

COVID-19 Public Health Rationale

Border Restrictions Direction (No. 36)

Summary

Domestic border restrictions with hotspot declarations are a major protective policy lever in Queensland's COVID-19 response. Border controls triage and restrict entry to Queensland during widespread or ongoing community transmission interstate. Lasting state-wide border closures have been replaced by shorter-term declarations that are informed by the risk mitigations in place in the jurisdiction of concern and the specific risks to Queensland. Currently, all Local Government Areas (LGAs) of New South Wales are declared hotspots, to limit movement into Queensland.

A Border Zone with New South Wales is a key feature of Queensland's border restrictions when broader restrictions on entry to Queensland from New South Wales are in place. Border restrictions have the potential to impact upon the livelihood, wellbeing and/or health of people living in border communities and the sustainable operations of key industries that rely on cross-border workers. This is the case for many communities along the Queensland-New South Wales border which rely heavily on cross-border movements for their day to day essential activities.

On 14 August 2021 NSW announced that lockdown restrictions would be extended to the entire state, including all of the border zone LGAs. In response, Queensland made changes to the *Border Restrictions Direction* to significantly restrict the circumstances by which someone can enter Queensland from any of the LGAs in the Border Zone without quarantining to a limited set of essential purposes.

This rationale covers an update to the Border Restrictions Direction that is necessary to support the ongoing functioning of a range of critical services while border movement is restricted, by ensuring that workers who provide essential these services are able to enter Queensland from the border zone. The updated Direction also clarifies terminology and timeframes about the stay at home requirements for Queensland residents returning from the Border Zone.

In summary, the updated Direction:

- Introduces new requirements for essential workers travelling between Queensland and the New South Wales border to have received at least one dose of a COVID vaccine to be permitted to enter Queensland (NSW residents) or in the case of a Queensland resident to be permitted to enter Queensland without having to undertake hotel quarantine.
- Allows only essential workers to enter Queensland from Border Zone communities for the purposes of obtaining a COVID-19 vaccination.
- Clarifies vulnerable children may attend school or childcare in the border zone and vice versa.
- Adjusts the terminology from 'quarantine' to 'stay at home requirements' for Queensland residents who enter the border zone for an essential purpose and return home – this is to distinguish the requirement from strict quarantine for close contacts and people entering hotel quarantine from other hotspots;

- Includes a timeframe for the stay at home requirements for Queensland residents who enter the border zone for an essential purpose and return home – they must follow the stay at home requirements until 14 days have passed since the person was in the border zone.
- Inserts the following two categories into the definition of ‘essential work’ for the purposes of movement between the border zone:
 - a pathology collection worker, including a pathology courier; and
 - an aged care or disability worker, where considered essential to maintain continuity of care for aged care recipients or people with disability.
- Amends the definition of ‘essential work’ to clarify that essential work is only what is performed by the specific types of workers listed in that definition – i.e. the list of workers is exhaustive.

The updated Direction will be effective from 1 am 21 August 2021.

This rationale should be read in conjunction with the rationale for the *Border Restrictions Direction (No. 35)*, dated 14 August 2021.

Policy rationale as at 17 August 2021

Current requirements

The deteriorating situation in NSW and the announcement of lockdown restrictions for the entire State has again changed the risk profile associated with the permitted purposes under the current arrangement for the Border Zone LGAs.

On 14 August, Queensland tightened permitted purposes for cross-border movements into Queensland for Queensland residents and border zone residents who have been in all of the Border Zone LGAs, to provide protection to ensure the widespread outbreak in NSW does not breach into the Queensland community.

