REOPENING AUSTRALIA

How to ease restrictions as the vaccine rolls out

Part 1: Domestic reopening and living with COVID

Executive Summary

The objective for managing COVID-19 in 2021 is to achieve a balance of positive health and economic outcomes. Governments have a duty to minimise both the direct virus health impacts, as well as the economic and social impacts of response measures.

To date, Australia's successful response to COVID has been managed through a range of significant restrictions: from the closure of domestic and international borders, lockdowns, social distancing and gathering restrictions to mandatory COVIDSafe practices in workplaces and public spaces.

These measures have mitigated the broader spread of COVID-19 and variants into the Australian community.

The introduction of COVID-19 vaccines further strengthens Australia's ability to control the virus and ease restrictions, altering the risk environment. An effective vaccine rollout will be key to easing domestic restrictions and implementing a staged reopening of international borders.

ACCI's extensive domestic and global business network and our policy expertise across work health and safety, economics, employment, tourism, trade and workplace relations provide a well-informed basis for recommendations that achieve stronger economic and jobs outcomes while continuing to manage health risk.

This document is part one of a two-part series on 'Reopening Australia'. Part 1 focuses on domestic reopening and living with COVID-19. Part 2 to be released in the coming weeks covers international reopening.

The proposed recommendations cover:

- ACCI's national principles for reopening Australia
- Easing domestic restrictions as the vaccine rolls out
- Government support for business
- Communication during the vaccine rollout
- Boosting vaccine literacy and reducing hesitancy
- Vaccinating priority groups
- Getting Australia vaccinated
- Staying COVIDSafe at work
- Managing workplace vaccinations

ACCI's national principles for reopening Australia

The overarching objective for managing COVID-19 in 2021, recognising the new risk environment, is to achieve a balance of economic and health objectives. Governments have a duty to minimise both the direct virus health impacts, as well as the economic and social (including mental health) impacts of response measures.

1. **National Cabinet prioritises an efficient and expeditious Australian COVID-19 vaccine rollout and maintains the commitment to a consistent national vaccine strategy.**

2. **States and Territories manage community transmission consistently and in proportion to risk.** Governments act quickly and decisively in response to future outbreaks and commit to a nimble, targeted and localised response. Decisions and actions are informed by clear health advice, published data and modelling and are proportionate to the risk of harm and transmission.

3. **National Cabinet take immediate action to build and maintain community and business confidence in relation to vaccine rollout and COVID responses:** Executed through various mechanisms including greater transparency, a clear joined up approach between both levels of government and targeted media campaigns.

4. **National Cabinet commits to providing a 'single source of truth' in relation to the vaccine strategy and reopening with clear and consistent communication:** Governments commit to transparent, consistent and well-communicated actions when COVID restrictions change or changes are made to the vaccine roll-out to ensure greater trust and certainty. This includes committing to communicate with an agreed common language and publishing data on the vaccine rollout in the same manner as COVID cases, testing and tracing (i.e. transparent data with sufficient granularity and regularity).

5. **Governments and agencies continue to build and maximise partnerships with the community and business:** Relevant authorities actively engage and consult meaningfully and in a timely fashion on decisions that impact people in business. Businesses, with their operational expertise and connection to workers and the community, can offer authorities solutions and access to existing distribution channels.

6. **Governments ensure ongoing readiness of response capabilities:** Review and monitor ongoing readiness, ensuring resources are adequate and available for vaccine roll-out, testing, contact tracing and quarantine in areas of virus spread and to prevent community transmission.

7. **Governments and agencies maintain and support COVIDSafe practices**: Governments act to avoid complacency during the vaccine rollout and engage in continuous improvement activities with a focus on ensuring greater consistency of measures at lowest cost proportionate to the risk and a review of ongoing need of bespoke COVID protocols as risk changes.

8. **National Cabinet reopens Australia to the rest of the world through a risk managed, staged process that is interoperable with other national systems.**

How to ease domestic restrictions as the vaccine rolls out

Domestic Travel Restrictions

To date, Australia's domestic response to COVID risk has been led by health recommendations to:

- Socially distance
- Restrict gatherings
- Test and trace
- Lockdown (state/territory and local)
- Close Borders

These measures mitigated the broader spread of COVID-19 and variants as the world was learning how best to manage the new virus. With successful suppression of the virus in Australia, improved health capabilities and testing, tracing and quarantine functions, we are now well placed to consider how we ease remaining restrictions so as to balance economic needs with the health risk.

