lockdown measures and similar face mask requirements in several New South Wales regions. Settings included sites where there was typically a high volume of people present or it was difficult to maintain physical distancing, including public transport, supermarkets, retail stores, hospitality venues, hairdressers, gyms, and health and high-risk settings such as RACFs. The requirements were lifted on 9 July 2021 ([NI2021-422](#)) as additional travel restrictions were implemented (see [Domestic border restrictions](#)).

Face mask requirements were reintroduced when lockdown restrictions were implemented on 12 August 2021 ([NI2021-480](#)) and then continued as a risk reduction measure when restrictions were lifted on 15 October 2021 ([NI2021-608](#), [NI2021-617](#)). Anyone aged 12 years or older was required to wear a mask at all times when leaving home, with exemptions permitted for those who were unable to do so due to health or other specific reasons. From 28 October 2021, this applied only to indoor settings outside a person's residence ([NI2021-633](#)).

From 12 November 2021, with increased movement and interaction in the community and increased visitors to high-risk settings, the ACT required visitors and staff at RACFs and other high-risk settings, including hospitals, care facilities, correctional centres, public passenger vehicles (taxis, buses and rideshare services), schools, childcare and early childhood services to wear a face mask when onsite ([NI2021-666](#)). In line with AHPPC advice,⁷² face masks remained a requirement in most of these targeted settings as a protection measure throughout the remainder of the public health emergency.

Face mask requirements remained for selected settings, such as flights in to and out of Canberra, or in attendance at the Canberra Airport ([NI2021-38](#), [NI2021-401](#)). These environments were considered to present a high risk of COVID-19 spread given the ongoing large number of cases across Australia.

Even when not mandated, during this time people in Canberra were always encouraged to wear face masks in any public indoor setting where physical distancing was not possible, as a COVID safe behaviour.

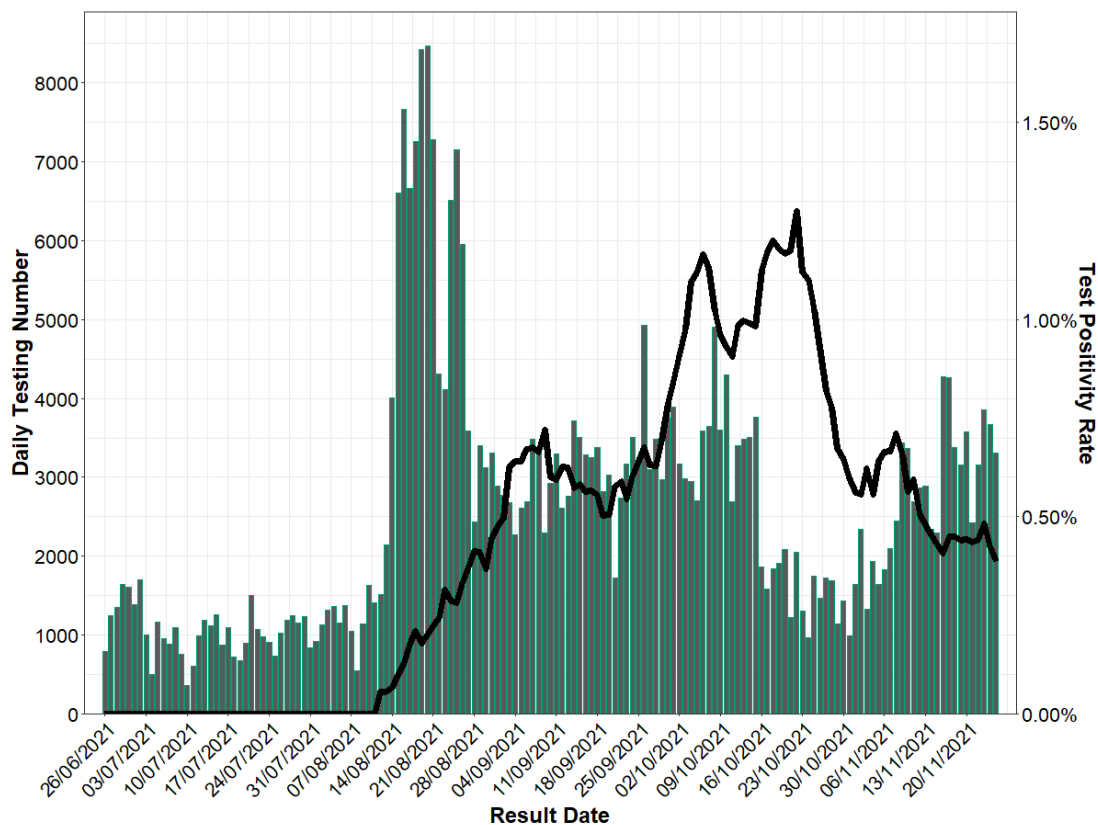
⁷² AHPPC statement on the role of face masks to protect individuals and the community from COVID-19 [AHPPC statement on the role of face masks to protect individuals and the community from COVID-19 | Australian Government Department of Health and Aged Care](#).

Actions for individuals: Test, trace, isolate and quarantine

Testing

Easy access to PCR testing, with timely results, remained crucial to identify cases. ACT Health encouraged people to come forward for PCR testing if they developed symptoms, had been to a COVID-19 affected area or were a contact. In late June 2021, ACT mass testing sites were conducting an average of 2.43 tests per 1,000 residents per day. Following the identification of locally acquired cases in August 2021, testing rates fluctuated between 3.5 to 20.3 tests per 1,000 residents per day. Workers in high-risk settings, such as hospitals and quarantine facilities, continued surveillance testing programs. Testing demand was influenced by border restrictions, case numbers (and therefore contacts and individuals affected by exposure sites) and with changes to recommendations for timing and frequency of testing for contacts (see [Figure 14](#)).

Figure 14: COVID-19 tests for ACT residents by result date, all laboratories (26 June to 25 Nov 2021)



The test positivity rate remained under 0.5 per cent until the end of August 2021 and fluctuated between 0.4 and 0.8 per cent throughout September 2021, before increasing to approximately 1.2 per cent in October 2021. After reaching a peak of 1.3 per cent on 22 October 2021, the positivity rate dropped sharply (see [Figure 14](#)). Increases in the test positivity rate are generally indicative of higher levels of community spread. After October 2021, the test positivity rate reduced, associated with a reduction in cases, and the ACT emerged from lockdown and eased public health restrictions under the ACT COVID-19 Pathway Forward.

Operational challenges

Initial increases in the demand for testing in August 2021 (see [Figure 14](#)) placed immense pressure on existing mass testing facilities and increased wait times for testing for up to several hours. The time to receive the test result also increased. To help alleviate the demand being experienced, ACT Health stood up a testing coordination team within the [PHECC](#) on 14 August 2021. The PHECC testing team was responsible for coordinating and managing the ACT's testing network to allow CHS to focus on service delivery and mobilise private pathology services. The testing team services included:

- monitoring of wait times to be tested and turnaround times for test results
- recording of daily test numbers
- opening additional testing sites in response to demand from outbreaks and exposure sites
- coordinating specialist on-site and in-reach testing services for outbreaks and priority populations.

Operating hours at testing sites were extended (to 9pm at EPIC and 10pm at Weston Creek) and an additional temporary drive-through facility was established at Brindabella Business Park.⁷³ Pop-up testing clinics were also hosted at education sites to help respond to cases associated with ACT schools, including at Lyneham High School, Gold Creek School and Harrison School; and an additional pop-up was hosted at Erindale Active Leisure Centre for a short period to help respond to demand.

While not formally operated by ACT Government, Commonwealth funded GP-led respiratory clinics (in Crace and Greenway), the Winnunga Nimmityjah Aboriginal Health Service and private pathology providers (Capital Pathology and Laverty) continued to provide COVID-19 testing throughout this period.

Emergence of rapid antigen testing options

On 6 August 2021, National Cabinet noted that polymerase chain reaction (PCR) testing would continue to be the priority testing method used for Australia's public health response while incorporating the use of rapid antigen tests (RATs) under Phases B and C of the National Plan. At the time, RATs were being used in targeted trials, as per TGA advice.⁷⁴ RATs were a more convenient, accessible and lower cost alternative to PCR testing, however, they were less accurate. With relatively low case numbers in Australia when they first became available, a positive RAT result required confirmation by a PCR test to minimise the impact of a false positive result. The ACT did not incorporate RATs as diagnostic tests for cases into the public health response prior to further consideration by National Cabinet on 30 December 2021. However, with support from the PHECC testing support team, the Education Directorate undertook a pilot RAT surveillance scheme in schools, in Term 4, 2021.

Contact tracing

⁷³ The Brindabella Business Park clinic site was established on 12 August 2021, the same day as the identification of new locally acquired COVID-19 cases which resulted in the ACT going into lockdown. It opened as a temporary site to help manage surges in demand for testing. The site subsequently reduced its operating hours on 21 August 2021, before closing on 8 September 2021.

⁷⁴ Morrison, S. (2021). National Cabinet Statement. [Transcript 44093](#). Published: 6 August 2021.

From 15 July 2021, the ACT expanded the mandatory use of [Check In CBR](#) to include all retail settings, public transport, taxi and ridesharing services ([NI2021-406](#)). This assisted contact tracing efforts to achieve rapid identification of attendance by cases in high traffic, enclosed or crowded public spaces.

In recognition of the increased infectiousness of the Delta variant and evidence of spread in settings with only a few minutes of interaction, the use of Check In CBR was expanded to include all attendances, not only those lasting longer than 15 minutes.

Initially, contact tracing efforts covered all close and casual contacts and exposure sites for a case using a significantly surged workforce. On 12 August 2021, the first day that a local case had been identified in the ACT community in more than a year, contact tracers were required to trace more than 3,900 potential contacts across 13 exposure sites identified using data contained within Check In CBR. Potential contacts were sent SMS messages providing public health and testing advice where Check In CBR indicated they had been present at identified exposure sites during the timeframe an exposure was identified.

As case numbers increased, the number of local exposure sites rose into the hundreds. Manual identification and tracing of contacts at close to 500 active exposure sites was not feasible. From 9 September 2021, the capability for additional processes within Check In CBR had improved and 'exposure alerts' were able to be automatically sent to people who had checked into a site identified as an exposure site within the specified timeframes. Canberrans who did not have access to smartphone capability were provided with a Check In CBR card, removing the need for manual registration when attending public sites.⁷⁵

This automation process freed contact tracers to focus on identification of those who had had exposures with the highest risk of developing COVID-19, and associated higher risk of inadvertent onwards transmission to the community (that is, household and close contacts), and supporting follow-up where cases had attended high-risk settings during their infectious period.

Isolation

With the rapid increase in cases, it was no longer possible for daily contact to be provided to all people in isolation with COVID-19. As more information became known about the virus and who was most at risk, this allowed support to be more targeted, based on a person's risk of severe disease, and could be modified based on their actual symptoms. During this period, a combination of phone and SMS contact connected people with information, care and identified additional support needs. The HECC Wellbeing team provided professional, practical and telehealth support to more than 9,000 people during this period. This included making wellbeing phone calls, aiding with the sourcing of essential goods such as food and medicines, providing targeted public health advice and linking people with appropriate care through COVID Care@Home (see text box below).

With increasing case numbers, the requirement to manually contact each individual to assess their release from isolation became more difficult. This subsequently resulted in a

⁷⁵ Stephen-Smith, R. (2021). Media Release. [New Check In CBR features launched on app's first birthday](#). Published: 9 September 2022.

shift from in-depth release from isolation interviews to a more automated process based on time in isolation and self-identified symptom resolution. The process placed more responsibility on supporting individuals to assess their own eligibility to leave isolation while continuing to take precautions (that is, mask wearing and increased hygiene measures) to reduce spread to others, particularly if having contact with people at high risk of severe disease.

COVID Care@Home

The COVID Care@Home Program was delivered by CHS from late August 2021 through to June 2023. The service was available to all people who had tested positive to COVID-19 and were isolating in the ACT. It aimed to rapidly identify those with COVID-19 who were at highest risk of severe illness and admission to hospital, and to offer preventative treatment. COVID Care@Home was a 7-day virtual health service, staffed by a small team of doctors and nurses, who would assess people in their home via telephone or telehealth. Upon testing positive to COVID-19, ACT Health sent individuals a link to an online survey that contained screening questions designed to identify people who may be at greater risk of severe disease. These people were proactively contacted by the COVID Care@Home team and invited to join the program.

The Care@Home team conducted an assessment based on the person's medical history and their COVID-19 symptoms, and determined if treatment was required. Prior to January 2022, the only treatment options available required an infusion. The Care@Home team set up a facility for COVID-19 positive patients to receive this without going inside the hospital and risking spread. Later, as oral treatments became available these were facilitated by the team, or individuals were referred to their GP or the Canberra After Hours Locum Medical Service (CALMS). Individuals identified as requiring additional monitoring were provided with a pulse oximeter to measure oxygen levels and heart rate and thermometers to monitor temperature, and asked to regularly report their symptoms using an online symptom checker, so that the Care@Home team could be alerted to any change in a person's condition that may require medical attention.

The Care@Home team also supported an inbound call service available for isolating individuals who had questions about available treatment and medical review options, and for GPs requesting assistance with antiviral prescribing when these therapies were unfamiliar (see [Other COVID-19 therapies](#)).

The program operated from August 2021 to June 2023 and the model of care needed to be flexible to respond to changes to treatment options and options for COVID-19 positive people to obtain medical care. Throughout the program, more than 147,800 people consented to the service and completed the survey, and more than 19,000 (12.9 per cent) of the people who consented were assessed as being at moderate to high risk for disease. These individuals were personally contacted by the Care@Home team and offered support for treatment and symptom management. About 8.2 per cent of the COVID-19 positive population in the ACT participated in the COVID Care@Home Program.

Quarantine

On 25 June 2021, there were a total of 426 people in home quarantine or government-run quarantine facilities in the ACT, consisting mainly of returned domestic and international travellers. By 19 August 2021, this number had risen as high as 21,330 people, including 19,210 close and secondary⁷⁶ contacts of locally acquired cases.⁷⁷

To respond to the increase in demand for quarantine and isolation support and to ensure that the national principles for managed quarantine could be maintained,⁷⁸ the ACT moved away from hotel quarantine and opened a dedicated quarantine and isolation facility at the ANU. The new Lazaretto facility was opened for general use on 12 August 2021, following being piloted for use by returning government officials arriving in Australia during July 2021. Lazaretto offered a safe place for returned travellers, positive cases and close contacts to quarantine if they could not do so in their own home. It also directly responded to some of the challenges associated with hotel quarantine by delivering:

- a targeted facility that was used only by quarantine and isolation guests
- improved infection prevention control processes and environmental risk mitigations (for example, consideration of airflow)
- a staffing pool of dedicated quarantine workers who were vaccinated and engaged in regular surveillance testing.

A second short-term quarantine facility, Ragusa, was established in O'Connor from September 2021 to 12 December 2021 due to rising demand. It provided larger accommodation options to families who were isolating or quarantining together, and offered onsite social, community and cultural supports to these individuals using a co-located services hub staffed by the Community Services Directorate and NGO providers.

Specific multiagency isolation and quarantine supports were extended to residents in medium and high-density public and social housing sites following the identification of cases linked to these sites. This included the delivery of food and essential items, mental health support, onsite COVID-19 testing and vaccination, and social, community and cultural supports.

The rapid increase in people undertaking quarantine was relatively short-lived, with demand decreasing in line with decreasing cases, changes to border restrictions (see [Domestic border restrictions](#)), and as quarantine requirements of contacts were modified in line with emerging evidence. Only exposure sites deemed to present a moderate to high risk of transmission continued to be published, with contacts receiving automatic notifications of the need to quarantine via [Check In CBR](#). From 15 October 2021, secondary contacts were no longer required to quarantine ([NI2021-612](#)), meaning household members of a close contact were no longer required to quarantine alongside the close contact, although separation was strongly encouraged.

⁷⁶ A secondary contact was defined as 'a person who is notified by an authorised person that they are a secondary contact due to the person having had, in the determination of an authorised person, relevant contact with or exposure to a close contact' ([NI2021-421](#)).

⁷⁷ ACT Health COVID-19 Response Situation Reports. Unpublished.

⁷⁸ AHPPC. (2021). [Statement on National Principles for Managed Quarantine](#). Published 7 July 2021.

On 31 October 2021, in recognition of the reduced disease severity and transmission risk experienced by vaccinated individuals, the quarantine requirements for vaccinated returned travellers were reduced to 7 days (NI2021-641).⁷⁹ This was a nationally coordinated action, following successful pilots in New South Wales and South Australia.⁸⁰

The same reduction in quarantine requirements was applied to vaccinated close contacts (NI2021-640). People who had recovered from COVID-19 within the last 6 months were considered fully vaccinated for the purpose of compliance with public health directions in recognition of the time limited immune response generated by past COVID-19 infection and ATAGI advice.⁸¹

Supporting our priority populations

A significant focus and priority throughout the ACT's COVID-19 response was to ensure that individuals in the community who were at higher risk were adequately protected and supported. This was done through significant contributions from the non government sector, the primary care sector and key ACT Government Directorates. There were many organisations who supported the response, too many to mention individuals, but all made a positive contribution, including through:

- supply of food and material support to individuals in quarantine and isolation
- providing culturally specific food, entertainment and support for people in hotel quarantine and isolation
- providing volunteers to assist with contact tracing and to support testing and vaccination centres
- supporting people experiencing mental illness, homelessness or substance use
- providing industry-specific advice to the PHECC to support contact tracing and ensure essential services could continue to operate safely
- supporting and providing advice on culturally specific messaging and communication to assist in reaching all members in the community
- support and advice to people experiencing or at risk of domestic and family violence
- serving on committees and reference groups to inform the design, planning, preparedness and operational response
- supporting specialist vaccination and testing clinics for community members unable to attend mainstream clinics
- providing informative and constructive feedback to the response
- providing safe and comfortable accommodation for people in quarantine and isolation, often at short notice
- providing safe and reliable transport for people in quarantine or isolation to attend medical appointments
- supporting specialised modelling, data and statistics.

⁷⁹ Unvaccinated children under 18 years of age travelling with fully vaccinated adults could apply for exemption and quarantine for reduced period.

⁸⁰ Morrison, S. (2021). [Next steps to reopen to the world](#). Published on 1 October 2021.

⁸¹ ATAGI. (2021). [Expanded guidance on acute major medical conditions that warrant a temporary medical exemption relevant for COVID-19 vaccines](#). Originally published: 29 September 2021.

In addition, several specialised initiatives were established to support our priority populations, including, but not limited to:

- prioritisation of vaccination appointments to workers supporting priority populations, including for example to disability support workers
- creation of a dedicated disability line within the ACT Health Directorate's vaccination helpline
- specialised outbreak support and guidance to Aged Care Facilities and disability care settings, with a dedicated phone line to seek advice
- specialised public health directions to ensure certain priority groups were protected
- embedding a health and wellbeing team and a community engagement team in the COVID-19 response to support our priority populations undertaking isolation and quarantine, including referral to specialist support services (government and non-government organisations) as required, as well as assisting with contact tracing efforts.

The size, complexity and the timeframe for the public health response engendered new ways of working to ensure our priority populations were adequately supported and that ACT Health was engaging effectively and appropriately with different parts of the community. The relationships built, and lessons learned from this will be built into future health emergency plans and preparedness activities.

Vaccination

A picture was emerging globally and in Australia that showed that people who were fully vaccinated (at that time if an individual received at least 2 doses of an approved COVID-19 vaccine) were significantly less likely to become seriously ill and require hospitalisation if they contracted the virus.⁸² Emerging studies also suggested that vaccination could reduce the risk of Delta variant transmission between fully vaccinated individuals by around 50 per cent, compared with unvaccinated persons.⁸³ Evidence of the ability of vaccines to decrease COVID-19 impact, increasing vaccine supplies and expanded eligibility, combined with increasing case numbers in Australia, increased community engagement with efforts to vaccinate all eligible people as soon as possible.

At the end of June 2021 the COVID-19 Vaccine National Rollout Strategy had progressed to administering vaccines to people aged 40 years and older. On 3 July 2021, the ACT Government opened its third mass vaccination clinic in the Canberra Airport Precinct. The clinic was open 7 days per week and was able to administer an additional 1,500 Pfizer vaccine doses each week.⁸⁴ Combined with pre-existing capacity, this allowed ACT

⁸²Sheikh, A., McMenamin, J., Taylor, Bob., & Robertson, C. (2021). SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission and vaccine effectiveness. *Lancet* 2021 June 26. DOI: [10.1016/S0140-6736\(21\)01358-1](https://doi.org/10.1016/S0140-6736(21)01358-1); Andrews N, Tessier E, Stowe J, et al. Duration of protection against mild and severe disease by COVID-19 vaccines. *New England Journal of Medicine* 386(4), 340-350. DOI: [10.1056/NEJMoa2115481](https://doi.org/10.1056/NEJMoa2115481); Lopez, B.J., Andrews, N., Gower, C., Robertson, C., Stowe, J., & Tessier, E. et al. Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on COVID-19-related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study. *British Medical Journal*, 373 (1). DOI: [10.1136/bmj.n1088](https://doi.org/10.1136/bmj.n1088).

⁸³Eyre, D.W., Taylor, D., Purver, M., Chapman, D., Fowler, T., Pouwels, K.B., Walker, A.S., & Peto T.E.A. (2021). The impact of SARS-CoV-2 vaccination on Alpha and Delta variant transmission. *medRxiv* 2021.09.28.21264260. DOI: [10.1101/2021.09.28.21264260](https://doi.org/10.1101/2021.09.28.21264260); Vitiello, A., Ferrara, F., Troiano, V., & La Porta, R. (2021). COVID-19 vaccines and decreased transmission of SARS-CoV-2. *Inflammopharmacology*. DOI: [10.1007/s10787-021-00847-2](https://doi.org/10.1007/s10787-021-00847-2).

⁸⁴ACT Govt. (2021). Canberra Airport precinct COVID-19 mass vaccination clinic ready for take-off. Published: 28 June 2021.

Government clinics, subject to supply, to administer more than 10,000 vaccine doses every week.

By 3 August 2021, eligibility was extended to people aged 30 to 39 years, with more than 20,000 appointments made by people in this age group on the first day of bookings. By 4 August 2021, the first available appointment for people seeking their first vaccination at a mass vaccination clinic was 29 September 2021, which was 8 weeks from the date of booking.

On 1 September 2021, bookings at mass vaccination clinics opened to people aged 16 to 29 years. On the first day of bookings, more than 24,000 appointments were made, with waits of up to 8 weeks for appointments at mass vaccination clinics continuing. When ATAGI recommended shortening the dose interval in response to several active outbreaks nationally,⁸⁵ wait times at these clinics for people who were yet to have their first vaccine dose increased further, as second dose appointments were brought forward.

From July 2021, the Commonwealth had begun onboarding community pharmacies into the vaccination program rollout and had secured a sufficient supply of Pfizer vaccines to begin supplying them to primary care (GP practices and community pharmacies).⁸⁶ By August 2021, the Commonwealth had also secured a supply of Moderna vaccines which were prioritised for rollout among community pharmacies from September 2021.⁸⁷ These actions increased the accessibility of vaccines to Canberrans, as they offered an additional alternative to mass vaccination clinics. By the end of the public health emergency period (October 2022), primary care was responsible for almost half of all COVID-19 vaccines administered in the ACT, with most of the remaining vaccines being delivered at ACT Government clinics, and a small number being rolled out directly by the Commonwealth as part of its aged care and disability setting in-reach program.

On 3 September 2021, the ACT Government's largest mass vaccination clinic was opened at the AIS Arena.⁸⁸ On 20 September 2021, vaccination appointments opened to children from 12 years of age at mass vaccination clinics in line with ATAGI advice.⁸⁹ By this time, Pfizer and Moderna supply was becoming increasingly available to primary care providers and parents could opt to take their children to their local doctor or pharmacist rather than a mass clinic setting. The AIS Arena Clinic had a maximum capacity of 24,000 vaccine doses weekly. With this capacity, the Garran Surge Centre Vaccination Clinic reverted to being a testing clinic only in early September 2021 and Calvary Public Clinic closed on 8 October 2021 (refer to [Changes to AstraZeneca vaccine recommendations](#)). ACT Health worked with Transport Canberra and City Services (TCCS) to ensure that free buses operated regularly to and from each of the mass clinic sites for people who had

⁸⁵ ATAGI (2021). [Statement on use of COVID-19 vaccines in an outbreak setting](#). Published: 13 July 2021.

⁸⁶ Hunt, G. (2021). Press conference: [Mandated vaccination for aged care workers, the vaccine rollout and a COVID-19 update](#). Published: 6 July 2021. This was significant as, prior to making the Pfizer vaccine available to them, primary care providers were only supplied with the AstraZeneca vaccine. Demand for this vaccine was low, given highly publicised but overstated concerns about TTS (refer to [Vaccination](#) in Chapter 4). Morrison, S. (2021). [National Cabinet Statement](#). Published: 16 July 2021.

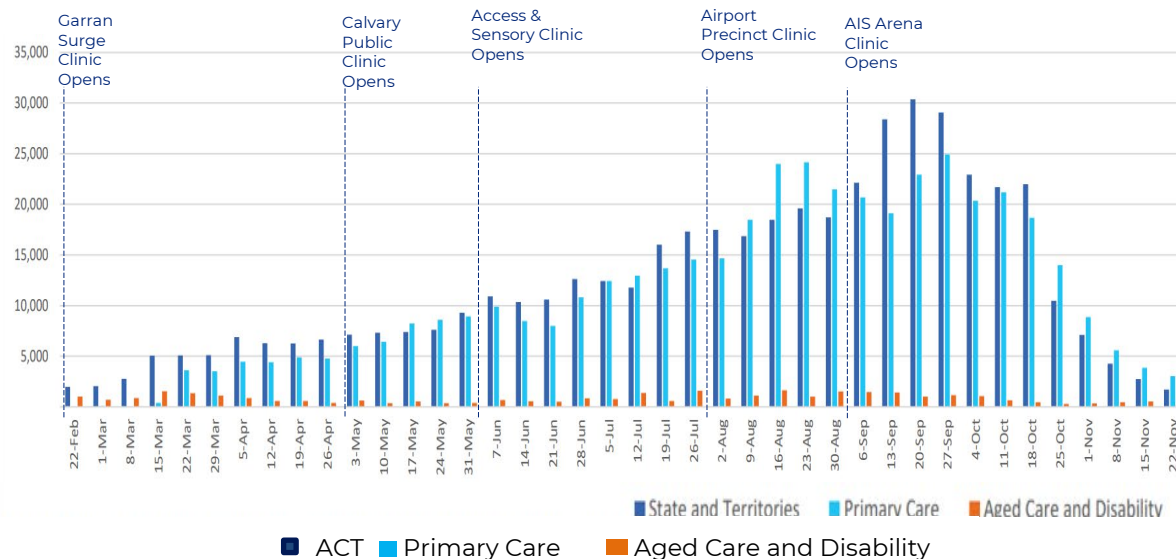
⁸⁷ Morrison, S. (2021). [Moderna COVID-19 vaccine approved for use in Australia](#). Published: 9 August 2021; Morrison, S. (2021). [A family sized dose of hope](#). Published: 12 September 2021.

⁸⁸ ACT Govt. (2021). [AIS Arena to speed up ACT vaccine program](#). Published: 27 August 2021.

⁸⁹ ATAGI (2021). [Statement on the use of COVID-19 vaccines in all young adolescents in Australia](#). Published: 27 August 2021. At this stage, the Pfizer vaccine had already been approved for use in this age group by the TGA. However, TGA approval for use of the Moderna vaccine would not occur until 3 September 2021.

limited access to private transportation. In accordance with ATAGI advice in relation to emerging evidence regarding waning immunity⁹⁰ from 1 November 2021, mass vaccination clinics took steps to begin rolling out booster vaccinations alongside primary course doses.

Figure 15: COVID-19 vaccines administered in the ACT, by channel 22 February – 22 November 2021⁹¹



Third doses and booster vaccination

On 8 October 2021, ATAGI recommended a third dose as part of the primary course in individuals who were severely immunocompromised.⁹² As these were needed by only a very small proportion of the community (approximately 3 to 4 per cent of Australians) and came at a time when demand was stabilising, this was able to be incorporated in existing vaccines services.

From 8 November 2021, demand again increased as people became eligible for a booster dose if they had completed their primary vaccination course more than 6 months ago and had not tested positive to COVID-19 in the last 6 months. Prioritisation was again applied, with the first stage including people over 50 years, residents of RACFs, people with underlying medical conditions, Aboriginal and Torres Strait Islander Australians (18 years and older), and people at increased occupational risk of COVID-19 exposure.⁹³

⁹⁰ Mallapaty, S. (2021). COVID vaccines cut the risk of transmitting Delta – but not for long. Published: 5 October 2021. DOI: [10.1038/d41586-021-02689-y](https://doi.org/10.1038/d41586-021-02689-y); Vitiello, A., Ferrara, F., Troiano, V., & La Porta, R. (2021). COVID-19 vaccines and decreased transmission of SARS-CoV-2. *Inflammopharmacology*. DOI: [10.1007/s10787-021-00847-2](https://doi.org/10.1007/s10787-021-00847-2).

⁹¹ Figure provided by the CwIth Department of Health and Aged Care. [COVID-19 vaccine rollout jurisdictional breakdown](#). Published: 30 November 2021. Clinic date markers added according to ACT Government records.

⁹² ATAGI (2021). [Statement on the use of a third primary dose of COVID-19 vaccine in individuals who are severely immunocompromised](#). Published: 8 October 2021.

⁹³ Morrison, S., & Hunt, G. (2021). [Australians to receive COVID-19 vaccine booster shot](#). Media statement. Published: 28 October 2021.

Vaccine requirements for critical and high-risk workers

On 28 June 2021, National Cabinet mandated COVID-19 vaccination of all RACF workers, with a first dose of the vaccine to be administered by at least mid-September 2021.⁹⁴ On 20 August 2021, the ACT issued a public health direction that required RACF workers to have had at least one dose by 16 September 2021 ([NI2021-501](#)). On 14 October 2021, the requirement to be vaccinated was extended to RACF visitors ([NI2021-610](#)). These actions aligned the ACT with the standards being applied in other states and territories.

AHPPC advised that all workers in healthcare settings should be vaccinated against COVID-19 as a condition of their work by 30 October 2021.⁹⁵ The ACT introduced a new public health direction on 15 October 2021 ([NI2021-613](#)), which provided unvaccinated healthcare workers with 2 weeks to arrange to have their first vaccine dose.

On 1 November 2021, the ACT introduced vaccination requirements for workers who provide personal care to individuals in their home and community (for example, aged care and disability support workers). The direction required staff to be vaccinated with at least one dose of a COVID-19 vaccine by 15 November 2021 and 2 doses by 13 December 2021 ([NI2021-644](#)).

The scope of this public health direction went further than that recommended by the AHPPC,⁹⁶ which had only recommended that vaccine requirements be applied to registered National Disability Insurance Scheme (NDIS) providers. This decision was made following extensive consultation with the disability and community services sectors which had raised concerns that people receiving personal care and support from unregistered NDIS providers and at in-home aged care environments would not be offered the same level of protection as NDIS providers under the originally proposed arrangements.

The ACT introduced a requirement for all teachers, early childhood educators, learning and support staff, and other workers who had contact with children under the age of 12 in their work to be vaccinated,⁹⁷ from 1 November for a single dose and 29 November 2021 for 2 doses of a COVID-19 vaccine ([NI2021-615](#)). This direction aligned with vaccination requirements for teachers in other jurisdictions including New South Wales and Victoria. The unique factors in this consideration included that children under 12 years did not yet have access to vaccination and did not have the same capacity to adopt COVID safe behaviours, such as physical distancing and wearing a face mask, particularly when in a group care or education setting.

For all settings, workers could apply for an exemption on medical grounds. This required their medical professional to submit an exemption form to ACT Health.⁹⁸

To support unvaccinated staff to rapidly comply with vaccine requirements during a period of high demand, ACT Health established a dedicated vaccination booking line for

⁹⁴ Morrison, S. (2021). [National Cabinet Statement](#). Published: 28 June 2021.

⁹⁵ AHPPC. (2021). [Statement on mandatory vaccination of all workers in healthcare settings](#). Published 1 October 2021. Morrison, S. (2021). [National Cabinet Statement](#). Published: 1 October 2021.

⁹⁶ AHPPC. (2021). [Statement on mandating vaccination among residential disability support workers](#). Published: 9 July 2021.

⁹⁷ ABC. (2021). [ACT records 51 new cases of COVID-19 as mandatory vaccination for early childhood workers, primary teachers introduced](#). Posted online at 10:59am, 13 October 2021.

⁹⁸ [ACT COVID-19 Vaccination Exemption Policy](#).

health, aged, disability, education and childcare staff. Callers to this line were offered expedited appointments from a daily reserve, which were opened to the general public 48-hours prior to their occurrence if not fully booked.

Specialist vaccination clinics

The Access and Sensory Clinic was relocated to Weston Creek on 13 September 2021 and specialist vaccination clinics, such as the Equity to Access Program (see [Workforce behind the COVID-19 public health response](#)), also commenced. These targeted programs were more resource intensive and administered vaccines to fewer individuals but were important for ensuring that everyone in the ACT was given the opportunity to be vaccinated, including Canberrans who faced barriers in accessing mainstream health services, mental health challenges, or those from a culturally or linguistically diverse background.

CHS also expanded its service offerings to deliver a referral-based specialist vaccination clinic for people who:

- had severe allergies to COVID-19 vaccines (or an ingredient of these vaccines)
- had experienced a significant reaction or contraindication following their first vaccination dose
- had a severe needle phobia but still wished to be vaccinated.

This service began operations at the Garran Surge Centre and then moved to a dedicated area at the AIS Arena and was open one day a week for people aged 16 years and older who had been assessed and referred directly by their treating healthcare provider to immunologists.

In addition to mainstream services and these specialist clinics, a significant amount of planning and policy effort was dedicated to improving equitable access to vaccines for Canberrans who were less likely to engage in mainstream healthcare services. The Equity to Access Program delivered flexible in-reach, outreach and pop-up mobile vaccination clinics to people who would otherwise not be able to access the COVID-19 Vaccination Program. The program was run in collaboration with the community sector and offered vaccination services to:

- people who were homeless, or living in insecure accommodation, group housing or refuges
- members of culturally and linguistically diverse communities
- people living with drug and alcohol dependencies or mental health challenges
- sex workers.

By 12 November 2021, the Equity to Access Program had administered 1,758 vaccine doses to people in their homes or at mobile outreach clinic locations that were safe and accessible for service users. Additional pop-up clinics were also set up at several Canberra Health Service sites and administered an additional 1,470 vaccine doses by 12 November 2021. Sites included mental health wards, methadone dispensing locations, renal dialysis units and justice health settings.

While the total number of vaccines administered as part of this program was low when compared to mass clinics, the work was incredibly valuable in ensuring that, if they chose, everyone living in Canberra had the opportunity to be vaccinated against COVID-19.

Access and Sensory Clinic

The Access and Sensory Clinic was a specialist clinic made available for people with disability in Canberra and the surrounding region. The clinic offered a quiet space, dimmed lighting, longer appointment times and an accessible entry point for people using a wheelchair or other mobility equipment to attend for vaccination, alongside a family member or carer.

Originally located at the Garran Surge Centre, the clinic moved to the Weston Creek Walk-in Centre on 13 September 2021, so that a dedicated entry and more comfortable clinic space could be provided to its service users. The new site was designed in close consultation with representatives of the local disability community and was well received by all who used it.

On 3 December 2022, [the Access and Sensory Clinic received the 2022 Chief Minister's Award for Excellence](#). The judging panel unanimously voted for the clinic due to the sheer impact of the clinic, enabling Canberrans with disability and their families to be vaccinated. The Access and Sensory Clinic was the only clinic of its kind in Australia and provided an example of the amazing outcomes that can be achieved when government and community work together to design inclusive and accessible services, even during a global pandemic.

The value of the clinic to the community was acknowledged by ACT Government, which despite a decline in demand over time, kept the site operating until 17 December 2022, long after the public health emergency ended. It achieved this by extending operations to include a paediatric clinic and influenza vaccination clinic while maintaining dedicated sensory appointments. During its lifetime, the clinic administered 6,382 COVID-19 vaccines to people living in the ACT and surrounding region.

Vaccination coverage – November 2021

Rapid upscaling of vaccination capability, combined with a highly motivated population, meant that the ACT became the first Australian jurisdiction to achieve vaccination milestones under the National Plan of:

- 70 per cent full vaccination coverage (of people aged 12+) on 11 October 2021
- 80 per cent full vaccination coverage (of people aged 12+) on 19 October 2021
- 90 per cent full vaccination coverage (of people aged 12+) on 26 October 2021.

While the ACT had subscribed to the National Plan and its vaccination milestones of 70 and 80 per cent full vaccination of people aged 16 years and older, the ACT Government wanted to ensure that all eligible persons living in the ACT, if they chose to, could be fully vaccinated before December 2021. By 7 November 2021, more than 95 per cent of the eligible population were fully vaccinated.

Communications

Throughout this period, communications teams focused on delivering clear public information about the rapidly changing situation and public health advice using the methods and avenues already established, including the ACT Government COVID-19 website and ACT Health social media channels, with messages being reinforced at daily press conferences.

Figure 16: COVID safe behaviours



COVID safe behaviours were reinforced through the delivery of ‘always-on’ campaigns. A first for the ACT Government, this type of campaign delivered time-critical COVID-19 messaging through responsive social, radio, digital advertising and search engine channels. This enabled the ACT Government to share important public health messages quickly while also reflecting real-time situation updates. In addition to COVID safe behaviours, always-on messaging included:

- how and when to get tested
- mandatory face mask wearing
- ACT lockdown and travel restriction requirements
- how and when to use Check In CBR.

Time-critical messaging was complemented by more traditional communication methods, including road signage on major roadways and at ACT Government owned facilities, Our Canberra (print and e-newsletter), posters and promotional materials at transport hubs and on public transportation, and direct stakeholder engagement which included communications to over 90 ACT public school communities.

The COVID-19 Vaccination Communications team supported the ACT’s successful vaccination uptake using the *Roll up your sleeves* campaign. This encouraged vaccination by informing people about available vaccines, eligibility and access, busting myths, and supporting the community to make informed decisions.

Vaccine information was provided in over 20 languages and in easy-to-read formats online. Website content was accessed by visitors on more than 1.8 million occasions. This campaign was followed in October 2021 by the *Boost your protection* campaign encouraging booster vaccination.



COVID-19 Social and Media Engagement

ACT Health's Facebook and Twitter accounts were the primary social media channels used for the dissemination of real-time COVID-19 messaging and live announcements. This included messaging on exposure locations, daily case updates, testing information, COVID-19 safe practices, and updating public health advice and requirements. This included the delivery of 'Q&A' style Facebook Live Streams to provide detailed explainers on more complex elements of public health directions.

Between 12 August and 3 December 2021, there were 3,904 social media posts published. These posts reached more than 800,000 people and elicited over 300,000 comments, showing strong engagement from the community.

Social media provided a powerful tool for peer-to-peer engagement rather than a clinical and government-like tone of voice, which helped ACT Health stand out among an overwhelming amount of COVID-19 information. An ACT focused *I got the COVID-19 vaccine* avatar filter and frame were created and made available on ACT Health's Facebook page for local community members to download. This triggered a grassroots campaign that empowered people to proudly declare that they were vaccinated on their social media channels and helped to spread encouragement among their networks. The frame was downloaded and used by more than 4,200 individuals and the filter was viewed 4,600 times.

The ACT Government engaged local media outlets to spread important information to the community in a timely way. Throughout the second half of 2021, there were 69 press conferences and almost 400 media inquiries actioned to help promote community understanding of the COVID-19 response. It was paramount that information provided was accessible to as many Canberrans as possible. Press conferences were live-streamed via Facebook and became daily viewing for many members of the community. Auslan interpreters were a key feature of the press conferences – providing translations in real time alongside keynote speakers. The press conferences were also made available to multilingual media in 11 different languages on the ACT Health website, making updates more accessible to all members of our diverse community.

ACT Health's social media channels received praise from other government departments including South Australia Health, Queensland Health, New South Wales Health, the Australian Government Department of Health and the Department of Defence who asked to use the ACT Government's original content in their own COVID-19 communication activities.

The Community Engagement team within the [HECC](#) worked closely with other ACT communication teams to contextualise information for specific groups. This engagement was driven by and responsive to specific situations. When cases were identified in specific ethnic communities or language groups, teams collaborated to ensure culturally specific and targeted messaging was delivered through a variety of appropriate channels. Community leaders were engaged to help set goals, build trust and co-design approaches. These were linked to financial and practical support to assist people to quarantine. Trusted community members were trained and equipped to visit people in quarantine to provide support and advice. This approach was also used to address vaccine hesitancy and promote vaccination uptake in groups identified as having lower coverage.

Key events, decisions and activities | 26 June to 25 November 2021

ACT			
23 June 2021	Domestic travel restrictions introduced.	27 June 2021	Face mask requirements in certain public indoor settings introduced, including public transport, supermarkets, retail stores, hospitality venues, hairdressers, gyms, health and aged care facilities.
01 July 2021	Mandatory use of Check In CBR expanded from non-essential business and events, to include all retail settings, public transport and ridesharing services.	09 July 2021	Face mask requirements lifted.
29 July 2021	Canberra Airport Precinct vaccination clinic opened.		
12 Aug 2021	Lockdown provisions from 17:00hrs due the identification of a positive case of COVID-19 (Delta VoC) with no known source of transmission. Face masks must be worn outside of a residence.	12 Aug 2021	Brindabella Business Park testing clinic site established.
12 Aug 2021	Lazaretto Quarantine Facility opened at ANU.	13 Aug 2021	ACT Minister for Education announced students should remain at home unless in attendance at one of the Territory's four special schools.
18 Aug 2021	Lockdown restrictions extended.		
02 Sept 2021	Lockdown restrictions extended.	03 Sept 2021	AIS Arena vaccination clinic site opened.
08 Sept 2021	Brindabella Business Park testing clinic site closed.	09 Sept 2021	Partial reopening of the construction sector under strict COVID-19 Safe requirements.
13 Sept 2021	Access and Sensory Clinic site was relocated from the Garran Surge Centre to a dedicated space in the Weston Creek Community Health Centre.	17 Sept 2021	Lockdown restrictions extended.
23 Sept 2021	Second short-term Ragusa Quarantine facility opened.		
01 Oct 2021	Relaxation of some lockdown restrictions allowing people to leave their homes for up to 4 hours a day for physical exercise or recreational activity.	05 Oct 2021	Year 12 students permitted to return to on campus learning.
08 Oct 2021	Calvary AstraZeneca vaccination clinic closed.	11 Oct 2021	ACT became the first jurisdiction to surpass 70 percent full vaccination milestone (for people aged 12 years and older).
14 Oct 2021	Lockdown restrictions lifted, gatherings of up to 5 people permitted, non-essential business could reopen at density limits of 25 people and 1 person/4m ² .	15 Oct 2021	Visitor restrictions for RACFs reintroduced. No more than two visitors per day.
18 Oct 2021	Year 11 students permitted to return to on campus learning.	19 Oct 2021	ACT became the first jurisdiction to surpass 80 percent full vaccination milestone (for people aged 12 years and older).
26 Oct 2021	ACT became the first jurisdiction to surpass 90 percent fully vaccination milestone (for people aged 12 years and older).	28 Oct 2021	Visitor restrictions for RACFs relaxed. Residents to receive multiple visitors daily provided no more than two at a time.
28 Oct 2021	Face mask restrictions eased – now only required in an indoor setting outside of a person's residence.	29 Oct 2021	Gatherings of up to 30 people permitted, residential visitors lifted to 10 people, organised events lifted to 500 people, non-essential business permitted to operate at density limits of 300 and 1 person/4m ² .

**31 Oct
2021**

NSW and VIC are no longer declared COVID-19 affected areas (hotspots) and domestic travel restrictions lifted for all states from 23:59hrs.

**31 Oct
2021**

Quarantine requirements for returned travellers reduced to 7 days, if fully vaccinated.

