



Government of **Western Australia**
Department of **Health**

Our ref:
Contact:
Telephone:

The Honourable Mark McGowan MLA
Premier of Western Australia
13 Floor, Dumas House
2 Havelock Street
WEST PERTH WA 6005

Via email: [REDACTED]

Dear Premier

MANDATORY VACCINATION OF CRITICAL WORKERS IN WESTERN AUSTRALIA

On 19 October 2021, I wrote to you regarding mandatory COVID-19 vaccination requirements for high-risk and critical workers in Western Australia (WA). I recommended that there was a need to strengthen the requirements for workforces that are at higher risk of exposure to the virus, have a greater potential to transmit COVID-19 to vulnerable populations or are themselves critical to the functioning of our society. The workforces that I recommended to be initially mandated included those that work in State border control roles, who may be exposed to COVID-19 during their work, and those who interface with vulnerable groups in their work in the community, including those working in residential and non-residential community care settings, Remote Aboriginal Communities, the WA Police Force and Corrective Services. In addition, my advice was to strengthen the mandates in place for two critical emergency services in WA; the WA Police Force and the Department of Fire and Emergency Services (DFES). Finally, due to the unique environment within the abattoir and meat processing industry, which has been demonstrated repeatedly to predispose to outbreaks, I recommended that abattoir and meat processing workers be included within this first group.

In my letter of 19 October 2021, I also advised that further vaccine mandates would be necessary on public health grounds to mitigate the risks of critical services being degraded in the event of a lockdown or major restrictions in the event of a significant outbreak, or in preparation for opening of interstate and/or international borders, with consequent outbreaks requiring public health restrictions to further control community spread. While WA continues to have no community cases, the combination of ongoing outbreaks in New South Wales (NSW), Victoria, and the Australian Capital Territory (ACT), and moves by those jurisdictions to reduce restrictions and 'open up', increases the likelihood of COVID-19 being imported into WA. This increased risk of importation,

189 Royal Street East Perth Western Australia 6004
Telephone (08) 9222 4222 Fax (08) 9222 4314 TTY 1800 067 211
Letters PO Box 8172 Perth Business Centre Western Australia 6849

current lack of public health restrictions, including no physical distancing, capacity limits or mask wearing requirements, and lower full vaccination rates (currently 56.4% of 12-year-old and older) means that the WA society is highly susceptible to rapid transmission through our community and large outbreaks should the virus enter the State. In this context, public health social measures that restrict movement and/or gatherings could be required for an extended period, as observed during 2021 in NSW, Victoria and ACT. This advice seeks to protect the remaining vulnerable groups in the WA community, to protect the critical infrastructure and services, and to ensure that workers who frequently interact with the community in their work settings are vaccinated to reduce their own likelihood of contracting COVID-19 and of spreading it to others. As the maximal protection against contracting, spreading and the serious impacts of the disease does not occur until 2 weeks after the second dose, an average of 5 to 6 weeks after commencing the vaccination course depending on the vaccine, mandated requirements are designed to protect the individual prior to their anticipated exposure to ensure the best outcomes. For these reasons, and as advised in my previous letter, I recommend that vaccination of additional workforces, outlined in further detail below, should be mandated to mitigate the risk from COVID-19 transmission and outbreaks as WA moves closer to a future of living with endemic COVID.

Childcare and Family Day Care Centres, Schools and Boarding Schools

Children, including those under 12 years who cannot be currently vaccinated for COVID-19 and those with chronic disease or other risk factors which make them more susceptible for severe infection, represent a final vulnerable group deserving of additional protections. Vaccination of teachers, carers and staff working in childcare centres, family day care centres, schools and boarding schools will help reduce the spread and impact of COVID-19 on children, both directly and indirectly. Vaccination of staff in childcare facilities and schools will directly protect children by reducing transmission in these settings and reducing spread to other students and families. Vaccination will also indirectly protect children, many of whom will suffer adverse mental health consequences if these facilities are closed due to outbreaks. At-home schooling is suboptimal for student learning and can cause increased mental distress in households. There is a growing body of evidence from interstate and overseas that has clearly shown that there have been multiple adverse consequences of school closures on children, which include reduced educational achievements, increases in mental health issues and adverse developmental effects from social isolation. The longer-term health consequences of 'Long COVID' are not well understood, but may also impact on children.