The introduction of COVID-19 vaccines further strengthens Australia's ability to control the virus. This presents an opportunity to have a stronger and clearer plan to further ease restrictions.

The proposed recommendations seek to contribute to this plan. Taking these steps will be important to the National economy and the livelihoods of all Australians.

> Recommendation:
>
> All domestic travel restrictions should be removed once a significant majority of the high-risk populations have been vaccinated (phase 1a and 1b). At this point the justification for any non-localised limitation on the movement of people in Australia is effectively removed.

Irrespective of whether any of the vaccines administered to Australians affect transmission, the capacity of the health systems to respond to any outbreak significantly improves after the completion of Phase 1b. The incidence of serious illness and death from COVID-19 infection is substantially reduced once vulnerable populations are vaccinated.

The reduction in ICU presentations and severe disease through vaccinations removes the strongest justification for any limitation on the movement of people in Australia and mitigates the risk of outbound movements, at least for those that have been vaccinated. This should allow domestic businesses to operate with greater certainty without any threat of restrictions and border closures.

"…when you reduce significantly the impact on severe disease - and, indeed, fatalities that result from that severe disease - there is the potential that then the virus can, over time, be considered in a very similar way to other viruses that are in the community. … So, the point is that the vaccination program, over months, as it's rolled out, can change the nature of how Australia then manages the virus. And the point was made, it's less about cases as it is about presentations at ICU or seeking significant treatment. And that we can potentially move to a situation where we manage the virus potentially like other conditions that are in the community." - Prime Ministers Press Conference, 5th February 2021

Recommendation:

As the percentage of the population vaccinated increases, IF we have future community transmission:

- Governments act quickly and decisively and commit to a nimble, targeted and localised response.

- In line with a proportionate and considered risk response with layers of controls, other than in the local area there should be no restraints on the movement of people or goods and services within or between jurisdictions such as border closures or permit systems. Individuals should still comply with register/check-in app requirements for the purpose of contact tracing.

- There should be consistent approaches linked to transparent risk assessment to retain public confidence, while maintaining health protection and supporting economic recovery.

Hotspot Definition – Variant strains

Since variants of concern have emerged with potentially increased transmissibility, the Commonwealth Chief Medical Officer has listed a third[1] definition for a 'hotspot' addressing the new risk variants pose:

> **Any area** where:
>
> *There is the occurrence of a case of infection in the community[2] with a more transmissible variant of SARS-CoV-2 and opportunities for wide community exposure.*

Given recent lockdowns following the detection of a single variant case in the community and the outcomes and lessons learnt, business is seeking a commitment to regular review of the

---

[1] In a metropolitan area where; The rolling 3 day average (average over 3 days) is 10 locally acquired cases per day.

This equates to over 30 cases in 3 consecutive days.

A rural or regional area where; The rolling 3 day average (average over 3 days) is 3 locally acquired cases per day.

This equates to 9 cases over 3 consecutive days.

[2] Cases identified that have been in quarantine for 48 hours or more before onset of symptoms are not considered in the community.

definition, factoring in recent experience, health authorities improved capability and the latest evidence on transmission risk.

ACCI further supports the recommendations of the Public Health Laboratory Network (PHLN) for adoption of a uniform approach to a SARS-CoV-2 variant:

- detection (Variants of concern (VoC), investigation (VuI) and interest (VoI))
- a nationally consistent case definition and acceptance criteria for VoC, VuI and VoI; and
- consistency in public health advice and action across all Australian jurisdictions.

Recommendation:

The Commonwealth conduct regular reviews of the definition of a hotspot in Australia, specifically in relation to variants of SARS-CoV-2 as new variants emerge and further evidence on transmission is available.

The definitions, advice and actions in relation to variants are nationally consistent and in line with PHLN advice.

Hospitality and Events

Throughout the process of imposing and lifting restrictions on hospitality and events venues, many jurisdictions have re-applied the one person per four square metre rule in place of either a 2sqm requirement or no restriction. The density restrictions have predominantly been used to limit numbers in venues to mitigate against 'super-spreader' events.

Although National Cabinet (9 April 2021) agreed to adopt the AHPPC advice of "easing restrictions of venues to the one per 2sm rule (or no density rule), but no stricter", the reality is this has not happened uniformly.   Where venue restrictions continue to exist despite National Cabinet agreement of eased restrictions, any delay severely restricts the sustainable operation of businesses.

