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Dear Premier

## **MANDATORY VACCINATION OF HEALTH STAFF**

On 6 August 2021, I recommended that, given the serious public health risk posed to staff, patients and other users of the health care system, the availability of a safe and effective vaccine and the proportionate nature of such a mandate, I was of the view that, as the Chief Health Officer, the benefits outweighed the risks of mandatory vaccination of health care workers and that this should be implemented as soon as practicable.

I further recommended that mandatory vaccination be required by way of Directions issued under the *Public Health Act 2016*, and that this be introduced in a tiered manner. This would require all health care staff who work in high risk areas, both public and private, to be 100% vaccinated first, on or before a prescribed date. This would include, but is not limited to, all staff working in intensive care units, high dependency units, respiratory wards, emergency departments, vaccination clinics, COVID clinics and wards within high risk regional hospitals that have designated respiratory beds. The initial tier would be mandated to commence one month after announcement of the requirement. The requirement would then be extended to include medium risk staff, such as all remaining health care staff in private and public hospitals. This would be expected to commence 4 weeks after the first tier. The final tier would require all remaining health care and health support workers, who work at public health service facilities or premises occupied by the Department of Health or health service providers to be 100% vaccinated. This tier would be expected to commence 4 weeks after the middle tier and be in place no later than 1 December 2021, which would ensure that all health care workers would be required to be fully vaccinated on or before 31 December 2021. Health care and health support workers would also be required to be fully vaccinated within a month of their mandated initial vaccination requirement. While the initial vaccine will provide some protection after two weeks, the maximal benefit against the Delta variant, particularly against severe disease and hospitalisation, is

achieved after two doses, with between 92-96% of hospitalisations prevented by two doses of the vaccine.

On 28 June 2021, and largely in response to the impact of the Delta strain, the National Cabinet announced that COVID-19 vaccinations are to be mandated for residential aged care workers, as a condition of working in a residential aged care facility, from 17 September 2021. At its meeting of 09 July 2021, National Cabinet then announced that the COVID-19 vaccination would also be mandated for residential disability support workers from 31 October 2021. On 24 August 2021, the Australian Health Protection Principal Committee discussed the possible introduction of similar mandatory requirements for health care workers and the development of national guidance on mandatory vaccines for this sector. On 26 August 2021, New South Wales (NSW) formally mandated the requirement for all health care workers to receive at least a first dose of COVID-19 vaccine by 30 September 2021 by a Public Health Order.

While the introduction of a requirement for health workers to be vaccinated was taken to mitigate the ongoing risk of health staff contracting COVID-19 in the workplace, I am aware that elements of the proposed mandate may be contentious, and I am providing further clarification on the rationale behind this decision.

### **Timing of Decision**

When the COVID-19 vaccination program was introduced by the Commonwealth in early 2021, vaccine supplies were limited and directed towards priority groups for vaccination. Health and aged care workers were deemed to be in the highest priority group for vaccination, as they were at increased risk of exposure, of being infected with and transmitting SARS-CoV-2 to others at risk of severe disease, or were working in a setting with high transmission potential. As a result, all healthcare workers were provided with access to the COVID-19 vaccination in Phases 1A and 1B of the vaccine rollout, which commenced in Western Australia (WA) on 22 February 2021. Despite having priority access to coronavirus vaccines for over 6 months, a significant number of WA health care workers remain unvaccinated. As of 30 August 2021, 82.8% of State employed frontline health care workers in the metropolitan area were fully vaccinated and 57.5% of frontline workers in country WA, providing a total of 67.9% of frontline health care workers. 68% of all health care workers (including frontline health care workers) have been vaccinated.

Since February 2021, the Delta variant of the SARS-CoV-2 virus has become the dominant strain in Australia and is significantly more contagious than previous strains of the virus, with evidence indicating that limited and brief interactions are enough for transmission of the virus to occur. There is emerging evidence that this variant leads to more severe outcomes and people who have not been fully vaccinated against COVID-19 are most at risk. With large outbreaks in NSW and Victoria, and the potential importation and subsequent spread of COVID-19 in a very susceptible population, the move to mandate vaccination for health care workers and health support workers is necessary for the protection of staff, patients and other users of the health care system to maintain delivery of essential health care to the WA population

by protecting the workforce and reducing the impact of an outbreak on health operations, and to protect the WA community, particularly more vulnerable people who may need to attend health care facilities. While the vaccine program continues to progress, with 52% of the eligible WA population over 16 years of age having received their first dose, this coverage is not universal, with lagging coverage in rural areas and Aboriginal populations. Mitigating the disease risk to these populations while they are being vaccinated over the next four months will be critical, and this mandate will contribute to that protection.