**01 Nov
2021**

All remaining students permitted to return to on campus learning.

**11 Nov
2021**

General facemask requirements lifted. Face mask requirements maintained for workers and visitors of high-risk settings including, residential aged care facilities, hospitals, care facilities, correctional centres, public passenger vehicles, schools, childcare and early childhood services.

**12 Nov
2021**

Limits on informal gatherings and residential visitors removed. Non-essential business permitted to operate at density limits of 25 or 1 person/2m².

**12 Nov
2021**

Public Health direction on visitor restrictions at RACFs removed. RACFs set own policies.

06

**High vaccine
coverage reached
and emergence of
the Omicron variant**
26 November 2021 to
31st March 2022



Chapter Six: High vaccine coverage reached and emergence of the Omicron variant – 26 November 2021 to 31 March 2022

This chapter sets out the context and actions taken in the ACT to respond to the arrival and widespread transmission of the Omicron variant of COVID-19. It covers the period from 26 November 2021, when the first cases of the Omicron variant were identified to March 2022, when cases in the ACT had stabilised.

Key considerations and context which influenced decision-making

- The Omicron variant emerged worldwide and was more transmissible than the Delta variant, including in people who had previously had a COVID-19 infection or who had been vaccinated. Even though the emerging evidence suggested this variant was less likely to cause severe disease and death, it presented a risk to the healthcare system due to the potentially very high number of people infected at any one time.
- Vaccination remained highly effective at preventing severe disease from the Omicron variant, provided recommended boosters had been received.
- In the ACT, 98.3 per cent of all eligible residents (12 years and older) were fully vaccinated by the end of 2021.⁹⁹ As vaccination targets had been reached, the National and ACT COVID-19 response shifted to minimising COVID-19 impact for people most at risk of severe disease and to promoting booster vaccination.
- Case numbers grew rapidly in the ACT due to the emergence of the Omicron variant. However, with reassuring information about associated mortality and morbidity and increasing vaccination, the ACT balanced the need for low-level and targeted restrictions to control spread, while enabling business and the wider community to operate under COVID-19.
- ACT Health continued to prioritise support to high-risk settings and some public health restrictions, such as border restrictions, isolation and quarantine requirements were maintained to support the objective of protecting the most vulnerable in the community and our health care system.¹⁰⁰
- Due to the increase in cases and exposures, and the requirement for a negative PCR result prior to some travel interstate or overseas, there was considerable pressure on available laboratory resources nationally. From December 2021, the ACT started incorporating RATs as a more accessible alternative to PCR testing.
- As formal public health restrictions were carefully eased, responsibility for minimising risk in workplaces transitioned to work health and safety obligations.

⁹⁹ Reflects Australian Immunisation Register vaccination data and ACT Treasury population estimates for 15 December 2021.

¹⁰⁰ [AHPPC statement on the Omicron public health implications and response options | Australian Government Department of Health and Aged Care](#)

- With a highly vaccinated population, measures other than number of cases became more important markers of COVID-19 impact, including hospitalisations and impacts on workplaces due to staff absences.
- Workforce, supply chain pressures and the furlough of essential workers due to high case numbers with the associated illness and isolation requirements resulted in national workforce shortages and required implementation of measures to allow workers at the least risk of spreading COVID-19 to return to work in essential settings.
- Growing community fatigue with remaining COVID-19 restrictions increased the importance of risk communications to:
 - create a sense of urgency for COVID-19 vaccination, allowing for faster progression through the National Plan
 - encourage people and businesses in the ACT and surrounding region to adopt COVID-19 Smart behaviours and remain compliant with public health measures and advice.

Overview

Global

First appearing in South Africa on 26 November 2021, a new COVID-19 variant of concern, Omicron, was classified by the WHO.¹⁰¹ Two weeks later, Omicron had spread to more than 52 countries, including Australia, where most early cases were observed in Victoria and New South Wales. Its emergence raised significant concern due to a large number of mutations predicted to increase the chance of infection in people who had already been vaccinated or infected with other variants. By 28 December 2021, the Omicron variant was dominant in many countries and weekly numbers of new cases had increased by 11 per cent, with close to 5 million cases reported and the total number of deaths remained similar to the previous week at 44,000.¹⁰²

National

From 27 November 2021 a targeted 14-day quarantine restriction was introduced for travellers from several southern African countries regardless of vaccination status, while information was being gathered about the variant and the risk that it posed.¹⁰³ In the ACT, quarantine requirements were again aligned with National guidance and required a traveller's entire household to quarantine. These requirements were ceased by

¹⁰¹ WHO. (2021). Classification of Omicron (B.1.1.529): SARS-CoV-2 Variant of Concern. News Update. Published: 26 November 2021.

¹⁰² <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---28-december-2021>

¹⁰³ Murray-Atfield, Y. (2021). NSW, Victoria and ACT tighten international arrival rules as states and territories respond to Omicron variant. ABC News. Published: 21:07, 27 November 2021, updated 12:05, 28 November 2021. Department of Health and Aged Care. (2021). Additional border security measures to protect Australians from the new 'Omicron' COVID-19 variant. News and Media. Published: 27 November 2021.

15 December 2021 as emerging data revealed the Omicron variant did not cause more severe disease than Delta.¹⁰⁴

On 22 December 2021, following detailed analysis, the AHPPC provided advice on TTIQ measures for Omicron.¹⁰⁵ The goal shifted from 'living with COVID' to implementing proportionate public health restrictions that would control spread in order to prevent serious illness, hospitalisation and death, and to protect health system capacity while minimising disruptions to society and community. The AHPPC continued to strongly recommend mask wearing in indoor settings throughout Australia.¹⁰⁶

In December 2021, international evidence demonstrated that 2 doses of an approved COVID-19 vaccine did not provide sustained protection against Omicron (re)infection over time and booster doses were needed.¹⁰⁷ Throughout this phase of the pandemic, ATAGI therefore focused on maximising Australia's booster coverage by rapidly expanding eligibility, decreasing the recommended interval since completing the primary course and encouraging uptake among eligible persons. By 13 September 2021, a vaccine was available for children over 12 years, and by 8 December 2021, for children over 5 years. To reflect this emerging evidence, ATAGI issued updated advice on 10 February 2022 that a person would be considered 'up to date' with vaccination, rather than defined as fully vaccinated or unvaccinated.¹⁰⁸

On 30 December 2021, National Cabinet standardised quarantine requirements as follows:

- close contacts would be defined as a household or household-like contact of a confirmed COVID-19 case, this being a person who usually lives with or has stayed in the same household for more than 4 hours with a COVID-19 case during their infectious period
- close contacts should quarantine for 7 days from their last date of exposure regardless of their vaccination status, if they test negative to COVID-19.

Close contact arrangements reflecting this National Cabinet agreement commenced in the ACT on 31 December 2021, in alignment with the majority of other jurisdictions.¹⁰⁹

On 20 January 2022, in the context of an expected high case burden across the community, AHPPC confirmed that RATs¹¹⁰ were a useful adjunct to PCR testing due to increased demand and turnaround times for PCR testing and results. Early national supply issues limited people's ability to source RATs for personal use; however, this was resolved in early 2022 and RATs became an accepted form of testing for people to confirm

¹⁰⁴ Kelly, P. (2021). Chief Medical Officer - Omicron update and changes to international travel arrangements. Media Release. Published: 15 December 2021. Morrison, S. (2021). National Cabinet Statement. Published: 22 December 2021.

¹⁰⁵ AHPPC. (2021). Statement on the Omicron public health implications and response options. Published: 22 December 2021.

¹⁰⁶ AHPPC. (2021). Statement on the Omicron public health implications and response options. Published: 22 December 2021.

¹⁰⁷ ATAGI. (2021). Statement on the Omicron variant and the timing of COVID-19 booster vaccination. Published: 24 December 2021.

¹⁰⁸ Hunt, G. (2022). New advice to keep Australians 'up to date' with COVID-19 vaccinations. Media release. Published: 11 February 2022.

¹⁰⁹ Morrison, S. (2021). National Cabinet Statement. Published: 30 December 2021.

¹¹⁰ <https://www.health.gov.au/news/ahppc-statement-on-rapid-antigen-testing-for-current-high-community-prevalence-environment>

infection. In particular, RATs became a useful tool for surveillance in RACFs, and to allow critical workers to leave quarantine for employment purposes.

The rapid spread of Omicron led to the introduction on 13 January 2022 of nationally agreed guidelines for the quarantine of vaccinated essential workers to address national workforce shortages. The guidelines allowed close contacts in critical food supply chain industries, emergency services and some healthcare settings to leave quarantine for employment purposes if they were fully vaccinated, asymptomatic and had returned a negative RAT result.¹¹¹

On 10 February 2022, National Cabinet agreed to move to Phase D of the National Plan, reducing public health restrictions that impacted social and economic activities and implementing the safe reopening of international borders.¹¹² This saw the ACT participate in a nationally coordinated relaxation of public health restrictions. A complete transition away from public health emergency settings was not planned until after the winter season had passed due to concerns of an increase in COVID-19 cases over winter, resurgence of non-COVID-19 respiratory viruses with the opening of international borders and increased movements in the community, and the experience of the northern hemisphere during winter months.

ACT

Based on international experience, case numbers were expected to increase quickly but with a reduced impact on individuals and the health system compared to an equivalent number of cases of Delta in unvaccinated people. The ACT was in a strong position due to the ACT's high vaccination coverage, effective TTIQ measures and continuing low-level public health restrictions. In accordance with AHPPC advice, the ACT balanced the need for low-level and targeted restrictions to control spread, while enabling businesses and the wider community to operate under the COVID-19 Pathway Forward (refer to Appendix D.3).

With vaccination decreasing the risk of severe illness, the number of reported cases no longer provided an accurate picture of the impact of COVID-19. Other markers such as hospitalisations and staff absences became more important. After many months of hearing daily case numbers, this was a difficult change for the community and led some to be confused as to why restrictions were easing during a time when case numbers were increasing. The ACT tried to ease this confusion with communications regarding access to care, and later, when they were available, antivirals, and to emphasise the importance still placed on reducing risk for people at high risk of severe disease. To increase protection for people at high risk of severe disease, targeted public health requirements were introduced. This included visitor restrictions at high-risk settings and face mask requirements for public indoor settings.

Isolation requirements for persons diagnosed with COVID-19 were maintained. On 31 December 2021, aligned with the national approach, the quarantine period for close contacts of a person diagnosed with COVID-19 was reduced from 14 to 7 days from the last day of exposure in line with the lower risk that this group now posed to the community. This sought to proportionately reduce the social and economic impact for

¹¹¹ Morrison, S. (2022). Press Conference – Canberra, ACT. Transcript. Published: 13 January 2023.

¹¹² Morrison, S. (2022). National Cabinet Statement. Published: 10 February 2022.

individuals, while balancing risk to the community. Close contacts were required to undertake a COVID-19 test on day 1 and day 6 of their quarantine period and follow the directions for a diagnosed person if the test result was positive.

From December 2021, the ACT started incorporating RATs as a more accessible alternative to PCR testing. During this period, there was significant demand for PCR testing services, which reflected the requirement from certain jurisdictions for travellers entering their jurisdiction to have a negative PCR test prior to entry into the state or territory.

From 12 January 2022, individuals could report their positive RAT result through a declaration form on the ACT COVID website. This was made a requirement from 25 February 2022 ([NI2022-99](#)) to assist with connecting people to care and support, have evidence of their declared test result, as well as to maintain visibility of cases in the ACT. For further information, see [Testing](#).

As it was no longer proportionate to undertake the same level of contact tracing, isolation or quarantine, greater emphasis was placed on individuals and workplaces taking responsibility for minimising risk and responding to COVID-19 exposures.

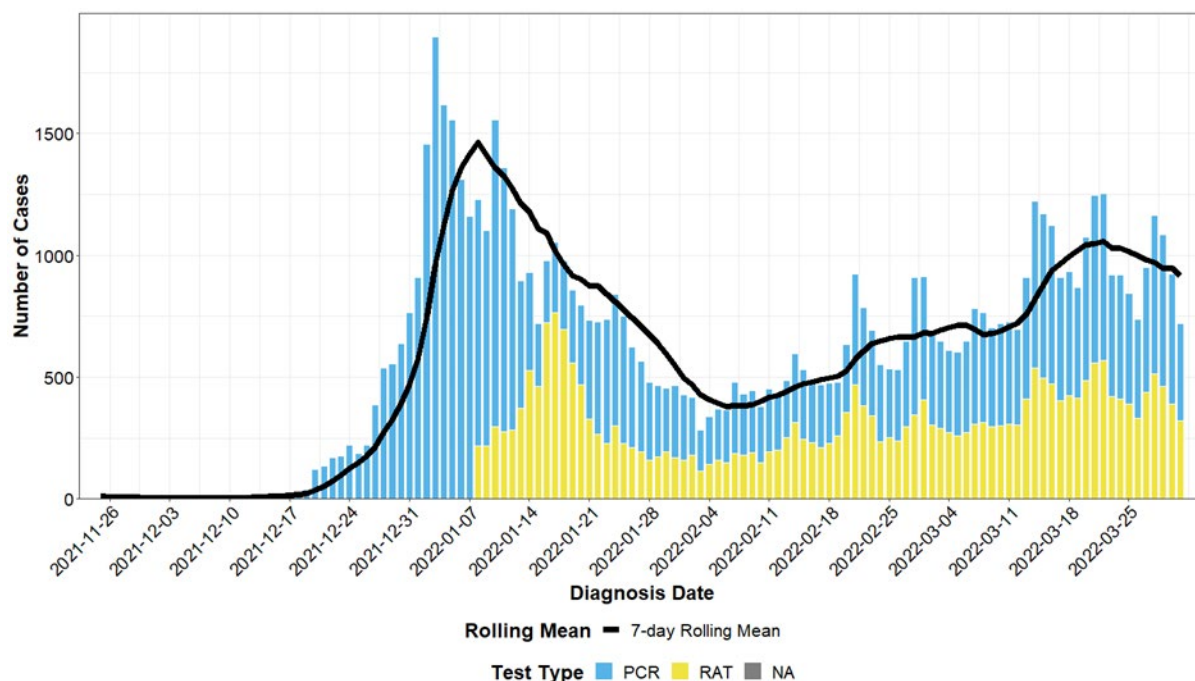
People in the community who had asked for additional support or were at higher risk of severe disease, were the focus for the ongoing provision of medical care through services such as [COVID Care@Home](#). This included pathways to access specific COVID-19 treatments, as they became available.

ACT epidemiology

The ACT recorded its first identified case with Omicron variant on 3 December 2021. Consistent with the global and national experience, the Omicron variant quickly became the predominate lineage in the ACT, accounting for 100 per cent of new cases sequenced by February 2022.

The ACT experienced a significant increase in cases when the Omicron variant arrived. Through to mid-December 2021, the number of cases increased dramatically as domestic travel grew in the lead-up to the summer holiday period. The 7-day rolling daily average of new cases increased from 4.6 in the week ending 5 December 2021 to a peak of 1,411 in the week ending 9 January 2022, and then decreased. In early February 2022, the 7-day rolling average slowly increased again, reaching a peak of 1,058 on 20 March 2022 (see [Figure 17](#)).

Figure 17: ACT COVID-19 cases, by date of diagnosis, 26 November 2021 to 31 March 2022



Increased cases in mid-March 2022 were due to a number of different factors, including the emergence of the more transmissible BA.2 sublineage (replacing BA.1), coupled with relaxation of public health social measures, waning of population level immunity and slowing vaccination uptake in younger eligible age groups.¹¹³ In the ACT, the Omicron BA.2 sublineage was first sequenced in a sample taken in January 2022. However, the BA.1 sublineage continued to dominate locally until the end of March 2022, when BA.2 became the dominant variant moving forward (see [Figure 17](#)).

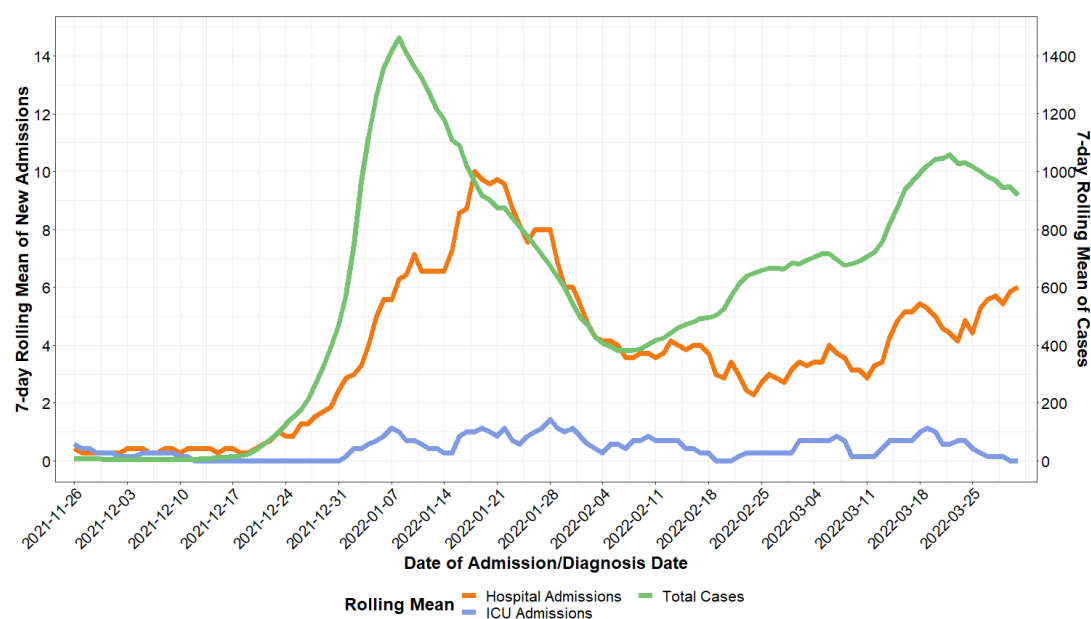
The ACT total cases since the start of the pandemic increased from 2,103 and 14 deaths on 26 November 2021 to 77,714 total cases and 41 deaths on 31 March 2022. In early February 2022, the death rate from the Omicron variant in Australia was about 0.1 per cent (compared with 2 to 3 per cent for earlier variants)¹¹⁴ due to the decreased severity of Omicron, widespread vaccination and the emergence of oral antiviral therapies. Refer to [Other COVID-19 therapies](#) for more information.

The rolling mean of the number of COVID-19 cases admitted to ACT hospitals and Intensive Care Unit (ICU), by date of admission and case diagnosis date throughout the Omicron wave is presented in [Figure 18](#). Please note the different scales used in this figure.

¹¹³ AHPPC. (2022). [Statement on winter season preparedness](#). Published: 31 March 2022.

¹¹⁴ Kelly, P. (2022). [Canberra Press Conference with Professor Paul Kelly on ATAGI providing green light for boosters for 16-18 year olds, supply of rapid antigen tests, and COVID in the aged care sector](#). Published: 3 February 2022.

Figure 18: Rolling mean of number of COVID-19 cases admitted to ACT hospitals and ICU - 26 November 2021 – 31 March 2022¹¹⁵



Actions for the community: Public health and social measures

International border restrictions

ACT public health directions for international travellers formed part of nationally coordinated efforts to balance the health and wellbeing of Australians alongside the reopening of the Australian economy. Upon being informed of the emergence and predominance of Omicron in certain countries, in line with the national approach, the ACT moved quickly to place quarantine restrictions on travellers who arrived in Australia before 27 November 2021, if they had spent time in South Africa, Lesotho, Botswana, Zimbabwe, Mozambique, Malawi, Namibia and Eswatini in the previous 14 days ([NI2021-698](#)). Seychelles was also initially included in the list of countries of concern but was removed following receipt of updated risk advice from the Commonwealth on 30 November 2021 ([NI2021-709](#)). Immediately upon arrival to the ACT, travellers from the nominated countries were required to:

- be tested for COVID-19 immediately upon arrival
- quarantine until 14 days had passed since they exited the country of origin (household members were also required to quarantine for the same period)
- complete an online declaration form

¹¹⁵ Cases admitted to an ACT hospital include those with a residential address in the ACT or another state or territory. If the case was admitted to an ACT hospital on multiple occasions, the earliest date of the hospital admission is used in reporting. Diagnosis date is determined based on the earliest date of the symptom onset date, specimen collection, date or notification received date.

- undergo testing for COVID-19 on days 5 or 6 and 12 or 13 following arrival in Australia as safeguards to ensure that COVID-19 was not present before movement within the community was permitted.

The 14-day quarantine period was consistent with arrangements being implemented for unvaccinated international travellers, which had not changed since the Delta response.

For consistency, the restrictions for all other returned international travellers who arrived in Australia from 28 November 2021 mirrored those being implemented in Victoria and New South Wales.¹¹⁶ The restrictions were introduced to reduce the risk that new Omicron cases or subvariants of COVID-19 would enter the ACT while a better understanding of the new variant and its impact could be developed. Restrictions required that fully vaccinated travellers arriving in the ACT:

- be immediately tested for COVID-19
- quarantine for 3 days alongside each of their household members
- complete an online declaration form.

If still in the ACT 6 days following their arrival in Australia, a second COVID-19 test was needed as an additional safeguard to ensure that COVID-19 was not present. While travellers and household contacts could leave quarantine from day 4, due to the uncertain health impacts of Omicron, public health messages strongly encouraged limited movement in the community until a second negative COVID-19 test was received on day 6. This meant:

- staying at home wherever possible and limiting movement to essential reasons (for example, accessing essential goods and services or exercising for mental and physical health)
- keeping records of movements in public, including dates and times, and using [Check In CBR](#) wherever it was required
- avoiding the use of public transport and, if unavoidable, using a face mask
- practising good hand and respiratory hygiene, including using a face mask.

These specific public health directions were removed for the ACT with effect from 15 December 2021, consistent with updated advice from the Commonwealth Chief Medical Officer,¹¹⁷ ([NI2021-775](#)).

The requirement for vaccinated returning international travellers to quarantine for 3 days was removed on 20 December 2021, when there was sufficient global data available to demonstrate that, despite having greater immune escape, the Omicron variant did not result in more severe disease or worse health outcomes for infected persons, particularly if vaccinated. From this date, returned international travellers only needed to quarantine until they produced a negative COVID-19 test following their arrival ([NI2021-775](#)), although

¹¹⁶ Public health restrictions remained unchanged for unvaccinated international travellers – this being 14 days quarantine rather than 3.

¹¹⁷ Kelly, P. (2021). [Chief Medical Officer - Omicron update and changes to international travel arrangements, Media Release](#). Published: 15 December 2021. Morrison, S. (2021). [National Cabinet Statement](#). Published: 22 December 2021. This advice was later supported by the AHPPC in a [Statement on the Omicron public health implications and response options](#) which was published on 22 December 2021 and, among other things, called for an end to international border restrictions on the basis that they were ineffective given the extensive spread of Omicron.

a second COVID-19 test 6 days after arrival continued to be required until 7 January 2022 ([NI2022-6](#)), when booster vaccinations had been substantially rolled out.

On 10 February 2022, National Cabinet¹¹⁸ agreed to transition to Phase D of the National Plan.¹¹⁹ In light of the ACT's high vaccination rates, the mandatory quarantine period for unvaccinated international travellers was reduced from 14 days to 7 days from 22 February 2022 ([NI2022-86](#)). Unvaccinated international travellers would still be required to apply for an exemption to enter the ACT to complete their quarantine, however, were no longer required to participate in a second round of COVID-19 testing on days 12 and 13 following their arrival to Australia. Returned unvaccinated travellers continued to quarantine for 7 days on arrival and participated in COVID-19 testing on days 1 and 6 following their arrival. This action was taken as an interim step to ensure that the relaxation of international travel restrictions in the ACT would not result in an overwhelmed local public health system, before the ACT removed the need for unvaccinated international travellers to apply for an exemption to travel entirely from 16 March 2022. Conversely, fully vaccinated international travellers were required to undertake a COVID-19 test within 24 hours of arrival and quarantine only until a negative test result was received ([NI2022-131](#)).

Domestic border restrictions

Domestic travel restrictions were lifted on 15 December 2021 ([NI2021-750](#)).¹²⁰ The Omicron variant was widespread in the ACT and limited benefit could be gained from imposing public health restrictions on interstate travellers. High-risk geographical areas were no longer identified and published on the COVID-19 website, and related public health directions were revoked from 8 January 2022 ([NI2022-7](#)).

High-risk settings

ACT Health continued to prioritise support to high-risk settings. This included providing advice and support in relation to testing, zoning, communication and other infection control measures. Emergency resources, such as PPE, were provided from ACT Government stockpiles to provide interim supports when there were national supply chain and transport delays. Due to the high level of support provided during the Delta wave, many RACFs had become skilled in independently managing exposures and outbreaks.

High-risk settings continued to have additional public health restrictions in place due to the potential high impact of a COVID-19 exposure. These included:

- 14-day restriction on returned international travellers visiting or working in high-risk facilities ([NI2021-709](#)) until 16 March 2022 ([NI2022-131](#))

¹¹⁸ Morrison, S. (2022). [National Cabinet Statement](#). Published: 10 February 2022.

¹¹⁹ Prior to the National Cabinet meeting, the Commonwealth had already foreshadowed a reopening of international borders to travellers to occur from 21 February 2022, as a means of supporting economic recovery from COVID-19. Andrews, K., Morrison, S., Hunt, G., & Tehan, D. (2022). [Reopening to tourists and other international travellers to secure our economic recovery](#). Joint media release. Published: 7 February 2022.

¹²⁰ ACT Govt. (2021). [Updates to requirements for COVID-19 close contacts and travel](#). Published: 15 December 2021.

- 14-day restriction on visiting or working in a high-risk facility for close contacts (regardless of vaccination status) from 31 October 2021 ([NI2021-640](#)) until 30 September 2022
- RACF visitor restrictions ([NI2021-779](#), [NI2022-8](#), [NI2022-68](#), [NI2022-85](#)) until 25 February 2022.

From 26 December 2021, additional patient visitor restrictions were applied by CHECC in ACT healthcare settings, with visitors only allowed in situations such as end-of-life, birthing or paediatric care. This was designed to protect patients and staff during time when the health system was already under pressure with staff furloughs.

Education settings

As part of return to school risk mitigation in Term 1, 2022, all students and staff in ACT schools were provided with 2 free RATs per week to support families having access to RAT testing. The extensive logistical arrangements to distribute RATs involved a WhoG effort. Additional RATs were available on request of families and staff.

The Education Directorate continued to make RATs available throughout 2022 and in 2023. ACT Health continued to support the Education Directorate to undertake post-exposure risk assessments and advise on risk mitigation measures to promote the continuation of face-to-face learning. Risk assessments considered the low risk of transmission from students to staff and evidence that face masks were a suitable risk mitigation in older students.

Face masks

With Omicron cases increasing, the ACT reintroduced face mask requirements for all indoor settings on 21 December 2021 ([NI2021-778](#)). As community spread remained high, these requirements remained in place unchanged until 25 February 2022 ([NI2022-98](#)) and were aligned with New South Wales requirements.¹²¹

The settings where face masks were required included:

- at the Canberra airport, or on a domestic commercial aircraft landing or taking off in the ACT
- on public transport or in a public passenger vehicle (for example, Uber or taxi services)
- working or visiting a hospital, RACF, care facility, correctional centre, detention place or a close personal care setting (for example, disability support work)
- in an indoor space at a school or an early childhood education and care setting (this also applied to students aged 12 years and older).

Face masks were still strongly recommended in indoor settings or when unable to physically distance. Specific communications campaigns encouraging mask use were maintained throughout the Omicron wave and into the winter influenza season.

¹²¹[New South Wales Public Health \(COVID-19 General\) Order \(No 2\) 2021, Public Health Act 2010](#)

Non-essential gatherings and businesses

Hospitalisations and pressure on the healthcare system was monitored over this time and when required, public health restrictions were applied to selected business types to slow spread. Contact tracing activities during the Delta wave had informed which business types were at higher risk of facilitating spread, usually indoors. Throughout February 2022, the ACT Government continued to encourage Canberrans to work from home where possible.

From 8 January ([NI2022-8](#)) until 18 February 2022 ([NI2022-85](#)), restrictions to control the spread were reintroduced for hospitality businesses and licensed venues requiring patrons to remain seated while eating and drinking, and prohibiting dancing. Over the following weeks, as more became known about the spread and severity of Omicron, there was progressive easing of restrictions. On 25 February 2022, restrictions on events with more than 2,000 people were relaxed, provided that the event was ticketed or attendees had pre-registered and/or used [Check In CBR](#) to monitor attendance ([NI2022-97](#)). Organisers of events of more than 5,000 people were still required to submit their COVID-19 Safety Plans for review by ACT Health. Certain high-risk businesses (for example, licensed venues) were also required to maintain a COVID-19 Safety Plan.

Actions for individuals: Test, trace, isolate and quarantine

Testing

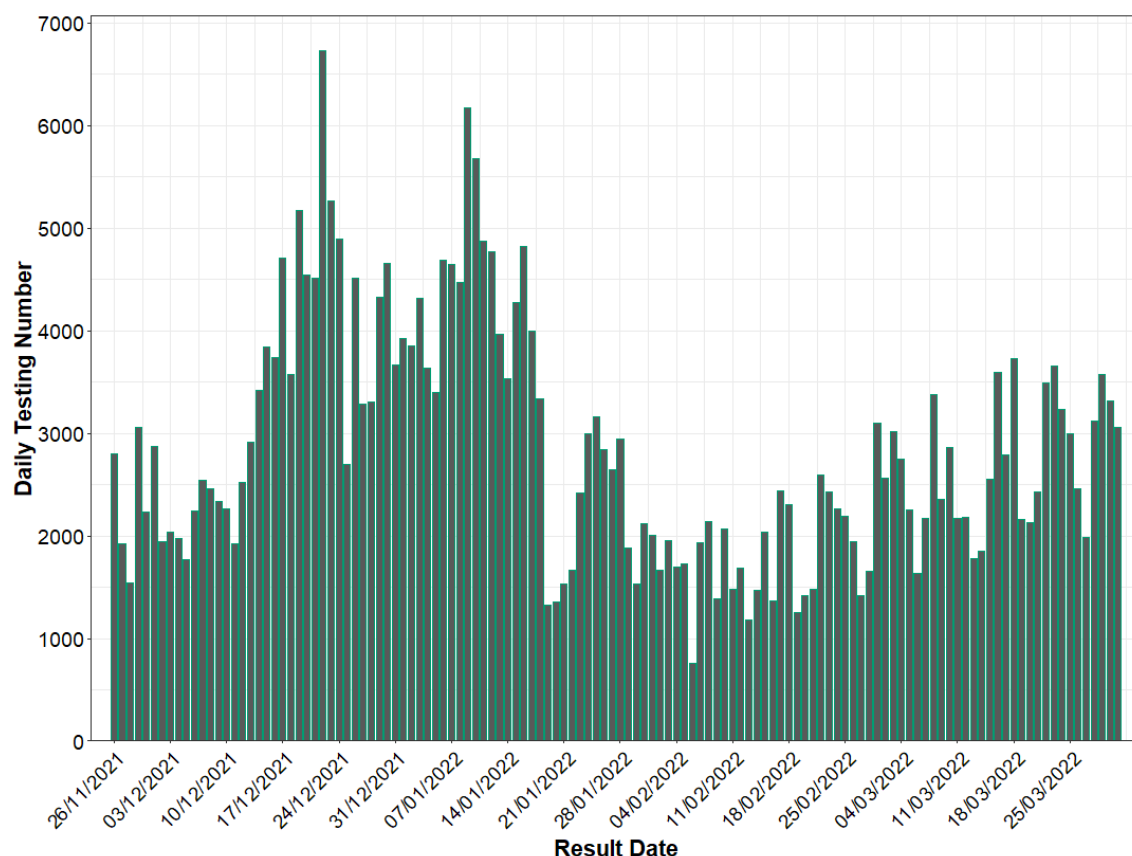
Testing demand increased in mid-November 2021 alongside an increase in cases and exposures in the ACT and surrounding region, and again prior to Christmas due to people requiring evidence of a negative PCR test to travel to some states or internationally. It was estimated that between 20 and 25 per cent of PCR tests administered in late December 2021 were for the purpose of enabling interstate travel.¹²² Demand for testing services in the ACT peaked on 22 December 2021, when a total of 6,738 PCR tests were collected at ACT Government-run clinics in a single day, or 15.6 per 1,000 residents (refer to [Figure 19](#)).

On 30 December 2021, AHPPC noted that testing settings were placing considerable pressure on available laboratory resources nationally and recommended that PCR tests should only be used when it would change the public health or clinical management of an individual, rather than being used for the purpose of surveillance or interstate travel.¹²³

¹²² Morrison, S. (2021). [National Cabinet Statement](#). Media statement. Published: 22 December 2021.

¹²³ AHPPC. (2021). [Statement on testing, tracing, isolating, and quarantining in high levels of COVID-19 community transmission](#). Published: 30 December 2021.

Figure 19: COVID-19 testing by result date, 26 November 2021 to 31 March 2022



Operational challenges

The increase in testing demand was met by 4 Government-run mass testing sites alongside GP-led respiratory clinics and private pathology providers. Mitchell drive-through testing site commenced operations on 18 December 2021, replacing the EPIC drive-through clinic, which closed so that the site could be returned to normal event operations. ACT Government mass testing sites operated 7 days a week and extended their hours from 07:00 to 22:00 daily, in response to demand and wait times leading up to Christmas.

Additional pop-up clinics were established including a temporary testing clinic at Dickson College during the school holiday period. To prioritise laboratory resources consistent with the AHPPC statement, testing at the Garran Surge Centre was restricted to individuals presenting for testing due to being symptomatic or being a contact, rather than for the purposes of surveillance or interstate travel. Operating at the limits of capacity, ACT Government testing sites facilitated more than 6,000 PCR tests each day in the lead-up to Christmas 2021, accounting for about 1.4 per cent of the ACT population daily.

As RAT supply increased, ACT Government testing sites began distributing free RATs to people presenting for testing who were asymptomatic or at lower risk of severe disease. Combined with reduced demand for PCR testing after Christmas, in January 2022 testing services conducted between 1,500 and 3,000 tests daily; significantly reducing associated operational challenges and the time to get a PCR result.

The COVID-19 response team worked with ACT Government Directorates to procure and distribute free RATs for surveillance testing in high-risk settings, including RACFs,

disability services, and correctional facilities; consistent with AHPPC advice.¹²⁴ Logistical arrangements to distribute RATs also involved support at a WhoG level.

Reporting of rapid antigen test results

From 12 January 2022, people residing in the ACT were able to voluntarily register their positive RAT result online at the ACT Government COVID-19 website. The daily reporting of case numbers started to include cases detected by RAT and PCR.

Previously, a positive RAT result of a household contact needed to be confirmed by PCR testing to be considered a case ([NI2022-9](#)). As the supply of RATs via commercial and government channels became more reliable in early 2022, household contacts were able to use a RAT as an alternative to PCR test prior to leaving quarantine ([NI2022-16](#)). This was considered a proportionate step in progressing to the widespread use of RATs as an alternative to PCR testing.

Following the widespread adoption of RATs by the community, reporting a positive RAT result became a requirement on 25 February 2022 ([NI2022-99](#)). This ensured cases could be connected with care and support, have evidence of their result for employers, and to maintain visibility of the number of cases in the community.



Did you know?

To help with broad distribution of RATs, to the community, ACT Health supported:

- Education Directorate to distribute more than 1.72 million RATs to children and families enrolled in ACT schools and early childhood and education centres
- Community Services Directorate to distribute more than 80,000 RATs to NGOs for distribution to their service users
- Justice and Community Safety Directorate to distribute more than 1.88 million RATs for use in ACT Courts and Emergency Services.

Contact tracing

Everyone testing positive by PCR or RAT was required to inform contacts, employers and any high-risk settings that they had attended while infectious. This was a shift from the Delta response when contacts were identified through a case interview or electronic survey and then notified that they were a contact by ACT Health. Case-led notifications became an acceptable alternative to direct contact by ACT Health, to allow contact tracing resourcing to focus on supporting high-risk settings and individuals at higher risk of severe illness. Resources were also able to be devoted to helping individuals who needed additional support to understand or apply the public health guidance.

Workplace risk and assessment tools were developed in close consultation with the Chief Minister Treasury and Economic Development Directorate (CMTEDD) to provide guidance to businesses and high-risk settings to assist with assessing levels of exposure and risk. A

¹²⁴ AHPPC. (2022). [Statement on rapid antigen testing for current high community prevalence environment](#). Published: 20 January 2022.

suite of COVID-19 assessment tools was available through the ACT COVID-19 website and linked to the CMTEDD Business Hub.

Check In App

From 12 February 2022, due to the significant spread in the community and changes to requirements for contacts, the use of Check In CBR was only required for high-risk settings or high-impact sites (such as bars, pubs and nightclubs), where transmission could lead to large-scale seeding events ([NI2022-68](#), [NI2022-69](#)). In addition, staff and visitors at early childhood education and care settings and schools were asked to continue to use Check In CBR, so that data could be used by the Education Directorate should there be a significant outbreak within an educational care setting. Other businesses and settings were no longer required to display their QR codes or to ask visitors and customers to check in.

COVID Smart behaviours continued to promote the value of using Check In CBR to the community primarily as a means of helping individuals to track their own activities (using the history function) and so that residents could receive push notifications from ACT Health outlining critical public health messages. The community continued to show support for using the app across businesses and public events.

Quarantine

Increased mobility of people across domestic borders and increasing number of cases had significant implications for quarantine when responding to the Omicron variant. The number of people in quarantine increased from 846 on 30 November to 1757 by 21 December 2021. Short-term and precautionary public health directions aligned the quarantine period for close contacts of probable Omicron cases with the quarantine period of returned international travellers, which was 14 days regardless of vaccination status (refer to [International border restrictions](#)) ([NI2021-708](#)). Demand in the ACT for facilitated quarantine services decreased with the end to international repatriation flights travelling directly to the ACT. Unvaccinated returned travellers were required to quarantine in government-facilitated quarantine site immediately following arrival to the country.

This meant there was insufficient demand to maintain 2 sites for government-facilitated quarantine services. The Ragusa facility was closed as scheduled on 12 December 2021, with the Lazaretto facility continuing until the end of the public health emergency period. This ensured that a facility was available to provide quarantine services to the community, if required.

Actions towards national consistency in quarantine requirements began on 31 December 2021 ([NI2021-796](#)) and in contact definitions from 6 January 2022 ([NI2022-4](#)). Updated guidance for people exposed to COVID-19 from 6 January 2022 can be seen in [Table 3](#). This information was provided at the time on the ACT COVID-19 website.

Table 3: COVID-19 exposure guidance for individuals from 6 January 2022

Risk level	Requirements
<p>High</p> <p>Someone who has spent a long time with a confirmed case – for example, for more than 4 hours</p>	<ul style="list-style-type: none"> Undergo a PCR test as soon as possible and quarantine for 7 days from the date of the positive test result of the first household case. Complete the ACT Health online declaration form. Undergo a RAT or PCR test on or after day 6 and on day 12 or 13 post exposure.
<p>Moderate</p> <p>Someone who has spent some time with a confirmed case – for example, at a social function</p>	<ul style="list-style-type: none"> Undergo a RAT or PCR test as soon as possible and quarantine until a negative result is received. Undergo an additional test 6 days post exposure.
<p>Low</p> <p>Someone who spent brief or distanced contact with a confirmed case – for example, in an outdoor venue</p>	<ul style="list-style-type: none"> Monitor for COVID-19 symptoms. If symptoms arise, undergo a RAT or PCR test and quarantine until a negative test result is received.

During the Omicron wave, further relaxation of quarantine requirements was implemented following decisions of National Cabinet. In response to national workforce and supply chain pressures being felt, with up to 10 per cent of the workforce under furlough arrangements, National Cabinet agreed to implement standing exemptions in all jurisdictions that would permit asymptomatic high-risk contacts to return to work early if engaged in a priority industry.¹²⁵

In the ACT, a standing exemption for essential workers in the food distribution and freight and transport industries came into effect on 27 January 2022 under Part 6 of the *Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022*. Under this exemption, eligible essential workers were able to return to work if they were:

- in agreement
- unable to perform their duties at home
- asymptomatic
- had returned a negative COVID-19 test
- continued to undertake daily RATs until the end of their quarantine period.

Despite being permitted to leave quarantine, affected essential workers were limited to travel directly between their premises and place of work and were required to wear a face mask when not at home. This standing exemption was constantly reviewed and was later extended by the Chief Health Officer to include:

- veterinary service workers – from 3 March 2022
- community pharmacy workers – from 1 April 2022

¹²⁵ Morrison, S. (2022). [National Cabinet Statement](#). Published: 13 January 2022.

- national security workers – from 5 April 2022.
- Federal election workers – from 14 April 2022

Isolation

The increase in cases in the ACT resulted in increased number of Canberrans isolating with COVID-19 during this period. Initially, confirmed cases were required to isolate until they received clearance from an authorised public health official or a staff member of the ACT COVID-19 Care@Home Program. From 6 January 2022, in line with AHPPC advice,¹²⁶ changes were introduced to the management of confirmed cases. Confirmed cases of COVID-19 were required to isolate for at least 7 days from the date their COVID-19 test was conducted, regardless of their vaccination status, until they were cleared to leave isolation (NI2022-04). People in the community who requested additional support or were at higher risk of severe disease were supported with linkage to ongoing provision of medical care through the ACT COVID-19 website and services such as [COVID Care@Home](#).

¹²⁶ [AHPPC statement on testing, tracing, isolating and quarantining in high levels of COVID-19 community transmission | Australian Government Department of Health and Aged Care](#)

Workforce behind the COVID-19 public health response

From the outset of the ACT Government COVID-19 public health response, there was a strong focus on ensuring that the response was appropriately resourced and staff were well supported. The COVID-19 response team were working under significant pressure in an environment of constant change and uncertainty. The Chief Health Officer made it a priority that our staff were supported, with human resourcing initiatives reviewed and adjusted as required based on staff feedback.

Resourcing

Workforce planning was undertaken at various stages of the pandemic and in various forms to ensure that the response was appropriately resourced to respond to risk. Surge requirements became necessary, particularly during the response to the Delta variant, and later the Omicron variant. A surged workforce was engaged on long and short-term contracts and seconded from ACT Government agencies for differing periods. The Australian Public Service and Australian Defence Force provided staff for short periods to support the ACT public health response. A memorandum of understanding between ACT Health and the St John Ambulance Service allowed staff redeployment on an as needs basis, and furloughed airline workers were redeployed to support client service activities. Despite this, at times of significant surge and demand, dedicated staff worked long hours.

In March 2020, there were about 50 staff engaged to work on the response. By September 2021, the response team had increased to about 785 staff working across a range of paid and volunteer roles. This reduced as the activities and functions transitioned in December 2021 and January 2022; however, staffing levels remained at around 200 until the last quarter of 2022.

Wellbeing

Efforts were made to ensure staff mental and emotional wellbeing was supported throughout the pandemic response. The following initiatives are examples of the support services offered to staff:

- Staff 'temperature check surveys' to monitor staff fatigue and burnout. The feedback received via surveys enabled relevant wellbeing initiatives to be considered and implemented.
- The COVID-19 Wellbeing team, established to support the community in quarantine and isolation, also worked to provide wellbeing support to staff.
- Onsite Employee Assistance Program was provided 2 to 3 days per week from September 2020 to September 2022.
- Wellbeing workshops were run by the COVID-19 Wellbeing team to support staff within the response in 2022.
- "Paws the Pressure" visits by Delta Dogs throughout 2021 and 2022.
- Staff initiatives were supported by the leadership team, including, for example, an online 'Bingo' session once per week held during the lunch period.

Staff volunteered to lead and participate in several regular physical wellbeing activities during short breaks or out of hours. These included stretch and flex classes, yoga sessions, walks and boxing sessions.

Transition

When the COVID-19 response wound down, initiatives to support staff with the next phase of their professional journey were implemented. Staff were offered job-skill training programs to improve their resume writing and interview skills; to enable them to seek alternative employment after COVID-19.

Pleasingly, many staff used the new skills and experience gained from working in the COVID-19 response on return to their usual roles in Government, or in gaining new positions elsewhere.