Recommendation:

All States and Territories remove any remaining density rules or restrictions beyond baseline COVIDSafe measures and COVIDSafe plans at the completion of Phase 1b.

Cruise

ACCI envisages an expansion of expedition cruising using boats not currently in Australia for domestic tourists by May (to coincide with the Northern Dry Season), and a phased resumption of other cruise operations in Australia from mid-year in the lead-up to the traditional start of the summer cruise season in September, initially in Australia and then trans-Tasman.

There are a range of government COVID restrictions that impact on the restart and operation of cruise services. This proposed timetable reflects industry recommendations on how expedition

and broader domestic cruise businesses can reopen and operate in a COVIDSafe way, initially offering local cruises to locals while international borders remain closed.

The cruise sector subscribes to an industry code through Cruise Line Industry Association's (CLIA) health framework to define cruising's future. This framework outlines a phased approach to a return to sailing, the CLIA COVID-19 Member Policy entails a comprehensive layered prevention, detection and response strategy from the time of booking to disembarkation. This provides the confidence that cruise restart can occur safely in Australian, as is already happening in other jurisdictions.

Domestic cruise restart relies on the Commonwealth Government finalizing a framework that allows cruise ships to re-enter Australia. With long-lead times to prepare ships for operation and quarantine crew, the pathway to cruise resumption needs to be announced as soon as possible to allow the industry to plan and to work with governments on re-entry in a COVID-safe way.

Recommendations:

- Re-commence domestic expedition cruises (such as those that normally operate in the Kimberley or Queensland coast) irrespective of whether the vessel is Australian or foreign-owned and flagged, as the first stage of cruise restart. This is an important component of domestic tourism recovery, particularly in regional NT and WA communities usually serviced by these expedition ship operators.

- Finalise the framework for broader cruise resumption as soon as possible, so that cruise lines and the extensive supply chain can begin planning for the pathway to cruise restart in the second half of 2021 to provide certainty to the more than 18,000 Australian jobs supported by cruise, and the more than $5B in economic activity cruise delivers across multiple travel, tourism, and supply sectors.

How Government Supports Business

Businesses which remain highly impacted as a result of government restrictions to combat COVID-19, in particular the international border closure, must continue to be supported.

Surviving businesses will play a critical role in the recovery, adding high value to the economic opportunities that arise as Australia and the world come out of the crisis.

Recommendation:

As vaccine rollout dates are extended, targeted support for those businesses impacted by government restrictions need to continue.

Two overarching principles for ongoing support to business:

The best support for business is:

- certainty in the way State & Territory governments respond to COVID cases in accordance with the national framework;
- a clear path, with whole of Government commitment, to reopening international travel that appropriately manages the health risk, including commencement with controlled groups including cohorts such as international students, and
- effective, transparent roll out of vaccine and, as a consequence, easing of restrictions as soon as it is safe to do so.

Any structured support should be targeted to those businesses:

- that were operating prior to COVID and have the future potential to be successful economic contributors and job generators;
- that as a result of government restrictions and **through no fault of their own** are still being significantly impacted, and
- which would be of high value to the economic opportunities that arise as Australia and the world come out of the crisis - in other words we are preserving future jobs.

How we communicate during the vaccine rollout

Good communication is essential to building and maintaining confidence in the vaccine rollout and overall COVID response, and to reducing vaccine hesitancy.

At present, businesses and communities have an uphill battle keeping abreast of evolving advice on vaccine safety and availability, rollout (phase) plans and workplace implications. Commonwealth and State/Territory Governments working at odds with one another further complicates matters.

This is resulting in an erosion of confidence and trust, limited information dissemination to networks and hesitancy in making critical business investment and operational decisions.

Controlling the spread of COVID-19 and reopening Australia requires widespread voluntary uptake of recommended prevention measures, as well as a willingness to get vaccinated. Australians need to know governments are working effectively and expeditiously together towards an outcome.

The ACCI network has significant concerns about information gaps. Public health professionals cannot overcome these alone. Addressing these challenges requires tailored and cohesive communication across stakeholders and sectors.

Areas requiring improvement

Lack of common & consistent language	Work being done in silos between Federal Departments and State & Federal Governments	Lack of early and sustained engagement with industry on vaccine rollout
Content not always fit-for-purpose	Lack of understanding 'what next' means industry associations can't prepare members in advance	Managing different threads of vaccine advice from different sources is challenging.