### **Worker Categories**

Transmission of COVID-19 in health care settings has the potential to cause serious illness and avoidable deaths in staff, patients and other users of the health care system. Despite using best practice infection control, personal protective equipment and disease control measures, and ensuring staff are highly trained, health care environments can pose a high risk of exposure and, if infected, for transmission to other susceptible people, as demonstrated by the current outbreak at the Royal Melbourne Hospital with staff and patient infections and critical staff being required to quarantine. If this were to occur in WA, it could result in groups of health workers who are unable to work, due to disease or quarantine requirements, with degrading of normal hospital operations, and patients with a new iatrogenic disease that may further compromise their health. Vaccination is a highly successful and cost-effective intervention for reducing infection and spread of COVID-19 disease. Mandatory COVID-19 vaccination for health care and health support workers provides an additional level of protection for staff and patients.

The Directions need to impose vaccination requirements on both health care workers and health support workers because, while different categories of workers experience different levels of daily exposure, all will have a prolonged exposure over time that increases their risk. As such, there is a need for the requirement to include all personnel working at the health facility site, including contracted retail and food facilities, due to their interactions with potentially infected staff, patients and visitors and their potential to further spread to these groups. The proposed tiers of health care facilities are designed to ensure those at the highest risk are first prioritised for protection, but the protections will extend to all health workers, public and private, in a risk-based way over time. With the evidence indicating limited and brief droplet or aerosol exposure, or contact with a contaminated surface, is enough for transmission to occur, health support workers, other workers on site and staff who may have limited contact with patients, remain susceptible to prolonged indirect exposure and disease transmission if unvaccinated. Even though they may not have direct interactions with patients, interactions with other health workers who may become infected due to their work poses an increased risk for these personnel.

### **Inclusion of All Health Facilities**

Tier one health care facilities have been identified as high risk for exposure and transmission of COVID-19 to WA health staff. In the event of a COVID-19 outbreak in WA, unvaccinated staff working in tier one facilities will be at greatest risk of

contracting the virus and subsequent poor outcomes for staff, patients and users of the health system, as well as community transmission that could contribute to a sustained outbreak in WA.

The inclusion of all health care facilities in these Directions, including facilities where workers may not have direct patient contact but where workers perform an important health function, such as the Department of Health, is required to protect and maintain the health care system business continuity, which is imperative for effective delivery of all health care in WA, including the capacity for an ongoing public health response to the COVID-19 pandemic. The inclusion of all health workers, including those without direct patient contact, further addresses risks associated with the interactions that frequently occurs between staff working in the three tiers of health care facilities.

### **Managing Staff with Medical Exemptions**

Health staff who have a documented medical exemption on the Australian Immunisation Register can apply from an exemption from mandatory COVID-19 vaccination. As the risk of transmission and severe disease in persons with a medical exemption from the vaccine remains present, the circumstances of each employee with a medical exemption would need to be reviewed on a case-by-case basis by the employer and, where practicable, the staff member would be redeployed to work in areas with minimal risk. In the event of a major outbreak, such staff may be required to work remotely or wear additional personal protective equipment to further protect them from infection.

### **Risks and Consequences of Directions**

The Directions will prevent an unvaccinated health worker from working in a health care facility. This still allows choice by the individual not to take the vaccine and to seek other employment. This is the most effective way of providing a safe work environment where optimal protection against COVID-19 disease is required, both from infection and serious illness, and which will reduce, so far as is reasonably practicable, the risks to health and safety of patients, employees, their colleagues, their families and the community.

As with all mandatory programs, there is a risk that key staff or significant numbers of staff will elect to seek alternate employment. The extended timeframes and tiered approach allow for health employers to address any consequential workforce issues and impacts on operational effectiveness. Mass furloughing of staff due to infections within hospitals will have significantly greater impacts on health operations than the expected small numbers of staff expected to seek alternative deployment.

As Chief Health Officer, I can confirm that consideration has been given to the impact of the Directions on the health workforce. The recommended approach to mandating the vaccine, outlined in my letter of 06 August 2021 and this letter, is proportionate to the risk and the benefits of a protected health workforce in the event of an outbreak of COVID-19 in WA, and should proceed.

All health staff will continue to be encouraged to voluntarily have the vaccine prior to the implementation of this mandate.

Yours sincerely



Dr Andy Robertson  
**CHIEF HEALTH OFFICER**

01 September 2021