Under the Direction, the only permitted purposes for cross-border movements into Queensland are:

- to obtain food or other essential goods or services for the personal needs of the household or other household purposes, which cannot reasonably be obtained within NSW; or
- to obtain medical care or supplies or other health care services, including a COVID-19 vaccination, which cannot reasonably be obtained within NSW; or
- to perform essential work that cannot be done from home, or to provide emergency volunteering; or
- for children of essential workers and an adult that may transport the child, to attend face to face schooling or to attend a childcare facility, or
- to provide assistance, care or support to a family member or to fulfil other caring responsibilities; or
- to fulfil an obligation relating to shared parenting or child contact; or
- for children under 18 years who do not live in the same household as their biological parents or siblings or one of their parents or siblings, continuing existing arrangements for access to, and contact between, parents and children and siblings; or
- in the event of an emergency situation.

It is important to note that the definition of essential work in this context is very narrow. It encompasses work that is urgently required for safety reasons, for emergency repairs, or that is necessary to maintain

essential services and supplies to the community, or to a part of the community. It includes work performed by medical practitioners and prescribed health practitioners; emergency services workers; defence; freight and logistics operators; emergency infrastructure workers; air and maritime crew; emergency volunteers; disaster management workers; critical infrastructure workers and tradespeople and construction workers for essential or emergency construction or repairs only.

New Requirements

Vaccination Requirements

On 16 August, Queensland announced that from 20 August, all essential workers who cross the Queensland border will be required to have had at least their first dose of the COVID-19 vaccine.

Increasingly, evidence is confirming that COVID-19 vaccines are efficient at preventing serious illness and death from COVID-19, with efficacy against symptoms of the disease in clinical trials up to 95 per cent (Pfizer/BioNTech), and similar rates emerging in real world application. Reassuringly, evidence is also increasing that vaccines may work to substantially reduce transmission, although work is still being done to determine this in the context of the Delta variant of COVID-19. In a recent study, the amount of virus detected was significantly lower in those who got vaccinated compared to unvaccinated people.

The vaccine rollout in Australia and in Queensland is still in its early stages and public health benefits from vaccines are not yet realised to an extent that will measurably prevent community transmission, particularly with the emergence of more transmissible variants of concern and the presence of the spread of the Delta strain in Australia. The current situation in NSW, with over 8,218 locally acquired cases reported since 16 June, when the first case in the Bondi cluster was reported, despite lockdown restrictions being in place for over seven weeks, demonstrate how quickly the virus can spread and the difficulties associated with containing an outbreak.

Accordingly, appropriate public health protections are still needed to contain transmission and spread of the virus.

As noted above, from 20 August 2021, essential workers who cross the Queensland border will be required to have at least one dose of the COVID-19 vaccination. In this situation, where essential workers' ability to enter Queensland is tied to them being vaccinated, it is appropriate to allow them to seek out vaccination in Queensland in the time leading up to 20 August.

A significant amount of essential workers for the purposes of the Border Zone are already in a priority group for vaccination (for example health care workers, and emergency services workers), and it is likely that anyone seeking to enter Queensland as an essential worker will have already had the opportunity to be vaccinated. Queensland Health is working with relevant Hospital and Health Services to support rapid vaccination of remaining unvaccinated persons this cohort.

The current Direction provides that an eligible person may enter Queensland for the essential purpose to attend a scheduled COVID-19 vaccination, which cannot be reasonably be obtained in NSW. However, as the situation in NSW escalates, there is a risk that people who are seeking vaccination appointments in Queensland may transmit the virus into the Queensland community.

Vaccinations are readily available in NSW, including the Border Zone. For example, multiple vaccination locations are open in Tweed Heads, as well as Western NSW Border Zone towns including Bourke, Walgett and Moree. Given the increased transmission risk, it is appropriate that Border Zone residents seek vaccination on the NSW side of the border, rather than entering Queensland to be vaccinated.

Conversely, for a Queensland resident to be permitted to enter Queensland without having to undertake hotel quarantine, they will also need to have received at least one dose of a COVID vaccine.

Definition of essential work

As noted above, in this time of heightened community transmission of COVID-19 in NSW, only a very narrow interpretation of essential work for the purposes of crossing the border is appropriate. The current definition of essential worker in the Direction is prescriptive and specifies each of the particular roles.