Business groups can and are keen to support, amplify and extend government communications. Early engagement will maximise opportunities for collaboration.

Opportunities as we move to wider population vaccination rollout include:

- Business are a trusted intermediary for messages and information.
- Industry Associations have large and well-established networks to easily disseminate information and the ability to target information to certain sectors.
- ACCI has a large international network and experiences to draw from[3] .
- Industry Associations can feed real-time data and trends through to better target information to the issue of the day.
- By engaging with industry early, in advance of next phases, industry input into draft content and messaging can ensure resources are fit-for-purpose and widely used.

Recommendations:

- Commitment to consistency of messaging, both over time, across different persons within government and different levels of government (unless changing health advice necessitates a new or amended message in which case this is clearly explained). This includes:

  - A single source of truth on vaccine rollout coordinated between State and Federal levels of government.

  - Communicating with an agreed common language.

  - Actively manage community expectations through clear communication of risk (current and changing), balanced with messages to increase public confidence (i.e. transparent and timely vaccination numbers).

  - Actively engage and consult meaningfully and in a timely fashion with business representatives, on decisions that impact people in business, including on businesses involvement in the vaccine rollout and targeted vaccine communications to workplaces.

- [3] International Chambers of Commerce, Business at OECD, international Organisation of Employers, Business Partners to CONVINCE

Reopening Metrics

Although there have been significant improvements through recent National Cabinet agreements to publish daily and weekly COVID-19 vaccination data, we seek a further commitment to continual improvement as situations and information evolve.

Below are additional key metrics industry would like published by the Commonwealth and jurisdictions:

Metric	Rationale
Vaccine metrics	
How many people in Australia have received their first dose of vaccine?	Vaccine percentages and number of doses available help to instil business and community confidence
How many people have received their second dose of vaccine?	
Overseas and local manufacturing dose numbers (doses ready for distribution)	
Milestones such as significant majority of Phase 1a vaccinated	Signals potential easing of restrictions.
Percentage of priority cohorts vaccinated i.e. what proportion of quarantine or health care workers	Linked to easing restrictions and increasing international arrival caps.
Testing / tracing metrics	
Continue with current metrics with the addition of: Percentage of different COVID virus strains in confirmed cases	Identify dominant variant strains and strains of concern that may change risk and restriction response.
COVID case metrics	
Where confirmed COVID cases originate from	Risk profiling of international regions/ports.
Returning traveller metrics	
Percentage of returning Australian's through hotel quarantine (per week) against available spots and against the number wishing to return.	Provides an indication of places available for other cohorts of international arrivals and when all Australians will be returned.
What is the country of origin (countries visited in previous two or four weeks before arrival) for the returning traveller who have tested positive versus those that did not have the virus. E.g., there have been no positive COVID cases in the x number of travellers who have been only in Singapore in the last four weeks before arrival.	This should enable evidence that some countries are proving to be low risk.

How we boost vaccine literacy and reduce hesitancy

Successfully vaccinating Australia (and then the global population) presents several challenges, from production to distribution, deployment, and importantly, voluntary take-up.

Public trust in COVID-19 vaccines and consequent vaccination will be as essential as the effectiveness of the vaccines themselves.

Public trust in vaccines is impacted by the way in which the Federal, State and Territory governments communicate, how transparent they are with vaccine-related information, the consistency of the information and the level of engagement undertaken with industry and communities.

While only a relatively small minority of Australians hold strong anti-vaccination views (9 per cent as of February data), hesitancy around COVID-19 vaccination is evident with approximately 27 per cent of people looking to delay vaccination once available to them. This has been exacerbated by the recent health advice regarding the AstraZenica vaccine.

To combat vaccine hesitancy, ACCI joined the global initiative Business Partners to CONVINCE which has beenlaunched to mobilize the private sector to increase public confidence in COVID-19 vaccine uptake, given the availability of safe and efficacious vaccines.

B2BCONVINCE Background

COVID-19 vaccine confidence leading to vaccine uptake will directly contribute to individual, family, community and societal health and well-being, in turn keeping people working and traveling and keeping the global economy functioning. The private sector can play a pivotal role in addressing vaccine hesitancy with its extensive reach and the high level of trust imbued in most employers. Our goal, in collaboration with global and national business partners, is to mobilize the private sector to increase public confidence in COVID-19 vaccine uptake, given the availability of safe and efficacious vaccines.