Communications

Communications remained a critical tool in guiding community behaviour and promoting an effective public health response after more than 2 years of public health restrictions, with community fatigue presenting an increasingly complex and challenging environment to navigate. The ACT COVID-19 website remained the single source of truth for the community for information about:

- changes to public health directions
- actions to decrease risk of infection
- actions for people who tested positive to COVID-19 or had been exposed
- vaccination
- testing, including how to use a RAT and testing wait times at government testing centres
- access to care, support services and treatment, including antiviral medications
- resources for businesses and high-risk settings
- COVID-19 statistics and epidemiological updates.

From December 2021, there were 4 multichannel campaigns used which focused on practical actions to stay safe. These campaigns were run on radio (in more than 10 languages), digital, out of home (for example, shopping centres, bus shelters, pharmacies and health clinics, movie theatres, gyms, petrol stations and the airport), as well as public messaging board and social media channels. Hard copy posters and flyers with key messages were also displayed and distributed through testing centres, primary care sites (pharmacies and GPs) and local businesses.

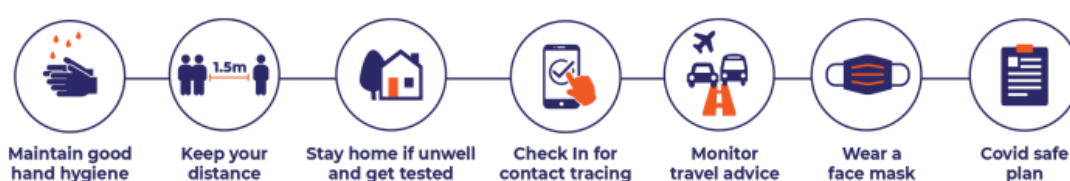
1. Wear a Mask

The *Wear a Mask* campaign reminded Canberrans of the importance of voluntarily using a face mask in public indoor settings – for example, retail stores, cinemas, public transport and supermarkets. The campaign launch coincided with the removal of face mask requirements (refer to [Face masks](#)) and continued throughout winter to slow the spread of all respiratory viruses.

2. COVID Smart

The *COVID Smart* campaign encouraged the community to make choices that would promote the health of themselves, their family and their workplace. The campaign acknowledged that COVID-19 would continue to play a part in our lives, so we should continue behaviours to protect ourselves and others.

Figure 20: COVID Smart behaviours



3. Boost your protection

The *Boost your protection* campaign encouraged people to have their COVID-19 booster vaccination as soon as they became eligible. Messages in the campaign were focused on being factual, simple, instructional, encouraging and adaptable to the changing national eligibility.

4. It's their turn

When the paediatric vaccine became available, the *It's their turn* campaign encouraged parents and carers of children aged between 5 and 11 years to have their child vaccinated prior to the return of school in Term 1, 2022. It focused on giving parents the information they needed regarding safety and how to access the vaccine.

To help combat community fatigue and keep information fresh, on 15 March 2022, ACT Health launched its first Facebook live Q&A session. The session provided an opportunity to address questions and concerns at the forefront of the community's mind. The live session was watched by 43,100 people and, while not all questions could be responded to in the live session, the thread generated 177 questions and answers. A regular epidemiological video series was launched featuring medical officers and epidemiologists working on the COVID-19 response. These provided a situation update in a simple and digestible one-minute format. There were 16 videos produced in 2022, reaching between 10,000 and 30,000 people on each occasion.

The ACT COVID-19 website remained the single source of truth for the community. Due to international and domestic pre-travel testing requirements, there was significant pressure on testing centres throughout December 2021 and January 2022. To manage community expectations and reduce pressure on testing centre staff, testing centre wait times were published on the COVID-19 website and social media with 1 to 3-hourly updates, depending on the level of demand.



Did you know?

From November 2021 to November 2022, the ACT COVID-19 website received more than 18.1 million unique views from more than 4.4 million unique visitors – with the highest number of people accessing the page on 22 December 2021, at 131,921 visitors.

The ACT continued to use online channels to communicate case numbers, with press conferences held on a less regular basis, for the purpose of communicating significant changes. This was to help de-emphasise daily case numbers and return to greater normality. The Chief Health Officer and Minister for Health continued to respond to regular requests for print and broadcast (radio and television) media, and self-initiated conferences and media announcements whenever necessary.

Working with the primary care sector

The COVID-19 Primary Health Care and Support Framework was developed in July 2020. The purpose of the Framework was to document and coordinate the activities to support the delivery of primary health care services during the COVID-19 pandemic and support the coordination of 'out-of-hospital' services for persons affected by COVID-19.

To assist in the COVID-19 pandemic response, primary health care services were considered to include only primary health services of a general nature, and those services offering specialist services that support COVID-19 patients. They included:

- general practice
- general community-based care (including allied health, pharmacies, Walk-in Centres, community health centres and community nursing)
- other generalist primary health care services for priority populations (including Aboriginal and Torres Strait Islander services).

The PHECC worked extensively with the primary healthcare sector to ensure the changing situation of the pandemic, particularly clinical guidelines and access pathways for vaccines and therapeutics, was understood. PHECC Medical Officers facilitated regular 'webinars' for the primary healthcare sector and written 'CHO Alerts' were issued to assist GPs to stay up to date.

Coordination and communication with the primary healthcare sector was facilitated through several committees and working groups. These committees facilitated effective communication between the CHO and the primary health sector for key relevant information and feedback. This was particularly important during the vaccine rollout and following the approval of COVID-19 therapeutics.

Vaccination

Booster doses

In the context of boosters providing greater protection against severe illness with Omicron variant, the focus of the National COVID-19 Vaccination Program shifted to providing booster vaccines as soon as people were eligible.¹²⁷ In response to emerging evidence and the epidemiological situation, ATAGI brought the booster dose interval forward on multiple occasions, from a 6-month interval to:

- 5-month interval on 12 December 2021¹²⁸
- 4-month interval from 4 January 2022¹²⁹
- 3-month interval from 31 January 2022.¹³⁰

On 3 February 2022, ATAGI recommended that people aged 16 and 17 years receive a COVID-19 booster vaccine.¹³¹

This presented significant operational challenges. For the ACT, more than 80,000 Canberrans were eligible for a booster vaccine before the end of December 2021. In addition, non-ACT residents in the surrounding New South Wales region would attend ACT clinics for vaccination. As of 15 December 2021, 17 per cent of booster doses administered in the ACT were provided to non-ACT residents.¹³²

This placed strain on ACT vaccination clinics, with demand exceeding ACT clinic capacity and Commonwealth vaccine supply. Despite boosting the immuniser workforce by engaging additional student nurses, the capacity to surge was confined by staff furloughs, leave and the temporary closure of clinics over the Christmas and New Year

¹²⁷ Morrison, S. (2021). National Cabinet Statement. Published: 22 December 2021.

¹²⁸ ATAGI. (2021). Statement on the Omicron variant and timing of COVID-19 booster vaccination. Published: 12 December 2021.

¹²⁹ ATAGI. (2021). Statement on the Omicron variant and the timing of COVID-19 booster vaccination. Published: 24 December 2021.

¹³⁰ Hunt, G. (2021). Interval between primary course of COVID-19 vaccination and booster dose further reduced. Dept. of Health and Aged Care. Published: 24 December 2021.

¹³¹ ATAGI. (2022). Recommendations for use of Pfizer COVID-19 vaccine as a booster dose in adolescents aged 16-17 years. Published: 3 February 2022.

¹³² Data extracted from the Australian Immunisation Register for demand forecasting purposes on 15 December 2021, by ACT Health. This data reflects vaccines administered at ACT Government and primary care (GP and community pharmacy) clinics located within the ACT. Estimated demand from surrounding NSW region reflects internal ACT Health modelling.

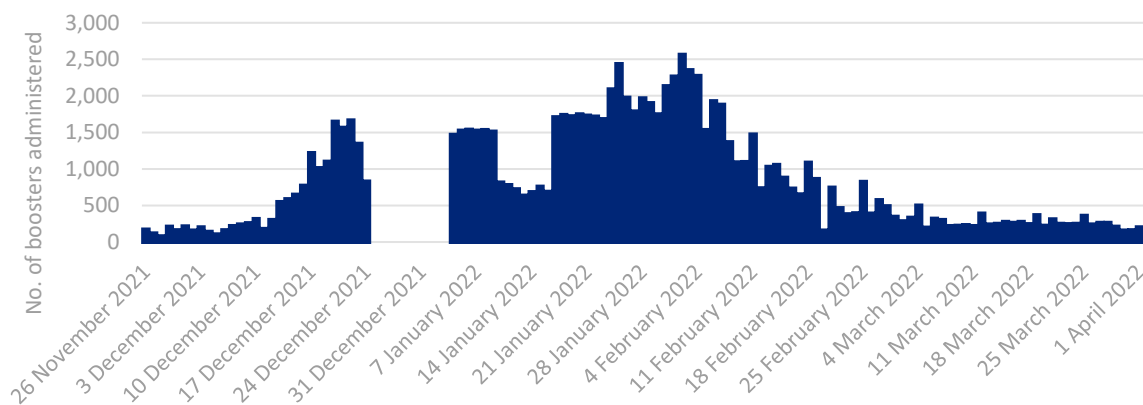
period. Combined, these factors limited the number of vaccine booster doses that could be administered each day at the AIS Arena to about 1,700 doses (or 11,900 weekly). Many ACT primary care providers also temporarily closed over the Christmas and New Year period.

Data from the Australian Immunisation Register showed that a move to a 3-month booster interval would result in more than 250,000 Canberra residents becoming eligible for a booster vaccine on 31 January 2022. A surge in demand was therefore planned for throughout January and February 2022. After its closure on 5 December 2021, a second mass vaccination clinic at the Airport precinct was temporarily reopened from 24 January to 28 February 2022, increasing capacity by an additional 5,500 doses each week. Priority appointments were set aside for workers with vaccine requirements.

The ACT experienced strong demand for booster vaccinations with all available appointments filled until mid-February 2022, when demand declined in the ACT and nationally (see [Figure 21](#)). From 14 February 2022, the AIS Arena Clinic moved to a 'walk-in' appointment model to decrease barriers to vaccination along with the *Boost your protection* campaign which highlighted the benefits of booster vaccines in reducing severe illness, hospitalisation and death.

While falling short of primary dose vaccination coverage (less than 98 per cent), booster coverage among Canberrans was higher than the national average. As of 30 March 2022, there were 73.3 per cent of all eligible Canberrans (16 years and older) who had received a third dose, compared to the national average of 68.2 per cent.¹³³

Figure 21: COVID-19 booster doses administered daily at ACT Government clinics, 26 November 2021 to 31 March 2022



Note: ACT Government Clinics were closed over Christmas/New Year period

5- to 11-year-olds

Alongside booster programs, the focus was on vaccinating children aged 5 to 11 years from 10 January 2022.¹³⁴ With an 8-week interval needed between first and second doses,

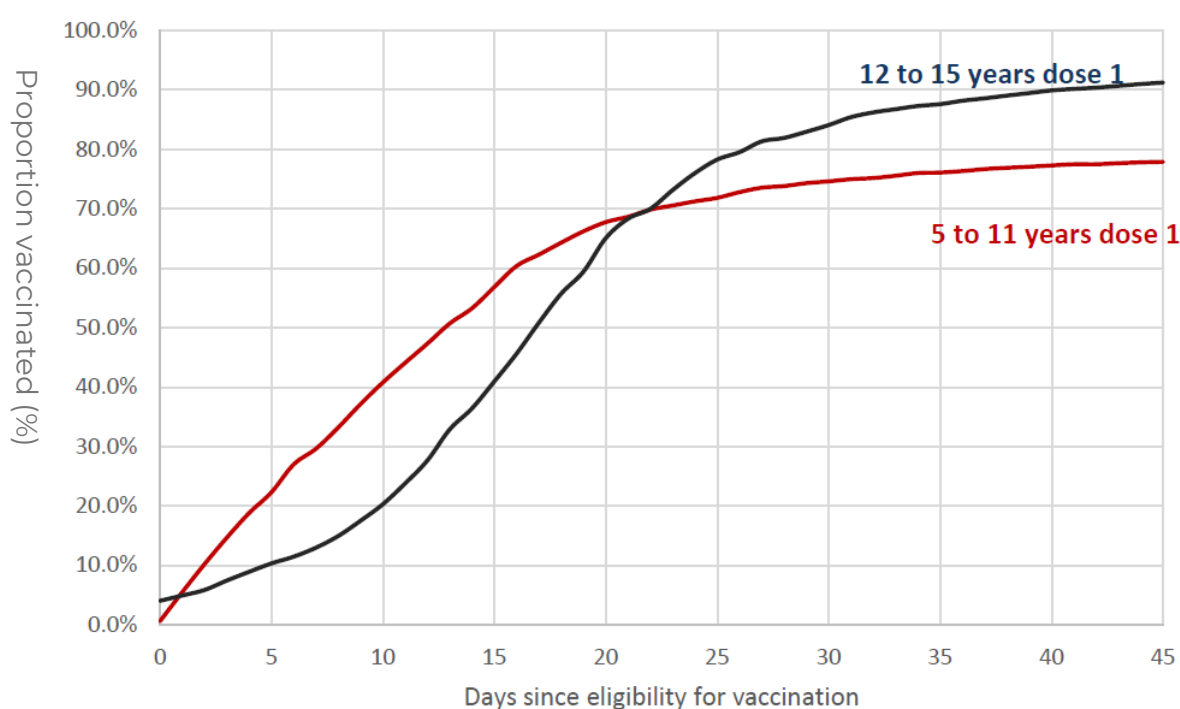
¹³³ Internal point-in-time reporting undertaken by ACT Health during the COVID-9 response.

¹³⁴ Dept. of Health and Aged Care. (2021). [Pfizer's COVID-19 vaccine \(COMIRNATY\) provisionally approved for use in individuals 5 years and over](#). Published: 5 December 2021. The paediatric Moderna vaccine was also

the aim was to have all eligible children in the ACT and surrounding region vaccinated with one dose before returning to school on 31 January 2022.

Initial uptake of paediatric vaccine doses for children aged 5 to 11 years in the ACT was strong and outpaced the initial demand experienced for the 12- to 15-year age group. Demand reduced notably when school returned in Term 1, 2022 (21 days after program eligibility). Refer to [Figure 22](#). As of 31 January 2022, there were 68.1 per cent of 5- to 11-year-olds living in the ACT who were vaccinated with a first dose of a COVID-19 vaccine; the strongest uptake of the paediatric vaccine in Australia.¹³⁵ By 1 April 2022, coverage for this age group was 80.2 per cent first dose and 54.0 per cent second dose compared with national coverage of 52.4 per cent first dose and 28.9 per cent second dose on this date.¹³⁶

Figure 22: Proportion of ACT resident children vaccinated with one dose of a COVID-19 vaccine, by days since eligibility for vaccination



The *It's their turn* campaign continued to encourage child vaccination. Unpublished community sentiment surveys undertaken by the ACT and other jurisdictions at this time suggested that a proportion of parents and guardians were concerned about the long-term impacts of COVID-19 vaccines in children. Combined with symptoms presenting more mildly in younger children, these parents and guardians indicated that they were less likely to have their child vaccinated.

approved and recommended for use in children aged 6 to 11 years by TGA on 23 February 2022. This particular vaccine was distributed among community pharmacies by the Commonwealth and was therefore not made available in ACT Government clinics.

¹³⁵ The Department of Health and Aged Care provided daily updates of national and jurisdictional vaccination data on its website at this stage of the COVID-19 response. The data produced by this Department showed that the ACT was and remained the most vaccinated jurisdiction in Australia for the 5- to 11-year age cohort throughout the COVID-19 response.

¹³⁶ Data accessed on Department of Health and Aged Care website www.health.gov.au in April 2022.

Concern about the use of mRNA vaccines in younger children

In 2021, the US Centre for Disease Control identified reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the external heart lining) following COVID-19 vaccination using mRNA vaccines (Pfizer and Moderna).¹³⁷ Investigation quickly demonstrated that these vaccines were safe for continued use¹³⁸ as the vaccine's ability to prevent morbidity (sickness) and mortality (death) from COVID-19 far exceeded the small number of typically short-term adverse events experienced after vaccination. Conditions like myocarditis were shown to occur more frequently if a patient had a COVID-19 infection, rather than following a vaccine.¹³⁹ However, some people remained concerned and chose not to vaccinate their children.

Vaccine requirements for critical and high-risk workers

On 10 February 2022, ATAGI supported referring to people as 'up to date' rather than being vaccinated or unvaccinated.¹⁴⁰ This decision recognised what was known about waning efficacy of COVID-19 vaccinations over time¹⁴¹ and made messaging clearer, including recognising the different recommendations of number of doses for some people, and the potential for ATAGI to recommend additional booster vaccines in the future. As the ACT had no differences in travel or public health restrictions based on vaccination status, the main impact of the change in terminology was on consideration of vaccination requirements for critical and high-risk workers.

The ACT required vaccination of teachers (of children under 12 years) and childcare workers, healthcare workers, disability care and aged care workers (refer to [Vaccine requirements for critical and high-risk workers](#) in Chapter 5). Requirements were updated to reflect ATAGI advice ([NI2022-125](#), [NI2022-126](#)).

The requirement to be 'up to date' was required by aged care and disability service providers by 28 March 2022, with 2 weeks to inform impacted sectors of the changes and

¹³⁷ Centers for Disease Control and Prevention. [Myocarditis and Pericarditis after mRNA COVID-19 vaccination](#). Page last updated Sept 27, 2022.

¹³⁸ Centers for Disease Control and Prevention. (2021). [Use of mRNA COVID-19 Vaccine after reports of myocarditis among vaccine recipients](#). Published: 9 July 2021. TGA. (2021). Pfizer COVID-19 vaccine (COMIRNATY) – Additional of safety information about myocarditis and pericarditis to Product Information. Published: 23 July 2021.

¹³⁹ Boehmer, T.K., Kompaniyets, L., Lavery, A.M., Hsu, J., Ko, J.Y., Yusuf, H., Romano, S.D., Gundlapalli, A.V., Oster, M.E., & Harris, A.M. (2021). [Association between COVID-19 and Myocarditis using hospital-based administrative data](#) – United State, March 2020-January 2021. *Morbidity and Mortality Weekly Report*, 70(35), 1,228-1,232

¹⁴⁰ ATAGI. [Update following weekly COVID-19 meeting of 9 February 2022](#). Published: 10 February 2022. Hunt, G. (2022). [New advice to keep Australians 'up to date' with COVID-19 vaccinations](#). Media release. Published: 11 February 2022.

¹⁴¹ Studies at this time estimated that 6 months after primary immunisation, efficacy for Omicron wanes to around 40 per cent against symptomatic disease and 80 per cent against severe disease. A third mRNA vaccine dose had the potential to increase efficacy to 86.2 per cent against symptomatic disease and 98.2 per cent against severe infection. Khoury, D. S., et al. (2021). "A meta-analysis of Early Results to predict Vaccine efficacy against Omicron." medRxiv: 2021.12.1213.21267748. Available from: <https://www.medrxiv.org/content/10.1101/2021.12.13.21267748v2>.

provide workers with time to be vaccinated if required. These employment sectors were targeted as they:

- provided an essential service to clients who were more likely to be susceptible to severe disease from COVID-19 (compared to the general population)
- provided routine close personal care to service users, making other public health social measures such as physical distancing difficult or impossible to maintain
- did not have a single representative industry body or regulator that could take action to implement sector-wide work health and safety policies in the absence of public health directions.

These amendments were not extended to healthcare workers, early childhood educators or teachers. Rather, groundwork had begun for a transition towards relevant work health and safety policies, expected to be in place in coming months. ACT hospitals already had a vaccination policy in place for staff. A policy approach for these settings was considered more sustainable and capable of better targeting staffing sub-cohorts and proportionate to the epidemiological situation at the time.

Specialist vaccination clinics

After a brief pause, the Equity to Access Program restarted on 17 January 2022. Separate mobile children's clinics were facilitated at targeted locations to enable delivery of vaccinations to children aged 5 to 11 years who required this service, including at Malkara and Cranleigh Specialist schools, and in-home, so that children with complex support needs could be vaccinated in a familiar environment with the support of family members and friends.

Well publicised pop-up clinics were run at locations across the ACT to decrease barriers for people who had not previously been vaccinated. Pop-up clinics returned to each location for a second visit 3 weeks after the first, to facilitate completion of primary vaccination courses.

Equity to Access Program

This community-led initiative was a standout of the COVID-19 response. The Equity to Access Program helped vaccinate people who faced significant barriers to mainstream health service access. Some people had difficulty leaving their homes, faced significant transport or online booking difficulties, or had a negative experience accessing mainstream health care. The program provided a culturally safe, convenient and accessible service for all.

Through communication evaluation and on the ground discussions, it had been discovered that the vaccination booking process and accessibility were 2 main challenges experienced by some members of the Canberra community. Through a collaborative effort involving operations teams, stakeholders, and the ACT COVID-19 Vaccination Program team, information was simplified, and access requirements were assessed and addressed for this group. Awareness, promotion and education were key to program success.

The Equity to Access Program offered in-home vaccinations, in-reach vaccinations through community organisations and partners, and pop-up vaccination clinics across Canberra.

Between September 2021 and June 2022, the program administered 3,189 vaccinations across:

- 47 pop-up vaccination clinics
- 70 in-reach clinics
- 149 in-home visits.

Other COVID-19 therapies

A key factor in allowing the cessation of COVID-19 related public health action was increased access to approved COVID-19 antiviral therapies which reduced hospitalisation and death in people at high risk of severe disease.

In January 2022, the first oral treatments for COVID-19 were approved for use in Australia:

- Lagevrio® (molnupiravir)
- Paxlovid® (nirmatrelvir + ritonavir).

These tablet medications had been shown to be effective at treating COVID-19 in people over the age of 18 who had mild to moderate symptoms and who had a high risk of progressing to severe disease, reducing admissions to hospital.¹⁴²

These complemented the existing limited supply of infusion-only treatments which had more limited eligibility criteria and continued to be available through [Care@Home](#). In the ACT, the Care@Home team played an important role in providing antiviral therapies prior to Pharmaceutical Benefits Scheme (PBS) listing. After PBS listing, the team supported GPs in prescribing decisions regarding these new medications, provided prescriptions after hours and on weekends, and later helped connect people to available options for assessment and prescription. The availability of these therapies was a significant consideration for the ACT when making decisions about public health restrictions and access to these medications; an important part of case messaging and community communications.

People who tested positive to COVID-19 at a higher risk of severe illness were eligible for these new PBS antiviral treatments. The eligibility criteria was set by PBS, with subsequent expansions of the criteria over time as more evidence became available. Information to support access to therapies was included on the ACT COVID-19 website, and supported by direct messaging to cases to check whether this may apply to them.

Decision support tools on COVID-19 treatments were made available in July 2022. These pre-assessment forms and fact sheets were provided on the ACT Health COVID-19 website to facilitate discussions between clinicians, patients and their families about COVID-19 treatments.

¹⁴² [Two anti-viral COVID-19 treatments approved | Health Portfolio Ministers and Aged Care](#)

Key events, decisions and activities | 26 November 2021 to 31 March 2022



<p>04 Dec 2021</p> <p>The ACT has changed quarantine requirements for close and secondary (household) contacts of Omicron VoC including 14 days quarantine (regardless of vaccination status).</p>	<p>12 Dec 2021</p> <p>Ragusa Quarantine facility closed.</p>
<p>15 Dec 2021</p> <p>Fully vaccinated travellers from South Africa, Lesotho, Botswana, Zimbabwe, Mozambique, Namibia, Eswatini and/or Malawi required to quarantine for three days.</p>	<p>15 Dec 2021</p> <p>Fully vaccinated close contacts of Omicron cases required to quarantine for seven days from their last exposure.</p>
<p>17 Dec 2021</p> <p>EPIC drive through testing facility closed.</p>	<p>18 Dec 2021</p> <p>Face masks mandated in all indoor settings.</p>
<p>20 Dec 2021</p> <p>3 day quarantine for international arrivals ceased.</p>	<p>22 Dec 2021</p> <p>Brindabella Business Park testing clinic site established.</p>
<p>05 Jan 2022</p> <p>ACT Health ceased contact tracing to identify close and casual contacts. Individuals diagnosed with COVID-19 were required to notify household contacts of the diagnosis. Household contacts were required to quarantine for 7 days.</p>	<p>08 Jan 2022</p> <p>People with a positive Rapid Antigen Test (RAT) not required to have a PCR test at an ACT Government testing clinic to confirm that they have COVID-19.</p>
<p>08 Jan 2022</p> <p>Hospitality and licensed businesses required patrons to be seated while eating and drinking. Nightclubs permitted to operate as bars within density limits.</p>	<p>12 Jan 2022</p> <p>People who recorded a positive Rapid Antigen Test (RAT) could now notify ACT Health directly of this result through the ACT COVID-19 website.</p>
<p>31 Jan 2022</p> <p>RATs distributed to families with school students during the first week of term 1.</p>	
<p>03 Feb 2022</p> <p>The ACT Government published the Workplace COVID-19 Exposure Assessment Tool.</p>	<p>10 Feb 2022</p> <p>Public Health Emergency Declaration extended for a further 90 days.</p>
<p>16 Feb 2022</p> <p>Visitor restrictions at health sites eased. Two people allowed to visit patients at hospitals and health services. Only one visitor at a time to ensure physical distancing.</p>	<p>18 Feb 2022</p> <p>Density limits that applied to restricted businesses and activities removed, eating and drinking while standing permitted at licenced venues, cafes and restaurants and at food courts, dancing permitted in hospitality and licensed venues, ticketing and preregistration requirements for events removed, advice to work from home where possible ended.</p>
<p>22 Feb 2022</p> <p>Mandatory quarantine period for unvaccinated international travellers reduced to seven days and the requirement for international travellers to complete an online declaration form removed.</p>	<p>25 Feb 2022</p> <p>Mask wearing requirements eased, only required on public transport; by employees or visitors in a high-risk setting, by a worker who provides services to a person with a disability, by a worker for in-home and community aged care providers; by staff members or visitors in all indoor spaces at a school or early childhood education and care setting, by students in years 7 to 12 while in an indoor space at school; and inside the Canberra Airport terminal or on a domestic flight in or out of Canberra Airport</p>
<p>07 Mar 2022</p> <p>Children aged between 5-11 years eligible for a second vaccine dose.</p>	<p>17 Mar 2022</p> <p>Fully vaccinated returned overseas travellers permitted to enter the high-risk settings once they have received a negative COVID-19 rapid antigen test (RAT) within 24 hours of arrival in Australia, and quarantine until receiving a negative result.</p>
<p>28 Mar 2022</p> <p>Amended Public Health Direction states all staff employed in disability and aged care service delivery must remain up-to-date with their COVID-19 vaccinations to be able to work in these sectors.</p>	

07

Winter 2022 and transition planning

1 April 2022 to 29
September 2022



Chapter Seven: Winter 2022 and transition planning – 1 April 2022 to 29 September 2022

This chapter sets out the context and actions taken to manage the public health response to COVID-19 and covers the period from 1 April 2022 to 29 September 2022, when the public health emergency ended and the ACT transitioned to a COVID-19 Management Declaration Framework. A summary of key events, decisions and activities undertaken during this period are provided at the conclusion of this chapter.

Key considerations and context which influenced decision-making

- Winter 2022 was the final challenge navigated prior to a coordinated national transition out of public health emergency settings by jurisdictions under the National Plan.
- Daily case numbers remained high in the lead-up to, and throughout, the winter season, driven by the emergence of Omicron sublineages BA.2, BA.4 and BA.5. In addition, the ACT experienced high community circulation of other respiratory viruses, including influenza. Together, these caused staff absenteeism across many businesses and workplaces, including the health and aged care sectors.
- Nationally, there was a coordinated push to:
 - monitor burden of disease on the hospital system, rather than on total case numbers, and target the public health response towards minimising severe health outcomes
 - transition to responding to COVID-19 like other notifiable respiratory conditions such as influenza and respiratory syncytial virus (RSV).
- In the ACT, high demand for COVID-19 related health services (testing, vaccination, early intervention with antiviral medication, medical care of those with symptoms alongside staffing shortages) meant that healthcare workers needed to be deployed strategically and certain health services prioritised.
- As the emergence of a COVID-19 variant that would be more severe or not ameliorated by vaccination remained a threat, the ACT Government implemented a COVID-19 Management Declaration Framework to support a step-down from public health emergency settings in a responsible and proportionate manner.

Overview

Global

By 29 September 2022, there had been reported 612,234,191 cases of COVID-19 and 6,515,947 deaths globally.¹⁴³ While the global number of cases and deaths was decreasing on a week-by-week basis, the WHO noted that progressive changes to countries' COVID-19 testing strategies resulted in lower overall numbers of tests performed and consequently lower numbers of cases detected. The Omicron variant continued to be the dominant variant of concern and although new subvariants of Omicron were being detected none were found to be as severe as the initial variant or the Delta variant in terms of hospitalisations, ICU admissions and deaths.

National context

Preparing and responding to the likely co-circulation of COVID-19, influenza and other respiratory viruses during the winter season was the focus of the national pandemic response during this time. Waves of the Omicron variant or other emerging variants were expected to continue. With the return of international travel and increased movement in the community, high numbers of other respiratory viruses including the notifiable conditions influenza and RSV were also expected. On 11 March 2022, National Cabinet agreed a nationally consistent approach to preparing for winter 2022 by:

- maintaining focus on the prevention of severe disease in those at high risk
- maximising COVID-19 and influenza vaccination coverage
- prioritising PCR testing for people at risk of severe disease or household contacts of this group, and transitioning away from routine PCR testing
- transitioning away from quarantine of contacts, as soon as possible
- ensuring health, economic and social measures were in place to address the impacts of a winter wave, including the pressures of workforce shortages and supply chain constraints
- reinforcing business and individual responsibility for COVID Smart behaviours.¹⁴⁴

On 31 March 2022, AHPPC acknowledged health outcomes were benefiting from increased population level of immunity, due to vaccination and infection, and the availability of treatments (refer to [Other COVID-19 therapies](#)). They cautioned that despite this, the combined effects of increased respiratory illness during the winter season would likely result in significant absenteeism throughout Australia, affecting the economy and the availability of healthcare resources, and recommended adopting the least restrictive public health social measures needed to achieve business and healthcare continuity, while continuing to protect populations such as those with a disability and aged care residents from impacts of severe COVID-19 related disease.¹⁴⁵

As anticipated, Australia experienced an increase in case numbers prior to and during the winter 2022 season, driven by the arrival of new sublineages of the Omicron variant (see

¹⁴³ <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---28-september-2022>

¹⁴⁴ Morrison, S. (2022). [National Cabinet Statement](#). Published: 11 March 2022.

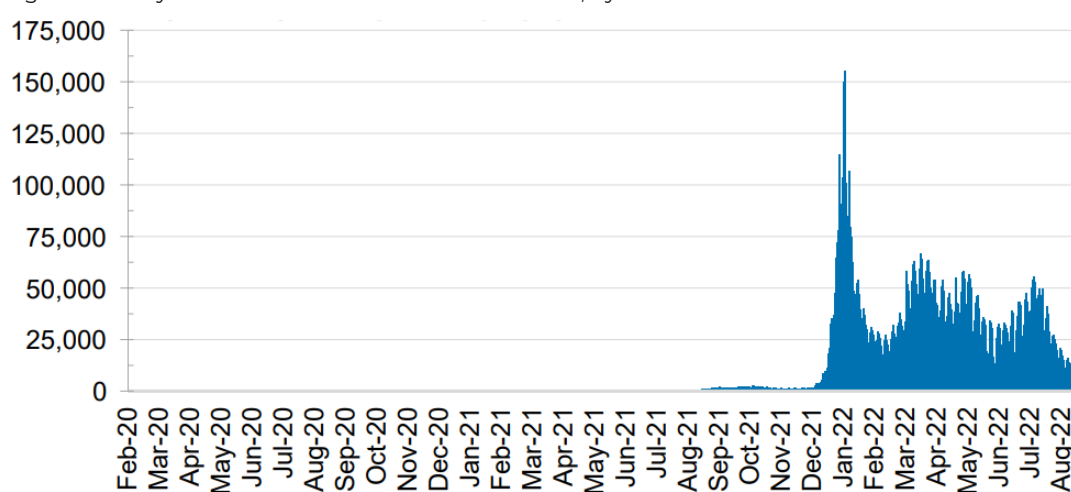
¹⁴⁵ AHPPC. (2022). [Statement on winter season preparedness](#). Published: 31 March 2022.

Figure 23). An initial wave in mid-May 2022 was short-lived and national advisory bodies continued to recommend the staged removal of public health social measures. Australia's hospital system remained under sustained pressure from COVID-19 and other respiratory diseases, with an increase in staff furloughing and respiratory inpatients.

In July 2022, Australia experienced a large wave of COVID-19 infections, driven by the BA.5 sublineage of the Omicron variant. National Cabinet extended the National Partnership on the COVID-19 response to 31 December 2022 and invested in practical improvements to the healthcare system to improve COVID-19 related health outcomes by:

- extending telehealth funding for individuals who could not attend their local clinic in person
- boosting access to antiviral therapies (refer to [Other COVID-19 therapies](#))
- increasing the supply of RATs through shared funding arrangements.¹⁴⁶

Figure 23: Daily confirmed COVID-19 cases in Australia, by date of notification¹⁴⁷



On 25 March 2022, ATAGI recommended a second 'winter' booster dose as an additional layer of protection for people at risk of severe disease (people aged 65 and older, Aboriginal and Torres Strait Islander persons aged 50 and older and people aged 16 and older with severe immunocompromising conditions).¹⁴⁸ By mid-July 2022, the benefits of receiving a second booster became better understood. While vaccination had minimal effect on onwards transmission of new Omicron sublineages, vaccination and antiviral treatments continued to provide high levels of protection from severe health outcomes, including hospitalisation and death.¹⁴⁹ Because of this, when case numbers increased in

¹⁴⁶ The National Partnership Agreement had been scheduled to end on 30 September 2022, but was extended in recognition of the ongoing impact that COVID-19 had on the community. Albanese, A. (2023). [Statement from the meeting of National Cabinet](#). Published: 17 June 2022.

¹⁴⁷ Table taken from the COVID-19 at a glance Infographic produced by the Department of Health and Aged Care, dated 30 September 2022: [COVID at a glance \(health.gov.au\)](#)

¹⁴⁸ ATAGI. (2022). [Statement on recommendations on a winter booster dose of COVID-19 vaccine](#). Published: 25 March 2022.

¹⁴⁹ Hachmann, N., Miller, J., Collier, A., et al. [Neutralization Escape by SARS-CoV-2 Omicron Subvariants BA.2.12.1, BA.4, and BA.5](#). N Engl J Med. 2022 Jun 22. DOI: 10.1056/NEJMc2206576. (E-published ahead of print); Arora, P., Kempf, A., Nehlmeier, L. et al. [Augmented neutralisation resistance of emerging omicron subvariants BA.2.12.1](#).

July 2022, the recommendation for a winter booster was extended to anyone over the age of 50 and the interval between doses decreased to 3 months. Adults aged 30 to 49 could have the winter booster; however, ATAGI fell short of a formal recommendation for this age cohort as the benefits were less certain.¹⁵⁰ Annual influenza vaccination was encouraged nationally. Staying up to date with vaccinations formed a critical part of the ongoing national strategy.

By September 2022, National Cabinet discussed a nationally consistent approach to transition Australia's COVID-19 response and agreed to end mandatory isolation requirements for COVID-19, effective 14 October 2022.¹⁵¹

ACT

In the ACT, staffing shortages coupled with increased patient numbers required the strategic redeployment of healthcare workers to critical services in ACT hospitals. This led to reduced operating hours of testing and vaccination services from April 2022.

Consistent with the national approach, the ACT response focused on reducing severe health outcomes for individuals and the burden on ACT hospitals.

Public health messaging encouraged personal responsibility for adopting COVID Smart behaviours.

Remaining public health directions were few and targeted. PCR testing was encouraged for people at high risk of severe disease, as these people may have been eligible for antiviral medication and PCR testing may have provided a positive result earlier in their illness.¹⁵² All others were encouraged to use RATs as an alternative first line testing option. Free RATs were distributed through the Libraries ACT network and ACT Government testing sites.

In line with AHPPC advice, the ACT moved to:

- cease managed quarantine arrangements for returned travellers in May 2022¹⁵³
- remove face mask requirements in airport terminals from 17 June 2022.¹⁵⁴

On 8 September 2022, isolation requirements for cases were reduced from 7 to 5 days, with additional advice and risk mitigation in place (refer to [Isolation](#)). From 14 October 2022, as agreed by National Cabinet,¹⁵⁵ mandatory isolation requirements ceased and people with COVID-19 were encouraged to stay at home if unwell ([NI2022-512](#)).

[BA.4, and BA.5](#). Lancet Infectious Disease. 2022 June, 28; DOI: 10.1016/S1473-3099(22)00422-4. (E-published ahead of print).

¹⁵⁰ ATAGI. (2022). [Updated recommendations for a winter dose of COVID-19 vaccine](#). Published: 7 July 2022.

¹⁵¹ <https://www.pm.gov.au/media/meeting-national-cabinet-1>

¹⁵² [Information for health professionals - COVID-19 \(act.gov.au\)](#)

¹⁵³ AHPPC. (2022). [National principles for modified quarantine](#). Published: 6 May 2022.

¹⁵⁴ AHPPC. (2022). [Statement on the Removal of Mask Mandates in Airports](#). Published: 14 June 2022.

¹⁵⁵ [Meeting of National Cabinet | Prime Minister of Australia \(pm.gov.au\)](#)



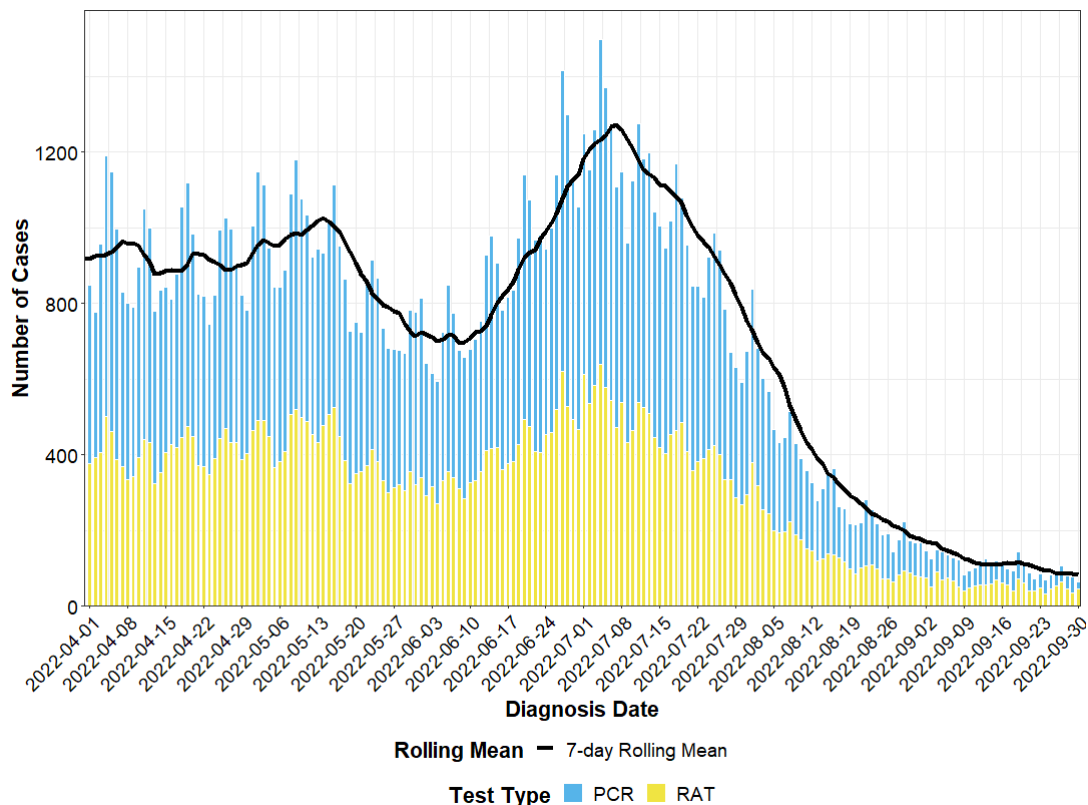
Did you know?

A study led by the National Centre for Immunisation Research and Surveillance, released on 28 June 2022, showed that having a booster (third) COVID-19 vaccine dose provided 65 per cent greater protection against hospitalisation or death from Omicron, compared to having received 2 vaccine doses (a primary course) of a COVID-19 vaccine.

ACT epidemiology

The ACT followed the national pattern of waves of infection. In the ACT, the third wave reached a peak in July 2022 with 1,275 cases daily (using the 7-day rolling average) before declining substantially throughout August and September 2022 (see [Figure 24](#)). By the end of the public health emergency on 29 September 2022, there had been a total of 205,752 new cases and 126 deaths reported to ACT Health since the start of the pandemic.

Figure 24: ACT COVID-19 cases, by date of diagnosis, 1 April 2022 to 29 September 2022



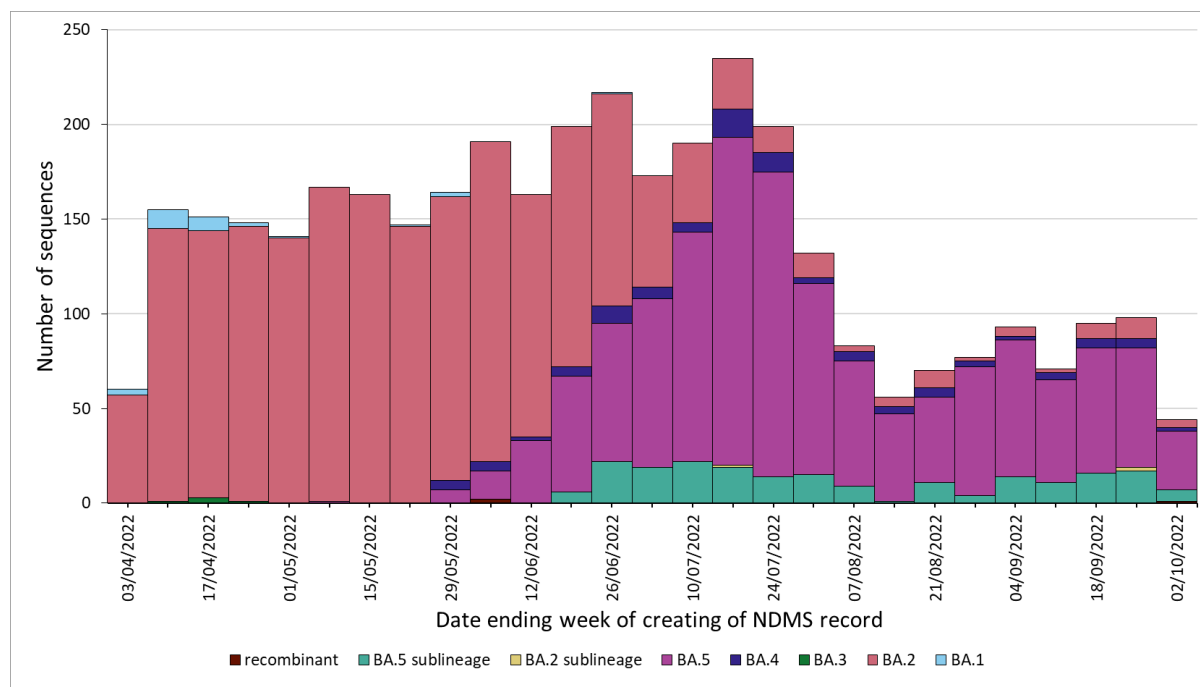
Increased cases in July 2022 were due to a significant increase in BA.4 and BA.5 sublineages in Australia, which were more transmissible and could reinfect people who had already had an infection with a previous Omicron variant.¹⁵⁶ In the ACT, the BA.5 sublineage was the most dominant of the 2, with samples first detected in the week ending 8 May 2022 in an individual who had recently returned from overseas.¹⁵⁷ Additional cases of BA.5 were not detected until the week ending 29 May 2022, when 7 new

¹⁵⁶ Kelly, P. (2022). [COVID-19 update from the Chief Medical Officer](#). Published: 19 July 2022.