It is acknowledged that there are likely to be some types of work that fall within the broad intention of the Direction, but do not meet any of the particular roles prescribed in the definition. It is also likely that these types of work may continue to be identified.

For example, Queensland Health is aware of some mortuary operators who operate premises on both sides of the border, with staff not able to cross the border to perform specialised processes to prepare bodies for burial.

Under the current Direction, these workers' only option will be to apply for a Chief Health Officer exemption to enter Queensland. There is a need for a mechanism that permits, in very limited circumstances, people outside of the existing categories of essential worker to cross into Queensland to perform essential work. To ensure that this option is only employed in the most serious of situations, it is appropriate for any worker to be endorsed as an essential border zone worker by the chief executive of the relevant government authority. The Chief Health Officer has informed the Directors-General of Queensland Government agencies that the expectation is that this endorsement will only be given where absolutely necessary, and where the chief executive is satisfied that the person does not present a risk of transmitting COVID-19.

Vulnerable children

Queensland Health understands that a number of vulnerable children reside in the border zone but attend care or school in Queensland.

The current provisions of the Direction provide for children of essential workers to enter Queensland, along with movement to fulfil existing shared parenting or child contact arrangements, but there is not a specific provision regarding vulnerable children.

In its analysis of the COVID-19 pandemic, UNICEF identified several potential negative consequences for children and adolescents, including the increased risk of child maltreatment and exposure to violence. UNICEF also noted that children with disabilities, marginalised children and other vulnerable groups are more exposed to these impacts. This outcome has been observed following other health emergencies and natural disasters. This risk can result in an increase in caregivers' distress and use of dysfunctional coping mechanisms, such as alcohol abuse, the disruption of the support usually offered by social services and a loss of belonging to a network and community.¹ Being able to leave the home environment is an important factor in mitigating these risks.

In addition, vulnerable children are also often reliant on specific services that are provided at the place of education such as psychological support and meal services. In line with this understanding, Queensland has throughout the pandemic when stay-at-home restrictions have been imposed across or in parts of the state enabled vulnerable children to continue to attend school to mitigate these risks to their health and wellbeing.

It is therefore appropriate for the Direction to specifically provide that vulnerable children may enter Queensland from the Border Zone to attend face to face schooling or attend a childcare facility.

¹ Don't let children be the hidden victims of COVID-19 pandemic, UNICEF 9 April 2020 accessed on 16 August at <https://www.unicef.org/press-releases/dont-let-children-be-hidden-victims-covid-19-pandemic>

Clarifications for quarantine requirements

The current Direction provides for quarantine requirements for Queensland residents who return from the Border Zone. These persons are required to quarantine at a private residence, with a limited range of permitted reasons to leave the premises. However, the Direction also provides for specific quarantine requirements for people who enter Queensland from a hotspot or who have been overseas in the previous 14 days. Quarantine requirements are also provided in other Public Health Directions, such as the *Quarantine for International Arrivals Direction*.

The stay-at-home requirements in this direction differ from these quarantine requirements and referring to them as “quarantine” requirements has the potential to lead to confusion. For this reason and for clarity, the Direction will instead refer to ‘stay at home requirements’ for Queensland residents who enter the border zone for an essential purpose and return home.

In addition, there is also a need for the Direction to clarify the amount of time this stay-at-home requirement applies for.

Need for continuing pathology services

The definition of essential work for the purposes of entering Queensland from the Border Zone under the Border Restrictions Direction covers health care workers in terms of clinicians, however it is acknowledged that the current definition does not explicitly cover some critical pathology services. This includes pathology workers such as phlebotomists and collection centre staff who may reside in the Border Zone, as well as pathology couriers who transport stock and specimens between locations.

For example, at least one pathology provider has a daily courier run between Lismore and Brisbane that involves taking stock from Brisbane to the Lismore laboratory, as well as taking pathology samples collected in Northern NSW back to Brisbane for processing. This includes COVID swabs – last week 6,000 were processed in this way.

Pathology services are essential, particularly during the pandemic when widespread COVID testing is a key part of the response. It is critical for both Queensland and NSW that these services are able to continue operating, particularly during times of increased community transmission.