The global COVID-19 New Vaccine INformation, Communication and Education (CONVINCE) Initiative, affiliated with the Vaccine Confidence Project of the London School of Hygiene and Tropical Medicine (LSHTM), the City University of New York, School of Public Health & Health Policy (CUNY SPH) and the government of the United Kingdom, is building multi-sectoral commitment to develop trust in vaccines by preparing accurate and convincing information sources.

To support and advance the goals of the CONVINCE Initiative, the United States Council for International Business (USCIB), the International Chamber of Commerce (ICC), The International Organization of Employers (IOE), Business at OECD (BIAC), CUNY SPH, the Center for International Private Enterprise (CIPE) and ACCI have formed a consortium as the private sector arm of the CONVINCE Initiative.

![Australian Chamber of Commerce and Industry]

Global COVID-19 Workplace Challenge.

Business Partners to CONVINCE (BP2C) have launched the **Global COVID-19 Workplace Challenge.**

Members of the BP2C Steering Team jointly agreed to develop vaccine literacy strategies based on science, facts and emerging information to counter hesitation and vaccination opponents through communication and education initiatives at the global, national and local levels.

Companies joining the Global COVID-19 Workplace Challenge agree to do the following:

- **Listen** to employees' needs and concerns about the impact and prevention of COVID-19
- **Follow** the latest public health guidance to protect myself, my employees, my workplace, my customers, and my community from COVID-19
- **Promote** vaccine literacy based on the latest scientific evidence of vaccination benefits and risks
- **Encourage** vaccine confidence and uptake
- **Advocate** for accessible, equitable, and timely vaccination of employees
- **Engage** with communities, schools, faith-based organizations and public health leaders to stop the spread of COVID-19

You can join and download the challenge toolkit here

How we rollout the vaccine to priority groups

Overarching goals of vaccine rollout: Reduce adverse health outcomes and support and accelerate economic recovery.

The primary indisputable objective is to address those with an increased risk, relative to others, of developing severe disease or outcomes from COVID-19.

Given this objective, ACCI fully supports the cohort approach being implemented by the National Cabinet. However, there is scope within that approach, particularly beyond 1 b, to discuss prioritisation and the opportunity to allow people to access vaccines ahead of when they otherwise would have been eligible.

Key Variables and Constraints

A key _variable_ is whether any/all vaccines not only reduce the clinical severity of symptoms and adverse outcomes but also prevent transmission. Definitive data is not yet available on transmissibility.

A key _constraint_ is the volume of doses available for various cohorts.

We further note that in the first wave (year) of roll-out of the vaccine(s) to the Australian population, emphasis will continue to be placed on individuals and businesses maintaining the current baseline health measures. We need to collectively avoid complacency that could arise from people assuming that the vaccine is the only tool necessary to stop the virus.

Three Key Objectives in considering prioritisation

De-risking supply chains

De-risking areas of supply chains so that they don't cause vulnerability to the ongoing provision of goods and services if there is an outbreak.

Maintaining supply chains was highlighted as one of the most challenging issues for businesses to overcome during the pandemic to-date. Businesses were hampered by freight and transport disruptions and had to manage the resulting cost-related issues. Additionally, restrictions personnel at manufacturing sites and warehousing were felt throughout national supply chains.

Outbound business travel and trade

Our key traders (be they goods, education, professional services or tourism) are losing contacts and connections with their international buyers and are not able to compete with competitor countries that are able to visit face to face. This is particularly the case in China where person to person and business to business contacts are even more important given the current environment.

Reduce COVIDSafe business costs

Identifying activities and sectors where current COVIDSafe arrangements are imposing a significant cost on the ability to provide services and goods is crucial. Can these arrangements be reassessed as the vaccine is rolled out -reducing the level of restrictions on business to reduce operating costs?

How we get Australia vaccinated

The original goal was to vaccinate 80% of Australians by October, starting with 4 million Australians in Phase 1a by 31st March. With 670,469 doses administered by that date, the country fell 83 per cent short of the initial target, and although there are now over 1.7 million vaccinated at least with one does at the end of April, this number is still well behind the original schedule. Overseas supply delays were the primary reason for the delay's experienced in February and March. As of early April, the changed advice from ATAGI on the recommended use of AstraZeneca created the potential for further future delays across all phases but predominantly Phase 3.