¹⁵⁷ ACT Health. (2022). [ACT COVID-19 Epidemiology Overview: Week ending 8 May 2022](#). Accessed: 5 April 2023.

occurrences of the sublineage were detected alongside the first cases of the BA.4 sublineage, which contributed to case numbers throughout July and August 2022.

Figure 25: Variant types for sequenced COVID-19 samples in the ACT, 1 April to 29 September 2022¹⁵⁸



Impact on ACT hospital and ICU admissions

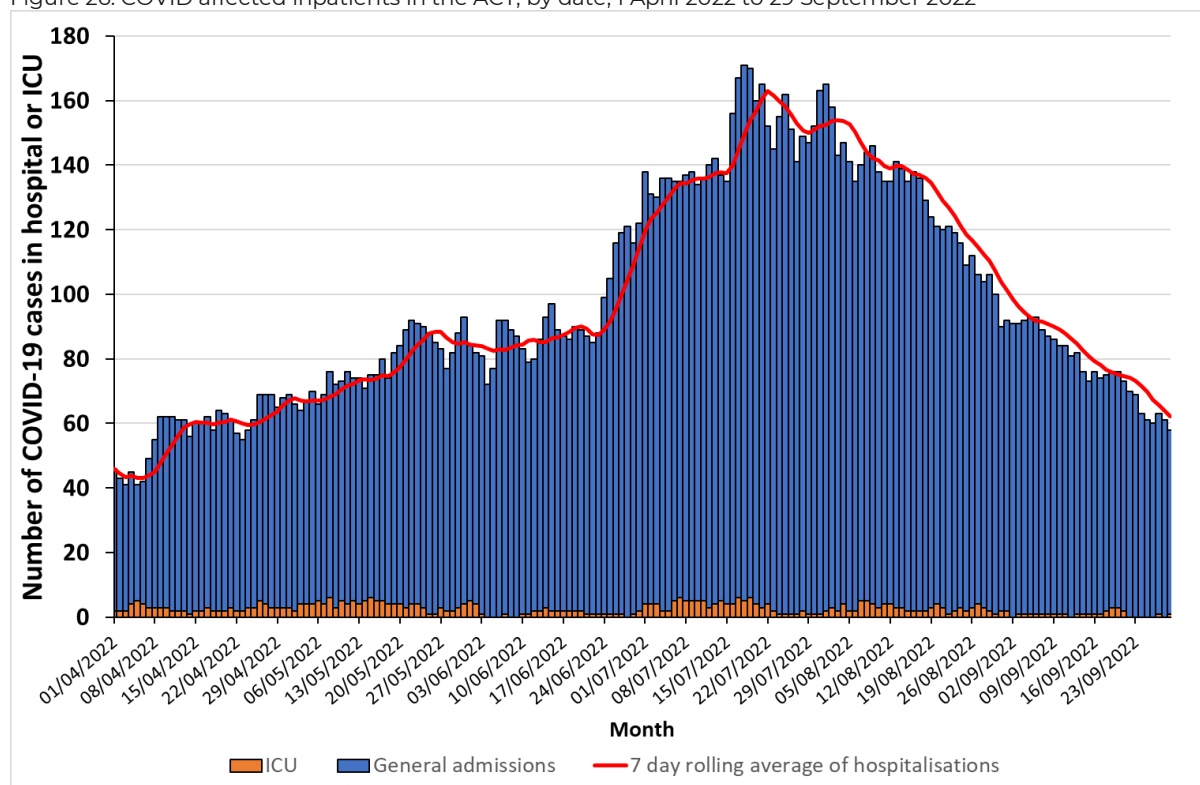
At this stage of the COVID-19 response, the primary focus of the ACT was on monitoring severe health outcomes (hospitalisations and deaths) and the burden of disease on the ACT healthcare system. While there was no evidence to suggest that BA.4 or BA.5 sublineages of Omicron were more severe, sustained high case numbers resulted in an increase in total numbers of hospitalisations and ICU admissions. This aligned with global trends reported by the WHO at the time, which identified that the BA.5 subvariant was driving an increase in cases, hospitalisations and ICU admissions.¹⁵⁹

ACT hospitals cared for large numbers of COVID-19 affected inpatients throughout this time. Daily reports of COVID-19 affected patients increased from around 60 inpatients across ACT hospitals at the beginning of May 2022, to over 100 patients daily throughout July and August 2022; peaking at 171 COVID-19 affected inpatients across ACT hospitals on 17 July 2022 (see [Figure 26](#)).

¹⁵⁸ Data provided by the Schwessinger Laboratory, Australian National University, as at 3 October 2022. Sourced from: ACT Health. (2022). [ACT COVID-19 Epidemiology Overview: Week ending 17 April 2022](#). Accessed: 5 April 2023.

¹⁵⁹ WHO. (2022). [Weekly epidemiological update on COVID-19](#). Edition 101. Published: 20 July 2022.

Figure 26: COVID affected inpatients in the ACT, by date, 1 April 2022 to 29 September 2022¹⁶⁰



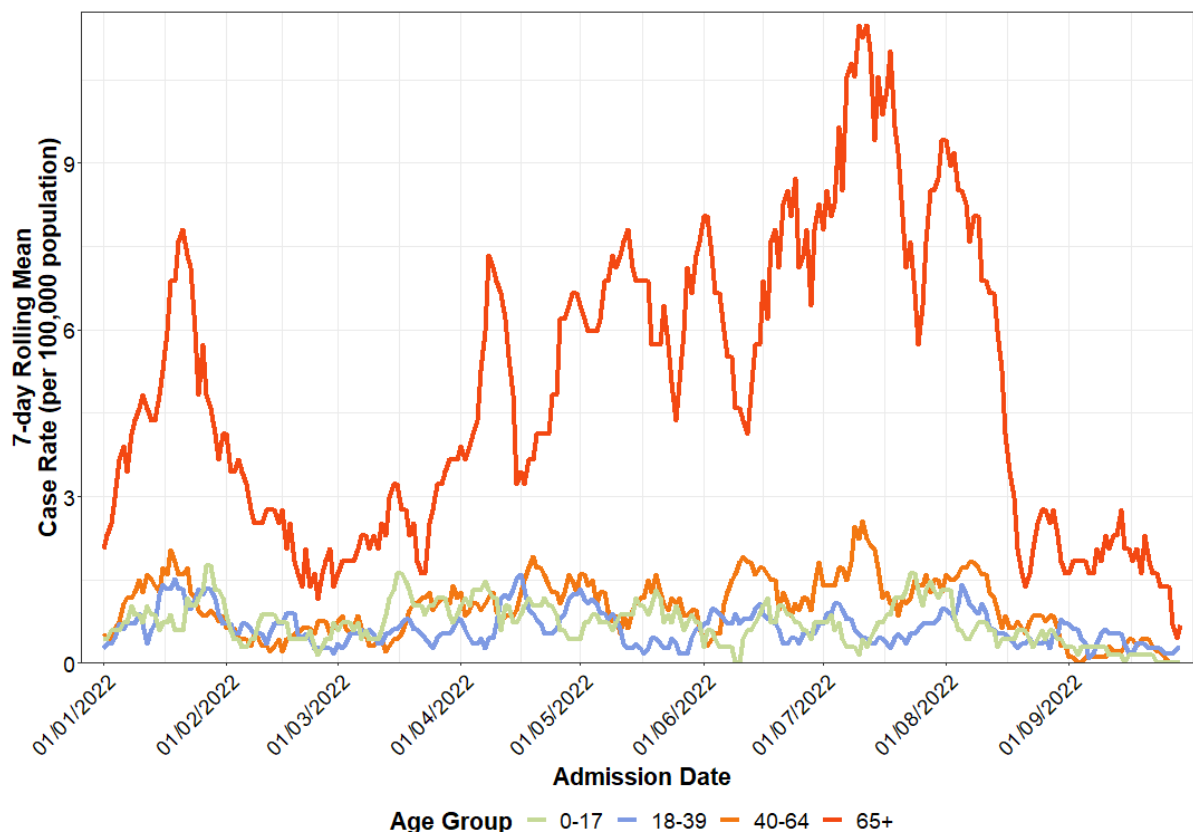
Inpatient numbers continued to remain high until 29 September 2022, when there were 55 inpatients admitted across all ACT hospitals. Fortunately, ICU admissions remained relatively low and fairly stable throughout 2022 despite the increase in case numbers and hospitalisations (see [Figure 26](#)). This was likely due to high vaccination coverage coupled with the accessibility of antiviral therapies.

An age analysis of hospitalisation data (see [Figure 27](#)) showed that in the ACT, people over 65 years were far more likely to be hospitalised and have COVID-19 compared to other age groups. These results should be interpreted with caution as this hospitalisation data does not differentiate between a person admitted for COVID-19 related or other reasons, or between active and cleared cases of COVID-19. However, this data does support the observation of increased risk of severe disease for older persons and the need to target remaining public health restrictions towards protecting this age group.¹⁶¹

¹⁶⁰ ACT hospital data reported to ACT Health. In this context, a COVID affected inpatient may be admitted to an ACT hospital for any reason, includes day-only hospitalisations, emergency visits, long term inpatients and those admitted for other reasons. Not all hospitalisations were attributable to the COVID-19 diagnosis. Cases admitted may include people residing outside of the ACT.

¹⁶¹ [Clinical features of COVID-19 disease | Australian Government Department of Health and Aged Care](#)

Figure 27: Rolling mean of hospitalised COVID-19 case rate, by date of admission, 1 April to 29 September 2022¹⁶²



Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory. If the case was admitted to an ACT hospital on multiple occasions, the earliest date of the hospital admission is used in the reporting week. Admissions are counted whether it was for COVID-related reasons or for other reasons.

Changes to the legislative framework

Following a reduction and stabilisation in cases in the ACT and nationally, the public health emergency was ended with effect from 29 September 2022 (NI2022-470). There remained significant uncertainty about the evolution of the COVID-19 pandemic and complexity in the ongoing response. While the ACT was actively transitioning to endemic management of COVID-19, the need to maintain targeted public health requirements to protect Canberrans at high risk of severe disease remained. Work had therefore been under way to develop an alternative regulatory framework to responsibly transition away from public health emergency settings whilst ensuring there were appropriate tools in place to respond, if required, without relying on public health emergency powers, and to allow further work to be undertaken on the 'new normal'.

The Public Health Amendment Bill 2021 (No.2) was introduced to the Legislative Assembly on 2 December 2021 and passed on 7 June 2022.¹⁶³ Passage of the Bill made amendments to the *Public Health Act 1997* permitting the Executive to make a COVID-19 Management Declaration based on the advice of the Chief Health Officer. Specific consultation

¹⁶² Data produced by ACT Health. Cases admitted to an ACT hospital include those with a residential address outside of the ACT. Admissions are counted if they are COVID-19 positive, regardless of whether they were admitted for a COVID-19 or an unrelated condition.

¹⁶³ Barr, A. (2021). Public Health Amendment Bill. Media Release. Published: 2 December 2021; ACT Govt. (2022). Another step towards living with COVID-19 beyond the public health emergency. Published: 7 June 2022.

requirements were included in the Bill, which included consultation with the Human Rights Commissioner.

The COVID-19 Management Declaration commenced from 30 September 2022 (DI2022-224) and allowed targeted public health measures to be put in place. Measures could include:

- Chief Health Officer Directions – to require individuals or certain groups (for example, COVID-19 diagnosed persons and household contacts) to undertake testing or to quarantine or isolate for periods of time
- Ministerial Directions – issued by the Minister for Health to require that certain public health social measures be met (for example, preventing or limiting entry into the ACT and requiring that PPE be worn in certain circumstances)
- Vaccination Directions – issued by the Executive to require that certain groups of people be vaccinated against COVID-19.

Under this arrangement, from 30 September 2022 the Minister for Health maintained requirements for face masks to be worn by visitors to a healthcare facility, disability or aged care setting, if they had tested positive to COVID-19 in the last 7 days or were a household contact.¹⁶⁴

The requirements for people with COVID-19 to isolate for 5 days and to report a positive RAT result to ACT Health were maintained. The requirement to isolate was subsequently removed on 14 October 2022 in line with National Cabinet decision.¹⁶⁵ The requirement for Canberrans to report a positive RAT result to ACT Health was maintained until 28 February 2023 to support surveillance and connection to care. The removal of RAT reporting requirements signified the official end of the COVID-19 Management Declaration period and the issuing of public health directions to help manage risks associated with COVID-19.

¹⁶⁴ These ended on 29 January 2023 when there was no significant deterioration in the epidemiological situation following the end of the public health emergency. Moving forward, high-risk facilities were encouraged to adopt their own workplace policies.

¹⁶⁵ Albanese, A. (2022). Meeting of National Cabinet. Published: 30 September 2022.

Actions for the community: Public health and social measures

High-risk settings

ACT Health supported many high-risk settings to respond to outbreaks throughout this period. However, the number of outbreaks and exposures being managed in these settings across the ACT declined towards the end of the public health emergency.¹⁶⁶ Staff within these settings became skilled at managing outbreaks and therefore the role of ACT Health evolved to maintaining updated guidance and providing support and advice where requested.

Targeted public health restrictions were maintained in high-risk settings throughout the rest of the public health emergency period. This included requiring visitors and staff at high-risk sites to wear a face mask (refer to [Face masks](#)) and restricting cases and contacts from entry to high-risk facilities except in extenuating circumstances with risk mitigation in place (refer to [Quarantine](#) and [Isolation](#)). When isolation requirements for cases were reduced to 5 days (see [Isolation](#)), a 7-day restriction on attendance at high-risk settings was maintained. Vaccination requirements for aged care and disability care workers was maintained due to the close personal care provided in these settings and in line with national guidance (refer to [Vaccinations](#)).

Education

Public health restrictions that applied to schools and early childhood education settings were eased from 24 April 2022, following a decline in cases. Students and staff in Years 7 to 12 no longer had to wear face masks ([NI2022-209](#)) and staff and visitors no longer needed to use the Check In CBR app ([NI2022-208](#)). ACT Health shifted further to an advisory role, providing advice and input to Education sector policy as required. The Education Directorate developed the [ACT Public Schools COVID-19 Management Plan](#) which was implemented from 6 May 2022. The plan allowed for the return of school assemblies, excursions, sporting activities, camps, fundraises and performances.¹⁶⁷

Non-essential businesses and gatherings

From 14 May 2022, use of Check In CBR was no longer mandatory and automatic push notifications were turned off¹⁶⁸ ([NI2022-208](#)). Instead, the Check In CBR app was modified for voluntary use by high-risk settings as a health screening tool for workers and visitors and allowed visitors to a facility to scan one QR code to simultaneously complete site check-in and a screening process for risk of respiratory illness. A direct link to the online form for recording a positive RAT result was also added to the Check In CBR app for easy reporting.

¹⁶⁶ Monthly updates detailing the number of high-risk facilities that had been exposed to COVID-19 or were required to respond to an onsite outbreak were provided in Chief Health Officer reports which are publicly available on [the ACT COVID-19 website](#).

¹⁶⁷ ACT Govt. (2022). [COVID restrictions to ease in ACT public schools](#). Published: 6 May 2022.

¹⁶⁸ ACT Govt. (2022). [Check In CBR app no longer mandatory, upgraded for use as health screening tool](#). Published: 12 May 2022.

Check In CBR remained available for use in this manner until 1 December 2022, when it was switched off after more than 2 years of operation.¹⁶⁹ The app was a highly successful initiative which supported the efficiency of the COVID-19 response in the ACT.

After 14 May 2022, the only remaining public health direction was for restricted businesses and large-scale or non-ticketed events to develop and adhere to their COVID-19 Safety Plan and to ensure it was lodged with ACT Health. This direction was ceased on 29 September 2022 ([NI2022-267](#)).

Face masks

On 14 June 2022, the AHPPC advised the removal of face mask requirements in airport settings.¹⁷⁰ This was applied in the ACT from 18 June 2022 ([NI2022-319](#)), although there remained a requirement for face masks on domestic flights, high-risk settings and public passenger vehicles. From 9 September 2022, National Cabinet agreed to remove requirement for face masks on domestic flights.¹⁷¹ The ACT maintained the requirement for people travelling in all types of shared and public transport in the ACT to wear a face mask in acknowledgment of the increased risk of respiratory illness spread when in an indoor, confined and shared space for extended periods ([NI2022-441](#)).

Support for the economy during COVID-19

The ACT Government support for the economy during COVID-19 facilitated a strong recovery following the height of the pandemic. It provided more than \$340 million in COVID-19 grants and reimbursements and additional support through targeted grants, fee waivers, stimulus programs and campaigns.

The Commissioner for International Engagement role pivoted to take on responsibility of COVID-19 Local Business Commissioner to assist and support businesses in negotiating commercial tenancy arrangements.

Access Canberra helped to support businesses to understand and implement COVID-19 restrictions through education and compliance activities, and the implementation of a range of fee reductions and waivers.

The Canberra Business Advice and Support Service was extended following the 2020 bushfires and provided more than 1,600 hours of tailored support across 950 small and medium businesses in 16 industries.

The ACT Government provided more than \$8.3 million in COVID-19-related support to artists, creatives and arts organisations. More than \$7 million of this funding was new and included a series of grants for both individual artists and arts organisations, as well as rent relief, new online events offerings and fast-tracked infrastructure projects.

The ACT and Commonwealth governments funded fee-free training through the JobTrainer program to address skills shortages in priority industries such as caring, hospitality, construction and digital industries.

Key actions include:

¹⁶⁹ ACT Govt. (2022). [Check in CBR app to be switched off](#). Published: 22 November 2022.

¹⁷⁰ AHPPC. (2022). [Statement on the removal of mask mandates in airports](#). Published: 14 June 2022.

¹⁷¹ Albanese, A. (2022). [Meeting of National Cabinet](#). Published: 31 August 2022.

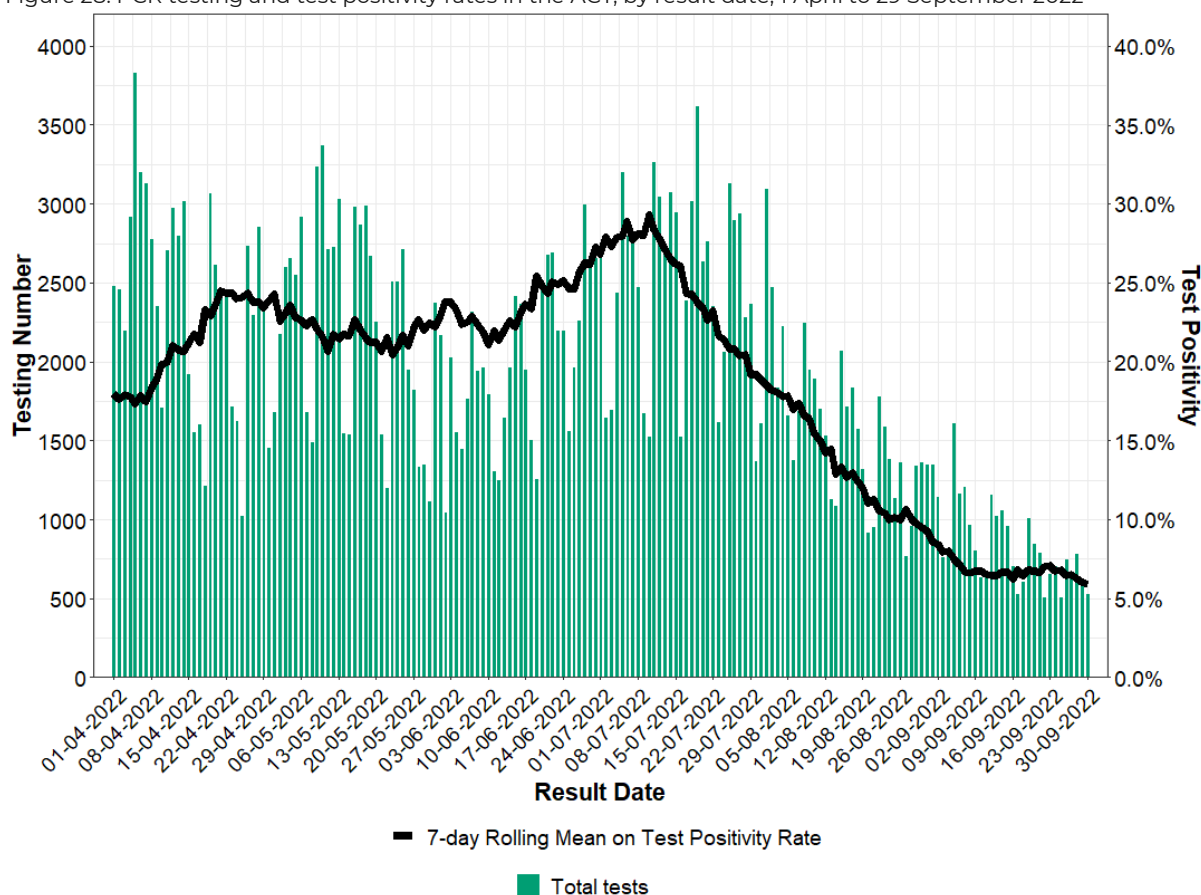
- supporting more than 11,000 businesses with \$340 million in COVID-19 Business Support Grants and Small Business Hardship Scheme
- releasing the Framework for Recovery of the Visitor Economy and the 2022 Action Plan for Recovery
- providing \$35 million for fast-tracked infrastructure, to deliver upgrades and improvements to support small businesses and keep Canberrans in jobs
- delivering COVID-19 safe events in 2021, including The Where You Are Festival, a 2-month program of events that gave opportunities and stimulus to local organisations, event organisers, artists and businesses
- delivering the ChooseCBR Digital Discounts program in June 2021, providing around \$7.1 million in direct economic stimulus to approximately 800 businesses in the ACT
- encouraging Canberrans to support local businesses with a Choose Local campaign
- delivering the Creative Recovery and Resilience Program, providing employment and economic stimulus for the creative sector
- delivering \$1.3 million through the Amp It Up! fund to assist small to medium live music venues to recover from the COVID-19 pandemic by offsetting costs associated with programming and promotion
- supporting the tourism and the hospitality industry with \$2.5 million of grants across 71 projects, supporting 152 local organisations and businesses to develop new tourism products and infrastructure, and to promote Canberra in key interstate markets
- delivering \$2.5 million in water and sewage rebates through the investment in the Accommodation and Tourism Venue Operator Support Program and more than \$400,000 through the Small Tourism Operator COVID Recovery Payment
- convening regular forums with industry peak bodies to provide up-to-date information and seek industry feedback on the impacts of health measures on businesses.

Actions for individuals: Test, trace, isolate and quarantine

Testing

PCR testing demand at ACT Government clinics continued to fluctuate roughly in line with cases occurring (refer to [ACT epidemiology](#)). Despite the growing availability and distribution of free RATs, the ACT experienced sustained demand for PCR testing through to July 2022, with a peak of 19,434 PCR tests in the week ending 17 July 2022. Thereafter, PCR testing demand declined with only 3,872 PCR tests being administered in the week ending 2 October 2022 (see [Figure 28](#)).

Figure 28: PCR testing and test positivity rates in the ACT, by result date, 1 April to 29 September 2022



PCR testing, while still available for all Canberrans, was prioritised for people at high risk of severe disease and their households. RATs were available from retail settings and at no charge for concession card holders. Testing requirements were eased for international aircrew and travellers in April 2022, in line with national decisions¹⁷² (NI2022-168). However, this did not have a significant impact on testing demand in the absence of regular international flights to the ACT at this time.

From 27 April 2022, day 1 and 6 test testing requirements for contacts of a COVID-19 case were removed, as part of a broader suite of changes in requirements for this group (NI2022-214). Instead, asymptomatic contacts leaving quarantine to undertake essential work or study were required to undertake a COVID-19 test in the 24 hours prior to returning to work or study, and then every 48 hours for up to 7 days after exposure.

Operational challenges

On 10 June 2022, the testing centre at Nicholls was permanently closed, as the site reverted back to its original use. As demand for testing services remained high (between 1,500 and 2,500 tests administered daily), an alternative testing site on the northside at Mitchell was re-established on 12 June 2022 and catered to all age groups, including

¹⁷² Hunt, G. (2022). *Australia's biosecurity emergency pandemic measures to end*. Media release. Published: 25 March 2022.

babies and children under 5 years of age.¹⁷³ Testing facilities at Holt, Garran and Kambah continued.

An Australian Government concessional access program for RATs was ceased at the end of July 2022. The ACT Government took on responsibility for distributing free RATs to concession card holders living in the ACT and surrounding region. The program came into effect from 10 August 2022 and was delivered with the support of Libraries ACT and Government testing sites.

Demand for testing declined after mid-July 2022 and by mid-September 2022, there were fewer than 1,000 PCR tests being administered across all ACT Government sites daily; insufficient to maintain 4 mass testing sites. On 30 September 2022, the Kambah COVID-19 testing site was closed and opening hours of remaining sites in Holt, Mitchell and Garran reduced, with staff redeployed to support other areas of the healthcare system. These facilities offered a hybrid PCR and drive-through RAT distribution service model.

These sites were closed as part of planned transitional arrangements in a staged manner, with Mitchell testing centre closing on 28 October 2022 and Garran Centre closing on 28 February 2023. Figure 29 provides a snapshot of each of the ACT Government testing clinics in operation throughout the entirety of the public health response. From 12 March 2020 to 30 September 2022, more than 1.4 million tests were performed at ACT Government clinic sites.

Figure 29: Summary of ACT Government COVID-19 testing clinic sites in operation throughout the public health response

DATE	TEST SITE
2020	
20 March 2020	Drive through test site at EPIC opened
22 December 2020	Walk in test site at Weston Creek reverted to a dedicated COVID testing.
2021	
23 June 2021	Walk in test site at Weston Creek reverted to a dedicated COVID testing.
12 August 2021	Drive through test site at Brindabella Park opened
17 August 2021	Drive through test site at Kambah opened Pop-up test site at Gold Creek opened, (note: testing here initially by invitation only to people affected by specific outbreaks then was opened to the public).
19 August 2021	Walk in test site at Holt (Capital Pathology) opened to COVID testing. Walk in test site at O'Connor (Capital Pathology) opened to COVID testing. Walk in test site at Erindale Leisure centre opened for COVID testing, (note: testing here by invitation only to people affected by specific outbreaks).
7 September 2021	Brindabella Park test site closed (though site remained mothballed) – completing 9,733 tests since its opening. Weston Creek test site closed for testing – completing more than 85,000 tests since December 2020.
8 September 2021	Walk in test site at Garran opened to COVID testing.
10 September 2021	Erindale test site closed for testing – completing 3,481 tests since its opening.
17 October 2021	Gold Creek test site closed – completing 21,040 tests since its opening.
1 November 2021	Walk in test site at Nicholls opened
29 October 2021	O'Connor test site closed for COVID testing – completing 5,870 tests since its opening.
17 December 2021	EPIC test site closed – completing nearly 250,000 tests since its opening.
18 December 2021	Drive through test site at Mitchell opened
29 December 2021	The Nicholls test site temporarily moved to the original Gold Creek site due to capacity issues.
2022	
17 January 2022	The Gold Creek test site moved back to the Nicholls site – during its temporary opening the Gold Creek site completed 15,983 tests.
10 June 2022	Nicholls test site closed – completing 64,210 tests since its opening.
30 September 2022	Kambah test site closed – completing 210,348 tests since its opening.
28 October 2022	Mitchell test site closed – completing 79,318 tests since its opening.

¹⁷³ ACT Govt. (2022). Upcoming changes to ACT COVID-19 testing centres. Published: 9 June 2022.

Contact tracing

From 14 May 2022, use of the Check In CBR app was no longer mandatory for any business or non-ticketed event in the ACT.¹⁷⁴ It was the responsibility of individuals who tested positive for COVID-19 to advise their friends, family and work contacts to monitor for symptoms. It was recommended that household members should be tested.

High-risk facilities could access a modified version of the Check In CBR app for workers and visitors to sign in until the app was closed on 1 December 2022. They were responsible for advising contacts following an outbreak with support available from ACT Health if requested.

Quarantine

'Recovered case' was a term that had been used throughout the national pandemic response to refer to an individual who had recently recovered from COVID-19 and was therefore likely to generate a natural, but time limited, immune response which made them unlikely to be reinfected. From 4 April 2022, a series of changes were made to relax quarantine requirements. These related to CDNA advice regarding 'recovered cases'¹⁷⁵ which had been noted by AHPPC. A person could be considered a recovered case for 12 weeks post infection (up from 8 weeks), during which time they did not need to follow testing or quarantine requirements for contacts or returned travellers ([NI2022-167](#)).

Ongoing national workforce pressures necessitated additional standing exemptions in all jurisdictions for essential workers (refer to [Quarantine](#) in Chapter 6). This was extended to federal election workers in the lead-up to the 2022 Federal Election ([NI2022-167](#)). A temporary standing exemption was issued to the Canberra Airport from 14 to 25 April 2022 (inclusive), to enable appropriate staffing of security workers, check-in and baggage handlers during a period of increased service demand over the school and Easter holiday period.

On 26 April 2022, in coordination with other jurisdictions,¹⁷⁶ household contacts were allowed to leave quarantine for essential work or study if they were asymptomatic and followed risk mitigation requirements. This included testing, face mask wearing and not entering high-risk settings ([NI2022-214](#)). While household contacts remained at highest risk of developing COVID-19, after more than 2 years of public health restrictions, the need to reduce the financial and wellbeing burden of quarantine on families, individuals and businesses was a significant consideration when options to mitigate severe disease were available.

On 8 July 2022, during the national surge in COVID-19 cases over the winter season, the AHPPC issued an updated advice about the length of post-infection immunity from COVID-19.¹⁷⁷ AHPPC advice cited evidence that BA.4 and BA.5 Omicron sublineages could

¹⁷⁴ [Check In CBR app no longer mandatory, upgraded for use as health screening tool - COVID-19 \(act.gov.au\)](#)

¹⁷⁵ The Communicable Diseases Network Australia (CDNA) is a sub-committee of the AHPPC responsible for issuing a series of national guidelines to aid public health units in the management of COVID-19. A full revision history of these guidelines is available online at [Appendix D](#) and current national guidelines are available online at [Coronavirus \(COVID-19\) – CDNA National Guidelines for Public Health Units](#).

¹⁷⁶ AHPPC. (2022). [Statement on winter season preparedness](#). Published: 31 March 2022.

¹⁷⁷ AHPPC. (2022). [Statement on COVID-19 winter update and ongoing health protection measures to support our community](#). Published: 8 July 2022.

reinfect an individual as early as 28 days following recovery from previous infection. In line with this advice, risk mitigation requirements were amended for household contacts of a COVID-19 case, reducing the period that they would be exempted from risk mitigation requirements to 28 days post infection ([NI2022-346](#)), rather than 12 weeks. These changes came into effect on 11 July 2022 and remained in place for the remainder of the public health emergency period.

Operational challenges

The Lazzaretto facility continued to provide facilitated quarantine and isolation services to people diagnosed with COVID-19, as well as household contacts and returned international travellers who could not safely segregate in their own homes, at a significantly reduced capacity. The Lazzaretto facility was decommissioned on 14 October 2022 and, following appropriate infection control measures, was handed back to the ANU on 21 October 2022.

Isolation

National agreement to decrease isolation requirements to 5 days¹⁷⁸ was implemented from 8 September 2022 in the ACT ([NI2022-440](#)) with the following caveats:

- the isolation period should be reduced to 5 days for asymptomatic individuals
- people who remain symptomatic after 5 days should continue to isolate
- staff and visitors to high-risk facilities should not be permitted to enter these facilities until 7 days had elapsed since their date of infection and no symptoms are present.

A minor point of difference was that the ACT required people with COVID-19 infection to wear a face mask when in the community on days 6 and 7 following their positive test result ([NI2022-441](#)).¹⁷⁹ This was to mitigate risk of spread in the community, as the infectious period of the disease had not decreased, and the shortened isolation time was instead a reflection of the move to treat COVID-19 more in line with other respiratory diseases. These requirements remained in place until 29 September 2022.

From 14 October 2022, people with COVID-19 infection were no longer required to isolate and were instead encouraged to be tested, seek treatment if they were at high risk of severe disease, and stay home when unwell ([NI2022-512](#)). Guidance was provided on the ACT COVID-19 website regarding signs and symptoms, recommendation for positive cases to stay home, how to manage the illness and advice for people at a higher risk of severe illness, including how to access medical care antiviral treatments.

Vaccinations

Second (or 'winter') booster doses were primarily administered via primary care providers in the ACT (GPs and community pharmacies). The vaccine was available via appointment at the Access and Sensory Clinic for people with disability and concession card holders from 4 April 2022, and on a walk-in basis at the AIS Arena mass vaccination clinic.

¹⁷⁸ AHPPC. (2022). [Statement – reduced isolation period for COVID-19 cases](#). Published: 8 September 2022.

¹⁷⁹ ACT Govt. (2022). [COVID-19 isolation period reduced to 5 days](#). Published: 9 September 2022.

Vaccination coverage among ACT residents remained high relative to other jurisdictions throughout this time. The uptake of boosters had not matched the extremely high primary vaccination coverage; however, by 29 September 2022, there were 78.3 per cent of people (16-years and older) who had received 3 vaccine doses, and 59.4 per cent of recommended people (50-years and older) who had received 4 vaccine doses.¹⁸⁰

Due to lower demand for vaccination and the need to redeploy staff to more critical healthcare settings, the AIS Arena mass vaccination clinic closed on 31 May 2022. From this point, the ACT Government's role reverted to its traditional role in vaccine delivery to one of advice and promotion, and being a specialist service provider through specialist vaccine clinics. At the time of the AIS Arena clinic closure, there were 148 primary care providers (83 GPs and 65 community pharmacies) administering COVID-19 vaccines in the ACT.

The Access and Sensory Clinic remained operational until 1 December 2022, when services were suspended pending a review of ongoing community need led by CHS.



Did you know?

Since opening in September 2021, the AIS Arena Mass Vaccination Clinic:

- administered more than 288,000 COVID-19 doses in total
- administered nearly 24,000 vaccine doses during its busiest week
- employed around 110 nurses a day, 7 days a week at its peak
- vaccinated more than 3,000 people a day during its busiest weeks.

Vaccinating children under 5 years

On 3 August 2022, ATAGI recommended use of COVID-19 vaccine in children aged 6 months to less than 5 years with severe immunocompromise, disability or complex comorbidities.¹⁸¹ The recommendation was limited to this cohort due to the very low risk of severe COVID-19 disease in children under the age of 5, while noting that for the small number of children who were hospitalised or who had died due to COVID-19, underlying medical conditions or immunocompromise were frequently present.¹⁸¹

The ACT Government supported the rollout of vaccines to this targeted group through the Access and Sensory Clinic between 5 September and 17 December 2022, as well as a small number of GPs and the Winnunga Nimmityjah Aboriginal Health Service.

Vaccination requirements for critical and high-risk workers

¹⁸⁰ ACT Govt. (2022). [ACT COVID-19 update – 30 September 2022](#). Published: 30 September 2022.

¹⁸¹ ATAGI. (2022). [Recommendations on COVID-19 vaccine use in children aged 6 months to <5years](#). Published: 3 August 2022.

Vaccination requirements for certain critical and high-risk workers were initiated during the response to Delta variant. However, with the high level of vaccination coverage across the eligible population, the changing nature of the COVID-19 response and the risk profile that was being managed, it was no longer considered an appropriate mechanism for alleviating the public health emergency. Public health directions for vaccine requirements for education and healthcare workers were revoked from 13 May 2022 ([NI2022-262](#), [NI2022-263](#)). Instead, work, health and safety vaccination policies, in place of vaccination mandates, were applied by these sectors.

At the request of the Australian Government, vaccination requirements for workers in aged and disability care settings were not lifted until 29 September 2022 ([NI2022-172](#), [NI2022-173](#)). There were several factors behind this decision, including:

- ongoing staffing pressures
- level of close personal care provided to service users daily
- high levels of staff mobility between providers (and clients) operating in these sectors
- difficulties this workforce were likely to face in adopting streamlined and sector-wide work health and safety policies.

Additional time was therefore afforded to providers in these sectors to consider how policies could be applied.

Specialist vaccination clinics

The need for winter boosters led to the expansion of opening hours at the Access and Sensory Clinic.¹⁸² By May 2022, specialist clinics had experienced a significant downturn in service demand and the Access and Sensory Clinic was providing less than half of the potential 234 appointments each week. Despite this, the ACT Government clinic operations were maintained in recognition of the unique benefit that this service model offered to members of the disability community.

To utilise capacity, from 24 May 2022 the clinic also offered influenza vaccines to this community. Concession card holders who were not otherwise eligible for a free influenza vaccine under the National Immunisation Program were provided with free influenza vaccines and the hours of clinic operation were extended from 2 to 3 days a week.¹⁸³ An under 5 vaccination clinic was also delivered from the Access and Sensory Clinic site from 5 September 2022, to support vaccination of children with severe immunocompromising conditions and complex comorbidities. Dedicated 'sensory' periods were maintained for people who required this service.

The ACT Government also invested in rolling out a vaccination clinic at the Access and Sensory site, which could be accessed by anyone with a concession card so that financial barriers to influenza vaccination for lower income earners could be removed. Both a COVID-19 and an influenza vaccine could be administered at this clinic at the same time if an individual was due for both. Public health messaging promoted this clinic alongside

¹⁸² ACT Govt. (2022). [Expanded opening hours on Saturdays at the Access and Sensory Vaccination Clinic](#). Published: 17 June 2022.

¹⁸³ ACT Govt. (2022). [Free flu vaccinations for concession card holders](#). Published: 6 June 2022.

messaging about the importance of staying up to date with both influenza and COVID-19 vaccinations. Public health messaging also promoted mechanisms to access these vaccines from primary care providers across the ACT.

Throughout the first half of 2022, the Equity to Access Program continued to deliver mobile vaccination services to the ACT community. Reduced demand led to closure of the program at the end of June 2022.¹⁸⁴ As of 27 June 2022, the program had administered a total of 3,189 COVID-19 vaccine doses using a combination of in-reach to homebound individuals, outreach clinics and pop-up clinics. The [CHECC](#) continued to offer an on-demand in-home vaccination service for people unable to leave their home due to significant health concerns or mobility challenges.

COVID-19 therapies

PBS eligibility for antiviral therapies was extended to all Australians aged 70 and over who had COVID-19 on 10 July 2022.¹⁸⁵ Preassessment was encouraged for clients in RACFs, along with establishing dispensing pathways for rapid administration following a diagnosis.¹⁸⁶ ACT Health developed resources to support clinicians in undertaking these preassessments.

ACT Health messaging to people with COVID-19 infection continued to help people identify if they were at high risk of severe disease and promoted this group to seek antivirals. Uptake of oral antivirals by eligible persons in the ACT was high throughout the public health emergency period, with PBS data showing almost all Canberrans aged 70 years and over who had been diagnosed with COVID-19 had accessed oral antiviral treatment, significantly reducing their risk of severe health outcomes.¹⁸⁷

Communications

The ACT Government launched its 2022 Winter Wellness Communications Strategy in April 2022, designed to support the community to navigate what was anticipated to be the first significant combined influenza and COVID-19 season. Consistent with agreed National Cabinet principles, public health messaging encouraged business and individual responsibility for adopting protective behaviours. Messaging provided information about:

- the ACT's current COVID-19 situation
- COVID Smart behaviours to adopt to stay well over winter
- being up to date with vaccinations (COVID-19 and influenza)
- pathways to treatment, including antiviral therapies and where to access face-to-face treatment if required

¹⁸⁴ ACT Govt. (2022). [Equity to Access vaccination program to close but specialist services still available](#). Published: 27 June 2022.

¹⁸⁵ Hunt, G. (2022). [Millions of Australians to gain access to COVID treatments](#). Media release. Published: 10 July 2022.

¹⁸⁶ Kelly, P. (2022). [Statement on standard of care on COVID-19 oral antiviral treatments in residential aged care facilities](#). Published: 14 July 2022.

¹⁸⁷ Dept of Health and Aged Care. (2022). [COVID-19 antivirals prevent severe illness and death](#). Published: 6 December 2022.

- changes to ACT public health directions.

Vaccination was an important focus of ongoing communications due to reports of community complacency around influenza vaccination, COVID-19 vaccination fatigue and confusion about the type, number and scheduling of vaccine doses needed. Differences in the eligibility criteria for free influenza vaccination under the National Immunisation Program¹⁸⁸ also led to confusion among Canberrans, who had been able to access COVID-19 vaccines at no cost for more than 12 months under national emergency settings. Communication activities therefore focused on simple messages tailored for specific groups within the community.

Public health messaging strongly and repeatedly encouraged Canberrans to continue to:

- test for COVID-19 if they had symptoms
- follow recommended isolation and quarantine requirements
- stay at home if symptomatic
- wear masks in high-risk settings or indoors where physical distancing was not possible.

Communications encompassed a well-tested mix of digital (social media, search and web), traditional media (radio, print and public noticeboards), print collateral and face-to-face channels. This included promotional activities at vaccination centres and pop-up clinics, live Q&A sessions and forums with targeted community and stakeholder groups, and the translation of materials into additional languages and formats such as Easy English.

ACT Health released a series of videos that were targeted to the Aboriginal and Torres Strait Islander community and shared culturally important information about ways to protect people and community from respiratory illness.

¹⁸⁸ Dept. of Health and Aged Care. (2022). [2022 NIP influenza vaccination program](#). Published: 29 March 2022.

Key events, decisions and activities | 1 April – 29 September 2022



**04 Apr
2022**

Recovered cases exempted from isolation and quarantine requirements for 12 weeks instead of 8. Vaccinated travellers diagnosed with COVID-19 in the previous 13 weeks not required to test prior to travel to Australia.

**22 Apr
2022**

Face masks not required to be worn in indoor spaces in education settings.

**26 Apr
2022**

Requirement removed for household contacts to quarantine if they have no COVID-19 symptoms.

**13 May
2022**

Vaccination requirements removed for workers in healthcare and education settings.

**13 May
2022**

Use of Check-in CBR no longer mandatory.

**31 May
2022**

AIS Arena mass vaccination clinic closed.

**07 June
2022**

Public Health Amendment Bill 2021 (No 2) passed in the Legislative Assembly.

**10 June
2022**

Nicholls testing centre closed.

**30 June
2022**

Equity to Access vaccination program closed.

**12 July
2022**

Reinfection period reduced from 12 weeks to 28 days.

**08 Aug
2022**

Public Health Emergency Declaration extended until 30 September 2022.

**09 Aug
2022**

Free RATS for concession cardholders at ACT Libraries.

**30 Aug
2022**

COVID-19 vaccine bookings open for eligible children aged 6 months to under 5 years.

**09 Sept
2022**

COVID-19 isolation period reduced to 5 days.

**29 Sept
2022**

Visitor restrictions lifted at some Canberra Health Services facilities.

**30 Sept
2022**

Public Health Emergency Declaration revoked and COVID-19 Management Declaration implemented.

**30 Sept
2022**

Kambah COVID-19 drive through testing facility closed.

08

Exemptions



Chapter Eight: Exemptions

Throughout the public health emergency, ACT Health facilitated an exemptions program for individuals, businesses and other workplaces that sought to be excluded from public health directions. The exemptions program recognised that there would be a need for individuals to seek to be excluded from the public health restrictions due to personal reasons, and a compassionate approach was taken wherever possible, recognising the human element of the COVID-19 Response.

The COVID-19 Exemptions team was established in March 2020, to assess and respond to exemption requests. Providing an avenue that acknowledged extenuating personal circumstances was a critical function in supporting the community to cooperate with public health requirements and advice in the safest way possible, while meeting community expectations and our human rights obligations.

The COVID-19 Exemptions team was, with input from other teams in the COVID-19 Response, responsible for receiving, recording and assessing applications, as well as issuing decisions to applicants. The size of the team surged throughout the course of the public health emergency in response to the number of public health directions and exemption applications being managed. Exemption applications addressed a range of issues including border restrictions, gathering restrictions, isolation and quarantine requirements, organised event restrictions and related public health measures such as check-in requirements.