Essential retail and hospitality

Retail and hospitality workers have formed a critical part of Australia's response to the pandemic and are amongst the highest risk for work-related exposure to COVID-19, because their work-related duties must be performed on-site and involve being near the public or co-workers. Every day, these workers may encounter thousands of customers over prolonged periods, often have extended close contact with customers and co-workers, may share equipment with co-workers, and are often in casual work

arrangements that may discourage them from taking time off while unwell, which increases their likelihood of exposure to potentially infectious individuals and, consequently, their risk of COVID-19 transmission. These critical workers cannot effectively isolate under physical distancing regimes in the workplace and the risk of failure of personal protective equipment (PPE) is high, due to long hours in often warm and uncomfortable settings and associated limited training and understanding of their appropriate use.

From a public health perspective, the retail venues present unique challenges, both from the number of customers attending the premises each day and multiple areas which have high frequency contact surfaces, where infectious respiratory droplets are more likely to settle and contaminate the next person to touch the surface. This has the potential to result in high transmission of the COVID-19 virus. There are also temporal risks, associated with shopping for common goods and services, where an infected person may visit multiple venues, resulting in multiple transmission events.

Should a lockdown be necessary and/or public health social measures introduced that reduce people's movements and ability to gather in large numbers, the community would still need to access critical retail services. In such circumstances, WA still needs to protect those vulnerable members of society who need to access such services but are at an increased risk of getting infected and suffering the severe consequences of COVID-19, despite themselves being vaccinated. Vaccine failure is more likely to occur in the elderly with other chronic diseases and in immunocompromised people. Vaccination of people around them will control the spread and better protect them.

For this reason, I recommend that a proactive approach be taken to vaccinating critical workers in settings that are frequently used by most of the community who must access these businesses for purchasing food, household goods and other essential items, as well as allowing them to access the critical financial and postal services that are required for people's everyday basic needs.

The following businesses are recommended for mandatory vaccination of their workforce:

- Supermarkets, grocery stores and bakery shops
- Hardware and department stores
- Financial institutions
- Postal services

Other critical health related services, including pharmacy, general practitioner and allied health services, are covered by separate mandatory vaccination requirements.

Critical infrastructure and services

In my advice of 19 October 2021, I recommended that vaccination be mandated for the critical emergency services of the WA Police Force and DFES. In the event of community spread of COVID-19, which may require major restrictions to be placed on people's movements, industries that are critical to the functioning of society (such as water,

electricity, gas and other utilities), services that ensure the continued operations of critical businesses (such as petrol stations, public transport, commercial freight and port operations) and/or critical work that cannot be done from home, but are necessary for supporting the health, safety and welfare of people, animals and the community (such as funeral services, veterinary services and building maintenance), will need to continue. These workplaces need to operate and be protected from closure due to loss of staff due to illness or furlough. As with many non-health workforces who are unaccustomed to wearing PPE, the risks of PPE failure in these workforces, particularly with prolonged use, is increased, such that they cannot rely on physical mitigation measures to avoid infection and transmission to others.

Outbreaks in other jurisdictions have highlighted that a number of these critical services are particularly vulnerable to the spread of COVID-19 infection. The construction industry in both NSW and Victoria proved susceptible to rapid spread among the workers involved and into families and the broader community, including into the regions. In a similar way, food distribution centres were the nucleus of several outbreaks in Victoria with subsequent regional and metropolitan spread.

While it is difficult to comprehensively list all those industries that are vital to support our community, particularly during a major outbreak, I have prioritised the following for mandatory vaccination in the first instance, recognising that other businesses and industries may wish to commit to vaccination via employer directives:

- Utilities, including water, electricity, gas and communications
- Commercial laundry services
- Veterinary clinics
- Petrol stations, truck stops and roadhouses
- Public and commercial transport
- Remaining port operations not already captured in Directions
- Remaining commercial transport, freight and logistic operations
- Funeral and mortuary services
- Building, maintenance and construction
- Food distribution centres
- TAFEs and colleges of vocational education

The addition of TAFEs and colleges of vocational education to this group is due to the nature of the workplace environment being similar to a school, but, unlike a university, the type of vocational learning cannot generally be done online, and requires a hands-on and interactive teaching style. These institutions have a very high proportion of students who go into workplaces on placements, and, where this is the case, the students should also be vaccinated if they are attending one of the workplaces for which COVID vaccination is mandated for staff. Many of the TAFE staff are also required to go into these mandated workplaces to supervise and assess students and need to be suitably vaccinated to protect themselves, other staff and students in the mandated facilities and any impacted vulnerable populations.