In early April, National Cabinet agreed to continue with the original Australian Vaccination Strategy for 1A and 1B priority populations, and most recently have agreed to bring forward the vaccination of the over 50 cohort to May. National Cabinet further agreed that the new ATAGI advice will require a recalibration of the Australian Vaccination Strategy for future phases (2A/2B, 3), with changes to be worked through in consultation with states, territories and medical experts over the coming weeks.

ACCI acknowledges that delays experienced have been predominantly outside of the Government's control. With reduced numbers of doses being supplied since the roll-out began, as well as changes in the health advice of the AstraZeneca vaccine, distribution to vaccine sites and ultimately to the arms of Australians has been impacted.

Many businesses are still heavily affected by government-imposed restrictions, such as the ongoing international border closure. Scrapping the vaccine timeline leaves a bigger question mark around when these restrictions will be lifted.

The absence of a timeline is more difficult for business to manage than a delayed timeline. No timeline makes it near impossible to plan and significantly impacts confidence. Targets must be set. We understand targets may need to move as the situation is complex and constantly changing but Government needs to partner with business and be transparent on the reasons for the moving targets so we can all understand the barriers to opening up Australia to the world again.

> Recommendation:
>
> Government produce a new national plan for easing domestic restrictions together with a broader travel restart, in partnership with business.

With confirmation of an additional 20million Pfizer vaccine doses, along with delivery of Novavax doses (pending TGA approval) in quarter four of 2021, business will hold government to an estimated completion date of March 2022 as a revised target noted in senate estimates prior to the advice surrounding AstraZeneca changing.

Recommendation:

All options for scaling-up vaccination rates should be considered and worked through not only with the States and Territories but key stakeholders including business and peak body representatives. These include:
- Mass vaccination hubs;
- Workplace vaccination sites (where possible); and
- Expanding who can administer vaccinations – i.e. including others with immunization experience such as nurse practitioners and travel (vaccine) clinics.

If these scaling-up options were implemented for the bulk of the adult population in Phase 3, we would then expect the speed of the rollout to increase and therefore bring a completion point forward to the end of 2021.

Given the change to AstraZeneca use, and that the lack of community transmission in Australia at present may potentially impact perceptions of the need for vaccination, particularly in younger people, there is a risk that the take up will not be as high as planned. This risk needs to be proactively managed as the flow on effect to the easing of restrictions has serious implications on business, the economy and jobs.

Recommendation:

A transparent plan is needed from Government on how it will respond should the take up be less than expected given the associated implications for restrictions and reopening, education campaigns, resourcing and budgets.

How we continue to be COVIDSafe at work

ACCI Principles for COVIDSafe measures

1. Health authorities (Chief Health Officers, Departments of Health) communicate any change to restrictions or advice to WHS Regulators (and other enforcers of Public Health Directions/Orders) as soon as practicable.

2. WHS Regulators regularly update COVIDSafe guidance to ensure this is consistent with updated Health Directions and advice.

3. Governments and Regulators work with industry representatives to review requirements, adopting lowest cost options where possible.

4. The review of COVIDSafe measures is informed by the latest health/risk advice and data.

Recommendation:

Safe Work Australia Members should agree to regularly review and update COVIDSafe guidance to ensure consistency with updated Health Directions. A regular review schedule of 3 months or following an announcement of changed restrictions by National Cabinet and its representatives is proposed.

Regular reviews would also have to the benefit of deterring complacency as the vaccine rollout continues. Workplaces would be prompted to then also review and ensure appropriate controls are in place commensurate to the risk due to the regular reminders and reinforcement of guidance.

How we manage workplace vaccinations

ACCI Principles for workplace vaccinations

1. ACCI supports National Cabinet's base position that COVID-19 vaccinations be voluntary.

2. We are committed to helping build high rates of trust and confidence in vaccination.

3. We recognise that workplaces are an important setting for public health information on vaccines and are committed to helping promote vaccine literacy.

4. We are committed to promoting the maintenance of COVIDSafe plans and practices (i.e. social distancing, cleaning, hygiene, PPE etc) within all Australian workplaces so long as they are necessary based on the latest health science, not cost prohibitive and proportionate to the risk.

5. Any guidance produced for workplaces needs to be informed by input from employer and employee representatives.

6. A multi-department/agency (Department of Health/Attorney-General's/SWA/FWO/Prime Minister & Cabinet) coordinated response is critical.