All applications for exemption were carefully assessed on a case-by-case basis, in line with public health and procedural frameworks. When an exemption was deemed essential, strict conditions to mitigate public health risk to the community were also considered and applied for each applicant. Governance, review and evaluation processes were established with a strong focus on continuous improvement and community safety. The COVID-19 Exemptions team worked with a significant number of stakeholders to support the exemption process, including:

- other ACT Government Directorates, such as CHS, Major Projects Canberra, CMTEDD (including Access Canberra and Events ACT), and the Education, Community Services and Justice and Community Safety Directorates
- Australian Government Departments, including the Department of Health and Aged Care (National Incident Room), Departments of Defence, Home Affairs and Foreign Affairs and Trade
- tertiary institutions, including the ANU and University of Canberra.

Applications for exemption from isolation or quarantine requirements were considered on compassionate grounds, and involved small variations to standard public health requirements – for example, permission to leave for the purpose of attending an urgent medical appointment or to visit a family member receiving end-of-life care. Assessment included consultation with public health physicians and the Wellbeing team to assess risk and implement appropriate mitigations.

Throughout the public health emergency, the Exemptions team processed approximately 100,000 exemption applications.¹⁸⁹

Border exemptions

Large volumes of border exemption applications were made in response to domestic border restrictions, requiring the design and implementation of an ongoing border exemption application system and the processing of thousands of exemption applications in a timely manner, including for international diplomats and returning government officials.

ACT Health applied a compassionate lens to exemption requests for border travel. There were no barriers applied to ACT residents seeking to travel home, provided quarantine requirements were met. Non-ACT residents could only enter the ACT for an essential reason, including:

- essential work or study, where remote engagement was not possible
- if moving permanently to the ACT
- to attend the funeral of an immediate family member
- essential and time-critical health care
- freight and transport of goods and services
- to attend court or legal proceedings
- to help facilitate child access arrangements
- day entry into the ACT for an essential service not available elsewhere
- for other compassionate reasons, such as to provide care and support to a family member.

Bringing ACT residents home from Victoria during a statewide lockdown

On 7 August 2020, despite previously being granted permission from both ACT and New South Wales health authorities to return to the ACT by driving through New South Wales, nearly 100 ACT residents became stranded in Wodonga after being prevented from crossing the border by New South Wales authorities. From 00:01 on this day, the NSW Government had imposed border restrictions that prevented anyone from entering New South Wales from Victoria, except via the Sydney Airport terminal where they would be immediately transported to undergo 14 days quarantine.

Negotiations took place over a period of one week between the ACT and NSW Government to support the safe return of stranded residents to their homes. Throughout the negotiation period, ACT Health maintained ongoing contact with affected residents and provided ongoing support and updates on the status of negotiations.

Agreement was eventually reached between the respective governments, allowing ACT residents to travel through New South Wales and return home providing:

¹⁸⁹ <https://www.hansard.act.gov.au/hansard/10th-assembly/2022/HTML/week08/2605.htm>

- travel was limited to a period between 13 to 17 August 2020 and completed on the day of commencement
- departure from the Wodonga border occurred between 09:00 and 15:00
- vehicles limited their journey to the Hume Highway and travel was continuous except for one permitted stop at a designated area in Gundagai, New South Wales
- residents travelled to their homes immediately on arrival to the ACT and complete 14 days quarantine.

A reception centre was set up by ACT Health in Hall, with ACT and NSW policing in attendance to confirm residents' safe arrival and to offer any support needed to meet quarantine requirements. All residents were provided with a grocery hamper to take home with them, to support their early quarantine.

Event and business support and exemptions

In July 2020, the ACT Government established a Return to Events Working Group, consisting of representatives from ACT Health, Access Canberra, Events ACT, TCCS, ACT Policing and the Community Services Directorate.

The group was responsible for developing key policies integral to supporting a safe return of events to the ACT. This included development and regular update of the ACT's [COVID Safe Event Protocol: A Safe Return to Events in the ACT](#) (Attachment D of [NI2021-216](#)) and associated industry factsheets that were made available via the ACT COVID-19 website [Business Hub](#). These documents provided best practice advice on the development of COVID Safe Event Plans and established a formal exemption process for event organisers wishing to hold events that fell outside of density and capacity limits.

To support event exemption applications, a COVID-19 Event Assessment Committee was established in late September 2020. The purpose of the committee was to assist with the assessment of complex or high-risk events and to provide recommendations about whether an exemption should be granted. The committee comprised members from across WhoG, including the [Coordinator General for the WhoG Response](#), ACT Health, CMTEDD, ACT Policing, Access Canberra and TCCS. The committee was integral to the return of major events to Canberra, including [Summernats](#) (see below) and the Royal Canberra Show. The Committee remained active until February 2022, making recommendations on 69 complex or high-risk events.

From October 2020, PHECC provided targeted support to businesses and organisers seeking to hold a public event and to coordinate the development of COVID-19 Safe guidelines for businesses and workplaces. The team developed collaborative working relationships across relevant ACT and Australian Government Departments, including Venues Canberra, Events ACT and National Capital Authority. Events supported in developing a COVID-19 Safety Plan included the Lifeline Canberra Bookfair, the Handmade Markets, Summernats, the Enlighten Festival, the Summersalt Music Festival, and the Red Hot Summer Tour, in addition to the staged reopening of Canberra Theatre, GIO Stadium and Manuka Oval.

From 23 September 2020 to 25 February 2022, the Event and Business Exemptions team assessed 542 exemption requests under the [COVID-19 Safe Event Protocol](#).

From 25 February 2022, organised events no longer required an exemption to proceed (refer to Non-essential gatherings and businesses in Chapter 6). Instead, events with more than 5,000 attendees were required to notify ACT Health of the event and provide a

COVID-19 Safety Plan for review prior to the event going ahead (NI2022-97). Between 25 February and 30 June 2022, there were 21 event COVID-19 Safety Plans reviewed to support COVID safe operations.

Supporting Summernats during a pandemic

Summernats is Australia's leading automotive lifestyle event. Held primarily at Exhibition Park over 4 days from 6 to 9 January 2022, the event was able to proceed during a period of rapidly increasing cases after months of careful planning between event organisers and ACT Government.

Summernats organisers conducted preliminary consultations in June 2021, outlining plans for a 2022 event. This was an uncertain period for businesses and event planners, and the short-term future of events in the ACT was unclear.

Following easing of public health restrictions in October 2021, Summernats organisers advised of their intention to seek an exemption to permit an event with up to 70,000 patrons over a 4-day period in January 2022. The scale of the proposed event meant that the application would need to be considered by the COVID-19 Event Assessment Committee. The exemption request was formally reviewed in November 2021, accepting the COVID Safe risk mitigation measures proposed by Summernats organisers in their COVID-19 Safety Plan. On 2 December 2021, the event exemption was approved which permitted Summernats to proceed with up to 70,000 attendees. The exemption included a range of conditions with which event organisers were required to comply.

Ongoing consultation continued in the lead-up to the event to ensure that identified COVID Safe risk mitigation measures were successfully implemented. Measures included:

- confirming contact information at the time of ticket purchase, in the event that contact tracing may be required
- using Check In CBR at the entry point of all indoor event spaces
- planning scheduled events to support:
 - patron compliance with recommended indoor time limits
 - the identification of patrons within specific areas of the event – for example, campsites, grandstand and concert areas
- re-introducing face mask requirements (from 21 December 2021) for all attendees in public indoor settings
- contingency planning to accommodate additional public health social measures should it be required.

As the event drew closer, new Variants of Concern were identified within Australia and the ACT situation was monitored closely.

Access Canberra and ACT Policing undertook proactive compliance activities prior to and during the event to support its successful delivery. Overall compliance with the Summernats COVID-19 Safety Plan was very high, with event organisers very responsive to ACT Government requests.

The Office of the Chief Health Officer and the PHECC were extremely grateful to Summernats organisers and relevant ACT Government agencies for their willingness to work in such a positive and constructive way, during a period of great uncertainty, to ensure that Summernats 2022 could proceed safely.

09 | **Compliance**



Chapter Nine: Compliance

Compliance activities were overseen by a Compliance and Enforcement Working Group established in March 2020, which was replaced by a Community Enquiries Working Group in June 2022. The working group was chaired by the Health Protection Service and consisted of representatives from the PHECC, Access Canberra, WorkSafe ACT, ACT Policing and TCCS. Its operations were governed by a COVID-19 Compliance Engagement and Enforcement Framework developed early in the public health response. The work initially involved the development of industry and consumer guidance material, compliance governance frameworks, policies and procedures, inspection tools and databases, and reporting. With the support of the [PICC](#) and communications teams, it also supported businesses with language barriers by translating industry and consumer guidance and communication materials into multiple languages. As public health directions were relaxed, the working group's activities became more targeted towards the coordination of large-scale event compliance activities (for example, [Summernats](#)), and managing community and business enquiries. Community operation activities were undertaken by ACT Policing and the ADF, with joint compliance and border operations in place until 14 October 2021. Business compliance operations were generally undertaken by Access Canberra and the Health Protection Service, with ACT Policing providing extensive support throughout.

The focus was on education and promotion of safe behaviours rather than punitive measures. Typically, community compliance was high with a relatively small number of infringements referred to ACT Policing and WorkSafe ACT. However, community compliance did begin to decline towards the end of 2021, likely due to fatigue associated with ongoing public health directions. Common compliance issues included a failure of businesses to display appropriate occupancy signage, non-essential businesses reopening without having a COVID-19 Safety Plan in place, and non-enforcement of the Check In CBR app.

ACT Policing led enforcement activities by conducting random community and business compliance checks, undertaking in-home quarantine checks, delivering around the clock security for ACT Government quarantine facilities such as Lazzaretto, and managing border movements between New South Wales and the ACT with support from the ADF. ACT Policing and the ADF ceased joint operation on the ACT borders on 14 October 2021. A total of 489,936 traffic compliance stops were undertaken, as well as 8,696 personal compliance checks and 2,667 business compliance checks. Where non-compliance was identified, ACT Policing were able to issue cautions and infringements under the *Public Health Act 1997*. Throughout the response, non-compliance with public health measures were sufficiently serious to warrant arrest on 7 occasions solely for a breach of public health directions, and 49 occasions when breaching public health directions formed part of a broader suite of criminal charges.

During the public health emergency, the Compliance and Enforcement Working Group:

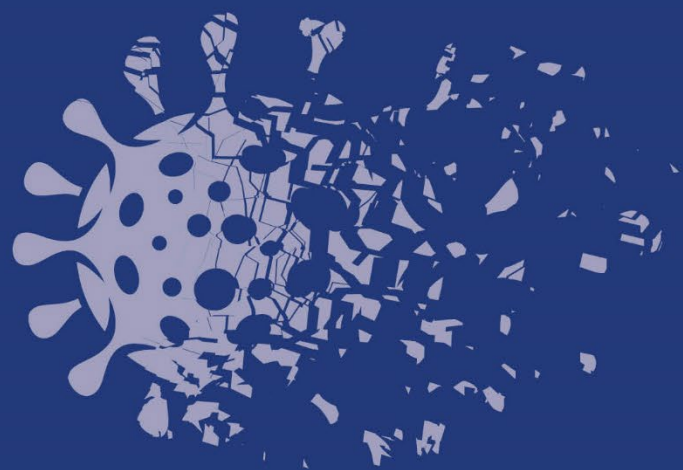
- oversaw the completion of 25,652 workplace compliance inspections
- supported the Canberra business and local community with 540 compliance inquiries
- sent more than 276,000 digital and 78 physical mailouts to support industry leaders and businesses to stay up to date with changes to public health directions

- hosted multiple online business forums which were later made available for ongoing viewing on ACT COVID-19 website.

Information gathered during compliance activities about key pressure points and concerns for the community and business was considered when reviewing public health restrictions and developing public health communications.

In June 2022, the Compliance and Enforcement Working Group ceased, with a new COVID-19 Community Enquiries Working Group established to reflect the changing nature of compliance requirements. The working group was responsible for coordinating compliance activities for large-scale events, as well as resolving community and business enquiries as obligations of businesses to adopt appropriate COVID-19 related policies under the *Work Health and Safety Act 2011* continued to be a priority. This work was undertaken in close collaboration with WorkSafe ACT.

Chief Health Officer's closing remarks



Chief Health Officer's closing remarks

The ACT, along with all Australian jurisdictions and the Commonwealth, have worked together to transition the management of COVID-19 to align with the management of other notifiable communicable conditions, informed by the [Strategic Framework for Transitioning COVID-19 Measures](#) (Strategic Framework). Many of the strategic principles guiding the transition remain important to our considerations today, including:

- minimising the level of severe COVID-19 and death, including through ensuring measures are effective, proportionate and targeted wherever possible for the most vulnerable and at-risk populations
- ensuring the health, economic and social systems as a whole have the capacity and capability to respond to future waves
- promoting and creating an environment that mitigates pandemic fatigue and generates self-reliance, resilience and capacity building which reduces the reliance on government interventions
- continuing to promote the importance of vaccinations, including boosters, to improve health outcomes
- supporting the economic and social wellbeing of those living in Australia, as well as Australians living overseas
- returning funding and policy efforts to a more sustainable footing, including for business and individual supports, aged care and health funding.

At a local, national and international level we have come a long way in understanding the virus, the illness it causes, and the options we have to mitigate its impacts. This is crucial to our work moving forward as we continue to monitor the epidemiology and impact of COVID-19. We remain prepared to respond as necessary.

At a global level, COVID-19 has highlighted the importance of pandemic preparedness and baseline capability as well as the challenges of rapid decision making when faced with uncertainty, and the benefits of appropriate operational coordination to response and recovery.

It has reminded us of the critical need for early, consistent and trusted communications, alongside community engagement that focuses on those members or groups in our community who are at greatest risk of illness and changing circumstances.

In the ACT we will continue to use lessons learned from the COVID-19 response to support and strengthen our approach to a range of public health threats. Key learnings that are already guiding our priorities include:

- the systems introduced to support the enhanced surveillance of and response to COVID-19 are being progressively applied to other communicable notifiable conditions, where appropriate
- our public health emergency preparedness, response and recovery plans are being reviewed to reflect the learnings
- we are enhancing our approach to public health risk communication, working closely across ACT Government and with Canberrans through the key groups that represent them, to provide accessible and timely public health information.

While this report, out of necessity, speaks mostly to the public health actions and activities undertaken to address the pandemic head-on, it has given me the opportunity to reflect on the breadth of actions, activities and other supports which enabled a comprehensive and integrated response in the ACT. This support was consistently provided with enthusiasm, commitment and compassion.

And so, I want to acknowledge and thank everyone who was a part of the response in any way. From all ACT Government Ministers, ACT government directorates, service delivery partners, the health care and primary care sectors, non-government industry and community groups, and of course all Canberrans. This list isn't exhaustive, but I hope everyone can see themselves somewhere as you all played an essential role.

The COVID-19 response has had a very profound and personal impact on many of us, and for some I know it continues to do so. I am grateful and humbled by the professional and forthcoming advice, support and collaborative relationships that saw the ACT do everything we could to protect the health of Canberrans. I firmly believe that everything we achieved would not have been possible if not for the dynamic collaboration and incredible willingness of people to come together and support each other throughout this significant period in our city and regions history.

Appendices



Appendix A.1 | Acronyms

Acronym	Reference (including reference to defining text in report, where applicable)
ACAT	ACT Civil and Administrative Tribunal
ADF	Australian Defence Force
AHPPC	Australian Health Protection Principal Committee
ANU	Australian National University
ATAGI	Australian Technical Advisory Group on Immunisation
CDNA	Communicable Diseases Network Australia
CHECC	Clinical Health Emergency Coordination Centre
CHO	Chief Health Officer
CHS	Canberra Health Services
CMTEDD	Chief Minister, Treasury, and Economic Development Directorate
COVID-19	Coronavirus disease 2019, caused by the novel corona virus SARS-CoV-2
HECC	Health Emergency Control Centre
ICU	Intensive Care Units, ACT hospitals
LGA	Local Government Area
nCoV-19	Novel (new) coronavirus 2019, used to describe COVID-19 prior to 11 Feb 2020
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
PCR	Polymerase chain reaction, a form of testing used to detect COVID-19
PHECC	Public Health Emergency Coordination Centre
PHSM	Public health social measure
PICC	Public Information Coordination Centre
PPE	Personal Protection Equipment, e.g., face masks, gloves
RAT	Rapid Antigen Test self-administered to detect COVID-19
RACF	Residential aged care facility
RSV	Respiratory Syncytial Virus
SEMC	Security and Emergency Management Committee of Cabinet
SEMSOG	Security and Emergency management Senior Officials Group
TCCS	Transport Canberra and City Services

TGA	Therapeutic Goods Administration
TTIQ	Test, trace, isolate, and quarantine
WHO	World Health Organization
WhoG	Whole of Government

Appendix A.2 | Glossary

Term	Meaning
Case fatality rate	The proportion of cases of a disease or condition that are fatal within a specified period of time.
Casual contact	A person who is at lower risk of being infected with COVID-19 because they may have been in the same location at the same time as someone with COVID-19 for a short period or at a location where there is low risk of transmission.
Close contact	A person who is at high-risk of COVID-19 because they have been in close proximity to someone who is a diagnosed with COVID-19 during their infectious period. A household contact is a close contact.
Contraindication	A symptom or medical condition that prevents a particular drug or procedure from being administered. In this context, serious medical contraindications were used as a grounds for exemption from COVID-19 vaccination.
COVID-19 affected area	An area that has been declared by the Chief Health Officer as an area where there are serious concerns about an outbreak.
COVID-19 Safety Plan	Used by jurisdictions as a tool to help business implement strategies to reduce the risk of spread of COVID-19 among staff and customers.
Delta variant	Designated COVID-19 variant classification used to describe the B.1.617.2 and descendant lineages of COVID-19 by the WHO. It was classified as a variant of concern on 15 June 2021.
Density limits	Limits set by on the number of people that can be present at once in a public indoor or outdoor space. E.g., limits of 1 person/2m ² and 1 person/4m ² applied at different times during the public health emergency.
Diagnosed person	Describes a person diagnosed with COVID-19 (using a PCR test) or a probable case of COVID-19 (using a RAT) and remains subject to isolation as directed by public health directions.
Endemic disease	A disease that is always present throughout a specific region or population. The prevalence of the disease remains fairly stable and predictable over time.
Epidemiology	Information and data presented about the spread and characteristics of a disease and how it impacts its hosts. In the ACT, weekly epidemiological reports were provided to the public and used to inform decisions about the COVID-19 response.
Fully vaccinated	Used early in the COVID-19 Vaccination Program to describe the administration of at least two doses of an approved COVID-19 vaccine in accordance with the recommendations of ATAGI. This term was replaced by 'up-to-date with vaccination' after booster doses were introduced.

Furloughing	Refers to the need for staff to take a leave of absence. In the context of COVID-19, public health directions required staff to isolate or quarantine, removing them from the workforce and placing resourcing pressure on services and businesses.
High-risk Setting	A setting where there is a higher-risk of COVID-19 spread due to proximity and/or difficulty maintaining physical distancing and there are many people vulnerable to severe disease from COVID-19 (e.g., due to age or chronic medical conditions). Disability and aged care services, correctional centres, and healthcare settings were classified as high-risk in public health directions. Public or shared transport settings were also considered to be high-risk environments and therefore required targeted public health directions at different points of the COVID-19 response.
Hotspot	An area outside of the ACT that by COVID-19 and people that have been in this area within a designated period are at higher risk of exposure to COVID-19.
Household contact	A person who is at high-risk of COVID-19 because they are a member of the same household as someone who is diagnosed with COVID-19 and have had contact with that person during their infectious period. Also considered a close contact.
Lockdown restrictions	Colloquial term used to describe a public health requirement for Canberrans (or another population-wide group) to stay at home unless leaving for an essential reason. During the public health response, the ACT was under lockdown settings from 31 March 2020 to 9 April 2020 and 12 August 2021 to 14 October 2021.
mRNA vaccine	Vaccination technology that uses genetic (messenger RNA) materials that help elicit an immune response to a particular virus. In Australia, the Pfizer and Moderna vaccines used mRNA technology and were recommended for use in people as young as 6 months, in certain circumstances.
Occupancy limits	Limits on the maximum number of people that can be present in a public space, venue, business, or residential home (excluding residents). E.g., limits of 25 people were placed on non-essential retail environments when exiting from lockdown in April 2020.
Omicron variant	Designated COVID-19 variant classification used to describe the B.1.1.529 and descendant lineages (e.g., BA.1, BA.2, BA.4, and BA.5) by the WHO. It was classified as a variant of concern on 26 November 2021.
Physical distancing	Term used to describe the act of maintaining physical distance from others when in a public setting or with persons that are not members of the same household. Throughout the COVID-19 response, Canberrans were asked to maintain a distance of 1.5 meters from others.
Public health directions	Legally enforceable requirements that were issued to Canberrans and/or specific population cohorts by the Chief Health Officer under the <i>Public Health Act 1997</i> to help reduce the health risk presented by COVID-19.

Public health restrictions	A colloquial term used to refer to public health directions, typically directions that restrict the movement or actions of a person or group of people e.g., quarantine.
Recovered case	A term used by the CDNA to refer to an individual who had recently recovered from COVID-19 and was therefore likely to generate a natural, but time limited, immune response to reduce the likelihood of reinfection or severe disease.
Secondary contact	A person who has been close to another person who has been exposed to COVID-19 and may therefore be at risk of contracting COVID-19.
Surveillance	Public health surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, response and evaluation of public health threats, systems and programs.
Throughput	The volume that a particular product or service can produce. In this context, throughput was used to describe the number of vaccines being administered by ACT Government clinics on a daily, weekly, or monthly basis.
Viral vector vaccine	Vaccination technology that uses a modified and safe version of a virus to elicit an immune response. In Australia, the AstraZeneca was a viral vector COVID-19 vaccine recommended for use in people aged 18 years and older by ATAGI.

Appendix B | Public Health Emergency Declarations

Public Health Emergency Declaration	Dates
Public Health (Emergency) Declaration 2020 (No.1) <u>NI2020-153</u>	16 Mar 2020 – 21 Mar 2020
Public Health (Emergency) Declaration Extension 2020 <u>NI2020-165</u>	21 Mar 2020 – 23 Mar 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.1) <u>NI2020-167</u>	23 Mar 2020 – 25 Mar 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.2) <u>NI2020-172</u>	25 Mar 2020 – 27 Mar 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.3) <u>NI2020-176</u>	27 Mar 2020 – 29 Mar 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.4) <u>NI2020-184</u>	29 Mar 2020 – 31 Mar 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.5) <u>NI2020-188</u>	31 Mar 2020 – 2 April 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.6) <u>NI2020-206</u>	2 April 2020 – 4 April 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.7) <u>NI2020-208</u>	4 April 2020 – 6 April 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.8) <u>NI2020-216</u>	6 April 2020 – 8 April 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.9) <u>NI2020-218</u>	8 April 2020 – 7 July 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.10) <u>NI2020-388</u>	7 July 2020 – 21 Aug 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.11) <u>NI2020-500</u>	20 Aug 2020 – 19 Nov 2020
Public Health (Emergency) Declaration Further Extension 2020 (No.12) <u>NI2020-725</u>	19 Nov 2020 – 17 Feb 2021
Public Health (Emergency) Declaration Further Extension 2021 (No.1) <u>NI2021-83</u>	17 Feb 2021 – 18 May 2021
Public Health (Emergency) Declaration Further Extension 2021 (No.2) <u>NI2021-296</u>	18 May 2021 – 16 Aug 2021
Public Health (Emergency) Declaration Further Extension 2021 (No.3) <u>NI2021-489</u>	16 Aug 2021 – 14 Nov 2021
Public Health (Emergency) Declaration Further Extension 2021 (No.4) <u>NI2021-668</u>	13 Nov 2021 – 12 Feb 2022

Public Health Emergency Declaration	Dates
Public Health (Emergency) Declaration Further Extension 2022 (No.1) NI2022-67	11 Feb 2022 – 13 May 2022
Public Health (Emergency) Declaration Further Extension 2022 (No.2) NI2022-266	13 May 2022 – 11 Aug 2022
Public Health (Emergency) Declaration Further Extension 2022 (No.3) NI2022-379	9 Aug 2022 – 29 Sept 2022
Public Health (Emergency) Declaration Revocation 2022 NI2022-470	29 September 2022

Appendix C | Public Health Directions

1. Test, Trace, Isolate and Quarantine (TTIQ)

1.1 Returned Travellers

Directions	Dates	Key Content Updates
Public Health (Returned Travellers) Emergency Direction 2020 (No.1) NI2020-164	19/03/20 – 06/07/20	<p>A person who enters the ACT following an international flight (by air, bus, train, car, or any other means), must travel immediately to undertake 14 days of self-quarantine and not leave, except to obtain medical care or medical supplies, or in an emergency. They must also communicate that they are subject to quarantine with any person whom they come in contact.</p> <p>Members of a flight crew are not required to comply with this direction.</p>
Public Health (Returned Travellers) Emergency Direction 2020 (No.2) NI2020-183	28/03/20 – 08/05/20	<p>From 6:00am on 28 March 2020, a person who enters the ACT following an international flight must travel directly to a designated premises, approved by the CHO in writing, to undertake quarantine until clearance is provided by an authorised medical officer.</p> <p>An authorised medical officer may give clearance from quarantine after 48 hours if satisfied the person can comply with the <i>Public Health (Return Travellers) Emergency Direction 2020 NI2020-164</i>.¹ Any time already spent in quarantine will be credited against the 14 day quarantine requirement in that direction.</p> <p>Note¹: this direction does not revoke NI2020-164 (see above).</p>
Public Health (Returned Travellers) Emergency Direction 2020 (No.3) NI2020-215	03/04/20 – 08/05/20	<p>From 11:59pm on 3 April 2020:</p> <p>an unaccompanied child or diplomatic visa-holder who enters the ACT following an international flight, must travel immediately to a premises that is suitable for the person to reside in for 14 days and undertake quarantine, not leaving unless to obtain medical care, medical supplies, or in an emergency.</p> <p>any other person who enters the ACT following an international flight, must travel directly to a designated premises approved by the CHO in writing, to undertake quarantine until clearance is provided by an authorised medical officer. They must also communicate to any person with whom they come in contact that they are subject to quarantine.</p> <p>An authorised medical officer may give a person clearance from quarantine after 48 hours, if satisfied that the person will comply with the <i>Public Health (Return Travellers) Emergency Direction 2020 NI2020-164</i>.¹ Any time already spent in quarantine will be credited against the 14 day quarantine requirement in that direction</p>

Directions	Dates	Key Content Updates
		<p>Members of a flight crew and anyone with an exemption that issued in writing and subject to any conditions of the CHO, do not need to comply with this direction.</p> <p>Note¹: this direction does not revoke NI2020-164 or NI2020-183 (see above).</p>
<p>Public Health (Returned Travellers) Emergency Direction 2020 (No.4) NI2020-269</p>	<p>08/05/20 – 14/05/20</p>	<p>This instrument revokes NI2020-183 and NI2020-215.</p> <p>From 11:59pm on 8 May 2020, a person that enters the ACT following an international flight must travel directly to a designated premises to quarantine until clearance is provided by an authorised officer and communicate this to any person whom they have contact with.</p> <p>An authorised medical officer may give a person clearance from quarantine after 48 hours, if satisfied that the person will comply with the quarantine requirements set out in the <i>Public Health (Return Travellers) Emergency Direction 2020</i> NI2020-164.¹ Any time already spent in quarantine will be credited against the 14 day quarantine requirement in that direction.</p> <p>A person who has already undertaken an unbroken 14 day quarantine or self-isolation period in another Australian jurisdiction before arriving in the ACT, a member of an air ambulance, medvac crew, or person with written notice from the CHO, is exempt from this direction. An authorised person may direct a person to take action(s) to comply with this direction.</p> <p>Diplomatic visa holders are not required to comply with this direction. Risk mitigation advice is provided for diplomatic visa-holders as an attachment to the direction (in Attachment A).</p> <p>Note¹: this direction does not revoke NI2020-164 (see above).</p>
<p>Public Health (Returned Travellers) Emergency Direction 2020 (No.5) NI2020-280</p>	<p>14/05/20 – 06/07/20</p>	<p>From 6:00pm on 14 May 2020, the ability for an authorised medical officer to clear someone from quarantine at a designated premises after 48 hours is removed.</p> <p>International flight crew are included in the categories of persons exempt from this direction.</p>
<p>Public Health (Returned Travellers) Emergency Direction 2020 (No.6) NI2020-374</p>	<p>06/07/20 – 01/09/20</p>	<p>This instrument revokes NI2020-164 and NI2020-280 (see above).</p> <p>From 11:59pm on 6 July 2020, international travelers travelling from New Zealand are no longer subject to quarantine requirements. International flight crew, air ambulance and medevac crew must now also travel immediately to complete quarantine, or until their next flight departing the ACT (if shorter). Previously these categories of persons were exempt.</p> <p>Children subject to quarantine arrangements under this direction must have a parent/guardian/person with parental responsibility/carer that quarantines with the child.</p> <p>The quarantine period remains at 14 days, but a person must stay in quarantine until a negative test result is returned or clearance is given by an authorised medical officer.</p>

Directions	Dates	Key Content Updates
Public Health (Returned Travellers) Emergency Direction 2020 (No.7) NI2020-535	01/09/20 – 09/10/20	Update to the purpose of the direction and inclusion of a human rights compatibility statement. From 11:59pm on 1 September 2020, New Zealand travelers are no longer excluded from quarantine requirements.
Public Health (Returned Travellers) Emergency Direction 2020 (No.8) NI2020-663	09/10/20 – 24/12/20	Minor technical amendments, no change to scope or practical application.
Public Health (Returned Travellers) Emergency Direction 2020 (No.9) NI2020-837	24/12/20 – 04/06/21	Update to the definition of a designated premises for the purpose of quarantine: for an ACT resident, the person may quarantine at home if they can maintain appropriate separation from their household members, or a room allocated on check-in at any hotel, serviced apartment or similar accommodation approved in writing by the CHO, for a non-ACT resident, a room allocated on check-in at any hotel, serviced apartment, or similar accommodation approved in writing by the CHO.
Public Health (Returned Travellers) Emergency Direction 2021 (No.1) NI2021-339	04/06/21 – 31/10/21	Inclusion of additional clauses that require any crew member operating in a professional capacity tasked to the aircraft cabin, the aircraft flight deck, or support crew, aboard an: ADF international flight to quarantine in accordance with ADF quarantine policies (rather than this direction), and privately chartered international flight to quarantine in accordance with this direction.

Directions	Dates	Key Content Updates
Public Health (Returned Travellers) Emergency Direction 2021 (No.2) NI2021-641	31/10/21 – 02/11/21	<p>People entering the ACT following international travel are no longer required to quarantine if: they are fully vaccinated, they test for COVID-19 within 24 hours of arrival and again between days 5 and 6 following arrival in Australia, and they comply with any risk mitigation guidelines issued by ACT Health as published on the ACT COVID-19 website.</p> <p>People who are not fully vaccinated must:</p> <p>if entering the ACT indirectly, not enter the ACT unless they have first undertaken 14 days of quarantine or self-isolation, or</p> <p>if entering the ACT directly, travel immediately to a designated quarantine premises to undertake quarantine for 14 days, and not leave unless they have tested negative for COVID-19 or are given clearance from quarantine by an authorised medical officer.¹</p> <p>The above requirements apply to international flight crew, air ambulance and medevac crew, but these groups may leave quarantine early if they depart on another flight leaving Australia.</p> <p>Note¹: In these circumstances, if the person entering from overseas is a child and all household members with whom they are quarantining are fully vaccinated, then the period of quarantine is 7 days (not 14 days).</p>
Public Health (Returned Travellers) Emergency Direction 2021 (No.3) NI2021-648	02/11/21 – 27/11/21	<p>Minor update to the purpose of the direction.</p> <p>Clauses related to children are updated to clarify that a child entering the ACT directly from overseas, only needs to quarantine for 7 days (not 14 days) before being eligible to exit, subject to testing negative to COVID-19 using a test.</p>
Public Health (Returned Travellers) Emergency Direction 2021 (No.4) NI2021-698	27/11/21 – 30/11/21	<p>Changes to conditions that apply to a person who is fully vaccinated and who arrived in Australia after 11:59pm on 27 November 2021. They must now:</p> <p>quarantine immediately (along with their entire household) until 11:59pm on 30 November 2021</p> <p>complete a self-declaration form within 24 hours prior to arrival in the ACT, and</p> <p>be tested for COVID-19 within 24 hours after arrival in Australia and again between days 5 and 6 after arrival.</p> <p>Notwithstanding any other condition of this direction, travelers entering Australia from nominated countries: South Africa, Namibia, Zimbabwe, Botswana, Lesotho, Eswatini, Seychelles, Malawi, or Mozambique who arrive on or after 28 November 2021, must quarantine at their port of entry.</p> <p>If the travelers from nominated countries who arrived before 28 November 2021 and is in the ACT, they must quarantine immediately for 14 days (alongside their entire household) and complete a self-declaration form within 24 hours of this direction commencing. COVID-19 tests are required on day 1, day 5 or 6, and on day 12 or 13, after their arrival in Australia.</p>

Directions	Dates	Key Content Updates
Public Health (Returned Travellers) Emergency Direction 2021 (No.5) NI2021-709	30/11/21 – 15/12/21	<p>Update to the purpose of the direction, following identification of the new COVID-19 variant B.1.1.529 (Omicron).</p> <p>Amendment so that that any vaccinated international travellers that arrive in Australia after 11:59pm on 27 November 2021 (and their household members), undertake a special 3-day quarantine period in addition to all requirements already established for this cohort (were previously only required to quarantine until 30 November 2021). Additional clauses included to clarify that a negative test result for COVID-19 must be returned or permission given by an authorised medical officer, before being cleared from quarantine.</p> <p>Returned international travellers are not permitted to enter a high-risk setting for 14 days after arriving in Australia, unless the person resides at the setting, or is required to enter the setting for medical, law enforcement, or emergency purposes. High-risk setting is defined in <i>Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No.7)</i> NI2022-346.</p> <p>Requirements for unvaccinated travellers updated to require that, in addition to 14 days quarantine, affected persons need to be tested for COVID-19 on days 1, 6, and 12 or 13 of quarantine, and return a negative result before being able to leave quarantine.</p> <p>International flight crew, air ambulance, and medevac crew's quarantine period amended to 3-days, or until the affected person leaves Australia on another flight, noting that they must be tested for COVID-19 on day 1 and day 6 after arrival in Australia.</p> <p>Requirements for travellers entering Australia from nominated countries remain in place, although requirement to complete a self-declaration form within 24 hours of the direction commencing has been removed. Seychelles was also removed from the list of nominated countries.</p>
Public Health (Returned Travellers) Emergency Direction 2021 (No.6) NI2021-752	15/12/21 – 20/12/21	<p>Update to the purpose of the direction, removing direct reference to Omicron and clarifying that the purpose is to require varying periods of quarantine dependent on the vaccination status of international travellers.</p> <p>For fully vaccinated returned travelers:</p> <p>persons who have already undertaken quarantine in another Australian jurisdiction are not required to quarantine in the ACT</p> <p>the permitted timeframe for completing a self-declaration form was increased from 24 hours prior to 48 hours prior to arrival in the ACT, and</p> <p>fully vaccinated now includes a child, under 12 years and 2 months, who has not received the number of doses required for a completed course of vaccination.</p> <p>For international flight crew, air ambulance, and medevac crew:</p>

Directions	Dates	Key Content Updates
		<p>persons who have already undertaken quarantine in another Australian jurisdiction are not required to quarantine in the ACT (fully or unvaccinated), and</p> <p>length of required quarantine depends on the vaccination status of the person, i.e., 3 days for fully vaccinated and 14 days for unvaccinated.</p>
Public Health (Returned Travellers) Emergency Direction 2021 (No.7) NI2021-775	20/12/21 - 21/12/21	<p>Update to the purpose of the direction, to reflect that the requirement to quarantine or undertake a COVID-19 test, depends on the vaccination status of the person.</p> <p>Fully vaccinated returned travelers (including international flight crew, air ambulance and medevac crew) must:</p> <p>undertake a COVID-19 test within 24 hours of arrival into Australia (and again on day 6)</p> <p>quarantine until a negative test result is received (for test administered within 24 hours of arrival)</p> <p>complete a self-declaration form if entering the ACT within 7 days of arrival into Australia from overseas.</p>
Public Health (Returned Travellers) Emergency Direction 2021 (No.8) NI2021-782	21/12/21 – 07/01/22	<p>Minor technical amendment, no change to scope or practical application of direction.</p>
Public Health (Returned Travellers) Emergency Direction 2022 (No.1) NI2022-6	07/01/22 – 21/02/22	<p>Update to the grounds upon which the CHO considers the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Removed requirement for fully vaccinated returned travelers to undertake a COVID-19 test on day 6 after arrival into Australia.</p> <p>Amendment to the definition of a COVID-19 test, to enable people to undertake either a PCR or RAT and meet the conditions of this direction.</p>
Public Health (Returned Travellers) Emergency Direction 2022 (No.2) NI2022-86	21/02/22 – 16/03/22	<p>Update to the grounds upon which the CHO considers the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Removed requirement for fully vaccinated returned travelers to complete a self-declaration form within 24 hours of arrival into the ACT.</p> <p>Reduction in the standard quarantine period for unvaccinated returned travelers to 7 days (previously 14 days). Removed requirement for unvaccinated travelers to undertake COVID-19 testing on days 12 and 13 following their arrival into Australia.</p> <p>Update to terminology used to describe unvaccinated – this now reflects people that have not completed a primary course of a COVID-19 vaccine.</p>
Public Health (International Travellers) Emergency Direction 2022 (No.1) NI2022-131	16/03/22	<p>This instrument includes a revocation provision (clause 5) to revoke the <i>Public Health (Returned Travellers) Emergency Direction 2022 (No.2)</i> NI2022-86, from 16 March 2020.</p>

1.2 Self-Isolation

Directions	Dates	Key Content Updates
Public Health (Self-Isolation) Emergency Direction 2020 (No.1) NI2020-177	25/03/20 – 11/07/20	<p>From 11:59pm on 24 March 2020, a person diagnosed with COVID-19 must travel directly to undertake self-isolation (but can attend a hospital for medical treatment) until clearance to leave is given by an authorised medical officer.</p> <p>The diagnosed person must advise anyone they may come into contact with during self-isolation of their diagnosis and comply with any request by a police officer or member of the ambulance service to produce proof of identity.</p> <p>The only circumstances in which a diagnosed person may leave self-isolation (prior to clearance being given) are obtaining medical care or supplies, in an emergency, and where it is possible to exit to an outdoor area without coming into contact with another person.</p>
Public Health (Self-Isolation) Emergency Direction 2020 (No.2) NI2020-406	11/07/20 – 01/09/20	<p>Inclusion of requirements for persons notified by ACT Health to be close contacts of a person diagnosed with COVID-19 to travel directly to undertake self-isolation until clearance to leave is given by an authorised medical officer.</p> <p>The close contact must advise anyone they may come into contact with during self-isolation of their status as a close contact and comply with any request by an authorised person to produce proof of identification. Authorised persons are defined by the <i>Public Health Act 1997</i> (s121).</p> <p>The only circumstances in which a close contact may leave self-isolation (prior to clearance being given) are obtaining medical care or supplies, in an emergency, and where it is possible to exit to an outdoor area without coming into contact with another person.</p> <p>A close contact is someone who has been in close physical proximity with someone who has COVID-19 while infectious for i) more than 15 minutes over the course of a week or ii) for more than 2 hours.</p> <p>Interstate travels and returned travellers must comply with the requirements set out in relevant public health directions addressing COVID-19 Interstate Travellers, COVID-19 Interstate Hotspots, or Returned Travellers.</p>
Public Health (Self-Isolation) Emergency Direction 2020 (No.3) NI2020-534	01/09/20 – 09/10/20	<p>Minor update to the purpose of the direction and inclusion of a human rights compatibility statement.</p> <p>No change to the scope or practical application of the direction.</p>

Directions	Dates	Key Content Updates
Public Health (Self-Isolation) Emergency Direction 2020 (No.4) NI2020-662	09/10/20 – 09/07/21	<p>Minor update to the purpose of the direction.</p> <p>Minor updates to provisions relating to close contacts. Now authorised persons are permitted to: i) advise a person that they are a close contact (previously “ACT Health”), and ii) provide clearance from self-isolation (previously an “authorised medical officer”).</p> <p>Links provided in the direction where people can find guidance on how an authorised person determines whether someone is a close contact or can be discharged from self-isolation.</p> <p>Update to the definition of a close contact: now a member of the same household as a diagnosed person, or someone who has been nominated as such by an authorised person.</p>
Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No. 1) NI2021-421	09/07/21	This instrument includes a revocation provision (clause 5) to revoke the <i>Public Health (Self-Isolation) Emergency Direction 2022 (No.4)</i> NI2020-662 , from 9 July 2021.

1.3 COVID-19 Intestate Hotspots

Directions	Dates	Key Content Updates
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2020 (No.1) NI2020-387	03/07/20 – 04/07/20	<p>From 7:00am on 3 July 2020, a person who has been in a COVID-19 hotspot in the last 14 days, who arrives in the ACT, must travel immediately to undertake a 14 day quarantine period. People whose entry to a COVID-19 hotspot is limited to entry for the purpose of transit only (e.g., not exiting their means of transportation) are not subject to this direction.</p> <p>The CHO may, in writing and subject to any condition considered necessary, exempt a person from this direction. An authorised person may take reasonable steps to enforce compliance, including directing a person to take action to comply and produce proof of identification.</p> <p>Identified COVID-19 hotspots capture selected suburbs located in Victorian postcodes:3012, 3021, 3032, 3038, 3042, 3046, 3047, 3055, 3060, and 3064.</p>
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2020 (No.2) NI2020-390	04/07/20 – 06/07/20	Inclusion of additional COVID-19 hotspots in selected suburbs located in Victorian postcodes: 3031 and 3051.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2020 (No.3) NI2020-393	06/07/20 – 08/07/20	COVID-19 hotspots list amended from selected suburbs by postcode to multiple Local Government Areas (LGAs) located throughout Victoria; in effect expanding the regions identified.

