

The Hon. Scott Morrison MP

Prime Minister

STATEMENT

Friday 1 May 2020

UPDATE ON CORONAVIRUS MEASURES

The National Cabinet met today to take further decisions to save lives, and to save livelihoods. The Chief Medical Officer Professor Brendan Murphy provided an update on the measures underway, the latest data and medical advice in relation to COVID-19.

There are over 6,760 confirmed cases in Australia and sadly 92 people have died. There are now only around 1000 active cases in Australia, and over the past week, daily infection rates have been very low, especially in Western Australia, the Northern Territory, the ACT, Queensland and South Australia.

Initial actions and measures implemented during the COVID-19 pandemic in Australia have been largely successful at slowing the growth of cases domestically and ensuring the national health care system has the ability to cope with cases, and surge when required.

We need to continue to have the right controls in place to test more people, trace those who test positive and respond to local outbreaks when they occur. These are amongst the precedent conditions to enable Australia to relax baseline restrictions.

National Cabinet encouraged Australians to download the COVIDSafe app to ensure that we can protect Australians and reset baseline restrictions.

The ability to find and contain outbreaks quickly will mean governments can ease restrictions while still keeping Australians safe. National Cabinet thanked the more than 3.5 million Australians that have already downloaded the COVIDSafe app.

Treasury Secretary, Dr Steven Kennedy, provided National Cabinet with an economic update for both the domestic and international situation.

National Cabinet agreed to bring forward the review of the first phase of removing baseline restrictions on Friday 8 May 2020, including an assessment of achievement against precedent conditions.

National Cabinet agreed to meet again on Tuesday 5 May 2020.

Industry Code for Aged Care Sector

National Cabinet endorsed the draft 'Code of Conduct on Pandemic Procedures' for residential aged care. The sector-led Code will encourage providers to act compassionately while balancing the challenges of COVID-19, taking into account the wishes of individual residents.

This Code of Conduct will drive a more responsive and consistent approach to visitation and communication across residential aged care. It will also empower residents and their families to speak up and it will provide an agreed course of action to resolve complaints.

The Code has been developed by, and agreed with, peak bodies representing the majority of aged care providers and consumers, including:

- Council of the Ageing (COTA)
- Aged and Community Services Australia (ACSA)
- Leading Age Services Australia (LASA)
- The Aged Care Guild (The Guild)
- National Seniors Australia (NSA)
- Older Persons Advocacy Network (OPAN)
- Dementia Australia (DA)

The Code is available [here](#). It is currently with individual providers and consumers for consultation until 7 May.

National Cabinet thanked the aged care sector for their cooperation in developing the Code and encouraged providers to adopt the Code once finalised to ensure consistency and transparency across Australia.

National Cabinet reaffirmed its commitment to the AHPPC recommendations which prohibit entry to a residential aged care facility for anyone who has not been vaccinated against influenza after 1 May 2020. This is an important safeguard against possible influenza outbreaks in vulnerable groups.

National Cabinet also recognised the Commonwealth's additional funding support package of \$205 million for the aged care sector.

National Principles for Sport and Recreational Activities

National Cabinet agreed that sport and recreation will play a significant role as Australia emerges from the COVID-19 environment due to the associated health, economic, social and cultural benefits it brings.

National Cabinet also agreed that the resumption of sport and recreation activity at any level must not compromise the health of individuals or the community; must be based on objective health information to ensure potential transmission rates are conducive to the safe conduct of sport and recreation; and should only occur where activity-specific, stringent, public and personal health measures are observed, and meeting minimum standards.

National Cabinet considered and endorsed 'National Principles for the Resumption of Sport and Recreation Activities' developed by the AHPPC in consultation with sporting bodies across Australia (Attachment A).

The Principles will help provide a pathway for a staged return of community and professional sport, as well as recreational activities, without compromising the health of individuals or the community. It was noted that evidence to date suggests that even with similar mitigation steps, outdoor activities are a lower risk setting for COVID-19 transmission.

The staged return will commence an initial phase of small group (<10) activities in a non-contact fashion, prior to moving on to a subsequent phase of large group (>10) activities including full contact training and competition in sport.

The initial phase accommodates, where possible, for the resumption of children's outdoor sport with strict physical distancing measures for non-sporting attendees such as parents, and outdoor recreational activities including but not limited to outdoor-based personal training and boot camps, golf, fishing, bush-walking, and swimming.

The states and territories will be responsible for sport and recreation resumption decisions, both at the professional and community level and will determine progression through the phases, taking account of local epidemiology, risk mitigation strategies and public health capability.

National Cabinet agreed that the 'Framework for Rebooting Sport in a COVID-19 Environment' developed by the Australian Institute of Sport (AIS) provides a guide to the staged resumption of sport and recreation in Australia (Attachment B).

For high performance and professional sporting organisations, the regime underpinned in the Framework is considered a minimum baseline standard required to be met before the resumption of training and match play.

National Cabinet also endorsed the AHPPC's proposal to form a COVID-19 Sports and Health Committee comprising the Commonwealth Deputy CMO, Australian Institute of Sport (AIS) Medical Director, an infection control expert, representatives of Federal, State and Territory Departments of Health, Sport and Recreation and relevant sports medical officers from the National Sporting Organisations, to closely monitor and report on any COVID-19 related issues or manifestations in the sector during the resumption phase, as well as any further and specific decisions about the resumption of sport – for a minimum of three months from commencement.