In addition, pathology providers are responsible for frontline workers in the COVID-19 response and are well-practised in ensuring that staff are adhering to PPE requirements, physical distancing, and other necessary requirements. Queensland Health can be confident that pathology staff will adhere to these requirements, and requirements to stay at home when in Queensland following any trips into Queensland from the Border Zone.

It is therefore appropriate that pathology collection workers and couriers can enter Queensland from the Border Zone as essential workers.

Need for continuing aged care and disability services

In addition to the current risk of COVID-19 being introduced to the general Queensland community by a Border Zone worker, several tragic events earlier in the pandemic have shown that the consequences of a COVID-19 incursion at a facility that houses vulnerable persons can be significant. Accordingly, residential aged care facilities and disability accommodation are subject to a range of higher protections under Queensland’s public health directions, including visitor restrictions that are applied during times of heightened community transmission.

Queensland Health understands that there are residential aged care facilities and disability accommodation facilities on both sides of the Queensland-NSW border with staff who routinely cross the border for work.

While prescribed health practitioners, including clinicians and allied health practitioners are able to cross under the current Direction, a significant proportion of the aged care and disability workforce is made up of personal care workers who assist residents with day-to-day tasks. These workers are critical to the operation of residential aged care facilities and disability accommodation services, but do not fit within the definition of prescribed health practitioners and they are currently not permitted to cross the border for work purposes.

It is well known that the aged care and disability sectors are facing significant workforce shortages and finding appropriate Queensland-based replacement staff may not be possible for some operators, particularly smaller residential facilities. It is therefore appropriate, balanced against the need and the existing protections in place, to allow these workers to enter Queensland from the Border Zone under very strict circumstances.

Residential aged care and disability service operators are acutely aware of the risk of introducing COVID-19 into a facility and into Queensland more generally, and it is expected that only workers who are absolutely necessary will travel into Queensland under these updated provisions.

Public Health Considerations as at 17 August 2021

Epidemiological situation

Queensland

- As at 17 August, Queensland has 110 active cases, with the State's total case numbers at 1,957.
- As of 17 August, 4,160 people are in hotel quarantine, 2,895 people are subject to a direction to home quarantine and 593 are in alternative quarantine (such as on-farm quarantine for seasonal workers).
- As at 17 August, Queensland has administered a total of 1,112,198 COVID-19 vaccine doses. Over 43 per cent of Queenslanders have had one shot and over 24 per cent are fully vaccinated.
- In response to community transmission of the highly virulent Delta strain, South-East Queensland entered the strictest lockdown to date from 31 July to 8 August.
- Currently a total of 144 cases have been linked to the Indooroopilly Delta cluster, with a significant number of these cases being children.
- From 8 August a three-day lockdown for Cairns and Yarrabah was put in place and ended as planned on 11 August. No additional cases beyond the initial two linked cases of concern were detected.

National

- As at 16 August 2021, nationally there have been 39,615 cases, including 965 deaths, reported since January 2020.

New South Wales

- On 16 August, NSW reported 478 new locally acquired cases of COVID-19 in the past 24 hours. This brings the current outbreak to 8,218 cases. This marked the third day that new cases have exceeded 400 in a 24-hour period.
- As at 15 August, NSW has 391 COVID-19 cases admitted to hospital, with 66 people in intensive care, 28 of whom require ventilation.
- A total of 56 people have died in NSW during the current outbreak.

Victoria

- Victoria entered a snap lockdown for 7-days on 5 August, in response to unlinked community cases of the Delta variant. This was extended on 11 August to two weeks, to 19 August.
- On 16 August, Victoria reported 22 new locally acquired cases and the number of exposure sites exceeds 530.
- Victoria currently has 205 active cases.

South Australia

- South Australia reported no new locally acquired cases on 15 August.
- There are currently 2 active cases.
- On 5 August, level 3 restrictions eased in South Australia, including mask wearing and gathering restrictions, were lifted. South Australia announced a further modest easing of restrictions to increase hospitality venue to 75 per cent capacity from 12 August.

