From: Jeannette Young
To: Response.Lead
Cc: Brad Kinsela; CHO COVID; COVID-19.Compliance; COVID-19.IMT; Dawn Schofield; Jasmina Joldic; Kate Coehn; Kyle Fogarty; Peter Aitken; Response Lead - Policy; Response.Lead; Response.Lead.Reporting; Rowena Richardson; SHECC; Sonya Bennett
Subject: Re: For CHO Approval: Mandatory Face Masks Direction
Date: Monday, 11 January 2021 6:24:54 PM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image006.png

I have separately sent back changes to two documents

All other documents approved

The change is that the masks must be worn throughout the airport. Indoors and outdoors.

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From: Response.Lead <Irrelevant information @health.qld.gov.au>
Sent: Monday, January 11, 2021 6:16:51 PM
To: Jeannette Young <Irrelevant information @health.qld.gov.au>
Cc: Brad Kinsela <Irrelevant information @health.qld.gov.au>; CHO COVID Irrelevant information @health.qld.gov.au>; COVID-19.Compliance <Irrelevant information @health.qld.gov.au>; COVID-19.IMT <Irrelevant information @health.qld.gov.au>; Dawn Schofield <Irrelevant information @health.qld.gov.au>; Jasmina Joldic Irrelevant information @health.qld.gov.au>; Kate Coehn <Irrelevant information @health.qld.gov.au>; Kyle Fogarty <Irrelevant information @health.qld.gov.au>; Peter Aitken Irrelevant information @health.qld.gov.au>; Response Lead - Policy <Irrelevant information @health.qld.gov.au>; Response.Lead <Irrelevant information @health.qld.gov.au>; Response.Lead.Reporting <Irrelevant information @health.qld.gov.au>; Rowena Richardson <Irrelevant information @health.qld.gov.au>; SHECC <Irrelevant information @health.qld.gov.au>; Sonya Bennett <Irrelevant information @health.qld.gov.au>
Subject: FW: For CHO Approval: Mandatory Face Masks Direction

Hi Jeannette

Please find attached for your **urgent approval** the new *Mandatory Face Masks Direction.*

Consultation
The DG of DPC has endorsed the Direction.

Direction summary
The Direction will:

- Require face masks to be worn at all times in Queensland airports
- Require face masks to be worn on domestic commercial flights located in Queensland, including when the aircraft is landing at or taking off from a Queensland airport
- Require face masks to be worn while an aircraft is in Queensland airspace
- Require transport drivers driving passengers to and from quarantine hotels to wear a mask while transporting passengers
- Require people who have been directed to quarantine to wear a face mask from the time they leave the airport until they arrive at their allocated room at a quarantine hotel
- Provide a number of lawful excuses for not wearing face masks when required to by one of the situations above e.g. if a person is a child under the age of 12 or it is not safe to do so.

The Direction is drafted to commence at 12.01am on **Tuesday 12 January** to align with the commencement of these requirements in New South Wales.

Also attached for review and approval are:

- Policy Rationale document
- Human Rights Assessment
- Plain English document and Q&As

Thank you, Katie

Queensland Government

Katie Watts
Response Liaison Lead
Office of the Director-General and System Strategy Division | Queensland Health

P Irrelevant information
E Irrelevant information @health.qld.gov.au
W health.qld.gov.au

campaign image

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

From: publichealthdirections <Irrelevant information @health.qld.gov.au>
Sent: Monday, 11 January 2021 6:11 PM
To: Response.Lead <Irrelevant information @health.qld.gov.au>
Cc: Response Lead - Policy <Irrelevant information @health.qld.gov.au>; Response.Lead.Engagement <Irrelevant information @health.qld.gov.au>; SCB-Coronavirus <Irrelevant information @health.qld.gov.au>; Stephen Stewart Irrelevant information @health.qld.gov.au>; CHO COVID Irrelevant information @health.qld.gov.au>; Sonya Bennett Irrelevant information @health.qld.gov.au>; Rowena Richardson Irrelevant information @health.qld.gov.au>; Sarah Charlwood <Irrelevant information @health.qld.gov.au>; Bronwyn Nardi Irrelevant information i@health.qld.gov.au>; Kyle Fogarty <Irrelevant information @health.qld.gov.au>; Brad Kinsela <Irrelevant information @health.qld.gov.au>; Lynne McKinlay Irrelevant information @health.qld.gov.au>; publichealthdirections Irrelevant information @health.qld.gov.au>; healthdirections <Irrelevant information @health.qld.gov.au>; COVID-19.IMT Irrelevant information @health.qld.gov.au>
Subject: For CHO Approval: Mandatory Face Masks Direction

Dear Response Lead,

Please find attached the new *Mandatory Face Masks Direction* for Dr Young's consideration and approval.