To ensure the ongoing safe operation of businesses and industry during lockdown or major restrictions, a small group of regulators, such as food inspectors, rangers and mine inspectors, may be required to be vaccinated. For most Government Departments, this would only involve a small subset of staff that are integrally involved in workplace and business public safety regulation.

Hospitality and accommodation

Hospitality and accommodation services represent a specific risk to the spread of COVID-19 due to the nature of the activities, including food and alcohol services and overnight accommodation. These businesses are at increased risk of COVID spread due to the high turnover of people through them and the high risk for transmission due to the activities (eating, drinking) taking place, which are often near other staff and patrons. These workplaces are characterised by busy and often chaotic environments that are also confined and not practical for wearing PPE. Workers may be limited in the controls they are able to use that would otherwise reduce the opportunity for COVID-19 transmission to occur, such as PPE and physical distancing. Consistent PPE use is made difficult when this needs to be maintained over prolonged periods, and patrons will not be wearing PPE if they are eating or drinking.

While other restrictions may be in place during lockdowns and major restrictions, including capacity limits, physical distance requirements, limited alcohol supply and mask requirements, restaurants, pubs, bars and cafes may be anticipated to provide limited meal and takeaway services during these periods and the protection of staff is required, noting the number of interactions with the community and limitations of other mitigation measures, such as masks and physical distancing. Other entertainment venues, such as night clubs, theatres, cinemas and casinos, are not critical services during the lockdown phase and unlikely to be providing the limited food services.

Accommodation services will be important to protect if there are community cases, as there will be an ongoing need for people without suitable premises to isolate and/or quarantine. During the State of Emergency, the State has needed to take over accommodation facilities for hotel quarantine. Hotel and other accommodation facilities may be needed in the future to support homeless people and other disadvantaged groups who do not have adequate housing and therefore may be at risk of infection or present a risk of infection to others, as seen in recent outbreaks in this community in the ACT.

When WA reopens its borders and transitions to a position where there is endemic COVID-19 at low levels, hospitality venues have the potential to lead to large scale transmission events, as demonstrated by numerous outbreaks in Australia and overseas, and vaccination of staff in these settings will further mitigate this risk.

It is my recommendation that this category include the following businesses and facilities:

- Hotels, motels, or other commercial facilities that provide accommodation services
- Restaurants, pubs, bars and cafes

Additional businesses that would require full vaccination to open during lockdowns and major restrictions

Finally, if during an outbreak, the WA community is required to implement public health social measures, such as reduction in gathering sizes, physical distancing measures and lockdowns, certain necessary but not immediately critical businesses could be allowed to operate, but only if the staff involved were fully vaccinated to protect co-workers and the community they interact with. While this is not a specific mandate, this would be a key consideration in letting such businesses continue to operate in an outbreak. This will help maintain key services in the community, while continuing to protect the broader community, including the most vulnerable, from spread of the disease. It is my advice, as Chief Health Officer, that the staff in following workplaces should be required to be fully vaccinated to attend work in the event of a lockdown or major restrictions:

- Other click and collect retailers
- Bottle shops
- Newsagents
- Pet stores
- Wholesalers
- Critical conveyancing and settlement agents
- Critical government or local government services where working from home is not possible
- Some administrative services (such as payroll)
- Vehicle and mechanical repair service
- Journalistic and media services
- Members and staff of Members of Parliament of Western Australia
- Roadside assistance
- Critical forestry
- Critical primary industries
- Critical factories, manufacturing, fabrication and production

Other activities and services not considered to be critical during lockdown or major restrictions will still be required to be closed. These will include other retail services, other business services, entertainment, events, gyms and sporting facilities, beauty services and some hospitality services. Businesses that do not meet with customers or clients may continue to be allowed to operate from home.