7. Any Government role in mandating vaccines should rest with the relevant health authorities and WHS Regulators should under no circumstances seek to impose such a requirement without health orders, nor seek to regulate in place of health authorities.

Revised Statement of Regulatory Intent from WHS authorities

The Heads of Workplace Safety Authorities (HWSA), have published a revised statement of Regulatory Intent – Regulatory approach to Australian Work Health and Safety legislation – COVID-19.

ACCI advocated for a revised statement following the start of the vaccine rollout and the need for a clear statement that Regulators would be guided by Public Health Directions as to vaccine mandates and any related requirements.

The revised statement notes that "*WHS Regulators agree that employers should follow the public health advice in their jurisdictions in relation to COVID-19 vaccines.*"

The revised statement however has created some confusion with an added reference to vaccines as 'a higher order control'. This has significant practical implications for businesses and warrants further clarification from regulators as to how this may impact regulatory activities and expectations on employers.

"Vaccinations are considered a high order risk control measure; however, employers should continue to apply all reasonably practicable COVID-19 control measures."

This reference to COVID vaccines sets an expectation (state of knowledge) that if COVID-19 exposure risk is present in a workplace, vaccination is a 'higher order control' and should be considered in terms of managing the risk before reliance on lower controls such as administrative policies or PPE. The qualification to this is 'reasonably practicable'.

It may not be reasonably practicable to implement vaccination in workplaces at this point in time given the low availability of vaccines beyond Phase 1a/1b cohorts and questions as to the impact on transmission. However, once the vaccine is widely available to specific cohorts or sectors and transmission data confirmed, there would be a perceived obligation for the PCBU to justify why they did not implement a vaccination policy to manage exposure risk (if present).

The revised statement was prepared by HWSA, in consultation with all HWSA members but employer and employee representatives were not consulted. The resulting confusion between on one hand, a message that Regulators acknowledge this as a voluntary Government program but on the other, felt the need to specify COVID vaccines as a 'higher order control' is a good example as to the importance of tripartite consultation on COVID and vaccine matters.

Furthermore, as per the final sentence of the statement, the statement does not apply to the WHS regulators in the Australian Capital Territory or Victoria. ACCI has received no response from either jurisdiction as to why they did not endorse the statement and what the implications of this are for employers within these jurisdictions.

Worker's Compensation Liabilities

There are increasing concerns from employers as to what liabilities they may face if they facilitate or promote the uptake of COVID vaccines.

At present, we have four distinct scenarios to consider in relation to the question:

"**Can a worker's adverse reaction to a COVID vaccine be considered a compensable workers' compensation claim?"**

1. **If an <u>employer 'mandates'</u> (implements a vaccination policy) that employees be vaccinated**

Although each claim with be dependent on the facts of the individual claim and noting workers' compensation laws differ in each state and territory - in most cases yes, it is likely an adverse reaction would be found compensable.

2. **If a <u>Public Health Direction mandates</u> that employees be vaccinated**

It is dependent on the wording of the Direction. The current wording of the QLD Direction (31st March) creates an obligation on the employee to be vaccinated (not an obligation on the employer or a requirement for the employer to facilitate vaccination). It is a weaker link to employment and unlikely to be found compensable.

3. **If an <u>employer facilitates</u> voluntary vaccination at the worksite**

> Although each claim with be dependent on the facts of the individual claim and noting workers' compensation laws differ in each state and territory – the link to employment is stronger and it may be compensable.
>
> **4. If an <u>employer promotes and encourages</u> voluntary vaccination**
>
> Although each claim with be dependent on the facts of the individual claim and noting workers' compensation laws differ in each state and territory – the link to employment is weaker however it may be compensable.

Although Australian businesses want to support the Governments vaccination strategy, there is increasing hesitancy of business to actively promote or contemplate facilitation of vaccination given the potential liability from a workers' compensation claim.

In the 2020-21 Budget Papers, the Australian Government announced that it provided an indemnity to Oxford University/AstraZeneca, 'covering certain liabilities that could result from the use of the vaccine'. GP's are also afforded indemnities.

Unlike countries such as the US and UK, Australia does not have a no-fault vaccine compensation scheme or specific COVID-19 vaccine compensation scheme for rare side effects. Further, Australia's National Disability Insurance Scheme does not compensate individuals for temporary vaccine-related injuries.