Directions	Dates	Key Content Updates
Public Health (COVID-19 Interstate Travellers) Emergency Direction 2020 (No.1) NI2020-399	08/07/20	This instrument included a revocation provision (clause 5) to revoke the <i>Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2021 (No.3)</i> NI2020-393 , on 8 July 2020.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2020 (No.4) NI2020-430	16/07/20 – 20/07/20	<p>New requirements imposed whereby, a person who has been in a COVID-19 hotspot during a specified date and who is in or arrives in the ACT, must travel immediately to undertake a 14 day quarantine period. A person who wishes to travel into the ACT must complete an <i>Interstate traveler and returning resident self-declaration form</i> within the 24 hours prior to travel.</p> <p>The CHO may, in writing and subject to any condition considered necessary, exempt a person from this direction. An authorised person may take reasonable steps to enforce compliance, including directing a person to take action to comply and produce proof of identification.</p> <p>Identified COVID-19 hotspots capture: Crossroads Hotel (Casula) from Friday 3 July to Friday 10 July 2020; Planet Fitness (Casula) from Saturday 4 July to Friday 10 July 2020; and Picton Hotel (Picton) on Saturday 4 July, Sunday 5 July, Thursday 9 July and Friday 10 July 2020. All dates inclusive.</p>
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2020 (No. 5) NI2020-440	20/07/20 – 09/10/20	Inclusion of additional new COVID-19 hotspot location: Solders' Club (Batemans Bay) on Monday 13 July 2020 and on Wednesday 15 July to Friday 17 July 2020 (inclusive).
Public Health (COVID-19 Interstate Hotspots) Emergency Direction Revocation 2020 NI2020-664	09/10/20	Revocation instrument commenced at 9:00am on 9 October 2020.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2020 (No.6) 2020 NI2020-812	18/12/20 – 18/12/20	<p>New requirements imposed, whereby a person who has been in a COVID-19 affected during a specified date and who is in or arrives in the ACT, must travel immediately to undertake a 14 day quarantine period.</p> <p>The CHO may, in writing and subject to any condition considered necessary, exempt a person from this direction. An authorised person may take reasonable steps to enforce compliance.</p> <p>Identified COVID-19 hotspots capture the Northern Beaches LGA for any date on or after 11 December 2020.</p>
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2020 (No.7) 2020 NI2020-819	18/12/20 – 20/12/20	Minor amendment to clarify that the identified COVID-19 hotspot LGA of Northern Beaches is in NSW.
Public Health (COVID-19 Interstate Hotspots)	20/12/20 – 21/12/20	Specific provision made for the supervised quarantine of unaccompanied children following travel to and from COVID-

Directions	Dates	Key Content Updates
Emergency Direction 2020 (No.8) 2020 NI2020-820		<p>19 hotspots. Specifically, amendments clarify that unaccompanied children (like adults) are required to travel immediately to undertake a period of 14 day quarantine and a parent, guardian, person with parental responsibility, or carer must remain in quarantine with affected children.</p> <p>Persons affected by this direction must communicate to any person they may come into contact with that they are or will be in quarantine due to being in a COVID-19 hotspot. This includes hotel or accommodation providers if quarantine in these premises.</p> <p>Risk mitigation guidance provided as an attachment to the direction (in Attachment A) for members of households who are required to quarantine.</p> <p>Identified COVID-19 hotspots expanded to include an additional 34 LGAs (35 LGAs in total) throughout NSW, on or after 21 December 2020.</p>
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2020 (No.9) 2020 NI2020-834	21/12/20 – 02/01/21	<p>Amendment to clarify that a person affected by this direction who travels to the ACT without having first completed an <i>Interstate traveller and returning resident self-declaration form</i> must complete the form when they arrive in the ACT and comply with any direction given by an authorised person.</p> <p>An authorised person may ask a person entering or in the ACT for any information needed to determine whether they are subject to this direction and the person is required to comply.</p> <p>Inclusion of standard exemptions to quarantine (previously only if the person had only transited through a COVID-19 hotspot) to now include: entering the ACT for urgent medical, law enforcement or emergency purposes, by road for transport or freight purposes, for the purpose of transiting to another destination if arriving by air and not leaving the Airport, for the purpose of transiting to NSW by road if arriving by air and doing so immediately, if having already undertaken a 14 day quarantine period following arrival from overseas, if travelling directly to the ACT by road, if arriving at Sydney Airport and not exiting the motor vehicle when travelling through an identified COVID-19 hotspot.</p>
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2021 (No.1) 2021 NI2021-1	02/01/21 – 05/01/21	<p>Amended to differentiate between ACT residents and non-residents wishing to enter the ACT if they have been in a COVID-19 hotspot:</p> <p>for ACT residents, requirements remain unchanged, and</p> <p>for non-ACT residents, a person who has been in a COVID-19 hotspot must not travel to or enter the ACT unless they have an exemption <u>before</u> they arrive. Upon arrival they must travel immediately to undertake a period of quarantine for 14 days.</p> <p>Risk mitigation guidance for a person who is not a resident of the ACT and is subject to this direction, is provided as an attachment to the direction (in Attachment B).</p> <p>Minor amendment to the circumstances upon which a person that has been in the Northern Beaches LGA should be subject</p>

Directions	Dates	Key Content Updates
		to this direction (from “any date on or after 11 December 2020) to “within a period of 14 days prior to arrival” in the ACT.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2021 (No. 2) 2021 NI2021-6	05/01/21 – 06/01/21	Amended terminology used from “COVID-19 Hotspots” to “COVID-19 Affected Areas”. Risk mitigation guidance for a person entering the ACT by road for transport or freight purposes (including furniture removalists), is provided as an attachment to the direction (at Attachment C).
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2021 (No.3) 2021 NI2021-9	06/01/21 – 08/01/21	Minor amendment to the risk mitigation guidance provided to ACT resident members of households who are required to quarantine within the direction (in Attachment A). No change to the scope or practical application of the direction.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2021 (No.4) 2021 NI2021-10	08/01/21 – 11/01/21	Identified COVID-19 affected areas expanded to include an additional five LGAs throughout Queensland (these apply in addition to 35 LGAs throughout NSW). The direction applies to persons that have travelled from identified COVID-19 affected areas within the last 14 days.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2021 (No.5) 2021 NI2021-11	11/01/21 – 12/01/21	Identified COVID-19 affected areas refined to remove five LGAs located throughout Queensland. The 35 previously identified LGAs located throughout NSW remain in place.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2021 (No.6) 2021 NI2021-12	12/01/21 – 19/01/21	Identified COVID-19 affected areas refined to remove 24 of the 35 LGAs located throughout NSW. Only Blacktown City, Burwood, Canada Bay City, Canterbury-Bankstown, Cumberland, Fairfield City, Inner West, Liverpool City, Northern Beaches, Parramatta City, and Strathfield Municipality LGAs remain.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2021 (No.7) 2021 NI2021-28	19/01/21 – 22/01/21	Identified COVID-19 affected areas refined to remove the Northern Beaches LGA in NSW.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction 2021 (No.8) 2021 NI2021-40	22/01/21 – 29/01/21	Identified COVID-19 affected areas refined to remove all remaining LGAs with the exception of the Cumberland LGA in NSW.
Public Health (COVID-19 Interstate Hotspots) Emergency Direction Revocation 2021 NI2021-47	29/01/21 – 30/01/21	Revocation instrument commenced at 3:00pm on 29 January 2021.

1.4 COVID-19 Interstate Travellers

Directions	Dates	Key Content Updates
Public Health (COVID-19 Interstate Travellers) Emergency Direction 2020 (No.1) NI2020-399	08/07/20 – 09/10/20	<p>From 12:01am on 8 July 2020, a person who has been in Victoria at any time in the last 14 days must not enter the ACT unless, they are a resident, for urgent medical, law enforcement or emergency purposes, for transit or freight purposes, they have an exemption, or they have undergone 14 days of hotel quarantine following an international flight.</p> <p>ACT residents must notify ACT Health prior to their arrival, travel immediately to their designated premises and undertake a period of quarantine. If the resident is a child, then a carer or person with parental responsibility must notify ACT Health and quarantine with that child upon their arrival.</p> <p>The CHO may exempt a person in writing from any condition in this direction. An authorised person may direct a person affected by this direction to take reasonable steps to comply with it and may take reasonable steps to enforce compliance with it.</p>
Public Health (COVID-19 Interstate Travellers) Emergency Direction 2020 (No.2) NI2020-661	09/10/20 – 06/11/20	<p>Inclusion of risk mitigation guidance for an affected person who transits into or through the ACT by road for business or freight purposes.</p> <p>Minor amendment to allow people who were in Victoria for the purpose of transit (only) and did not leave the airport, are not subject to this direction.</p>
Public Health (COVID-19 Interstate Travellers) Emergency Direction 2020 (No.3) NI2020-713	06/11/20 – 22/11/20	<p>Amendment to exclude the following people from the requirements of this direction. Specifically, people who were:</p> <p>in Victoria for the purpose of transiting in a private vehicle along the Sturt Highway, and</p> <p>a passenger on the Spirit of Tasmania vessel and travelled directly to the ACT upon disembarking.</p>
Public Health (COVID-19 Interstate Travellers) Emergency Direction Revocation	22/11/20	Revocation instrument commenced on 22 November 2020.

1.5 COVID-19 Interstate Travellers – South Australia

COVID-19 Interstate Travellers – South Australia	Dates	Key Content Updates
Public Health (COVID-19 Interstate Travellers – South Australia) Emergency Direction 2020 (No.1) NI2020-739	19/11/20 – 20/11/20	<p>A person who has been in South Australia in the previous 14 days must:</p> <p>complete an <i>interstate traveler self-declaration form</i> within 24-hours before they enter the ACT and receive confirmation to travel before arrival (excludes people that transited through South Australia only or are entering the ACT for the purpose of transit only), and</p>

COVID-19 Interstate Travellers – South Australia	Dates	Key Content Updates
		<p>not travel to the ACT if they have symptoms of COVID-19 unless they are a resident of the ACT and, where this is the case, must travel immediately to undertake a period of quarantine.</p> <p>If a person has travelled to the ACT from South Australia and not followed the directions above, they must notify ACT Health that they have arrived in the ACT, complete a <i>self-declaration form</i> and comply with any direction given by an authorised person.</p> <p>An authorised person may direct a person affected by this direction to take reasonable steps to comply and may take reasonable steps to enforce compliance.</p>
Public Health (COVID-19 Interstate Travellers – South Australia) Emergency Direction 2020 (No.2) NI2020-745	20/11/20 – 8/12/20	Minor amendments, no changes to the scope or practical application of the direction.
Public Health (COVID-19 Interstate Travellers – South Australia) Emergency Direction Revocation 2020 NI2020-784	8/12/20	Revocation instrument commenced on 8 December 2020.

1.6 COVID-19 Affected Areas

COVID-19 Affected Areas	Dates	Key Content Updates
Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.1) NI2021-52	01/02/21 – 04/02/21	<p>A person who has been in a COVID-19 affected area on or after 25 January 2021 and is not an ACT resident must not travel to or enter the ACT unless they have an exemption.</p> <p>ACT residents and non-residents who have been issued with an exemption to travel must complete an <i>Interstate Traveller and Returning Resident Self-Declaration form</i> within 24 hours before travel and immediately quarantine upon arrival (at own expense) until 9pm, Friday 5 February 2021. If the person travelling is a child, then a carer or person with parental responsibility must notify ACT Health, and quarantine with that child upon their arrival.</p> <p>An authorised person may ask a person entering the ACT for any information needed to determine if they are subject to this direction. An authorised person may, in writing and subject to any conditions of the CHO, exempt a person from this direction.</p> <p>COVID-19 affected areas are in Western Australia LGAs; Perth Metropolitan Region, Peel Region, and South West Region.</p>
Public Health (COVID-19 Affected Areas) Emergency	04/02/21 – 05/02/21	Amendment to include Victorian close contacts of a COVID-19 case and persons who have been in a Tier 1 exposure site (as identified by the Department of Health and Human Services 'DHHS').

COVID-19 Affected Areas	Dates	Key Content Updates
Direction 2021 (No.2) NI2021-58		Period of quarantine amended to 14 days, with the last date of exposure considered to be Day 0.
Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No. 3) NI2021-61	05/02/21 – 12/02/21	<p>West Australian LGAs removed from the list of COVID-19 Affected areas.</p> <p>Amendment to requirements for ACT residents in Victoria who wish to return to the ACT. Specifically, they must now obtain an exemption to travel from DHHS, notify ACT Health that they have obtained a DHHS exemption, and provide a copy of the exemption to travel before coming to the ACT.</p> <p>Requirements for <u>non</u>-ACT residents wishing to travel to the ACT from Victoria remain unchanged.</p> <p>Quarantine requirements (14 days) for all people travelling to the ACT from Victoria remain unchanged.</p>
Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.4) NI2021-79	12/02/21 – 26/02/21	<p>People wishing to travel to the ACT from Victoria must now check an ACT Health site to determine whether they have been in a COVID-19 affected area.</p> <p>People that travelled to the ACT before a place that they visited was listed as a COVID-19 affected area, must immediately begin a period of quarantine (in full) upon becoming aware of the place being listed.</p>
Public Health (COVID-19 Affected Areas) Emergency Direction Revocation 2021 NI2021-127	26/02/21	Revocation instrument commenced on 26 February 2021 at 11:59pm.
Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.5) NI2021-191	28/03/21 - 24/04/21	<p>New direction established the framework to allow the CHO to issue written notice, published on the ACT Govt website, identifying places or areas outside of the ACT that are either a “COVID-19 affected area”, “COVID-19 place of high concern”, or “COVID-19 place of concern”.</p> <p>A person who has been given notice that they are a close contact, or who has been in a “COVID-19 affected area” is required to:</p> <ul style="list-style-type: none"> if an ACT resident, upon entering the ACT, travel immediately to and complete a period of quarantine at their own expense (a responsible parent or carer must stay with a child in quarantine) and complete a self-declaration form within 24 hours before their arrival in the ACT, or if a <u>non</u>-ACT resident, must not enter the ACT unless they have obtained an exemption before arriving (exemption applications for children to be made by a responsible parent or carer) and quarantine immediately upon arrival at their own expense. <p>People that travelled to the ACT before a place that they visited was listed as a COVID-19 affected area must immediately begin a</p>

COVID-19 Affected Areas	Dates	Key Content Updates
		<p>period of quarantine upon becoming aware of the place being listed.</p> <p>People that have been in a COVID-19 place of high concern must complete a <i>Self-Declaration Form</i> within 24 hours of arriving in the ACT, or within 24 hours of notice commencement (whichever occurs earlier) and must abide by any conditions or guidance set out in the notice.</p> <p>An authorised person may ask a person entering the ACT for any information needed to determine if they are subject to this direction.</p>
<p>Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No. 6) NI2021-245</p>	<p>24/04/21 – 25/04/21</p>	<p>Change in terminology used: “COVID-19 place of high concern” is now referred as “affected area subject to a stay-at-home requirement”.</p> <p><u>Non</u>-ACT residents that have been in an “affected area subject to a stay-at-home requirement” must:</p> <ul style="list-style-type: none"> not enter the ACT unless they obtain an exemption before arriving and, if granted an exemption, must immediately report to a designated premises and comply with any requirements to stay-at-home set out in the notice, and apply for an exemption to leave their own jurisdiction and provide ACT Health with a copy of this exemption prior to arriving in the ACT. <p>All other requirements remain the same.</p>
<p>Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No. 7) NI2021-244</p>	<p>25/04/21 – 04/06/21</p>	<p>Minor amendments to standing exemptions that apply to a stay-at-home requirement. People that have only transited through an identified “stay-at-home” area (including for freight or furniture removal purposes), or that must enter the ACT for urgent medical, law enforcement or emergency purposes, or have undertaken 14 days of hotel quarantine following an internationally flight and travelled immediately to the ACT thereafter, do not need to comply with the stay-at-home requirement.</p>
<p>Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.8) NI2021-340</p>	<p>04/06/21 – 11/06/21</p>	<p>Minor amendment, removing the requirement that the COVID-19 affected area or stay-at-home requirement must relate to a place located outside of the ACT for the direction to apply.</p>
<p>Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.9) NI2021-355</p>	<p>11/06/21 – 09/07/21</p>	<p>Minor technical amendments, no changes to the scope or practical application of the direction.</p>
<p>Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.10) NI2021-424</p>	<p>09/07/21 – 31/10/21</p>	<p>Update to the terminology used when asking an ACT resident to complete a self-declaration form. This form is now referred to as an <i>Exemption Form</i>.</p>

COVID-19 Affected Areas	Dates	Key Content Updates
<p>Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.11) NI2021-642</p>	<p>31/10/21 – 03/11/21</p>	<p>Update to the grounds upon which the CHO considers the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Update to the categorisation of places used by the CHO when issuing a COVID-19 areas of concern notice. In addition to “COVID-19 affected area” and “COVID-19 place of concern”, the CHO may also identify a place as a “close contact exposure location”, or a “casual contact exposure location”.</p> <p>Relaxation to the timeframe required for completing an Exemption Form (from 24 hours) to 72 hours.</p> <p>Before completing an Exemption form, all travelers must first obtain permission to leave their current State/Territory location and provide evidence that permission has been granted to ACT Health.</p> <p>The direction establishes different quarantine requirements for people who have been in a COVID-19 Place of Concern that is <u>not</u> a casual contact exposure location, based on vaccination status. Specifically:</p> <ul style="list-style-type: none"> • fully vaccinated persons must undertake a period of quarantine for 7 days, with day 0 being the day they were in a close contact exposure location, and must return a negative COVID-19 test result to leave quarantine (or be given clearance to leave by an authorised person), • unvaccinated persons must undertake a period of quarantine for 14 days, with day 0 being the day they were in a close contact exposure location and must return a negative COVID-19 test result to leave quarantine (or be given clearance to leave by an authorised person). <p>People who have been in a casual contact exposure location must comply with any conditions set out in the relevant COVID-19 areas of concern notice.</p> <p>Risk mitigation guidance is provided in the direction for persons affected by it if they who are not vaccinated (in Attachment A), or they are transiting only (in Attachment B).</p>
<p>Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.12) NI2021-652</p>	<p>03/11/21 – 12/11/21</p>	<p>Amendment to the conditions upon which someone can exit quarantine if fully vaccinated. People in quarantine no longer need to undertake a COVID-19 test and return a negative result when requested by an authorised person. Rather, they may now undertake the test of their own volition provided that it has been at least six days since last being in a close contact exposure location.</p> <p>The ability of an authorised person to exempt a person from a full period of quarantine in writing has been removed, but the ability of the CHO to exempt a person from any condition of this direction remains.</p>

COVID-19 Affected Areas	Dates	Key Content Updates
		Amendment to the number of days that must elapse following completion of a vaccination course before someone is considered fully vaccinated (from 7 days) to 14 days.
Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.13) NI2021-676	12/11/21 – 15/12/21	Relaxation to the timeframe required for completing an Exemption Form from within 72 hours before intended arrival in the ACT to <u>no less</u> than 72 hours before. Inclusion of a new requirement for freight and transport workers to have and carry at all times an ACT Border Pass issued by the ACT Health Directorate when in the ACT, to take a COVID-19 test (returning a negative result) within 7 days of entry, and to produce the ACT Border Pass and evidence of a negative COVID-19 test upon request by an authorised person.
Public Health (COVID-19 Affected Areas) Emergency Direction 2021 (No.14) NI2021-750	15/12/21 – 07/01/22	Amendment to the circumstances upon which a freight and transport worker must have an ACT Border Pass and negative COVID-19 test, to include only those workers entering from a COVID-19 affected area.
Public Health (COVID-19 Affected Areas) Emergency Direction Revocation NI2022-7	07/01/22	The revocation instrument commences at 11:59pm on 7 January 2022.

1.7 Check-in Requirements

Check-in Requirements	Dates	Key Content Updates
Public Health (Check In Requirements) Emergency Direction 2021 (No.1) NI2021-406	01/07/21 – 20/07/21	From 15 July 2021: <ul style="list-style-type: none"> retail settings and non-essential businesses or undertaking, organised events, and operators of public passenger vehicles must register to use the Check In CBR app for contact tracing purposes QR codes must be displayed for people to record their attendance at a premises or event and all reasonable steps must be taken to ensure people (aged 16+) record their attendance in this way. Likewise, attendees (16+) to any premises or organised event must use the Check In CBR app or record in writing their contact information (emergency service personnel excluded), and if the Check In CBR app is not available, a written record of onsite attendances (contact information, date and time of attendance) must be captured and retained for 28 days. <p>Authorised persons may ask for information to ensure compliance and may make reasonable directions needed to ensure compliance.</p>

Check-in Requirements	Dates	Key Content Updates
		The CHO may exempt, in writing and subject to any condition they consider necessary, people from these requirements.
Public Health (Check In Requirements) Emergency Direction 2021 (No.2) NI2021-437	20/07/21 – 11/11/21	Amendment to the definition of an authorised person to specify that it includes an authorised medical officer under the Public Health Act 1997.
Public Health (Check In Requirements) Emergency Direction 2021 (No.3) NI2021-673	11/11/21 – 15/11/21	<p>New requirement for persons in control of a building site to register for the Check In CBR app and to use the app for contact tracing purposes (registration of occupied residential premises construction sites not required).</p> <p>While not a new requirement, explicit reference is made in notes clarifying that it is an offence under s2D of the COVID-19 Emergency Response Act 2020 (ACT) for a person to collect check in information outside of its specified purpose.</p> <p>Clarification that people and workers attending an event only need to register their attendance if the event is organised.</p>
Public Health (Check In Requirements) Emergency Direction 2021 (No. 4) NI2021-685	15/11/21 – 11/02/22	Amendment to the business settings that must register for the Check In CBR app from retail and non-essential business to retail, restricted businesses, activities and undertakings. Restricted business, activity or undertakings includes early childhood education and care facilities (including out of school hours care), schools, higher education facilities, building and construction activities.
Public Health (Check In Requirements) Emergency Direction Revocation 2022 NI2022-69	11/02/22	Revocation instrument commenced at 11:59pm on 11 February 2022.

1.8 Diagnosed people and close/household contacts

Directions	Dates	Key Content Updates
Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No. 1) NI2021-421	09/07/21 – 19/08/21	<p>Persons diagnosed with COVID-19 must:</p> <ul style="list-style-type: none"> undertake a period of self-isolation at a designated premises and not leave until clearance is provided in writing by an authorised medical officer advise anyone they come into contact with that they are required to self-isolate due to a COVID-19 diagnosis not leave the designated premises, other than for a COVID-19 test, in an emergency, or (if medical treatment at a hospital is needed) travel directly to and from a hospital, and not permit any person that does not reside at their designated self-isolation premises to

Directions	Dates	Key Content Updates
		<p>enter, unless for medical, law enforcement or emergency purposes.</p> <p>Close contacts or secondary contacts must:</p> <ul style="list-style-type: none"> • travel directly to and remain in a designated premises for a period of quarantine and not leave until clearance is provided in writing by an authorised person or an authorised person asks them to test for COVID-19 and they (and if a secondary contact, each of their close contacts) return a negative result • advise anyone they come into contact with that they are in quarantine due to being a close contact • not leave the designated premises, other than for a COVID-19 test or in an emergency, and • not permit any person that does not reside at the designated premises to enter, unless for medical, law enforcement or emergency purposes. <p>If the close contact or secondary contact is a child, the parent, guardian or person with parental responsibility or carer of the child must also comply with the requirement to self-isolation set out above.</p> <p>The quarantine period for a close or secondary contact is 14 days after the last day of contact with a diagnosed person, or (if contact is ongoing) 14 days after the diagnosed person returns a negative COVID-19 test, unless otherwise directed by an authorised person.</p>
<p>Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No. 2) N12021-500</p>	<p>19/08/21 – 27/08/21</p>	<p>Amendment to the definition of a secondary contact to the child of a close contact (was previously anyone who had contact with a close contact).</p> <p>Removal of explicit quarantine provisions for secondary contacts, noting instead that:</p> <ul style="list-style-type: none"> • the parent, guardian, person with parental responsibility or carer of a child that is required to quarantine must quarantine with that child for the duration of quarantine • secondary contacts residing with close contacts must meet the same quarantine requirements of a close contact, and • secondary contacts that do not reside with close contacts must continue to isolate until 1) the close contact returns a negative COVID-19 test, or 2) after fourteen days.
<p>Public Health (Diagnosed People and Close Contacts) Emergency Direction</p>	<p>27/08/21 – 15/10/21</p>	<p>Amendment to enable a secondary contact who resides in the same household as a close contact during quarantine to be cleared from quarantine at the same time that the close contact is cleared.</p>

Directions	Dates	Key Content Updates
2021 (No. 3) <u>NI2021-511</u>		
Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No. 4) <u>NI2021-612</u>	15/10/21 – 31/10/21	Quarantine requirements for secondary contacts removed.
Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No. 5) <u>NI2021-640</u>	31/10/21 – 02/11/21	<p>Amendments to enable persons diagnosed with COVID-19 to:</p> <ul style="list-style-type: none"> • leave self-isolation to seek treatment for COVID-19, as advised by a staff member of ACT Health, ACT COVID-19 Care@Home Program, or by a treating primary healthcare provider, and • end self-isolation when advised by a public health officer or a staff member of the ACT COVID-19 Care@Home Program (formerly an authorised medical officer). <p>Amendment to differentiate a vaccinated close contact from an <u>un</u>vaccinated close contact:</p> <ul style="list-style-type: none"> • A close contact that is fully vaccinated, must quarantine for 7 days from the date of last contact with a diagnosed person, or from the date the diagnosed person was cleared, and may then leave quarantine provided they return a negative COVID-19 test from day 6 onwards. • A close contact that is <u>not</u> fully vaccinated, must 1) not attend a high-risk setting for 14 days after last exposure to the diagnosed person, and 2) quarantine for 14 days from the date of last contact with a diagnosed person, or from the date the diagnosed person was cleared provided they return a negative COVID-19 test. <p>A recovered case (within the last six months) is considered fully vaccinated for the purpose of this direction. Full vaccination must have occurred at least 14 days prior to exposure.</p>
Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No. 6) <u>NI2021-647</u>	02/11/21 – 30/11/21	<p>Minor amendments to:</p> <p>enable close contacts that live in high-risk settings to attend a high-risk setting during their quarantine period, and</p> <p>remove the definition of a 'child' as being 12 years of age or younger.</p>
Public Health (Diagnosed People and Close Contacts)	30/11/21 – 07/12/21	Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the

Directions	Dates	Key Content Updates
Emergency Direction 2021 (No. 7) NI2021-708		<p>COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>New provisions included for close contacts if the diagnosed person they have had close contact with tested positive to the COVID-19 Omicron variant. These new provisions apply regardless of a close contact's vaccination status.</p> <p>Specifically, close contacts that have been exposed to the Omicron variant must meet the quarantine requirements of an unvaccinated close contact (i.e., a 14 day quarantine period) <u>and</u> be tested for COVID-19 as soon as possible after becoming aware they are a close contact, as well as on the fifth or sixth day and again on the twelfth or thirteenth day post exposure. They may only exit quarantine if they return a negative test result at the end of their quarantine period.</p>
Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No. 8) NI2021-726	07/12/21 – 15/12/21	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Amendments to clarify that <u>probable</u> Omicron exposed Close Contacts need to follow the requirements of a confirmed Omicron case, as outlined in NI2021-708 (refer line above).</p> <p>An authorised medical officer can designate someone a COVID-19 Omicron probable case if satisfied that they have been diagnosed with COVID and they are a close or casual contact of a COVID-19 Omicron case.</p> <p>A casual contact means a person who has been identified by an authorised person as a casual contact, or someone who has attended a casual contact exposure location.</p>
Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No. 9) NI2021-751	15/12/21 – 24/12/21	<p>Removal of:</p> <ul style="list-style-type: none"> specific requirements for close contacts of a person COVID-19 Omicron diagnosed or a COVID-19 Omicron probable case, instead providing risk mitigation guidance, and requirement for fully vaccinated and unvaccinated close contacts not to attend a high-risk setting for 14 days after exposure to, or contact with, a diagnosed person.
Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No. 10) NI2021-795	24/12/21 – 30/12/21	<p>Amendment to method of calculation for a period of quarantine for close contacts. Quarantine requirements are now calculated using the close contact's notified date of exposure as the commencement day (as notified by an authorised person, or as listed in the applicable COVID-19 area of concern notice).</p>
Public Health (Diagnosed People and Close Contacts) Emergency Direction	30/12/21 – 05/01/22	<p>Quarantine requirements for vaccinated and unvaccinated close contact are standardised. This in effect:</p> <p>reduces the required quarantine period for unvaccinated close contacts from 14 to 7 days</p>

Directions	Dates	Key Content Updates
2021 (No. 11) <u>NI2021-796</u>		<p>requires all close contacts to undertake a COVID-19 test on days one and six of the quarantine period, and</p> <p>permits all close contacts to leave quarantine after 7 days have elapsed, provided that the day 6 COVID-19 test result is negative.</p>
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No. 1) <u>NI2022-4</u>	05/01/22 – 08/01/22	<p>Amendment to remove reference to close contact, instead referring to household contacts.</p> <p>Requirements implemented that a household contact of a person diagnosed with COVID-19 must:</p> <p>complete a COVID-19 online declaration and meet the same conditions that were imposed on close contacts (in <u>NI2021-796</u> refer line above), and</p> <p>undertake a PCR test as soon as possible after being notified they are a household contact or they develop any COVID-19 symptoms and again on day 6.</p> <p>Updates provided to the guidance for people undertaking COVID-19 quarantine and isolation.</p>
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No. 2) <u>NI2022-9</u>	08/01/22 – 13/01/22	<p>Minor amendment to clause 9 removing the requirement for household contacts who test positive to COVID-19 via a Rapid Antigen Test to have that result confirmed via reverse transcription polymerase chain reaction (PCR) test. Instead requiring that they comply with any Guidance for People who Test Positive for COVID-19 as issued by ACT Health and published on the ACT COVID-19 website.</p>
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No. 3) <u>NI2022-16</u>	13/01/22 – 25/02/22	<p>Amendments to the quarantine requirements, removing the specific requirement that the COVID-19 tests undertaken by household contacts on days 1 and 6 be PCR tests; in effect enabling either PCR or RAT administration.</p>
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No. 4) <u>NI2022-99</u>	25/02/22 – 04/04/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Update to the risk mitigation advice for diagnosed persons (Attachment A) and household contacts (Attachment B).</p> <p>Introduced requirements to:</p> <p>report a positive RAT result to the ACT Health Directorate through an online form, so that ACTHD can provide appropriate advice on self-isolation requirement and care, support and treatment options (unless they are a detainee or resident of a RACF), and</p> <p>take reasonable steps to notify an employer, education setting, or operator of a high-risk setting that they are a diagnosed person, if they attended these settings during their infectious period.</p>

Directions	Dates	Key Content Updates
		<p>Introduced a provision to enable a diagnosed person that has returned a positive RAT result to no longer be considered a diagnosed person, if they undertake a PCR test within two days of the RAT which returns a negative result.</p> <p>Removed requirement for a household contact's 14-day isolation period to restart upon additional members of the household testing positive to COVID-19.</p>
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No. 5) NI2022-167	04/04/22 – 26/04/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Amendments to specify that recovered cases are not required to comply with self-isolation requirements outlined in the instrument, unless directed to by an authorised person, and increase to quarantine exemption period for recovered case to 12 weeks.</p>
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No. 6) NI2022-214	26/04/22 – 11/07/22	<p>Updates to risk mitigation advice for household contacts (in Attachment B of the direction). Introduced an exemption from complying with the requirement to quarantine, if a household contact complies with the risk mitigation advice provided at Attachment B.</p> <p>Removed requirement for household contacts to undertake a COVID-19 testing on days 1 and 6.</p>
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No. 7) NI2022-346	11/07/22- 08/09/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Updates to risk mitigation advice for household contacts (provided at Attachment B of the direction), reducing the amount of time that a household contact does not have to comply with risk mitigations following COVID-19 diagnosis and clearance from self-isolation from 12 weeks to 28 days.</p>
Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No. 8) NI2022-440	08/09/22 – 29/09/22* <i>*PH Emergency revoked</i>	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Reduction to the self-isolation period for diagnosed persons to five days (from seven), as per a decision of the National Cabinet. No formal clearance notice required for isolation to end.</p> <p>Requirement introduced that recovered cases not attend a high-risk setting or care facility on days 6 and 7 following a positive COVID-19 test, unless the operator of the setting or facility has been notified of the person's status as a recovered case and provided written approval for their attendance.</p> <p>Minor updates to the guidance [links] available for diagnosed persons and household contacts.</p>

1.9 International Travellers

International Travellers	Dates	Key Content Updates
Public Health (International Travellers) Emergency Direction 2022 (No.1) NI2022-131	16/03/22 – 04/04/22	<p>International travelers that wish to enter the ACT must:</p> <ul style="list-style-type: none"> if fully vaccinated, undertake a COVID-19 test within 24 hours of arrival into Australia, quarantine until a negative result is received, and comply with any Guidance provided by ACT Health for fully vaccinated travelers. This requirement applies if entering the ACT 14 days from the date of arrival in Australia but does not apply to recovered persons. if not fully vaccinated and entering the ACT via another state or territory, undertake a 7 day period of quarantine or self-isolation <u>before</u> entering the ACT (excludes diplomats) if not fully vaccinated and entering the ACT directly, travel immediately to undertake a 7 day period of quarantine and undertake a COVID-19 test on days 1 and 6. The unvaccinated party cannot leave quarantine until they receive a negative result from a COVID-19 test administered on day 6 or later. <p>These rules also apply for members of an international flight crew, air ambulance and medevac crew that wish to enter the ACT. The international flight crew member's employer is required to arrange transportation to and from quarantine. International flight crew may leave quarantine for the purpose of departing the ACT on a flight.</p> <p>The CHO may exempt, in writing and subject to any condition, any requirements of this direction.</p> <p>An authorised person may ask a person arriving in the ACT for any information necessary to determine whether they are subject to this direction and may direct people to take action to comply with this direction.</p>
Public Health (International Travellers) Emergency Direction 2022 (No.2) NI2022-168	04/04/22 – 29/04/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Relaxation of the quarantine rules for fully vaccinated persons. Requirements to quarantine now only apply to them if entering the ACT 7 days from the date of arrival in Australia. Recovered persons and international flight crew members who are departing Australia on another flight that leaves within 48 hours of arrival are not required to quarantine.</p>
Public Health (International Travellers) Emergency	29/04/2022	<p>Revocation instrument commenced at 11:59pm on 29 April 2022.</p>

2. Public Health and Social Measures (PHSM)

2.1 Indoor Gatherings

Indoor Gatherings	Dates	Key Content Updates
Public Health (Indoor Gatherings) Emergency Direction 2020 (No.1) NI2020-162	19/03/20 – 31/03/20	<p>From 5:00pm on 19 March 2020, indoor gatherings greater than 100 people in number are not permitted to occur on a premises or as part of an indoor gathering.</p> <p>For indoor gatherings of fewer than 100 people, risk mitigation guidance is provided as an attachment to the direction (at Attachment A).</p>
Public Health (Non-Essential Gatherings) Emergency Direction 2020 (No.1) NI2020-202	31/03/20	<p>This instrument included a revocation provision (clause 5) to revoke the <i>Public Health (Indoor Gatherings) Emergency Direction 2020 (No.1)</i> NI2020-162, from 31 March 2020.</p>

2.2 Outdoor Gatherings

Outdoor Gatherings	Dates	Key Content Updates
Public Health (Outdoor Gatherings) Emergency Direction 2020 (No. 1) NI2020-163	19/03/20 – 31/03/20	<p>From 5:00pm on 19 March 2020, a person who owns, controls or operates a premises in the ACT must not allow an outdoor gathering to occur on the premises.</p> <p>An outdoor gathering is any gathering of 500 or more people in a single place, except for normal operations at: the airport, public transportation (and related stations/platforms), emergency services, disability or aged care facilities, correctional centres or places of detention, the Legislative Assembly or Commonwealth Parliament, grocery stores and supermarkets, office buildings, factories and construction sites, schools, universities and childcare facilities, hotels or motels, a place where 500+ people may be transiting (e.g., Garema Place), or as otherwise specified by the CHO.</p>
Public Health (Non-Essential Gatherings) Emergency Direction 2020 (No. 1) NI2020-202	31/03/20	<p>This instrument included a revocation provision (clause 5) to revoke the <i>Public Health (Outdoor Gatherings) Emergency Direction 2020 (No.1)</i> NI2020-163, from 31 March 2020.</p>

2.3 Residential Aged Care Facilities

Residential Aged Care Facilities	Dates	Key Content Updates
Public Health (Residential Aged Care Facilities) Emergency Direction 2020 (No.1) NI2020-168	23/03/20 – 14/05/20	<p>From 5:00pm on 23 March 2020, a person must not enter or remain at a residential aged care facility (RACF) unless:</p> <ul style="list-style-type: none"> • they are an employee or contractor of the RACF • they are there to provide goods or services, including health, medical or pharmaceutical goods or services • they are there for a “care and support visit” (up to 2 persons for up to 2 hours, one visit per resident per day) or to provide “end-of-life support” to a resident • it is for an emergency or law enforcement, or • they are a resident or prospective resident of the facility. <p>Notwithstanding the above, anyone who has been overseas or tested positive to COVID-19 in the last 14 days, has a temperature above 37.5 degrees or symptoms of acute respiratory infection, is not up to date with influenza vaccination, or is under 16-years (except for end-of-life support), is prevented from entering a RACF.</p>
Public Health (Residential Aged Care Facilities) Emergency Direction 2020 (No.2) NI2020-281	14/05/20 – 26/06/20	<p>From 6:00pm on 14 May 2020, the requirement to be up-to-date with vaccination against influenza was amended to enable people to be vaccinated against influenza, or issued an exemption from vaccination on the grounds of medical contraindication or supply restrictions (i.e., the vaccine not being reasonably available).</p>
Public Health (Residential Aged Care Facilities) Emergency Direction 2020 (No.3) NI2020-363	26/06/20 – 19/01/21	<p>From 11:59pm on 26 June 2020, restrictions relaxed for:</p> <ul style="list-style-type: none"> • care and support visits, to remove limit of one visit per resident per day • visits from person under 16-years of age, to remove limitations that previously limited visits for this age cohort to end-of-life visits only • vaccination requirements, to enable children under 6 months old that are unvaccinated against influenza to visit RACFs. <p>Definition of a “care and support” visit amended to clarify that the visit can be made by a spouse, family member or close relative, a friend, or carer.</p> <p>The direction was also amended to clarify that residents of the RACF are not subject to the restrictions it places on entry to the premises.</p>
Public Health (Residential Aged Care Facilities) Emergency Direction 2021 (No.1) NI2021-21	19/01/21 – 07/02/21	<p>Inclusion of “welfare or wellbeing” visits to a resident as a permitted reason for attending a RACF. These visit types are made to the resident by a maximum of 2 people at the same time for the purpose of providing services that cannot be provided online, virtually or via telehealth e.g., legal practitioners, hairdressers.</p>

Residential Aged Care Facilities	Dates	Key Content Updates
Public Health (Residential Aged Care Facilities) Emergency Direction 2021 (No.2) NI2021-56	07/02/21 – 17/05/21	Relaxation to visitor rules to remove the limit to the number of visitors and length of visit for welfare or wellbeing visits and for care and support visits. Additional examples were provided to help clarify the amended scope of a welfare or wellbeing visit to include choirs, singers and musicians performing to residents and religious or spiritual services that cater to more than one resident at a time.
Public Health (Residential Aged Care Facilities) Emergency Direction 2021 (No.3) NI2021-265	17/05/21 – 08/06/21	Relaxation to visitor rules, to prevent only persons that have been overseas or tested positive to COVID-19 in the last 14 days, have a temperature above 37.5 degrees, or have symptoms of acute respiratory infection from attending a RACF.
Public Health (Residential Aged Care Facilities) Emergency Direction 2021 (No.4) NI2021-344	08/06/21 – 13/08/21	Minor amendment to visitor rules to limit visitor restrictions to persons that have been overseas in the last 14 days, to exclude people arriving from countries that are subject to quarantine-free travel into Australia.
Public Health (Residential Aged Care Facilities) Emergency Direction Revocation 2021 NI2021-483	13/08/21	Revocation instrument commenced at 9:30am on 13 August 2021

2.4 Closure of Non-Essential Business or Undertakings

Closure of Non-Essential Business or Undertaking	Dates	Key Content Updates
Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No.1) NI2020-169	23/03/20 – 25/03/20	From 23 March until 13 April 2020 (inclusive), all non-essential business or undertaking in the ACT must not operate. Non-essential business or undertaking includes the following (whether for-profit or not-for-profit): liquor supply for on premises consumption (excluding off premises sales), a hotel (excluding accommodation, takeaway meals, meal delivery, or bottle shop services), gyms, indoor sporting centres, a casino, a cinema, nightclub or entertainment venue of any kind, a restaurant or café (excluding takeaway meals or meal delivery), a place of worship (excluding for the purpose of wedding or funeral).
Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No.2) NI2020-178	25/03/20 – 26/03/20	Amendment to expand definition of a non-essential business or undertaking to include the following additional settings: private social gatherings, a health club or fitness centre, a centre that provides yoga, barre or spin facilities, a sauna, bathhouse or wellness centre, a bootcamp, personal trainer or social sporting activity (excluding, outdoor events for groups of no more than 10 people where physical distancing is maintained), a swimming pool (excluding in a hospital for the purpose of therapy), a gallery, museum,

Closure of Non-Essential Business or Undertaking	Dates	Key Content Updates
		<p>national institution or historic site, a library, a gaming or gambling venue, a gathering of more than 10 persons at a private residence (excluding circumstances where they ordinarily reside at the residence and where physical distancing is observed), a community centre or facility or youth centre or facility (excluding those that host essential voluntary or public services e.g., food banks and homelessness services), a hairdresser or barber shop (excluding services of less than 30 minutes duration where physical distancing is observed), a nail salon, a tattoo parlour, a centre that provides beauty therapy, tanning or waxing services, a spa or massage parlour, a strip club, brothel or escort agency, a concert venue, theatre, arena, auditorium or stadium (excluding live streamed performances by a group that maintains physical distancing), an amusement park or arcade, an outdoor or indoor play centre, a food court (excluding takeaway meals or meal delivery), an auction house, a real estate auction or open house inspection (excluding private appointments).</p> <p>Limits to the number of attendees at weddings were introduced, allowing no more than 5 people (including the celebrant) where physical distancing is observed.</p> <p>Limits to the number of attendees at funerals were introduced, allowing no more than 10 people where physical distancing is observed.</p>
<p>Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No.3) NI2020-181</p>	<p>26/03/20 – 31/03/20</p>	<p>Minor amendment to hairdresser or barber shop activities that constitute non-essential business to prohibit activities that take place for 30 minutes or less.</p> <p>Inclusion of a provision that enables the Chief Health Officer to relax the application of limitations for a funeral in cases of hardship.</p>
<p>Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No.4) NI2020-203</p>	<p>31/03/20 – 09/04/20</p>	<p>Removed gathering of 10 or more people at a private residence from the definition of non-essential business or undertaking.</p> <p>Inclusion of public playgrounds, skateparks, public outside gyms, outdoor fitness stations and exercise equipment as non-essential business or undertakings to be closed.</p> <p>Amended permitted bootcamp or personal trainer activities to include only one on one sessions where physical distancing is observed.</p> <p>Introduced new provisions to enable persons that own or control a non-essential business or undertaking to enter that premises provided that no more than 2 people enter and physical distancing is observed, or related services/activities are undertaken solely on an online or virtual basis.</p>
<p>Public Health (Closure of Non-Essential Business or Undertaking) Emergency</p>	<p>09/04/20 – 08/05/20</p>	<p>Extended the duration of closure for non-essential business or undertakings to 9 July 2020, unless earlier revoked.</p>

Closure of Non-Essential Business or Undertaking	Dates	Key Content Updates
Direction 2020 (No.5) NI2020-219		Amended permitted spa or massage parlour activities that may continue to include massage services provided by or for allied health services, e.g., remedial and sports massage.
Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No.6) NI2020-267	08/05/20 – 15/05/20	<p>Provision of risk mitigation guidance at Attachment A of the direction, applying to all businesses and undertakings, whether or not the subject of this direction.</p> <p>Relaxation of <u>permitted</u> non-essential activities to include: boot camp or personal trainer sessions that are outdoor and involve no more than 10 people (excluding the trainer) and physical distancing is maintained, cosmetic services provided by a health practitioner registered by the Australian Health Practitioner Regulation Agency, real estate auctions or property inspections if it involves no more than 10 people and physical distancing is maintained, weddings, funerals or religious ceremonies (provided set density limits are observed).</p> <p>Minor amendment to the list of <u>non</u>-essential business or undertakings that are prohibited from operating to make explicit that i) <u>organised</u> social sporting-based activities and ii) body modification parlours, are included.</p>
Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No.7) NI2020-286	15/05/20 – 29/05/20	<p>Amend the duration of closure for non-essential business or undertakings to 6 July 2020, unless earlier revoked.</p> <p>Relaxed directions to enable:</p> <ul style="list-style-type: none"> • persons that own or control a non-essential business or undertaking to enter that premises by allowing no more than 10 people to enter (previously 2 people), provided that physical distancing is observed, and • non-essential business or undertaking to operate if physical distancing is observed and: <ul style="list-style-type: none"> - a restaurant or café (including a hotel) provided that no more than 10 customers are seated in the combined indoor and outdoor space - a hydrotherapy pool for therapeutic purposes by persons receiving the therapy provided no more than 10 swimmers and 1 parent, guardian or carer is present - a library if a gathering for any particular organised activity at the premises does not exceed more than 10 people, or - a hairdresser or barber if the appointment date and time, and the first name and contact phone number of the customer is recorded for contact tracing purposes.
Public Health (Restricted Activities – Gatherings, Business or Undertakings)	29/05/20	<p>This instrument included revocation provision (clause 5) to revoke the Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No. 7) and the <u>Public Health (Non-Essential Gatherings)</u></p>

Closure of Non-Essential Business or Undertaking	Dates	Key Content Updates
Emergency Direction 2020 (No.1) NI2020-313		<i>Emergency Direction 2020 (No.3)</i> from 11:59pm on 29 May 2020.