Public Health Grounds

There are good public health grounds for mandating the COVID-19 vaccine in the workforces outlined above if the following conditions are met:

1. **There is a serious public health risk** – To date, there have been over 4.9 million deaths attributed to COVID-19 globally and 241 million cases. While Australia has been relatively protected due to effective public health measures, COVID-19 disease continues to cause major outbreaks in many parts of the world, particularly in parts of Asia, Europe

and the United States. Among survivors, there is emerging evidence that there may be long-term consequences for those who have been infected but survive, even from mild disease. 'Long COVID-19' health implications may present a grave future public health problem.

In the past four months, Australia has seen outbreaks of COVID-19 in several states, with ongoing community transmission in NSW, ACT and Victoria. Since 16 June 2021, NSW has experienced an outbreak of COVID-19 caused by the Delta variant. In the four months to 21 October 2021, NSW has recorded more than 59,000 cases, a dramatic example of how quickly the infection can spread within the community¹. As of 20 October 2021, NSW had recorded 372 deaths from COVID-19 during their 2021 delta outbreak, most deaths (75.5%) occurring in people who had not received any doses of vaccine¹.

As the eastern States of Australia open their international and interstate borders, travel and trade will increase the likelihood of incursion of disease into WA. Our current vaccination rate of 54% fully vaccinated leaves WA vulnerable to major outbreaks should there be introduction and spread of the disease. This risk combined with our unrestricted movement and lifestyle means WA is at high risk of COVID outbreaks and rapid spread.

Despite strong Government messaging regarding vaccination, there is apparently insufficient incentive for WA residents to come forward for vaccination, in the absence of the impetus caused by COVID cases in the community. Voluntary participation in COVID vaccination has reduced sharply, with the WA Health vaccination clinics recording only 6,160 vaccinations on 21 October 2021 across the State vaccination clinics, which is down from a peak of approximately 15,000 a day during the busiest periods. The private GP and pharmacy clinics are also seeing a decline in attendance for vaccination, with increased amounts of unused vaccine being reallocated from the private clinics to the State. With our current low rate of vaccination and a slowing of voluntary vaccination, I am left with little choice but to mandate vaccination in groups that are at risk through their interactions in the community and for those services that will be relied upon should WA experience community transmission and be required to lockdown.

It has been demonstrated that strategies that vaccinate essential workers early lead to substantial reductions in the number of infections, hospitalisations, deaths, and cases of Long COVID². In addition to this, vaccination would reduce staff absenteeism, sick leave and subsequent disruption of services, which may in turn contribute to morbidity and mortality from other causes.

- 2. The vaccine is safe and effective** – All persons in WA are currently being offered one of three vaccines, being the Comirnaty (Pfizer), the Spikevax (Moderna) vaccine or the AstraZeneca vaccine, all of which have completed a rigorous safety evaluation prior to registration by the Therapeutic Goods Administration (TGA). In addition, the vaccines have been given safely around the world in hundreds of millions of doses. Recent studies

¹ Source: COVID-19 Weekly Surveillance in NSW, report NSW Health
<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/covid-19-surveillance-report-20211013.pdf>

² Source: <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000020>

in the United Kingdom have shown the Pfizer vaccine to be highly effective in preventing clinical disease generally and serious disease particularly, including against the Delta variant. The Pfizer vaccine has been demonstrated to be effective in preventing infection in individuals and subsequently reduce community spread to others in the community, particularly those who are more vulnerable, such as those over 70 years of age and those who cannot be vaccinated on medical grounds. The COVID-19 vaccines also reduce the incidence and severity of ‘Long COVID-19’.

The three vaccines provide excellent protection against the Delta variant, and, as demonstrated in the current NSW and Victoria outbreaks, serious disease is largely confined to the unvaccinated or partially vaccinated and is impacting more severely on younger age groups than previous variants. The vaccines also significantly reduce the rates of infection and subsequent spreading of the virus. It is vital to ensure all possible risk mitigation measures are in place to minimise the potential of COVID-19 transmission to the WA community.

Of the nearly 59,000 cases of COVID-19 diagnosed in NSW since the start of their outbreak in June, only 5.6% have been fully vaccinated, 8.2% partially vaccinated and the clear majority, some 37,765 people (64.1%), had not received any vaccine doses, with 13,039 (22.1%) under investigation¹.