> Recommendation:
>
> If vaccine-manufacturers and GP's are afforded protection by way of vaccine adverse event indemnity, a business which promotes and supports an employee getting vaccinated should be provided equal protections. Small businesses in particular are not in a position to manage these risks and accept the liabilities.

One option to provide coverage to employers (and others) is for the Government to establish a COVID-19 vaccine no-fault compensation scheme to compensate for adverse events as COVID-19 vaccine rollout plan progresses. We acknowledge however that the cost would be significant with potentially little uptake of the scheme depending on the likelihood of adverse events, the severity of these and the willingness of individuals to make a claim.

Another option may be to weaken the link to employment as much as possible by employers carefully wordsmithing how they 'promote/encourage' vaccination in order to reduce the risk. For example, only referring to vaccination in the context of "The Government's Vaccine Strategy, and 'the Government' is encouraging Australians to ...."

Specifically, employers would also decline any involvement in workplace/worksite vaccination hubs.

ACCI has requested that Workers' Compensation authorities provide regular updates in relation to COVID vaccine related claims and the threshold of liability for these claims. State and Territory Regulators indicated this would be possible.

Risk informed: TGA Adverse Event data

Given the potential liabilities, specifically the potential for a workers' compensation claim in this instance, all employers should have an understanding of the risk of an adverse event following vaccination in order to make an informed decision about the extent to which they will participate in the Governments vaccine strategy.

One measure of risk is the number of adverse events reported to the TGA.

The Therapeutic Goods Administration (TGA) has been closely monitoring suspected side effects (also known as adverse events) from the use of COVID-19 vaccines since the national roll-out began on 22 February 2021.

The TGA provides a weekly safety report on COVID-19 vaccines. It is important to note however that:

- Adverse events reported to the TGA may not be caused by the vaccine.
- Not all adverse events are reported, especially for minor and well-known side effects.
- As the data entry and analysis of incoming reports is ongoing, the information may change as additional reports are completed, data quality is reviewed or further information is provided.
- Total numbers may also change as duplicate reports are identified.

AusVaxSafety provides another measure of risk.

AusVaxSafety is conducting active vaccine safety surveillance of the vaccines in use. Surveillance data have been provided by Vaxtracker and SmartVax based on surveys sent on Day 3 after the vaccination. Data is updated weekly.

Pfizer - as at 11 April 2021

	Dose 1	Dose 2
Reported no adverse event	63.3%	39.9
Reported **any** adverse event, including...	36.7%	60.1
Who reported missing work, study or routine duties for a short period (<1 day missed by the majority).	4.7%	21.9
Who reported seeing a doctor or going to emergency department in the days after vaccination.	0.6%	1.8

AstraZeneca – as at 11 April 2021

	Dose 1	Dose 2
Reported no adverse event	36.2	
Reported **any** adverse event, including...	63.8	
Who reported missing work, study or routine duties for a short period (<1 day missed by the majority).	23.2	
Who reported seeing a doctor or going to emergency department in the days after vaccination.	1.6	

Public Health Direction mandating vaccinations in high-risk work

Queensland has a current Direction as of March 31, 2021. Western Australia has also indicated it is moving to make COVID-19 vaccination mandatory to work in WA's hotel quarantine system from May 10, 2021.

In order to provide national consistency of approach to mandating vaccination in high-risk settings:

Recommendation:

AHPPC should develop a model Public Health Direction for consistent adoption by States and Territories through National Cabinet. ACCI acknowledges that the timing of implementing this Direction may vary depending on vaccine distribution/availability.

We recommend using the QLD Direction (31st March) as a starting point noting the comments below:

- The definition of "Relevant employee": we recommend that any jurisdiction looking at adopting a similar definition need to:
  - ensure that those workers specified or who may be captured under the definition have access to a recommended vaccine.
  - Ensure there is proper clarity and distinction between those who meet a definition of relevant employee and those who are independent contractors so as to not confuse these mutually exclusive terms and to align terminology with the Fair Work Act and Independent Contractors Act. This should be the case even where the recommendations for both may be consistent, given the prevalence of Labour Hire workers in high risk COVID-19 related work.
- If vaccination is prescribed and there is no access to vaccines – are sections 4 and 5 sufficient for all scenarios?
- The specified vaccination date needs to have some flexibility due to the uncertainty of dose supply and distribution times.
- Remove all reference to redeployment or any related IR processes as this is outside the remit of PHO's. This should be left to the provisions of the Fair Work Act or relevant state industrial relations legislation.