2.5 Non-Essential Gatherings

Non-Essential Gatherings	Dates (31/3/20 to 29/5/20)	Key Content Updates
Public Health (Non-Essential Gatherings) Emergency Direction 2020 (No. 1) NI2020-202	31/03/20 – 09/04/20	<p>From 11:59pm on 31 March 2020, no more than two visitors can:</p> <ul style="list-style-type: none"> enter and remain in a residential premises, unless a normal resident. Physical distancing must be maintained by visiting non-residents, or attend an outdoor gathering, unless a normal resident at the premises where the outdoor space is located, or for the purpose of a wedding or funeral (see NI2020-203). <p>Standing exemptions apply for the purpose of provision of medical care or medical supplies, law enforcement, an emergency, to provide necessary care or support, or to carry out urgent or essential repairs to a premises.</p> <p>People who own, control, or operate a premises must take reasonable steps to ensure compliance with this direction and an authorised person may direct people to take actions that are reasonably necessary to ensure compliance.</p> <p>Risk mitigation guidance is provided in Attachment A of the direction for anyone hosting visitors.</p> <p>Repealed by Public Health (Closure of Non-Essential Business or Undertaking) Emergency Direction 2020 (No.5) (see NI2020-219).</p>
Public Health (Non-Essential Gatherings) Emergency Direction 2020 (No. 2) NI2020-255	01/05/20 – 08/05/20	<p>From 11:59pm on 1 May 2022, additional provision included to exempt people from complying with visitor and social isolation restrictions <u>if</u> the visitors attending are from the same household.</p> <p>An exemption provision was included that enables the CHO to exempt people, in writing and subject to any condition, from this direction on compassionate grounds.</p>
Public Health (Non-Essential Gatherings) Emergency Direction 2020 (No. 3) NI2020-268	08/05/20 – 29/05/20	<p>From 11:59pm on 8 May 2020, restrictions were relaxed to enable up to 10 persons (previously 2) to visit and remain in a residential premises or outdoor gathering. People are exempt from complying with visitor and social isolation restrictions <u>if</u> the visitors attending are from no more than two households (previously applied to one household only).</p>

Non-Essential Gatherings	Dates (31/3/20 to 29/5/20)	Key Content Updates
		In addition to weddings and funerals, outdoor gatherings may be held for the purpose of bootcamps, personal training, real estate auction, display home or open house inspection, consistent with NI2020-267 (see Closure of Non-Essential Business or Undertakings).
Public Health (Restricted Activities – Gatherings, Business or Undertakings) Emergency Direction 2020 (No.1) NI2020-313	29/05/20	This instrument included revocation provision (clause 5) to revoke the Public Health (Non-Essential Gatherings) Emergency Direction 2020 (No. 3) NI2020-268 (above) and the <i>Public Health (Closure of Non-essential Business or Undertakings) Emergency Direction 2020 (No. 7)</i> from 11:59pm on 29 May 2020.

2.6 Restricted Activities – Gatherings, Business or Undertakings

Restricted Activities – Gatherings, Business or Undertakings	Dates	Key Content Updates
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.1) NI2020-313	29/05/20 – 03/06/20	<p>From 11:59pm on 29 May 2020, limits were imposed on the number of people that can gather at a residential premises (including in outdoor areas) to no more than 20, unless they are members of the applicable household or are from no more than two different households. Physical distancing must be observed by all permitted visitors to a residence if indoors.</p> <p>Standing exemptions apply for the purpose of providing medical care and/or supplies, for law enforcement, to provide emergency services, or in an emergency.</p> <p>From 11:59pm on 29 May 2020, all non-essential business or undertakings are prevented from operating, unless fewer than 10 people are in attendance and physical distancing is observed. This requirement does not apply to online or virtual non-essential businesses or undertakings.</p> <p>An authorised person may direct a person to take actions that are reasonably necessary to comply with this direction.</p> <p>Risk mitigation guidance for people attending gatherings is provided as an attachment to the direction (in Attachment A).</p> <p>Non-essential businesses or undertakings include: gaming, gambling or casino venues, venues that enable on-premises liquor consumption, hotels (excluding accommodation, takeaway meals, meal delivery and bottleshop components), food courts (excluding takeaway meals or meal delivery), circuit training sessions at a gym, health club or fitness centre, organised sporting activities (excluding outdoor activities with fewer than 20 people if physical distancing is maintained and no more than 1</p>

Restricted Activities – Gatherings, Business or Undertakings	Dates	Key Content Updates
		<p>parent/guardian/carer is present per child), places of worship (excluding weddings, funerals, religious ceremonies of fewer than 20 people), cinemas, indoor/outdoor play centres, arcade, entertainment venues not otherwise specified in the direction, steam based services (e.g., saunas, steam rooms, cabinets and bathhouses), strip club, brothel or escort agencies, nightclubs.</p> <p>Businesses that may continue to operate with a COVID-19 Safe Plan provided that fewer than 20 people are present at a time, physical distancing is maintained, and contact tracing information collected are: restaurants or cafés, gyms, health clubs, fitness centres, wellness centres, yoga, barre or spin facilities, a bootcamp or personal trainer, swimming pools, community centres, youth centres, libraries, galleries, museums, national institutions or historic sites, outdoor amusement parks, concert venues, theatres, arenas or auditoriums, hairdressers or barbers, nail salons, tattoo or body modification studios, beauty therapy, tanning or waxing services, day spas, massage services, auction houses, real estate auctions, display homes or open house inspections.</p> <p>The requirement to maintain a written COVID-19 Safety Plan that is consistent with instruction provided by the CHO or authorised officer, takes effect from 11:59pm on 5 June 2020.</p>
<p>Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.2) NI2020-317</p>	<p>03/06/20 – 19/06/20</p>	<p>Minor amendments made to:</p> <ul style="list-style-type: none"> define what constitutes an “indoor space” clarify that restaurants and cafés can continue to provide service of dine-in meals to gatherings of fewer than 20 customers in any indoor space <u>and</u> 20 customers in any outdoor space if physically distanced, a COVID-19 Safety Plan is in place, and contact tracing information collected, and clarify that an authorised person is defined by s121 of the <i>Public Health Act 1997</i>.
<p>Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.3) NI2020-332</p>	<p>19/06/20 - 17/07/20</p>	<p>From 12:00pm on 19 June 2020:</p> <ul style="list-style-type: none"> limits to outdoor residential gatherings were relaxed to allow up to 100 people limits on indoor gatherings were removed, provided that physical distancing is observed, and restrictions were relaxed insofar as they apply to¹: <ul style="list-style-type: none"> non-essential businesses or undertakings enabling operation if fewer than 10 people are

Restricted Activities – Gatherings, Business or Undertakings	Dates	Key Content Updates
		<p>on premises at a time and they physically distance</p> <ul style="list-style-type: none"> - places that sell liquor for on premises liquor consumption may operate subject to the limits outlined below, - businesses maintain a COVID-19 Safety Plan, ensure fewer than 100 (previously 20) people are present at a time in the outdoor and indoor spaces (respectively), physical distancing is maintained and contact tracing information collected, and - businesses that allow seated food consumption may now also consumption of alcohol, provided patrons remain seated and are limited to 10 per table. <p>Note¹: swimming pools can also operate with capacity limits, physical distancing, contact tracing information and COVID-19 Safety Plans in place (as outlined above), but must also limit the number of concurrent swimmers per lane to four.</p>
<p>Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.4) NI2020-431</p>	<p>17/07/20 – 20/07/20</p>	<p>From 12:00pm on 17 July 2020, businesses that are allowed to operate subject to capacity limits, COVID-19 Safety Plans, physical distancing and contact tracing requirements, must erect a sign at the entrance of their premises to specify the maximum occupancy.</p> <p>Restrictions on organised sporting activities were relaxed to enable full contact training and/or competition activities.</p> <p>Limits of 4 swimmers per lane was removed for swimming venues.</p>
<p>Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.5) NI2020-446</p>	<p>20/07/20 – 10/08/20</p>	<p>Minor technical amendments, no change to direction scope or practical application.</p>

Restricted Activities – Gatherings, Business or Undertakings	Dates	Key Content Updates
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.6) NI2020-480	10/08/20 – 11/08/20	<p>Amendment to direction for residential (indoor and outdoor) gatherings to clarify that only useable space can be considered when ensuring that physical distancing requirements (1 person/4m²) are met.</p> <p>Relaxation of capacity limits for all non-essential businesses or undertakings, to enable operation if fewer than 100 people are on premises at a time (previously 10 people), provided they are socially distanced. Business owners are prevented from temporarily dividing any useable space for the purpose of calculating useable space under this direction. Contact tracing information, COVID-19 Safety Plans and signs specifying the maximum occupancy must also be maintained by non-essential businesses or undertakings.</p> <p>Updates were made to the risk mitigation guidance provided at Attachment A of the direction.</p>
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.7) NI2020-484	12/08/20 – 01/09/20	<p>Inclusion of new provision that prohibits a nightclub from operating under a nightclub license within the meaning of the <i>Liquor Act 2010</i>.</p>
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.8) NI2020-533	01/09/20 – 09/09/20	<p>Minor amendment to the methodology used for calculating occupancy limits at outdoor and non-residential premises gatherings. Previously, gatherings needed to meet a capacity limit of 100 people <u>and</u> a 1 person/4m² physical distancing limit. Now gatherings need to meet a capacity limit of 100 people <u>or</u> a 1 person/4m² physical distancing limit, whichever is lesser.</p> <p>Additional clarification provided around what constitutes a useable indoor/outdoor space when calculating capacity limits. They do not include stages, restrooms, changerooms, areas occupied by fixtures, fittings and displays or staff only areas.</p> <p>Amendment to restrictions for licensed [or on premises] venue [alcohol consumption], to remove the requirement that food also be supplied. The requirement to remain seated applies only insofar that it is reasonable, e.g., does not apply if ordering, paying, using restrooms.</p> <p>Updates made to the risk mitigation guidance provided at Attachment A of the direction.</p>
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.9) NI2020-592	09/09/20 – 17/09/20	<p>Amendment to the check in requirements placed on non-essential business or undertakings to enable them to either collect information for contact tracing directly, or to use the Check In CBR app.</p>

Restricted Activities – Gatherings, Business or Undertakings	Dates	Key Content Updates
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.10) NI2020-617	18/09/20 – 09/10/20	<p>Amendment to restrictions for outdoor and non-residential premises gatherings, and for non-essential business or undertakings. Occupancy limits¹ now calculated consistently as follows: 25 people across the whole premises, <u>or</u> 1 person/4m² of useable indoor <u>or</u> outdoor space, up to the maximum person limit of 100 people (whichever is greater).</p> <p>Note¹: Workers are not included in the density limit calculations for non-essential business or undertakings.</p>
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.11) NI2020-660	09/10/20 – 09/10/20	<p>Amendment to restrictions for outdoor gatherings. Limits now applied as follows: 200 people per useable space, or 1 person/2m² (whichever is the lesser).</p> <p>Amendment to restrictions for non-essential business or undertakings and non-residential premises: Either 25 people across the whole premises; or the sum of 1 person/2m² per useable outdoor space up to 200 people <u>and</u> 1 person/4m² per useable indoor space, up to 200 people.</p> <p>In addition to the above, cinemas, movie theatres, events performances (e.g., concerts), events at GIO Stadium or Manuka Oval¹, are not able to exceed 50% of seating capacity (up to 200 tickets in each cinema or theatre).</p> <p>Updates made to the risk mitigation guidance provided at Attachment A of the direction.</p> <p>Note¹: Events at GIO Stadium or Manuka Oval only need comply with the 50% seating capacity limit and are not subject to any other occupancy limit provided for in this direction.</p>
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.12) NI2020-666	9/10/20 – 13/11/20	<p>Minor technical amendments, no change to direction scope or practical application.</p>
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.13) NI2020-719	13/11/20 – 02/12/20	<p>Amendment to restrictions for outdoor gatherings. Limits now applied as follows: 500 people per useable space, or 1 person/2m² (whichever is the lesser).</p> <p>Amendment to restrictions for non-essential business or undertakings and non-residential premises: Either 25 people across the whole premises; or the sum of 1 person/2m² per useable outdoor space up to 500 people (previously 200) <u>and</u> 1 person/4m² per useable indoor space, up to 500 people (previously 200).</p> <p>A person who organises a gathering of more than 200 people for a planned event or function must develop and adhere to a COVID-19 Safety Plan (using information provided at Attachment C of the direction for guidance),</p>

Restricted Activities – Gatherings, Business or Undertakings	Dates	Key Content Updates
		and the requirements for a gathering in the <i>COVID Safe Event Protocol</i> (as set out in Attachment D of the direction).
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.14) NI2020-771	02/12/20 – 11/12/20	<p>Relaxation to the occupancy limits imposed for cinemas, movie theaters, event performances (e.g., concerts), events at GIO Stadium or Manuka Oval to 65% of seating capacity (previously 50%). Density limits are maintained only for cinemas and movie theatres (i.e., no longer apply to event performances, events at GIO Stadium or Manuka Oval).</p> <p>Relaxation to density limits for non-essential business or undertakings to enable 1 person/2m² (previously 1 person/4m²) per useable indoor space, up to 500 people but only if the Check In CBR app is used.</p>
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.15) NI2020-790	11/12/20 – 16/12/20	Nightclubs permitted to operate provided that: customers remain seated when consuming alcohol in an indoor space, any dedicated dancing area does not exceed 1 person/4m ² (if <u>not</u> using Check In CBR app) or 1 person/2m ² (if using Check In CBR app). Site occupancy limits applied are otherwise consistent with those applied for non-essential business or undertakings.
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2020 (No.16) NI2020-801	16/12/20 – 20/02/21	Occupancy limits of 500 people per useable indoor or outdoor space, or 25 people across the whole of the premises removed for galleries, museums, national institutions, historic sites, outdoor amusement parks or attractions, or libraries. Density limits remain.
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2021 (No.1) NI2021-98	20/02/21 – 25/02/21	<p>Amendment to restrictions for outdoor gatherings. Limits now applied as follows: 1,000 people per useable space, or 1 person/2m² (whichever is the lesser).</p> <p>Amendment to restrictions for non-essential business or undertakings and non-residential premises, unless otherwise specified. Limits now applied as follows: 25 people across the whole premises, or the sum of 1 person/2m² per useable outdoor space <u>and</u> per useable indoor space (whichever is greater).</p> <p>Non-essential business or undertakings that have otherwise specified restrictions are:</p> <ul style="list-style-type: none"> • organised sporting activities and/or swimming pool venues (which maintain an occupancy capacity of no more than 1,000 people) • cinemas, movie theatres, indoor events, events at the National Convention Centre and events at EPIC (which enable the venue to operate at 75% capacity), and • outdoor performances, organised sporting activities in an outdoor stadium and events at GIO Stadium or Manuka Oval (which enable the venue to operate at 100% capacity).

Restricted Activities – Gatherings, Business or Undertakings	Dates	Key Content Updates
		A person who organises a gathering of more than 500 people for a planned event or function (previously 200 people) <u>must</u> develop and adhere to a COVID-19 Safety Plan (using information provided at Attachment C of the direction for guidance), and the requirements for the gathering in the <i>COVID Safe Event Protocol</i> (as set out in Attachment D of the direction).
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2021 (No.2) NI2021-115	25/02/21 – 14/04/21	Minor technical amendments, no change to direction scope or practical application.
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2021 (No.3) NI2021-216	14/04/21 – 01/07/21	Amendment to occupancy limits for events at the Royal Theatre within the National Convention Centre Canberra ¹ to 100% of seating capacity where an event is ticketed and seated, and for cinemas or movie theatres while there is a COVID-19 Safety Plan approved in writing by the CHO for each individual cinema or movie theatre (otherwise capacity limits remain at 75%). Note ¹ : The occupancy limit for all events held in seated useable spaces other than the Royal Theatre space in the National Convention Centre remains at 75%.
Public Health (Restricted Activities – Gatherings, Business or undertakings) Emergency Direction 2021 (No.4) NI2021-405	01/07/21 – 14/10/21	Check In CBR app usage requirements removed from this direction and applied to the <i>Public Health (Check In Requirements) Emergency Direction 2021 (No.1)</i> , refer NI2021-406 .
Public Health (Restricted Activities) Emergency Direction 2021 (No.1) NI2021-608	15/10/21	This instrument included revocation provision (clause 5) to revoke the Public Health (Restricted Activities – Gatherings, Business or Undertakings) Emergency Direction 2021 (No.4) NI2021-405 (above), from 12:00am on 15 October 2021.

2.7 Restricted Activities

Restricted Activities	Dates	Key Content Updates
Public Health (Restricted Activities) Emergency Direction 2021 (No.1) NI2021-608	15/10/21 – 21/10/21	Facemasks: Persons aged 12-years and older must carry and wear a face mask when outside of their residence, unless they have a physical or mental health illness, condition, or disability which makes wearing a facemask unsuitable. Standing exemptions apply in the following circumstances, if: <ul style="list-style-type: none"> consuming food, drink, or medicine communicating with a person who is deaf or hard of hearing and visibility of the mouth is essential for communication

Restricted Activities	Dates	Key Content Updates
		<ul style="list-style-type: none"> • at work and the nature of work or training means that wearing a facemask creates a risk to health and safety • necessary for the proper provision of goods or services • asked to remove the facemask to ascertain identity (e.g., when purchasing alcohol or cigarettes) • undertaking vigorous exercise • performing work in an indoor/outdoor space where no other people are present, or work in an indoor space at least 1.5m from another person or at a workstation • alone or only with members of the same household (applies to being in a vehicle or outside) • in the process of getting married • authorised by law, it is not safe in all circumstances, or because of an emergency, or • seated at the premises of a retail food service. <p><u>Gatherings:</u> A person must not organise or attend a gathering in an outdoor space that has more than 25 people, or in an indoor space of a non-residential premises.</p> <p><u>Residential visitors:</u> No more than 5 people at once are permitted in a residential premises if they do not ordinarily live there.</p> <p>Standing exemptions apply if: the person is providing support services to someone with disability, providing assistance, care or support to another person, visiting a terminally ill relative, attending for law enforcement or emergency purposes, attending to comply with an exercise of power or function of government, a child under 12 years, a child that is accompanied by a parent/guardian and who would otherwise be left unattended and it would be unsafe to do so.</p> <p><u>Restricted businesses, activities, and undertakings:</u> Operators must develop and adhere to a COVID-19 Safety Plan, display a sign at the entrance to the premises specifying the occupancy limit, not exceed the occupancy limit for that venue, take all reasonable steps to ensure physical distancing and that workers are wearing masks.</p> <p>Restricted activities are:</p> <ul style="list-style-type: none"> • early childhood education and care (ECEC) and schools • higher education and training with a focus on remote learning wherever possible (with a occupancy limit of 1 person/4m²) • places of worship, weddings, gyms, health clubs, fitness centres, wellness centres, yoga, pilates, barre or spin classes, bootcamp or personal trainers, swimming pools, indoor retail food services,

Restricted Activities	Dates	Key Content Updates
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nightclubs if operating as a bar only i.e., no dancing, gaming or gambling venues, libraries, community centres, youth centres, real estate services, auction houses, outdoor organised sporting activities, outdoor play centres and outdoor tours (with occupancy limit of 25 persons or 1 person/4m² whichever is lesser)

- funerals and outdoor retail food services (with occupancy limit of 50 persons or 1 person/4m² whichever is lesser)
- hairdressers, barbers, nail salons, tattoo or body modification studios, beauty therapy, tanning, waxing services, day spas, massage services (with occupancy limit of 5 people or 1 person/4m² whichever is lesser)
- building and construction activities if adhering to the *ACT Building and Construction Industry COVID-19 Requirements*, any construction on residential apartments is permitted for outdoor work only if there is no interaction between workers and residents (with occupancy limit of 10 workers or 1 person/4m² whichever is lesser)
- event performances at indoor locations can occur if not open to the public and live stream or broadcast performances (with occupancy limits of 25 people), and
- non-essential retailers, pet stores, agricultural and rural supplies, hardware and building supplies, office supplies can operate on a click and collect or booking system (up to 2 people at a time) only.

Outdoor entertainment and event venues, conferences, convention venues, cinemas, movie theatres, open-air drive-in cinemas, galleries, museums, national institutions, historic sites, musical rehearsals, choirs, bands, orchestras, strip clubs, brothels, dance classes are not permitted to operate.

Businesses, activities and undertakings that are *not* restricted:

Operators of businesses etcetera that are not restricted must take reasonable steps to not allow organise a gathering that exceeds 1 person/4m² per useable outdoor and indoor space, ensure physical distancing is maintained and workers wear masks.

Visitors to Residential Aged Care Facilities (RACFs): Operators must not allow more than 2 visitors to visit a resident of a RACF each day.

The CHO may, in writing and subject to any condition, exempt someone from any of the directions outlined above on compassionate or other grounds.

Restricted Activities	Dates	Key Content Updates
		Risk mitigation guidance is provided as an attachment to the direction (at Attachment 2) for anyone participating in a gathering.
Public Health (Restricted Activities) Emergency Direction 2021 (No.2) NI2021-617	21/10/21 – 28/10/21	Relaxation of restrictions for non-essential retailers, pet stores, agricultural and rural supplies, hardware and building supplies, office supply businesses. Previously they could only operate on a click and collect or booking system. They may now operate with occupancy limits of 1 person/4m ² of useable outdoor and indoor space.
Public Health (Restricted Activities) Emergency Direction 2021 (No.3) NI2021-632	28/10/21 – 29/10/21	<p>Relaxation of restrictions as follows:</p> <ul style="list-style-type: none"> • removal of facemask requirements – facemask requirements are now dealt with in the <i>Public Health (Mandatory Face Masks) Emergency Direction 2021 (No.3)</i> NI2021-633 • increase in maximum occupancy limit for outdoor gatherings to 30 people (previously 25) • increase in maximum occupancy limit for residential gatherings to 10 people (previously 5) • RACF residents are now permitted to have no more than 2 visitors at any one time (previously 2 visitors per day).
		<p>Relaxation to occupancy and operating limits placed on restricted businesses, activities or undertakings as follows:</p> <ul style="list-style-type: none"> • hairdressers, barbers, nail salon, tattoo or body modification studios, beauty therapy, tanning, waxing services, day spas, massage services, indoor or outdoor play centres (now with occupancy limit of 25 persons, or 1 person/4m² for useable indoor space, whichever is <i>greater</i>) • places of worship, weddings, funerals, galleries, museums, national institutions, historical sites, libraries, community centres, youth centres, real estate services, auction houses (now with occupancy limit¹ of 25 persons, or the sum or 1 person/2m² for useable outdoor space up to 300 people and 1 person/4m² for useable indoor space; whichever is <i>greater</i>). • nightclubs, retail food services, gyms, health clubs, fitness centres, wellness centres, yoga, pilates, barre or spin classes, bootcamp or personal training (outdoor capacity limits increased to 25 people or 1 person/2m² for each useable outdoor space up to 300 people, whichever is <i>greater</i>) • swimming pools, organised sporting activities, organised events not otherwise mentioned like music events and retail markets (now limits of 25 people, or 1 person/2m² for each useable outdoor

Restricted Activities	Dates	Key Content Updates
		<p>space up to 500 people and 1 person/4m² for each indoor space, whichever is <i>greater</i>)</p> <ul style="list-style-type: none"> • dance classes, musical rehearsals, choirs, bands, orchestras are now permitted (occupancy limits of 20 people or 1 person/4m² for each useable indoor space, whichever is <i>lesser</i>) • strip clubs and brothels are now permitted to operate provided there is no dancing, people remain seated while eating and drinking and the venue displays a sign specifying their occupancy limits (occupancy limits of 25 people or 1 person/4m², whichever is <i>greater</i>) • conference or convention venues (excluding the National Convention Centre) can now operate if ticketed, people remain seated and the venue displays a sign with occupancy limits (occupancy limits of 25 people, or the sum of 1 person/4m² for each useable indoor space and 1 person/ 2m² per useable outdoor space up to 300 people, whichever is <i>greater</i>) • National Convention Centre², GIO Stadium, Manuka Oval and EPIC can now operate if ticketed event, people remain seated while eating and drinking, a COVID-19 Safety Plan is endorsed by the CHO by 12 November 2021, and the venue displays a sign with occupancy limits (occupancy limits 75% of seating capacity). <p>Note¹: tour groups must not exceed 20 people</p> <p>Note²: National Convention Centre has a limit of up to 1,000 people and EPIC has a limit of up to 1,500 people.</p>
Public Health (Restricted Activities) Emergency Direction 2021 (No.4) NI2021-636	29/10/21 – 29/10/21	<p>Relaxation of restrictions for businesses and undertakings that are <u>not</u> restricted. Occupancy limit is now 1 person/2m² per useable outdoor space (previously 1/4m²) and 1 person/4m² per useable indoor space.</p> <p>Relaxation of restrictions for non-essential businesses and undertakings that are retailers, hardware and building suppliers, agricultural and rural suppliers, pet stores, officer suppliers. Occupancy limit is now 1 person/2m² per useable outdoor space (previously 1/4m²) and 1 person/4m² per useable indoor space. Dancing, and drinking and eating while standing, is now permitted at restricted venues (e.g., bars, nightclubs).</p>
Public Health (Restricted Activities) Emergency Direction 2021	29/10/21 – 11/11/21	<p>Minor technical amendment, no change to direction scope or practical application.</p>

Restricted Activities	Dates	Key Content Updates
(No.5) NI2021-637		
Public Health (Restricted Activities) Emergency Direction 2021 (No.6) NI2021-674	11/11/21 – 25/11/21	<p>Restrictions placed on visitors at residential premises and residential aged care facilities are removed.</p> <p>Relaxation to restrictions for businesses and undertakings that are <u>not</u> restricted. Occupancy limits are now removed from outdoor areas. Occupancy limit for indoor areas is now 1 person/2m² per useable space.</p> <p>Relaxation to indoor useable space occupancy limits¹ for most restricted businesses, activities and undertakings to enable 1 person/2m² per useable space (indoor or outdoor).</p> <p>Relaxation to indoor entertainment and event venues, the National Convention Centre, GIO Stadium, Manuka Oval, EPIC, cinemas or movie theatres with ticketed seating to 100% of seating capacity.</p> <p>Note: this applies up to a limit of 2,000 people for organised events.</p>
Public Health (Restricted Activities) Emergency Direction 2021 (No.7) NI2021-694	25/11/21 – 21/12/21	<p>Technical amendment to include a purpose statement at the beginning of the direction.</p> <p>Minor amendment to restrictions placed on indoor and outdoor play centers to remove the maximum size of attending groups and inserted reference to the ability of the CHO or an authorised person to direct a facility of this type not to operate, if they choose.</p>
Public Health (Restricted Activities) Emergency Direction 2021 (No.8) NI2021-779	21/12/21 – 08/01/22	Reintroduced visitor restrictions for RACFs. RACFs must not allow more than 5 visitors for each a resident at any one time, or in any one day, other than for end-of-life purposes. Prospective residents can visit with up to four people accompanying them.
Public Health (Restricted Activities) Emergency Direction 2022 (No.1) NI2022-8	08/01/22 – 11/02/22	<p>Update to the grounds upon which the CHO considers the direction to be necessary or desirable to alleviate the COVID-19 Emergency, to reflect the changing epidemiological situation.</p> <p>Reintroduced restrictions for restricted venues where there is dancing and consumption of alcohol. Dancing is not permitted and (so far as practicable) patrons must remain seating while eating and drinking in all indoor and outdoor spaces for: retail food services, nightclubs, strip clubs or brothels, gaming or gambling venues, casinos, indoor entertainment and event venues, conference or convention venues, and the National Convention Centre.</p>
Public Health (Restricted Activities) Emergency Direction 2022 (No.2) NI2022-68	11/02/22 – 18/02/22	<p>Update to the grounds upon which the CHO considers the direction to be necessary or desirable to alleviate the COVID-19 Emergency, to reflect the changing epidemiological situation.</p> <p>Removed requirement for certain businesses, activities or undertakings to comply with directions related to the Check In CBR app or collection of contact tracing information, unless a bar</p>

Restricted Activities	Dates	Key Content Updates
		<p>(pub or tavern), registered club, a nightclub, a strip club, or a brothel.^{1,2}</p> <p>Note¹: the <i>Health Guidelines for Schools and Early Childhood Education and Care</i> requires staff and visitors to record their attendance through the Check In CBR app.</p> <p>Note²: If an indoor/outdoor event (including an organised sporting activity) is not ticketed or pre-registered, the organiser must continue to use the Check In CBR app.</p>
<p>Public Health (Restricted Activities) Emergency Direction 2022 (No.3) NI2022-85</p>	<p>18/02/22 – 25/02/22</p>	<p>Update to the grounds upon which the CHO considers the direction to be necessary or desirable to alleviate the COVID-19 Emergency, to reflect the changing epidemiological situation.</p> <p>Occupancy limits removed for all restricted business, activity, and undertakings. Venues must continue to develop and adhere to a COVID-19 Safety Plan, produce the plan when requested by an authorised person and ensure physical distancing.</p> <p>All limits removed for businesses and undertakings that are <u>not</u> restricted.</p>
<p>Public Health (Restricted Activities) Emergency Direction 2022 (No.4) NI2022-97</p>	<p>25/02/22 – 01/04/22</p>	<p>Relaxation to requirements for restricted businesses, activities and undertakings. All applicable operators must develop, adhere to and produce (if requested) a COVID-19 Safety Plan, but COVID-19 Safety Plans only need to be submitted for prior CHO review for public events (indoor or outdoor) in excess of 5,000 people.</p> <p>Requirement to comply with the <i>Health Guidelines for Schools and Early Childhood Education and Care</i> and <i>ACT Building and Construction Industry COVID-19 Guidance</i> removed.</p>
<p>Public Health (Restricted Activities) Emergency Direction 2022 (No.5) NI2022-169</p>	<p>01/04/22 – 25/04/22</p>	<p>Update to the grounds upon which the CHO considers the direction to be necessary or desirable to alleviate the COVID-19 Emergency, to reflect the changing epidemiological situation.</p> <p>Reintroduced requirement for schools and ECECs to comply with the <i>Health Guidelines for Schools and Early Childhood Education and Care</i> published at https://www.education.act.gov.au.</p>
<p>Public Health (Restricted Activities) Emergency Direction 2022 (No.6) NI2022-208</p>	<p>25/04/22 – 13/05/22</p>	<p>Removed requirement for schools and ECECs to comply with the <i>Health Guidelines for Schools and Early Childhood Education and Care</i> published at https://www.education.act.gov.au.</p> <p>Minor updates to the risk mitigation guidance provided as an attachment to the direction (at Attachment 2 of direction).</p>
<p>Public Health (Restricted Activities) Emergency Direction 2022 (No.7) NI2022-267</p>	<p>13/05/22 – 29/09/22* *PH Emergency period ends</p>	<p>Remove requirement for all business users to check into a venue using the Check In CBR app.</p> <p>The only requirement remaining in place under this direction is for restricted businesses, activities, and undertakings to develop and adhere to a COVID-19 Safety Plan, produce the plan if/when requested by an authorised person, and for organisers of an event (indoor or outdoor) in excess of 5,000 people to have their COVID-19 Safety Plan submitted for prior CHO review.</p>

2.8 Facemasks at Canberra Airport and Domestic Flights

Mandatory Facemasks – Canberra Airport and Domestic Flights	Dates	Key Content Updates
<p>Public Health (Mandatory Face Masks – Canberra Airport and Domestic Flights) Emergency Direction 2021 (No.1) NI2021-38</p>	<p>21/01/21 – 30/06/21</p>	<p>All persons aged 12 years and over must carry and wear a face mask at Canberra airport and on domestic commercial flights into and out of Canberra airport at all times, except if the person has a physical or mental health illness or conditions, or disability, which makes wearing a facemask unsuitable, or during an emergency, or a standing exemption applies (the latter being for the duration of the exempt activity only).</p> <p>Standing exemptions include:</p> <ul style="list-style-type: none"> • communicating with a hearing impaired person • in circumstances where wearing a facemask creates a risk to health and safety, or is not safe in all the circumstances • when the nature of a persons work makes clear enunciation essential • when consuming food, drink or medicine • when the person is undergoing medical care or treatment and such care or treatment requires that no facemask be worn • if removing the mask to ascertain identity or because it is required or authorised by law, or • when the person is an airport worker and is not interacting directly with passengers or members of the public. <p>Authorised persons may ask for any information necessary to determine if someone is subject to this direction or direct a person to comply with the direction.</p> <p>The CHO may exempt, in writing and subject to any condition they consider necessary, the requirement to wear a facemask.</p>
<p>Public Health (Mandatory Face Masks – Canberra Airport and Domestic Flights) Emergency Direction 2021 (No. 2) NI2021-401</p>	<p>30/06/21 – 25/02/22</p>	<p>Minor amendment to enable children aged 12 years <u>or under</u> to be exempt from the requirement to wear a facemask at Canberra airport and on domestic commercial flights into and out of Canberra airport.</p>
<p>Public Health (Mandatory Facemasks) Emergency Direction 2022 (No.1) NI2022-98</p>	<p>25/02/22</p>	<p>This instrument included revocation provision (clause 5) to revoke the Public Health (Mandatory Face Masks – Canberra Airport and Domestic Flights) Emergency Direction 2021 (No.2) NI2021-401 (above), from 6:00pm on 25 February 2022.</p>

2.9 Mandatory Facemasks (General)

Mandatory Facemasks	Dates	Key Content Updates
<p>Public Health (Mandatory Face Masks) Emergency Direction 2021 (No.1) NI2021-387</p>	<p>27/06/21 – 30/06/21</p>	<p>People must always carry and wear a face mask if they are in a residential aged care facility (RACF), a public passenger vehicle or public passenger service waiting area, working at a hospitality venue, in or at any business or undertaking. Workers at a hospitality venue or at a business or undertaking are only required to carry and wear a mask when required to deal directly with members of the public.</p> <p>Exemptions apply to children under 12-years, residents of a RACF, anyone who has a physical or mental health illness or condition, or disability which makes wearing a facemask unsuitable, or where a standing exemption applies (the latter for the duration of the exempt activity only).</p> <p>Standing exemptions include:</p> <ul style="list-style-type: none"> • when consuming food, drink, or medicine • communicating with a hearing-impaired person • when wearing a facemask creates a risk to health and safety, or is not safe in all the circumstances • if it is necessary for the proper provision of goods or service • if removing the mask to ascertain identity or because it is required or authorised by law • if engaging in physical activity at a gym, health club, fitness centre or wellbeing centre, or • because of an emergency. <p>Authorised persons may ask for any information necessary to determine if someone is subject to this direction or direct a person to comply with the direction.</p> <p>The CHO may exempt, in writing and subject to any condition they consider necessary, the requirement to wear a facemask. An authorised person may, in writing and subject to any conditions of the CHO, exempt a person from this direction.</p>
<p>Public Health (Mandatory Face Masks) Emergency Direction 2021 (No.2) NI2021-402</p>	<p>30/06/21 – 09/07/21</p>	<p>Minor amendment to clarify that a person is not required to carry a face mask while they are wearing a facemask.</p>
<p>Public Health (Mandatory Face Masks) Emergency Direction Revocation 2021 NI2021-422</p>	<p>09/07/21</p>	<p>Revocation instrument commenced at 11:59pm on 9 July 2021.</p>
<p>Public Health (Mandatory Face Masks) Emergency Direction 2021 (No.3) NI2021-633</p>	<p>28/10/21 – 29/10/21</p>	<p>A person aged 12 years and older who is in an indoor space outside their residence must, at all times, wear a facemask except if the person has a physical or mental health illness or conditions, or disability, which makes wearing a facemask</p>

Mandatory Facemasks	Dates	Key Content Updates
		<p>unsuitable, or where a standing exemption applies (the latter being for the duration of the exempt activity only).</p> <p>Standing exemptions include:</p> <ul style="list-style-type: none"> • when consuming food, drink or medicine • communicating with a hearing-impaired person • when wearing a facemask creates a risk to health and safety, or is not safe in all the circumstances • if it is necessary for the proper provision of goods or service • if removing the mask to ascertain identity or because it is required or authorised by law • if engaging in physical activity at a gym, health club, fitness centre or wellbeing centre, • if working in an indoor space either in an office where no other people are present or in a seated or standing position at a workstation that is 1.5 meters or more from others, • if getting married, • if in a vehicle alone or with other members of the same household only, • if seated at the premises of a retail food service, or • because of an emergency. <p>A person who owns, operates or controls a business or undertaking must ensure that a person working at the business or undertaking complies with these requirements.</p> <p>Authorised persons may ask for any information necessary to determine if someone is subject to this direction or direct a person to comply with the direction.</p> <p>The CHO may exempt, in writing and subject to any condition they consider necessary, the requirement to wear a facemask.</p>
Public Health (Mandatory Face Masks) Emergency Direction 2021 (No.4) NI2021-635	29/10/21 – 2/11/21	Minor amendment to standing exemption from “if engaging in physical activity at a gym, health club, fitness centre or wellbeing centre” to “engaging in vigorous exercise”.
Public Health (Mandatory Face Masks) Emergency Direction 2021 (No. 5) NI2021-649	2/11/21 – 11/11/21	Minor amendment to fix a typing error (facemask was inversed; mask face)
Public Health (Mandatory Face Masks) Emergency Direction 2021 (No. 6) NI2021-666	11/11/21 – 21/12/21	Change to circumstances when a person must wear a facemask, to when outside of their residence and: <ul style="list-style-type: none"> • attending a hospital, care facility, or correctional centre

Mandatory Facemasks	Dates	Key Content Updates
		<ul style="list-style-type: none"> • in a public passenger vehicle • in an indoor space at a school or at a childcare or early childhood service • if a diagnosed person or close contact and leaving their premises in accordance with the <i>Public Health (Diagnosed People and Close Contacts) Emergency Direction 2021 (No.6)</i>, (refer to NI2021-647), • while working in an indoor space at a retail food service which requires customer interaction, or • where required to do so in accordance with any other directions in force. <p>Consequential amendments made to standing exemptions that no longer apply, including by removing reference to getting married, if in a vehicle alone or with other members of the same household only, or if seated at the premises of a retail food service.</p>
Public Health (Mandatory Face Masks) Emergency Direction 2021 (No. 7) NI2021-778	21/12/21 – 25/02/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Change to circumstances when a person must wear a facemask, to:</p> <ul style="list-style-type: none"> • in an indoor space other than a place of residence, • attending a RACF, care facility, correctional centre, detention place or other place of custody, or • in a public passenger vehicle. <p>Consequential amendments to reintroduce standing exemptions for people in the process of getting married, if in a vehicle alone or with other members of the same household, or if seated at a retail food service.</p>
Public Health (Mandatory Face Masks) Emergency Direction 2022 (No. 1) NI2022-98	25/02/22 – 25/04/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Change to circumstances when a person must wear a face mask, to:</p> <ul style="list-style-type: none"> • at the Canberra Airport, • on a domestic commercial aircraft located at the Canberra airport (including landing and take off) or flying in ACT airspace, • in an indoor space at a school or an early childhood education and care setting,

Mandatory Facemasks	Dates	Key Content Updates
		<ul style="list-style-type: none"> working at or visiting a hospital, residential aged care facility, care facility, correctional centre, detention place or other place of custody, working or visiting a residential accommodation facility that supports people who require frequent, close personal care and who are vulnerable to severe disease, or in a public passenger vehicle. <p>Consequential amendments to standing exemptions, removing exemption for vigorous exercise and when getting married, as they no longer apply.</p>
Public Health (Mandatory Face Masks) Emergency Direction 2022 (No. 2) <u>NI2022-209</u>	25/04/22 – 26/04/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Removed requirement to wear a face mask while in an indoor space at a school or an early childhood education and care setting.</p>
Public Health (Mandatory Face Masks) Emergency Direction 2022 (No. 3) <u>NI2022-215</u>	26/04/22 – 17/06/22	<p>Amended the circumstances when a diagnosed person or close contact must wear a facemask to include circumstances when it is applicable in accordance with the Risk Mitigation Requirements for Household Contacts contained in the <i>Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No.6)</i>, or as amended from time-to-time.</p>
Public Health (Mandatory Face Masks) Emergency Direction 2022 (No. 4) <u>NI2022-319</u>	17/06/22 – 8/09/22	<p>Removed requirement to wear facemasks at the Canberra airport.</p>
Public Health (Mandatory Face Masks) Emergency Direction 2022 (No. 5) <u>NI2022-441</u>	8/09/22 – 29/09/22* <i>*PH Emergency Ends</i>	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Removed requirement to wear a facemask on a domestic commercial aircraft located at the Canberra airport (including landing and takeoff) or flying in ACT airspace.</p> <p>Introduced requirement for a recovered case to wear a facemask in an indoor space other than their residence on days 6 and 7 following a positive COVID-19 test.</p>

2.10 Lockdown Restrictions

Lockdown Restrictions	Dates	Key Content Updates
Public Health (Lockdown Restrictions) Emergency	12/08/21 – 14/08/21	All people in the ACT must not leave their residence other than for a permitted purpose. Anyone leaving their

Lockdown Restrictions	Dates	Key Content Updates
<p>Direction 2021 (No.1) NI2021-480</p>		<p>residence must maintain physical distancing while outside of their residence.</p> <p>Permitted purposes are to:</p> <ul style="list-style-type: none"> • obtain food, essential healthcare, other essential goods or services • undertake a COVID-19 test or receive a scheduled COVID-19 vaccination • engage in time limited physical activity in an outdoor space on their own, with members from the same household or with one adult non-household member • perform essential work • donate biological material at a blood bank or similar donation facility • for essential animal welfare purposes • move to a new residence (if this cannot be delayed) • access care services for people with particular needs due to homelessness, family violence, age, infirmity, disability, illness or chronic health condition or other essential support • visit a terminally ill relative or attend a funeral or wedding • provide assistance, care or support to another person • attend any court or tribunal of Australia or to comply with an order of a court or Tribunal of Australia, or assist with or participate in an investigation by a law enforcement authority • attend an early learning centre, childcare, family day care or school holiday care program where this cannot be reasonably obtained at home • attend school or college if the instruction or care cannot reasonably be obtained at home • for children that do not live in the same household as their parents or siblings, to maintain existing visitation arrangements (unless at moderate or high-risk of COVID-19) • return to their principal place of residence, or • for law enforcement or emergency purposes. <p>Visiting another person’s residence is generally not permitted but may occur if the person is performing essential work, providing services to a person with disability to meet their support needs, to visit a terminally</p>

Lockdown Restrictions	Dates	Key Content Updates
		<p>ill relative, for maintaining familial visitation arrangements, or for law enforcement or emergency purposes.</p> <p>A facemask is required at all times when a person is outside their residence, unless under 12 years old or there is a physical or mental health illness or condition, or disability which makes wearing a face mask unsuitable. Standard facemask exemptions are also permitted.</p> <p>Essential business, activity or undertakings may continue provided that the operator takes reasonable steps to ensure physical distancing and density limits are maintained.</p>
Public Health (Lockdown Restrictions) Emergency Direction 2021 (No. 2) NI2021-488	14/08/21 – 15/08/21	Update to standard facemask exemptions to include circumstances when people are: <ul style="list-style-type: none"> • performing essential work in an outdoor space with no other people present • performing essential work in an indoor space and where no other people are present, the person is seated or standing at a workstation, or they are socially distanced from others • alone or only with members of the same household in an outdoor space • in the process of getting married, or • in a vehicle alone or with other members of the same household.
Public Health (Lockdown Restrictions) Emergency Direction 2021 (No. 3) NI2021-490	15/08/21 – 18/08/21	Minor amendment to definition of essential business, activity or undertaking to remove reference to “construction and building industries”.
Public Health (Lockdown Restrictions) Emergency Direction 2021 (No. 4) NI2021-496	18/08/21 – 27/08/21	Extension to the lockdown period from 19 August to 2 September 2021. <p>Minor amendments to include provision that:</p> <ul style="list-style-type: none"> • a person leaving their residence to “obtain food or other essential goods or services” must minimise the time spent at the essential business, activity or undertaking, as far as is reasonably practicable • identified essential businesses must take all reasonable steps to ensure that people are entering their site for essential purposes and minimise the time spent there. <p>Inclusion of forestry industry and timber fabricators as essential business.</p>
Public Health (Lockdown	27/08/21 – 2/09/21	Expansion of permitted purposes for leaving a residence to include: collecting goods purchased via click and