The DG of DPC has endorsed.

The Direction will:

- Require face masks to be worn at all times in Queensland airports

Require face masks to be worn on domestic commercial flights located in Queensland, including when the aircraft is landing at or taking off from a Queensland airport
- Require face masks to be worn while an aircraft is in Queensland airspace
- Require transport drivers driving passengers to and from quarantine hotels to wear a mask while transporting passengers
- Require people who have been directed to quarantine to wear a face mask from the time they leave the airport until they arrive at their allocated room at a quarantine hotel
- Provide a number of lawful exclusions for not wearing face masks when required to by one of the situations above e.g. if a person is a child under the age of 12 or it is not safe to do so.

The Direction is drafted to commence at 12.01am on **Tuesday 12 January** to align with the commencement of these requirements in New South Wales.

Also attached for review and approval are:
- Policy Rationale document
- Human Rights Assessment
- Plain English document and Q&As

Please let me know if you have any questions.

Regards
Tricia

Queensland Government

Tricia Matthias
Director, Legislative Policy Unit
Office of the Director-General and System
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Policy Rationale – Mandatory Face Masks Direction

DRAFT NOT GOVERNMENT POLICY

Background

At 6 pm 8 January Greater Brisbane entered a three-day lockdown following a hotel quarantine cleaner who works at a central Brisbane location returning a positive test to the more infectious UK variant of COVID-19, referred to as the B117 strain. Evidence shows that this variant is 70 percent more infectious than other strains. Since it was first detected in September 2020, it has now become the most common variant in the UK, representing more than 50 per cent of new cases diagnosed between October and December, according to the World Health Organization.

B117 was first documented in Australia in November 2020, with cases detected in quarantine in Victoria, New South Wales, Western Australia, South Australia, and Queensland. B117 has now also been detected in at least 37 countries, prompting many countries to issue travel restrictions on planes coming from the UK. The hotel quarantine worker was the first case in Australia on B117 detected outside quarantine and was infectious in the greater Brisbane community for five days prior to being identified and placed in isolation.

The source of the infection is still under investigation, however genome sequencing shows this person has a virtually identical viral genome sequence as a traveler in hotel quarantine who arrived in Queensland on December 30 and tested positive in January 2 while in hotel quarantine.

Public health alerts were immediately issued in five locations across the southside of Brisbane for between 2 – 5 January, including Calamvale, Sunnybank and train journeys into and out of Brisbane. To rapidly protect vulnerable cohorts in the community from potential exposure, from 7 January 2021, across greater Brisbane, eight local government areas (Brisbane, Moreton Bay, Somerset, Logan, Redland, Scenic Rim, Ipswich, and Lockyer Valley) across three Hospital and Health Services (Metro North, Metro South and West Moreton) were declared restricted areas and aged care, disability accommodation, hospital and correctional facilities have been closed to visitors. This response was consistent with measures previously taken to respond to outbreaks or periods of increased risk of community transmission.

Given the heightened risk associated with B117, Queensland took an extremely cautious and decisive approach and imposed lockdown restrictions that included a requirement for all non-essential activities to cease across five Greater Brisbane LGAs from 6pm 8 January 2021 for a period of three days. This was designed to immediately reduce the movement of people in greater Brisbane, allow for rapid contact tracing to occur and to prevent a larger outbreak of the B117 strain of COVID-19 in the event that close and casual contacts of the hotel quarantine worker had already been infected.

Evidence from jurisdictions around the world that have been able to successfully suppress the virus shows that a proactive approach to restrictions is the best way to slow or stop the spread of the virus. Failure to do so often results in larger outbreaks – such an outbreak could very quickly put extreme pressure on Queensland's COVID-19 response system through a sharp increase in testing and contact tracing activities and the health system's capacity to provide care for patients as hospitalisation rates rapidly spike.

Maintaining the capacity of Queensland's health system has been a key focus of the Queensland response to the COVID-19 pandemic as evidence from around the world unequivocally indicates that when numbers

of COVID-19 cases are high in a certain area, the mortality rate dramatically increases. In addition, lengthier lockdowns associated required to contain larger outbreaks have deep social and economic consequences to the community. Greater Brisbane's three-day lockdown was a decisive action to avert such scenarios.

Policy rationale for mandatory face masks

While Queensland is working hard to enact the Australian COVID-19 Vaccination Policy agreed by National Cabinet on the 13 November 2020, Queensland's vaccination program will be rolled out in stages over a 6 to 12-month period and prioritise those people who are at the greatest risk of exposure and the most vulnerable to COVID-19.

This means that the vaccination program will not have an immediate impact on Queensland's ability to contain the spread of COVID-19 for a significant part of 2021. In the meantime, protective measures enforced through the making of Public Health Directions will remain necessary instruments to minimise the risk of outbreaks.