Key metrics to relax restrictions

National Cabinet endorsed medical advice from the Australian Health Protection Principal Committee which sets out key metrics to support decision making on the relaxation of restriction measures (Attachment C).

The AHPPC's Pandemic Intelligence Plan, Precedent Condition report and the Australian National Disease Surveillance Plan also recommended public health and surveillance measures to achieve continued suppression of COVID-19.

Initial actions and measures implemented during the COVID-19 pandemic in Australia have been largely successful at slowing the growth of cases domestically and ensuring the national health care system has the ability to cope with cases, and surge when required.

For COVID-19 suppression strategies to be effective, *Reff* (the number of people a single case infects on average) needs to be less than 1.0. The *Reff* continues to be below 1.0 in all jurisdictions with sufficient local transmission.

In particular National Cabinet noted the significant progress against precedent conditions, ahead of any consideration of relaxation of baseline measures.

AHPPC advice is that of 15 precedent conditions needed to be in place to consider relaxing restrictions, Australia is currently on track to meet 11 conditions. Governments will expediate four conditions - surveillance (testing), state and territory surveillance plans and resources, use of COVIDSafe App and stocks of personal protective equipment - gowns and goggles. Further details of preconditions are in Attachment C.

Boarding Schools Arrangements

National Cabinet adopted the AHPPC statement on risk management for re-opening boarding schools and school-based residential colleges. The AHPPC has made a number of practical recommendations that these boarding schools and colleges should consider, including a reduction in the number of boarding students, staggered dining times and establishing procedures for quarantine. AHPPC advises that decisions around boarding arrangements should involve parents and ensure a clear understanding of any related issues, as well as risk management plans.

National Principles for the resumption of Sport and Recreation activities

1. Resumption of sport and recreation activities can contribute many health, economic, social and cultural benefits to Australian society emerging from the COVID-19 environment.
2. Resumption of sport and recreation activities should not compromise the health of individuals or the community.
3. Resumption of sport and recreation activities will be based on objective health information to ensure they are conducted safely and do not risk increased COVID-19 local transmission rates.
4. All decisions about resumption of sport and recreation activities must take place with careful reference to these National Principles following close consultation with Federal, State/Territory and/or Local Public Health Authorities, as relevant.
5. The AIS 'Framework for Rebooting Sport in a COVID-19 Environment' provides a guide for the reintroduction of sport and recreation in Australia, including high performance sport. The AIS Framework incorporates consideration of the differences between contact and non-contact sport and indoor and outdoor activity. Whilst the three phases A, B and C of the AIS Framework provide a general guide, individual jurisdictions may provide guidance on the timing of introduction of various levels of sport participation with regard to local epidemiology, risk mitigation strategies and public health capacity.
6. International evidence to date is suggestive that outdoor activities are a lower risk setting for COVID-19 transmission. There are no good data on risks of indoor sporting activity but, at this time, the risk is assumed to be greater than for outdoor sporting activity, even with similar mitigation steps taken.

7. All individuals who participate in, and contribute to, sport and recreation will be considered in resumption plans, including those at the high performance/professional level, those at the community competitive level, and those who wish to enjoy passive (non-contact) individual sports and recreation.
8. Resumption of community sport and recreation activity should take place in a staged fashion with an initial phase of small group (<10) activities in a non-contact fashion, prior to moving on to a subsequent phase of large group (>10) activities including full contact training/competition in sport. Individual jurisdictions will determine progression through these phases, taking account of local epidemiology, risk mitigation strategies and public health capability.
 - a. This includes the resumption of children's outdoor sport with strict physical distancing measures for non-sporting attendees such as parents.
 - b. This includes the resumption of outdoor recreational activities including (but not limited to) outdoor-based personal training and boot camps, golf, fishing, bush-walking, swimming, etc.
9. Significantly enhanced risk mitigation (including avoidance and physical distancing) must be applied to all indoor activities associated with outdoor sporting codes (e.g. club rooms, training facilities, gymnasiums and the like).
10. For high performance and professional sporting organisations, the regime underpinned in the AIS Framework is considered a minimum baseline standard required to be met before the resumption of training and match play, noting most sports and participants are currently operating at level A of the AIS Framework.
11. If sporting organisations are seeking specific exemptions in order to recommence activity, particularly with regard to competitions, they are required to engage with, and where necessary seek approvals from, the respective State/Territory and/or Local Public Health Authorities regarding additional measures to reduce the risk of COVID 19 spread.
12. At all times sport and recreation organisations must respond to the directives of Public Health Authorities. Localised outbreaks may require sporting organisations to again restrict activity and those organisations must be ready to respond accordingly. The detection of a positive COVID-19 case in a sporting or recreation club or organisation will result in a standard public health response, which could include quarantine of a whole team or large group, and close contacts, for the required period.
13. The risks associated with large gatherings are such that, for the foreseeable future, elite sports, if recommenced, should do so in a spectator-free environment with the minimum support staff available to support the competition. Community sport and recreation activities should limit those present to the minimum required to support the participants (e.g. one parent or carer per child if necessary).
14. The sporting environment (training and competition venues) should be assessed to ensure precautions are taken to minimise risk to those participating in sport and those attending sporting events as spectators (where and when permissible).
15. The safety and well-being of the Australian community will be the priority in any further and specific decisions about the resumption of sport, which will be considered by the COVID-19 Sports and Health Committee.