Lockdown Restrictions	Dates	Key Content Updates
Restrictions) Emergency Direction 2021 (No. 5) NI2021-510		<p>collect, attending a business for essential maintenance work or as required by law or for emergency purposes, to accept deliveries that cannot be delayed or diverted to a person's residential premises, to provide an urgent and essential service for the administration of a business that cannot occur in their residence (e.g., to access information and documents needed for COVID-related support payments), to attend waste management and resource recovery services, to undertake identified work that supports the delivery of an essential business, activity, or undertaking.</p> <p>Inclusion of new provision to enable children to accompany a parent or guardian leaving for a permitted reason, if the child would be left unattended or it would be unsafe not to.</p> <p>Inclusion of hardware, building, agricultural, rural, business/office and pet store supplies as essential businesses, provided a COVID-19 Safety Plan is in place and click and collect is used, unless the customer is a tradesperson.</p> <p>Inclusion of real estate services and commercial and domestic leaning services as essential businesses, provided that certain density and operating restrictions are met.</p> <p>Small retail businesses are categorised as non-essential but may operate if they use click and collect or similar services.</p> <p>Additional requirement that only those ACTPS or APS workers that are deemed to be essential can continue to leave home for the purpose of work. Trade union representatives may also engage in work if supporting an essential worker.</p>
Public Health (Lockdown Restrictions) Emergency Direction 2021 (No. 6) NI2021-521	02/09/21 – 09/09/21	<p>Extension to the lockdown period from 2 September to 17 September 2021.</p> <p>Expansion to permitted purposes for leaving a residence to include: physical or recreational activity in an outdoor space for no more than two hours (previously 1 hour) per day with up to five people (previously 1 person) and any number of people from the same household.</p> <p>Expansion of permitted non-essential business activity to include businesses, activities, or undertakings that can be operated from the person's residence and use contactless transaction.</p> <p>Relaxation to rules for some essential businesses, including: places of worship may have up to 10 attendees at time critical ceremonies, wedding ceremonies may occur with up to 10 guests (previously 5) and may occur at a residence if outside, funerals may have up to 20 attendees (previously 10), large scale, government and civil</p>

Lockdown Restrictions	Dates	Key Content Updates
		<p>construction activities like road construction (and supporting services) now permitted.</p> <p>Relaxation to rules for some non-essential businesses that are permitted to operate, including: small business (previously small retail business) may operate using click and collect or other contactless means, and outdoor services that maintain physical distancing can operate (excluding residential construction and personal training services).</p> <p>Essential business, activity or undertakings must take reasonable steps to ensure facemasks are worn (previously only responsible for ensuring physical distancing and density limits).</p>
<p>Public Health (Lockdown Restrictions) Emergency Direction 2021 (No. 7) NI2021-533</p>	<p>09/09/21 – 10/09/21</p>	<p>Relaxation to rules for some essential businesses, including: weddings which now permits one photographer in addition to up to 10 attendees, construction which now permits residential construction projects to be undertaken provided that they adhere to strict building and construction industry COVID-19 and other requirements, accommodation services which may now offer accommodation to people who cannot live at home due to residential construction projects taking place.</p> <p>Clarification of rules for some essential businesses, including: children being permitted to attend early childhood education and care and out of hours school care where it is unreasonable for the child to receive care from home.</p>
<p>Public Health (Lockdown Restrictions) Emergency Direction 2021 (No. 8) NI2021-534</p>	<p>10/09/21 – 17/09/21</p>	<p>Relaxation to permitted building and construction activities to enable all construction, repair, and maintenance activities, other than residential individual Class 1 Buildings and occupied residential apartment complexes.¹</p> <p>Note¹: urgent repair and maintenance services may continue.</p>
<p>Public Health (Lockdown Restrictions) Emergency Direction 2021 (No. 9) NI2021-555</p>	<p>17/09/21 – 30/09/21</p>	<p>Extension to the lockdown period from 17 September to 15 October 2021.</p> <p>Relaxation to rules for some essential businesses, including: to allow Year 12 students to return to on-campus learning from 5 October 2021 and Year 11 students to return to on-campus learning from 18 October, to enable concreting work to occur at any un/occupied residence, to enable manufacturing, fabrication, testing assembly, professional regulatory, offsite administrative and equipment supply activities to occur to facilitate permitted construction activities, to enable real estate property inspections to occur for the purpose of sale or rent if density limits are met.</p> <p>Relaxation to rules for some non-essential businesses, including: to enable property styling to occur (in</p>

Lockdown Restrictions	Dates	Key Content Updates
		preparation for sale or rent) at vacant sites, to enable outdoor sporting facilities to operate provided that physical distancing and density limits are met, to enable motor vehicle dealers to operate using contactless purchase and vehicle collection and with onsite physical distancing and density limits.
Public Health (Lockdown Restrictions) Emergency Direction 2021 (No. 10) NI2021-590	30/09/21 – 14/10/21* <i>*Time limited PH direction, ended as scheduled.</i>	<p>Relaxation to rules for leaving residence to enable people to: leave for physical or recreational activities in an outdoor space for up to 4 hours a day (previously 2), leave children in the care of another person if reasonable care cannot be provided at home, to visit the residence of another household (previously only permitted if a terminally ill relative), to permit up to 2 visitors or 2 different household groups at a time to a residence.</p> <p>Relaxation of rules to enable non-essential business, activity or undertaking to recommence provided it complies with specific conditions for conducting the business, activity, or undertaking.</p> <p>Expansion of definition for essential business, activity or undertaking, including to capture: all early childhood education and care, school and out of school hours care provided they operate in accordance with Health Guidelines for Schools and Early Childhood and Education Services, remote learning for higher education and training environments, banks, post offices pharmacies, mechanics, laundry and dry cleaning services, shopping precincts (for essential retail), veterinary services, public passenger services, professional sport (no spectators).</p>

3. Vaccination

3.1 Aged care worker requirements

Aged Care Workers COVID-19 Vaccination Requirements	Dates	Key Content Updates
Public Health (Aged Care Workers COVID-19 Vaccination) Emergency Direction 2021 (No. 1) NI2021-501	16/09/21 – 14/10/21	<p>Workers at a residential aged care facility (RACF) must not enter or remain on premises if they have not received at least one dose of a COVID-19 vaccination. Permitted persons are excluded, these being delivery drivers, tradespeople, hairdressers, pastoral care workers, librarians, solicitors, AN-ACC/ACAT/RAS assessors, Aged Care Quality and Safety Commission Field staff, Aged Care Advocate delivering the National Aged Care Advocacy Program.</p> <p>The RACF operator must take all reasonable steps to ensure compliance, maintain a record of vaccination status, and provide this record to an authorised person if required.</p>

The CHO may exempt, in writing and subject to any condition they consider necessary, a worker from this direction due to medical contraindication or the vaccine not being reasonably available.

Public Health (Aged Care Workers and Visitors COVID-19 Vaccination) Emergency Direction 2021 (No. 1) <u>NI2021-610</u>	15/10/21 – 15/10/21	<p>Inclusion of provisions that restrict access to residential aged care facilities by visitors, unless they have received two doses of a COVID-19 vaccination or have been granted an exemption by the CHO.</p> <p>The RACF operator must take all reasonable steps to ensure that visitors comply with this requirement while on the premises.</p> <p>An authorised person or RACF operator may require a visitor to produce evidence that they have received two doses of a COVID-19 vaccination.</p>
Public Health (Aged Care Workers and Visitors COVID-19 Vaccination) Emergency Direction 2021 (No. 2) <u>NI2021-614</u>	15/10/21 – 28/10/21	<p>Minor amendments to:</p> <ul style="list-style-type: none"> • Technical correct errors to internal document references: i) reference to “paragraph 10” at clause 12, amended to read “paragraph 9”; and ii) reference to “paragraph 10” at clause 13, amended to read “paragraph 11” • enable an authorised delegate of the CHO to issue an exemption on the CHO’s behalf, and • amendment to the definition of ‘visitor’ to mean “a person who is a family member or friend of a resident of the residential aged care facility”.
Public Health (Aged Care Workers and Visitors COVID-19 Vaccination) Emergency Direction 2021 (No. 3) <u>NI2021-634</u>	28/10/21 – 11/11/21	<p>Workers at a RACF must not enter or remain on premises if they have not received at least:</p> <ul style="list-style-type: none"> • 1 dose of a COVID-19 vaccination from 29 October 2021 to 1 December 2021 • 2 doses of a COVID-19 vaccination from 1 December 2021. <p>Amended the definition of permitted persons to include a child under 12 years of age who is accompanied by an adult who has received two doses of a COVID-19 vaccination, in effect, making explicit that children under 12 years are not required to be vaccinated to visit a RACF.</p>
Public Health (Aged Care Workers COVID-19 Vaccination) Emergency Direction 2021 (No. 2) <u>NI2021-669</u>	11/11/21 – 28/03/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Removal of requirements to restrict access to RACFs by visitors if they are not vaccinated, and for a visitor to produce proof of COVID-19 vaccination to a RACF operator or authorised person upon request.</p>
Public Health (Aged Care Workers COVID-19 Vaccination) Emergency	28/03/22 – 04/04/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the</p>

Direction 2022 (No. 1) NI2022-126	COVID-19 Emergency, noting changes to the epidemiological situation.
	Amended to require that workers at a RACF be 'up to date' with COVID-19 vaccination. 'Up to date' terminology is consistent with the advice of AHPPC and includes the need to receive a booster vaccination (for workers aged 16 years and older) within six-months of completing a primary vaccine course.
	Amended Exemption provisions to make clear that the CHO may make exemption decisions in relation to a COVID-19 vaccination or a booster vaccination.
	Updates to permissible evidence of vaccination status or exemption to include digital forms of evidence issued by the Commonwealth e.g., COVID-19 digital certificates from the Australian Immunisation Register.
Public Health (Aged Care Workers COVID-19 Vaccination) Emergency Direction 2022 (No. 2) NI2022-173	04/04/22 – 29/09/22* <i>*PH Emergency revoked</i>
	Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.
	Inclusion of a provision to exclude a diagnosed person from vaccination requirements if they were diagnosed within the previous four months.

3.2 Healthcare facility worker requirements

Healthcare and Support Workers COVID-19 Vaccination	Dates	Key Content Updates
Public Health (Health Care and Support Workers COVID-19 Vaccination) Emergency Direction 2021 NI2021-613	15/10/21 – 04/04/22	<p>Workers for a healthcare facility must have at least:</p> <ul style="list-style-type: none"> • 1 dose of a COVID-19 vaccination from 29 October to 1 December 2021 • 2 doses of a COVID-19 vaccination from 1 December 2021. <p>The operator of a healthcare facility must take all reasonable steps to ensure compliance, maintain evidence of vaccination status, or evidence of exemption for each worker.</p> <p>The CHO may exempt, in writing and subject to any condition they consider necessary, a person from this direction due to medical contraindication or the vaccine not being reasonably available.</p>

Healthcare and Support Workers COVID-19 Vaccination	Dates	Key Content Updates
Public Health (Health Care and Support Workers COVID-19 Vaccination) Emergency Direction 2022 <u>NI2022-171</u>	04/04/22 – 13/05/22	Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.
		Amended wording of vaccination requirements to reflect reference to a 'primary course' of vaccination and to recognise natural immunity of diagnosed persons. Specifically, healthcare facility workers must have received a primary course of vaccination, or an exemption, or was a diagnosed person within the previous four months.
		Updates to permissible evidence of vaccination status or exemption to include digital forms of evidence issued by the Commonwealth e.g., COVID-19 digital certificates from the Australian Immunisation Register.
Public Health (Health Care and Support Workers COVID-19 Vaccination) Emergency Direction Revocation 2022 <u>NI2022-263</u>	13/05/22	Revocation instrument commenced at 11:59pm on 13 May 2022.

3.3 School or early childhood education and care worker requirements

ACT School or Early Childhood Education and Care Workers COVID-19 Vaccination Requirements	Dates	Key Content
Public Health (ACT School or Early Childhood Education and Care Workers COVID-19 Vaccination) Emergency Direction 2021 (No.1) <u>NI2021-615</u>	19/10/21 – 31/12/21	Workers at an ACT School or Early Childhood Education Facility must have at least: <ul style="list-style-type: none"> • 1 dose of a COVID-19 vaccination from 1 to 29 November 2021, and • 2 doses of a COVID-19 vaccination from 29 November 2021.
		A responsible person of an ACT School or ECEC facility must take all reasonable steps to ensure compliance, maintain evidence of vaccination status, or evidence of exemption for each worker.
		A family day care residence must no operate from 29 November 2021, unless each adult resident has at least 2 doses of a COVID-19 vaccine or been granted exemption.
		The CHO may exempt, in writing and subject to any condition they consider necessary, a person from this direction due to medical contraindication or the vaccine not being reasonably available.

ACT School or Early Childhood Education and Care Workers COVID-19 Vaccination Requirements	Dates	Key Content
Public Health (ACT School or Early Childhood Education and Care Workers COVID-19 Vaccination) Emergency Direction 2021 (No. 2) NI2021-713	03/12/21 – 4/4/22	<p>Removed reference to a specific end date. The direction is “in force for the period ending on the day of the declared emergency (as extended or further extended) ends unless it is earlier revoked.”</p> <p>Amended the scope of application from a school which is “attended by children under 12 years of age” to a school that “is a primary school” or has a primary school”. Specialist schools and flexible education programs remain [unchanged] in scope.</p>
Public Health (ACT School or Early Childhood Education and Care Workers COVID-19 Vaccination) Emergency Direction 2022 (No. 1) NI2022-170	04/04/22 – 13/05/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Amended wording of vaccination requirements to reflect reference to a ‘primary course’ of vaccination and to recognise natural immunity of diagnosed persons. Specifically, ACT School and ECEC workers, and family day care adult residents must have received a primary course of vaccination, or an exemption, or was a diagnosed person within the previous four months.</p> <p>Updates to permissible evidence of vaccination status or exemption to include digital forms of evidence issued by the Commonwealth e.g., COVID-19 digital certificates from the Australian Immunisation Register.</p>
Public Health (ACT School or Early Childhood Education and Care Workers COVID-19 Vaccination) Emergency Direction Revocation 2022 NI2022-262	13/05/22	<p>Revocation instrument commenced at 11:59pm on 13 May 2022.</p>

3.4 Disability and other care worker requirements

Disability and Other Care Workers COVID-19 Vaccination	Dates	Key Content
Public Health (Disability and Other Care Workers COVID-19 Vaccination) Emergency Direction 2021 (No. 1) <u>NI2021-644</u>	01/11/21 – 28/03/22	<p>Disability workers or an in-home and community aged care workers must have at least:</p> <ul style="list-style-type: none"> • 1 dose of a COVID-19 vaccination from 15 November to 13 December 2021, and • 2 doses of a COVID-19 vaccination from 13 December 2021. <p>A responsible person of disability or aged care service must take all reasonable steps to ensure compliance, maintain evidence of vaccination status, or evidence of exemption for each worker.</p> <p>The CHO may exempt, in writing and subject to any condition they consider necessary, a person from this direction due to medical contraindication or the vaccine not being reasonably available.</p>
Public Health (Disability and Other Care Workers COVID-19 Vaccination) Emergency Direction 2022 (No. 1) <u>NI2022-125</u>	28/03/22 – 04/04/22	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Amended to require that disability and in-home and community aged care workers be 'up to date' with COVID-19 vaccination. 'Up to date' terminology is consistent with the advice of AHPPC and includes the need to receive a booster vaccination (for workers aged 16 years and older) within six-months of completing a primary vaccine course.</p>
Public Health (Disability and Other Care Workers COVID-19 Vaccination) Emergency Direction 2022 (No. 2) <u>NI2022-172</u>	04/04/22 – 29/09/22* <i>*PH Emergency revoked</i>	<p>Update to the grounds upon which the CHO considered the direction to be necessary or desirable to alleviate the COVID-19 Emergency, noting changes to the epidemiological situation.</p> <p>Inclusion of a provision to exclude a diagnosed person from vaccination requirements, if they were diagnosed within the previous four months.</p>

Appendix D.1 | Canberra's Recovery Plan: Stages One to Three 2020

CANBERRA'S RECOVERY PLAN COVID-19 Easing of Restrictions Roadmap



STAGE 1		STAGE 2		STAGE 3
Step 1.1 (from 8 May 2020)	Step 1.2 (from 16 May 2020)	Step 2.1 (from 11:59pm on Friday 29 May 2020)	Step 2.2 (from 11:59pm on Friday 19 June 2020)	For future consideration (from mid July 2020)
 1 per 4sqm Max 10 people	 1 per 4sqm Max 10 people	 1 per 4sqm Max 20 people COVID Safety Plan for businesses	 1 per 4sqm 20 to 50 people COVID Safety Plan for businesses	 1 per 4sqm Max 100 people COVID Safety Plan for businesses
<ul style="list-style-type: none"> Non-essential retail shopping Real estate auctions, open houses and display homes Easing of restrictions: <ul style="list-style-type: none"> Weddings – 10 people Funerals – 20 people indoors and 30 outdoors Places of worship and religious ceremonies Outdoor boot camps and non-contact personal training Work from home where possible. 	<ul style="list-style-type: none"> Restaurants and cafés Playgrounds and outdoor fitness stations Parks – dog parks, skate parks and outdoor barbecues Nature reserves and national parks Non-contact, outdoor community and social sport Pools Libraries Community centres, facilities or youth centres Auction houses Hairdressers and barbers to seek and record customer details Work from home where possible. 	<ul style="list-style-type: none"> Beauty therapy, tanning or waxing services Nail salons Spa and massage parlours Tattoo and body modification parlours Gyms, health clubs, fitness or wellness centres – small group supervised sessions and no unsupervised free weight training or use of other gym equipment Yoga, barre, pilates and spin facilities Galleries, museums, national institutions and historic places Outdoor amusement/attractions (e.g. zoo) Choirs, bands and orchestras Caravan parks and campgrounds Indoor sporting centres Low contact indoor and outdoor sport including dance activities (one parent per minor) Further easing of restrictions: <ul style="list-style-type: none"> Restaurants, cafés, clubs and other licensed venues Weddings – 20 people Funerals – 50 people indoors and outdoors Places of worship and religious ceremonies Boot camps and personal training Pools Community centres, facilities or youth centres Universities/CIT and other vocational training providers to increase face-to-face learning where possible Working from home if it works for you and your employer. 	<ul style="list-style-type: none"> Consideration for certain business types to increase to 20+ patrons (max 50 within the 1 per 4sqm rule) dependent on venue size Cinemas Concert venues, theatres, arenas, auditoriums or stadiums – for rehearsals and small performances (max 50 people) Outdoor or indoor play centres Amusement arcades Outdoor amusement parks Further easing of restrictions: <ul style="list-style-type: none"> Gyms, health clubs, fitness or wellness centres Yoga, barre, pilates and spin facilities Boot camps and personal training Indoor and outdoor sport Pools Universities/CIT and other vocational training providers to increase face-to-face learning where possible Working from home if it works for you and your employer. 	<ul style="list-style-type: none"> Larger gatherings Nightclubs Conference and entertainment venues Gaming or gambling venues Casinos/Gaming or gambling venues Saunas and bathhouses Strip clubs, brothels, escort agencies Food courts Residential colleges Concert venues, theatres, arenas, auditoriums or stadiums – for rehearsals and small performances (>50 people) Reopening of galleries, museums, national institutions and historic places (>50 people) Further easing of restrictions: <ul style="list-style-type: none"> Pools Funerals Places of worship and religious ceremonies Gyms, health clubs, fitness or wellness centres Organised social sport Yoga, barre, pilates and spin facilities Boot camps and personal training Universities/CIT and other vocational training providers to increase face-to-face learning where possible Gradual return to work (where COVID Safe).

COVID Safe check point
Public health risk assessment informed by monitoring the impacts of eased restrictions

Avoid public transport in peak hour.

As at 26 May 2020

RESTRICTIONS MAY HAVE EASED BUT YOUR RESPONSIBILITY HASN'T

Maintain good hand hygiene

Stay 1.5m apart

Stay home if you are unwell

Get tested if you have symptoms of COVID-19

Access Canberra Business Helpline – (02) 6205 0900

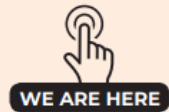
Detailed information on restrictions including FAQs at [covid19.act.gov.au](https://www.covid19.act.gov.au)

Appendix D.2 | Canberra's Recovery Plan: Stages Three and Four 2020

CANBERRA'S RECOVERY PLAN COVID-19 Easing of Restrictions Roadmap as at 06 August 2020



STAGE 1	STAGE 2		STAGE 3	FUTURE CONSIDERATIONS	
Please refer to the Easing of Restrictions Roadmap as at 26 May 2020 for details of the already implemented Stage 1.	STEP 2.1 (Friday 29 May 2020) 1 per 4sqm Max 20 people COVID Safety Plan		STEP 2.2 (Friday 19 June 2020) 1 per 4sqm Max 100 people COVID Safety Plan	STEP 3.1 (9AM Monday 10 August 2020) 1 per 4sqm Max 100 people COVID Safety Plan	TIMING TO BE CONFIRMED Further Roadmap to be developed
	<ul style="list-style-type: none"> Beauty therapy, tanning or waxing services Nail salons Spa and massage Tattoo and body modification parlours Cyms, health clubs, fitness or wellness centres Yoga, barre, pilates and spin facilities Galleries, museums, national institutions and historic places Outdoor amusement/attractions (e.g. zoo) Choirs, bands and orchestras Caravan parks and campgrounds Indoor sporting centres Low-contact indoor and outdoor sport (including dance). 	<ul style="list-style-type: none"> Further easing of restrictions: <ul style="list-style-type: none"> restaurants, cafés, clubs and other licensed venues weddings – 20 people funerals – 50 people indoors and outdoors places of worship and religious ceremonies boot camps and personal training pools community centres, facilities or youth centres Universities/CIT and other vocational training providers to increase face-to-face learning where possible Working from home if it works for you and your employer. 	<ul style="list-style-type: none"> All indoor and outdoor gatherings to max. 100 people within the 1 per 4sqm rule For hospitality venues – the max. number of patrons excludes staff and alcohol can be served without food Reopening of: <ul style="list-style-type: none"> cinemas and movie theatres indoor amusement centres, arcades and outdoor/indoor play centres betting agencies (Tab and Keno) All performances in all locations (including concert venues, theatres, arenas, auditoriums or outdoor venues) Return to full-contact training for all sports Circuit training in gyms Universities/CIT and other vocational training providers to increase face-to-face learning where possible Working from home if it works for you and your employer. 	<ul style="list-style-type: none"> 1 person per 4 square metres of usable space applies, to a max. 100 people in each indoor space and each outdoor space (excl. staff on premises) Reopening of: <ul style="list-style-type: none"> casinos and gaming in clubs food courts (dine-in) steam-based services, including saunas, steam rooms, steam cabinets and bathhouses strip clubs, brothels, escort agencies 24 hour gyms – max. 25 people when unstaffed Working from home if it works for you and your employer 	<ul style="list-style-type: none"> Professional events to be ticketed and spectators to be seated Sporting and entertainment venues with tiered patron seating, up to 25% of total seating capacity Likely removal of 100 person cap from all indoor and outdoor gatherings Consideration of the removal of 25 person cap when gyms are not staffed Highest-risk activities and settings, including: <ul style="list-style-type: none"> mass gatherings (e.g. festivals) larger conferences and conventions nightclubs.



WE ARE HERE

From 12 Noon Friday 23 July 2020:
 • Return to full-contact competition for sport, dance and martial arts

COVID Safe check points
 Public health risk assessment informed by monitoring the impacts of eased restrictions.
Next check points:
 • 06 and 20 August 2020

Avoid public transport in peak hour.

RESTRICTIONS MAY HAVE EASED BUT YOUR RESPONSIBILITY HASN'T

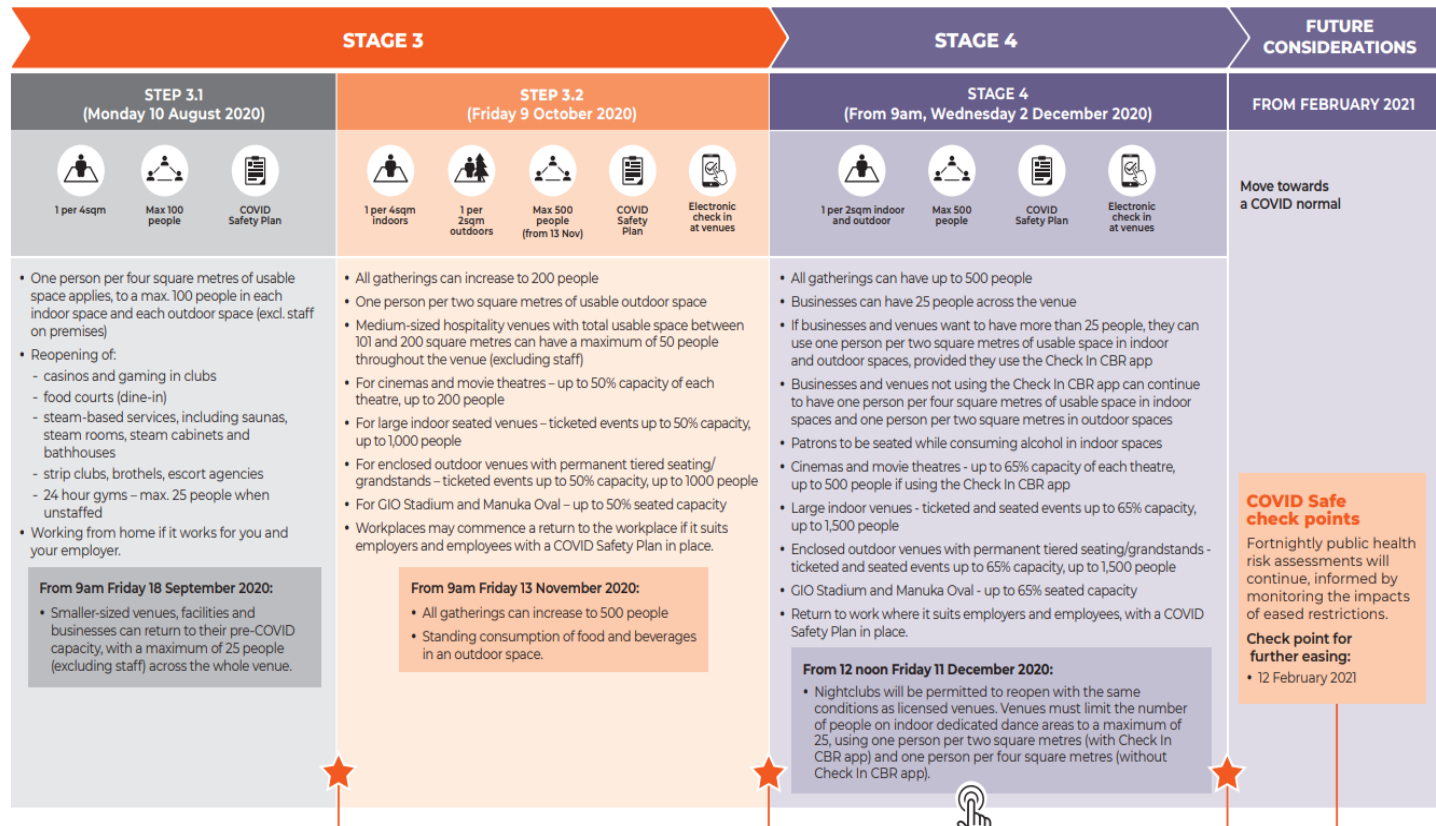
- Maintain good hand hygiene
- Stay 1.5m apart
- Stay home if you are unwell
- Get tested if you have symptoms of COVID-19

Further information at covid19.act.gov.au

Appendix D.3 | Canberra's Recovery Plan: Stages three and four Dec 2020

CANBERRA'S RECOVERY PLAN

Easing of Restrictions Roadmap (as at 9 December 2020)



Stages 1 & 2 Please refer to the Easing of Restrictions Roadmap as at 26 May 2020 for details of the already implemented Stages 1 and 2.

WE ARE HERE

Avoid public transport in peak hour.

Keep CBR Safe and Strong



Further information at covid19.act.gov.au

Appendix D.4 | The ACT's COVID-19 Pathway Forward

THE ACT'S COVID-19 PATHWAY FORWARD

Our guiding principles

We will support the work being undertaken nationally and locally to achieving a COVID normal life as soon as it is safe.

We will put the health and wellbeing of our community at the forefront of our decision making. While COVID-19 continues to circulate in the community and we are working to increase our vaccination coverage, restrictions will remain in place.

We will look to get as many people back to work as soon as we can.

We are aware of the impacts on mental health of ongoing restrictions and we will support mental health measures and prioritise outdoor activity.

Given our expected high levels of vaccination, we do not anticipate needing proof of vaccination to access public and private sector services.

We will balance the risks posed by COVID-19 to ensure we do not overwhelm our health system.

We will move through the phases of the National Plan to transition Australia's National COVID-19 response. Movement through each phase is triggered when the average vaccination rates across the nation, as well as in the ACT, have reached the required thresholds. In the ACT we acknowledge that effective vaccination occurs two weeks after the threshold is reached.

We will count all people aged 12 years and over when determining whether we've reached the National Plan thresholds. We will also consider the vaccination rates for vulnerable groups, as well as the overall rates.

We will continue to contribute to work of National Cabinet including planning for our:

- Health System
- Public Health Responses - Test, Trace, Isolate and Quarantine (TTIQ)
- Public Health Social Measures (public health restrictions) including how these relate to the National Plan.

Our current situation

The ACT is currently experiencing concerning levels of community transmission. This means that we need to keep high level public health restrictions in place to minimise the spread of the virus.

Our priority is vaccinating as many people as possible, as quickly as possible, including our vulnerable communities.

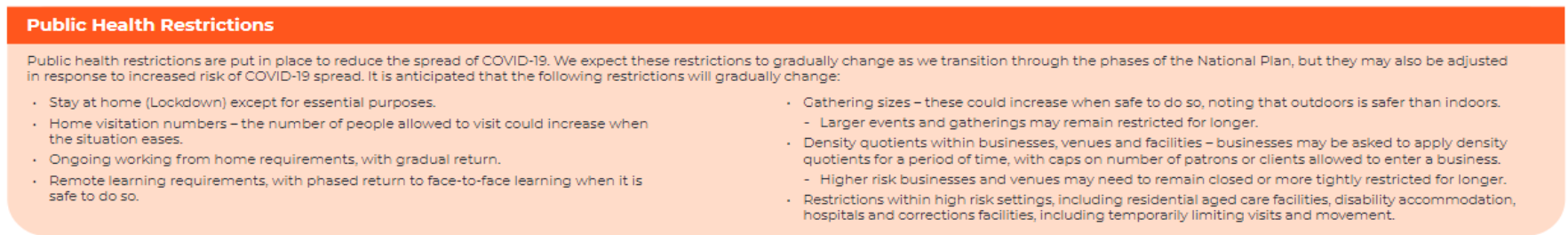
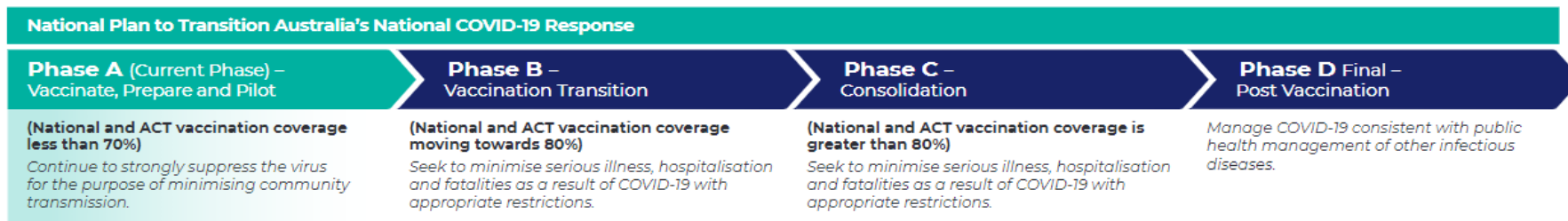
TTIQ must be effective and efficient – we need to continue testing, rapid contact tracing and effective isolation and quarantine measures. This will include continuing to support people to isolate and quarantine in alternative accommodation where their home is not appropriate.

Australia currently looks set to reach 70 per cent full vaccination by mid to late October and 80 per cent by early to mid November. The ACT anticipates crossing these thresholds earlier.

Our steps forward

When looking to change restrictions we will consider:

- national and local vaccination rates
- our health system capacity, including the impact of COVID-19 in regional NSW
- the levels of community transmission, especially the proportion of cases who were not in quarantine while infectious
- testing rates and turnaround time
- our ability to quickly test, trace, isolate and quarantine
- how well the community and business are complying with restrictions
- data on the effective reproduction ratio and transmission potential



THE ACT'S COVID-19 PATHWAY FORWARD – FROM 12 NOVEMBER 2021

Our guiding principles

- We will always put the health and wellbeing of the community at the forefront of our decision making, especially the impact on mental health.
- We will get as many people back to work as soon as we can.
- We will continue to listen to the community and businesses about the impact of the public health measures.

Our steps forward

Before we take each step we will consider:

- the current COVID-19 risk, both in the ACT and regional NSW
- our vaccination rates and effectiveness, including in our vulnerable communities
- the capacity of our health system
- our test, trace, isolate and quarantine measures and their effectiveness
- the vaccination rates of our younger groups until they reach 80% vaccination coverage to ensure the best possible protection for our community.

- From 29 October, our restrictions will be largely in line with NSW restrictions for vaccinated people
- We will continue to assess the situation here and in regional NSW, and remain flexible to adapting our pathway forward as necessary.

From 1 October 2021

- Lockdown continues
- No more than 2 people to visit another household at any one time
- 1 household (any size) or up to 5 people can gather outdoors for up to 4 hours for physical or recreational activities
- All non-essential retail can operate click & deliver or click & collect – up to 5 staff or 1 per 4 sqm
- Small businesses can operate click & collect or click & deliver or by contactless means – up to 5 staff or 1 per 4 sqm
- Outdoor bootcamps and personal training can commence with no more than 2 people (excluding instructors)
- Outdoor and contactless coaching can commence with no more than 2 people (excluding the coach)
- Nature Reserves and National Parks can open for recreational purposes – outdoor gathering restrictions apply
- All dental services can be undertaken, including preventative services

NOTE:

- Further detail can be found in the Summary of Restrictions Table available on the ACT COVID-19 website.
- These measures are indicative. It is difficult to predict the future with so many competing factors to consider.
- If the situation worsens we may need to delay further easing of restrictions or tighten restrictions again.

From 15 October 2021

- Lockdown lifted (11.59pm 14 October 2021)
- **The following activities can operate with a capacity of 25 people or density of 1 per 4 sqm, whichever is less for:**
 - Gyms (excluding classes) & organised outdoor training, weddings, outdoor play centres or amusement centres, places of worship, outdoor auctions, gaming & gambling venues, outdoor tours, community centres or facilities, to broadcast a performance
 - Licensed venues, cafes and restaurants for seated service up to 25 people across venue or 1 per 4 sqm indoors. Businesses can have up to 50 people or 1 per 4 sqm if outdoors only. Not both.
 - 5 people can visit another household at any one time
 - 25 people can gather outdoors
 - All non-essential retail can operate a click & collect or click & deliver service. Small business can also operate by contactless means – up to 10 people allowed or 1 per 4 sqm
 - Open – hairdressers, beauty and personal services - up to 5 clients
 - Open – accommodation, campgrounds, caravan parks and campsites – gathering restrictions apply
 - Open – swimming pools for lessons only – up to 25 swimmers
 - Gradual return to the workplace where it suits you and your employer
 - Funerals increased to 50 attendees

Education:

- 18 October – year 11 & 12 return to on campus learning
- 25 October – early childhood reopens, pre-school to year 2 and years 6,9 & 10 return to on campus learning. Out of school hours care available to on campus learners.

From 22 October 2021 - Non Essential Retail

- Businesses reopen to the public
- 1 person per 4 sqm must be applied

From 29 October 2021

- Facemasks for indoors only (exemptions apply)
- No more than 10 visitors at home at any one time
- 30 people can gather outdoors
- **The following activities can operate without density limits up to 25 people. If over 25 people the following applies:**
- **Indoor 1 per 4 sqm:**
 - Hairdressers, beauty & personal services
- **Indoor 1 per 4 sqm (no cap) or outdoor 1 per 2 sqm up to 300 people:**
 - Hospitality and licenced venues, gaming & gambling venues, cafes & restaurants, places of worship, weddings & funerals, gyms, fitness, community centres, facilities & youth centres, real estate & auctions
 - Food courts for seated service – 1 per 4 sqm
- **Indoor 1 per 4 sqm (no cap) or outdoor 1 per 2 sqm up to 500 people:**
 - Organised sport and swimming pools – changerooms open
 - Organised events can have up to 500 people without exemption – must be ticketed
- Open with restrictions – cinemas, galleries, museums, cultural institutions, historic sites & outdoor attractions
- Open with restrictions – events & performance venues, conferences & cinemas
- Dance classes, choirs & bands commence – up to 20 people or 1 per 4 sqm
- Businesses not covered elsewhere in the Direction (incl. retail) can open with 1 per 4 sqm to any areas accessible to the public
- **Education:**
 - 1 November – years 3,4,5,7 & 8 return to on campus learning
 - All students can attend their usual out of school hours care programs.

From Monday 1 November 2021 – Interstate Travel

- Open to NSW and Victoria.
- High risk geographical areas will continue to be restricted, and exemptions required prior to travel

From 12 November 2021

- Facemasks for indoors only (high risk settings, public transport, schools and front of house hospitality)
- No limits on visitors at home or for informal outdoor gatherings
- **The following activities can operate without density limits up to 25 people. If over 25 people the following applies:**
- **1 per 2 sqm indoors and no density limits outdoors.**
 - Hairdressers, beauty & personal services
 - Hospitality & licenced venues, food courts, gaming & gambling venues, cafes & restaurants, places of worship, weddings & funerals, gyms & fitness, community centres, facilities & youth centres, real estate & auctions, dance classes, choirs, bands & orchestras, nightclubs, galleries, museums, cultural institutions, historic sites, outdoor attractions, conferences and conventions,
 - Eating & drinking while standing & dancing is permitted
 - All class sizes are limited by density restrictions
 - Cinemas – 100% fixed seating, sessions must be ticketed
- **Events with COVID safety requirements:**
 - Organised sport and swimming pools apply 1 per 2 sqm for indoor spaces and no density limits outdoors. Max 2000 across each site
 - Organised Events (indoor or outdoor) – events over 1000 must be ticketed or pre registered; from 1000 -2000 must submit a COVID safety plan; events over 2000 require an exemption
 - Indoor entertainment and event venues; theatre style 100% fixed seating capacity; unfixed seating venues apply 1 per 2 sqm; events up to 1000 must be ticketed or pre registered. Live performance venues can seek exemptions for events at 3 per 4 sqm
 - Outdoor entertainment and event venues – 100% fixed seating; unfixed seating 1 per 2sqm for indoor spaces; events from 1000-2000 must submit a COVID safety plan; events over 2000 require an exemption.
- Businesses not covered elsewhere in the Direction (incl. retail) 1 per 2 sqm to any indoor areas accessible to the public
- Interstate travel – further review of high risk geographical areas
- International travel – no quarantine if fully vaccinated with testing requirements and some quarantine for under 18s. If not fully vaccinated you must quarantine for 14 days at port of entry.

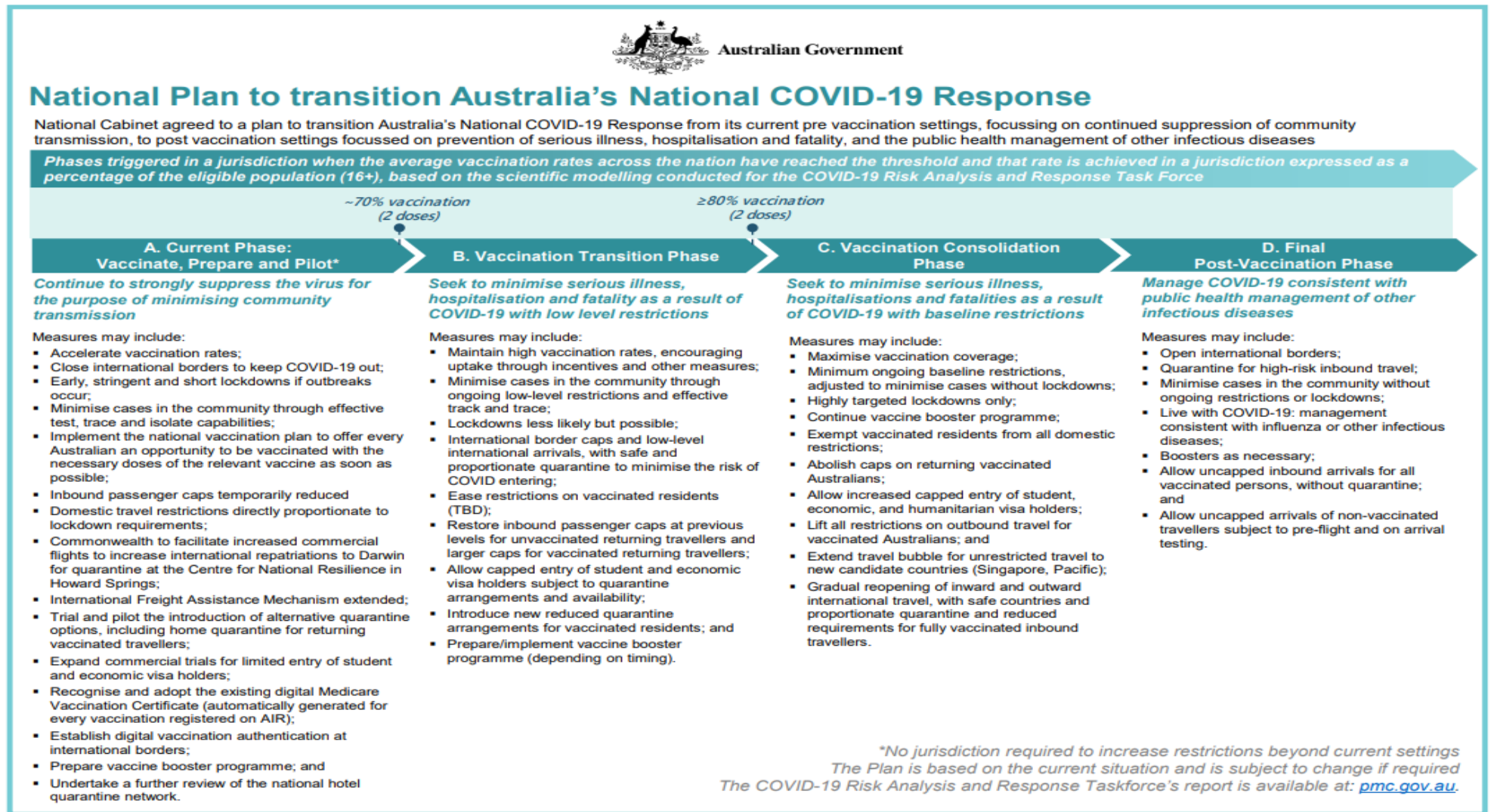
Ongoing



For more information:
covid19.act.gov.au



Appendix D.5 | National Plan to transition Australia's National COVID-19 Response



Source: https://pmtranscripts.pmc.gov.au/sites/default/files/2022-06/national-plan-060821_0.pdf

Acknowledgment of country

ACT Health acknowledges the Ngunnawal people as traditional custodians of the land and recognise any other people or families with connection to the lands of the ACT and region. ACT Health wishes to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

www.health.act.gov.au | Phone: 132281

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