Requirements under these Directions are always designed in a way that responds to the public health risk of a given epidemiological situation or event while seeking to minimise social and economic disruption to our community.

Contact tracing and testing since the three-day Greater Brisbane lockdown has come into effect have provided a reasonable level of confidence that the virus has not spread in the community as a consequence of the hotel quarantine worker being unknowingly infectious in the community for 6 days.

As of 10 January 2021, a total of 187 people have been identified and contacted in relation to the hotel quarantine worker. Of these, 147 people are close contacts, with 112 of those having tested negative and currently in 14-day hotel quarantine. The remaining 40 people are casual contacts, with 10 to date returning negative test results. No further cases have been detected in the community in association with this case.

Queenslanders have also heeded the call relating to public health alerts issued for certain areas which encouraged people to get tested even when no symptoms are apparent. In the 24 hours before 10 January 2021 a total of 12,543 tests were performed, compared to 9,165 the day before. A total of 19,152 tests were performed in the past 24 hours (to 10 January 2021), including 8,988 tests performed at HHS fever clinics. No cases of community transmission have been recorded, making three consecutive days since Queensland last recorded a case of COVID-19 acquired on the community.

A recent systematic review of 172 studies on COVID-19, and other serious respiratory illnesses (SARS and MERS) published in the Lancet in June 2020 confirmed that wearing face masks could result in a large reduction in the risk of infection.

The Australian Government to date has advised that where there is low community transmission of COVID-19, wearing a mask in the community when well is not generally recommended. There are concerns that mask-wearing in these circumstances may give a false sense of protection and may undermine the implementation of other protective measures.

National Cabinet's meeting of 8 January 2021 focused significantly on new variants of COVID-19, including the B117 strain. Among other measures, National Cabinet agreed that all passengers, excluding children 12 and under or those with particular exemptions, and air crew must wear masks on flights and in airports.

These measures will also be applied to government facilitated commercial flights which already have in place strong mitigating measures for passengers and facilities. National Cabinet's decision was informed by advice from AHPPC.

At this stage, although there isn't evidence of widespread community transmission in Queensland, the highly infectious nature of B117 means that the potential for an uncontrolled outbreak is extreme. Although Queensland's testing rates are high, it is impossible to be certain that COVID-19 is not circulating undetected in the Queensland community. There may be asymptomatic cases associated with recent cases (including the most recent case of the B117 variant), or cases from interstate where small amounts of community transmission are occurring. COVID-19 is also still being identified in wastewater samples in Queensland. Although wastewater testing does not provide a conclusive indication that COVID-19 is active in the community, it is a reminder that it may be circulating.

Given this risk, it is considered appropriate to require the wearing of masks in a range of situations where physical distancing may not be possible. Mask wearing, along with ongoing strong messaging about physical distancing and hand hygiene will enable the community to limit their exposure and transmission of any respiratory droplets when leaving the home and around other people. Queensland's Restrictions for Impacted Areas Direction already requires the wearing of face masks in certain environments in the impacted areas (such as on public transport). For the rest of Queensland, the wearing of masks is strongly encouraged for environments where it is not easy or possible to maintain physical distancing. This is expected to contribute to normalizing mask use across Queensland. This will assist both as an immediate preventative measure, but will also contribute to general preparedness among the Queensland population should future outbreaks occur and more stringent mask-wearing requirements be imposed.

There are some environments, however, that present a higher risk of COVID-19 transmission irrespective of whether there is community transmission or cluster activity occurring. It is therefore preferable to require the wearing of masks in these environments in a separate direction that is independent of any restrictions that are focused on particular clusters.

The Mandatory Face Masks Direction will provide for the wearing of face masks in airports, on certain flights, and during activities associated with the movement of persons in and out of hotel quarantine.

Public Health Considerations as at 10 January 2021

Epidemiological situation

Queensland

- On 7 January 2021, a hotel quarantine worker was reported positive for the UK variant of COVID-19. This individual was infectious in the community on 2 January 2021.
- On 8 January 2021, Queensland announced 5 LGAs as impacted areas to go into lockdown for 3 days. As at 10 January 2021, there have been no further cases associated with the Grand Chancellor case.
- As at 10 January 2021, it has been 3 days since Queensland last recorded a case of COVID-19 acquired in the community. Currently, Queensland has 20 active cases, with a total of 1,274 cases to date.
- A case was reported on 17 December 2021 which has been linked to the NSW Northern Beaches cluster. This case returned by road to NSW on 17 December 2020. Contact tracing in one of the locations the person visited in Queensland is continuing.
- In the fortnight ending on 9 January 2021, Queensland reported 19 newly infectious cases. In the previous fortnight (ending 26 December 2020) 19 new infectious cases were reported.
- 100 of the 110 new cases reported since 5 October 2020 were detected in hotel quarantine after arriving from overseas. The difference of 10 includes a case detected in home isolation after returning from Sydney's Northern Beaches area; one case detected in home quarantine; one case detected in hospital quarantine; two cases from a marine vessel; a case detected in hospital after quarantine was completed; a case acquired in hotel quarantine; two historical cases; one case detected in the community; and two cases managed by Queensland, but not included in Queensland statistics.