- 3. The mandating of the vaccine is proportionate.** According to the principle of proportionality, additional measures are justified when the restrictions placed on individuals are both minimised and proportionate to the expected advantages offered by the more coercive policy. Although voluntary compliance by these workers would be preferable to mandates, the inconsistent uptake of the vaccine leaves me, as the Chief Health Officer, with limited options. Unvaccinated workers in settings in which exposure is likely, and/or the propensity for outbreaks is high, and/or where vulnerable people may be inadvertently exposed to COVID-19, can cause tremendous harm.

Should the community be required to ‘lockdown’ or face major restrictions, due to sudden community transmission, then the safest approach is to ensure that workers who are needed for business activities essential to the community functioning and critical infrastructure workers are fully vaccinated. Noting the 5 to 6-week time interval and 2 doses required to get maximal protection, this vaccination process should commence well before potential exposure. It is prudent to strongly message that vaccination is the most effective protective measure that is available to the community and my intention is that, in the event of a lockdown or major restrictions, it will only be fully vaccinated workers who will be allowed to engage in employment outside the home.

Recommendations

In summary, I recommend, as the Chief Health Officer, that the following workforce groups should be mandated to be vaccinated to reduce the possible impacts of COVID-19 on their workforce and the community members which they serve:

- Childcare Centres, Family Day Care
- Schools and Boarding Schools

- Essential retail and hospitality, including:
 - Supermarkets, grocery, bakery shops
 - Post office
 - Hardware and department stores
 - Financial institutions
- Critical infrastructure and services, including:
 - Utilities
 - Commercial laundry services
 - Veterinary clinics
 - Petrol stations, truck stops, roadhouses
 - Public and commercial transport
 - Remaining port operations
 - Remaining commercial transport, freight and logistic operations
 - Funeral and mortuary services
 - Building and maintenance and construction
 - TAFEs and colleges of vocational education
 - Business and infrastructure regulators (including critical regulatory support functions)
 - Food distribution centres
- Hospitality and accommodation, including:
 - Hotel, motel, or other accommodation facility to provide accommodation services
 - Restaurant, pub, bar and cafes

In addition to the mandates, which should be made under the *Public Health Act 2016*, regarding the workers listed above, it is recommended that, in the event of future lockdowns or major restrictions, a proportionate and safe approach should be applied to people who carry out important roles that cannot be done from home. Full vaccination to allow people to leave home to go to work, if their work is necessary and unable to be done from home, is an important consideration, as it protects the individual worker, the community and the essential services that WA requires to function effectively. The following groups will be required to be fully vaccinated to attend work in the event of a lockdown or similar restriction:

- Other click and collect retailer
- Bottle shop
- Newsagent
- Pet store
- Wholesaler
- Critical conveyancing and settlement agents
- Critical Government or local government services where working from home is not possible
- Some administrative services (such as payroll)
- Vehicle and mechanical repair service
- Journalistic and media services
- Members and staff of Members of Parliament of Western Australia
- Roadside assistance

- Critical forestry
- Critical primary industries
- Critical factories, manufacturing, fabrication and production

In developing Directions under the *Public Health Act 2016*, the preferred option is that unvaccinated workers not be allowed to enter or work in their workplaces where, in their roles, they may encounter exposed members of the public, or work in roles that requires direct contact with public in situations in which other preventive measures cannot easily be taken. This still allows choice by the individual not to take the vaccine, but may require them to seek other employment. Employers will also have an obligation, to both collect the vaccination status of their employees and to prevent unvaccinated staff entering the site after the date by which the mandatory vaccination has come into effect.

I am of the view, as the Chief Health Officer, that, for the reasons outlined above, this approach to mandating the vaccine is proportionate to the risk, the efforts made to encourage the voluntary uptake of the vaccine and the benefits achieved, and should be implemented as soon as practicable. I further recommend that mandatory vaccination be required by way of Directions issued under the *Public Health Act 2016*. This would require all workers who work in these Group 2 workplaces to receive their first dose of vaccine by 31 December 2021. There would also be a further requirement for full vaccination by 31 January 2022. With respect to the group who require full vaccination in the event of a lockdown or major restriction, they should be advised to consider getting vaccinated as soon as possible, as only those fully vaccinated would be considered in any decisions on which businesses can continue to operate during a lockdown or major restrictions, and such restrictions may be required to come into force with minimal notice.

Yours sincerely



Dr Andrew Robertson, CSC PSM
CHIEF HEALTH OFFICER

22 October 2021

Att.