Global

- As at 16 August, a total of 207,133,215 confirmed cases of COVID-19, including 4,361,361 deaths.
- The five countries reporting the highest number of weekly cases are the United States of America, India, Iran, Brazil and Indonesia.

Public Health System capacity

- Queensland Public Health Units continue to work to ensure the Queensland community is complying with public health controls. Another key focus for Queensland's Public Health Units is to ensure that those directed to undertake quarantine comply with all requirements, including the testing regime.
- Additional restrictions are imposed and lifted in response to evidence of community outbreaks to ensure the safety of Queenslanders, and more specifically our most vulnerable people in residential aged care facilities, hospitals, and disability accommodation services.
- While responses to COVID-19 community clusters have been managed well, it is important to mitigate against further clusters, and in particular, quickly bring clusters under control through effective contact tracing, in order to maintain the integrity of the health system to respond to non-COVID-19 related care.

Health Care System capacity

- Queensland's hospitals and health workers are well prepared and well equipped to meet the challenge of COVID-19.
- The recent outbreak in Queensland demonstrated the impact that a rapidly spreading outbreak can have on health system capacity.
- With connections to exposure sites, and as close contacts of affected students, a significant number of clinicians were placed into quarantine.
- In early August, hospitals across Queensland rescheduled non-urgent elective surgery due to the direct impact of the Indooroopilly Delta Cluster on capacity.

- The Designated COVID-19 Hospital Network Direction generally requires all COVID-positive persons to be treated in a COVID-19 ward in a designated hospital. Due to recent surges of COVID-19 patients, modelling suggested that all currently identified suitable beds would be full within days. To ensure that the designated hospital network can prioritise acute hospital inpatient capacity, Queensland Health moved to a model of managing COVID-19 cases not requiring direct clinical care (well) patients virtually in their home via their respective Hospital in the Home (HITH) service.
- As at 17 August, 28 patients are currently being treated in hospital, including 1 ICU patient. 80 COVID-19 positive patients are being treated via their respective HITH service, and 2 cases are awaiting transfer.
- Queensland's Personal Protective Equipment (PPE) supply-chain is sound, and Queensland Health currently has adequate stock holdings.
- Queensland has sufficient ventilators for a mild or moderate outbreak and additional ventilators have been procured, along with other critical medical equipment, to ensure Queensland is well prepared.

Community acceptance and adherence

- The public health response to COVID-19 has been in place for close to 18 months. The public is familiar with standard measures to reduce transmission (e.g. physical distancing), and businesses have embedded COVID-safe practices. Queensland is in a strong position and Queenslanders have enjoyed minimal restrictions and confidence in our public health response for much of the pandemic so far.
- Protests have recently been held in response to lockdowns across multiple jurisdictions, and there are ongoing concerns about compliance nationally. A planned second protest march in NSW in July was cancelled after strong messaging from law enforcement and health officials about the impact of this for public health efforts.
- Queensland's short and sharp lockdowns have so far been met with high compliance but some in the community are vulnerable to 'pandemic fatigue' and associated non-compliance is increasing.
- Queensland's recent outbreak has seen the highest level of enforcement needed since the pandemic began. A number of penalty infringement notices have been issued, some of which related to protest activity and others relating to breaches of lockdown requirements.

Wastewater monitoring

- To strengthen our surveillance capabilities and increase confidence that transmission is not occurring here, Queensland conducts a surveillance program to detect traces of coronavirus in wastewater in 19 communities across the state.
- Wastewater monitoring systems detect viral fragments and can help experts determine where in the state there might be people with a current or recent COVID-19 infection. The system has significant value in its potential to serve as an early warning system for potentially undetected cases. It cannot pinpoint the exact source of the viral fragments.
- In the week ending 15 August, viral fragments were detected at Luggage Point, and Oxley Creek, with some sites still to be tested. The relevant public health units have been notified.