National

- As at 8 January 2021, a total of 28,571 COVID-19 cases have been reported in Australia, including 909 deaths.
- Over the last 24 hours (as at 8 January 2021), 22 new cases were reported nationally, 18 of which were overseas acquired and 4 locally acquired. NSW reported 4 locally acquired cases, considered linked to the Berala cluster.
- Australia has had several confirmed cases of the UK variant nationally, including in NSW, WA, QLD, VIC and SA, however Queensland is the only state where the UK variant has been transmitted in the community. The UK variant case in WA was involved in a PPE protocol breach, however no further cases have resulted.
- As at 8 January 2021, there are 151 cases associated with the Avalon cluster, including one case reported by Victoria on 22 December 2020 and one case reported by Queensland on 17 December 2020. Most cases have been in the Northern Beaches area, however, there have been transmission sites outside of the Northern Beaches area linked to this cluster. Additionally, there have been 20 cases linked to the Berala cluster and 11 cases linked to the Inner West Cluster in New South Wales.
- New South Wales confirmed the viral genome sequencing of the Northern Beaches cluster does not match virus strains seen in recent clusters in Australia.
- Australian jurisdictions have implemented a range of restrictions, including restricting entry by people from the greater Sydney area, in response to this cluster.
- As at 8 January 2021, Victoria has reported a total of 27 locally acquired cases that are linked to a Thai restaurant in Black Rock.

- In response to this cluster, people entering Queensland who have been in Victoria in the last 14 days are encouraged to get tested and self-isolate until they receive a negative test result.

Global

- As at 8 January 2021, over 87 million COVID-19 cases and over 1.89 million deaths have been reported globally to the World Health Organization.
- B117 was reported to the World Health Organization (WHO) on 14 December 2020. How and where B117 originated is still unclear.
- B117 is estimated to be 50 to 70 per cent more infectious than other strains in the UK and is reported to be driving increased transmission of the disease in parts of the UK.
- The UK has recently announced a new national lockdown for England to combat the fast-spreading strain of coronavirus which is contributing to increased numbers of people requiring hospitalisation and deaths.

Public Health System capacity

- With an anticipated high volume of interstate travel, on Saturday 2 January 2021, Queensland Health advised anyone currently in Queensland who had been in Victoria on or since 21 December should get tested immediately and isolate at home or their accommodation until they receive a negative test result.
- Subsequently a significant number of people presented to fever clinics and collection centres across the State for testing. To respond to this increased demand, HHSs have increased hours of operation of existing clinics, reactivated clinics that have been stood up previously or mobilised new clinics.
- As of 10 January 2021, there are 178 operational fever clinics and collection centres across the 5 Greater Brisbane LGAs, 6 operational HHS fever clinics in the Sunshine Coast HHS region, including an additional fever clinic stood up in Maleny on 9 January 2021. Four, including Maleny, are drive-through. All are open on Sunday. 129 HHS fever clinics are open across all Queensland; 18 of these are in South East Queensland (MN, MS, GC, WM, SC & CHQ).
- Private providers also have approximately 331 collection centres operating, able to provide COVID-19 testing, and a fever clinic at the Mater Private Hospital Brisbane.
- Contact tracers and compliance staff have also been working extended hours since Christmas with a succession of alerts and management of close contacts of interstate cases who have travelled to Queensland. All this puts extreme pressure on Queensland's response system. Therefore it is important that lockdown restrictions are lifted gradually so not to overwhelm our response system.
- South East Queensland HHSs have prepared for a surge in presentations at fever clinics subsequent to the announcement of the positive B117 case in MSHHS.
- Currently (as at 10 January 2021) 90 per cent of test results for public laboratories across the state are being returned within 27.7 hours, calculated as an average across the past three days. This is a shorter turnaround time than a week ago (ending 30 December 2020) where the three-day average turnaround for 90% of results was 29.5 hours.
- Queensland Public Health Units continue to work to ensure Queensland industry is establishing and complying with public health controls such as COVID Safe Plans. Another key focus for Queensland's Public Health Units is to ensure that those directed to undertake quarantine comply with all requirements, including the 10-day 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.
- Despite no known cases of community transmission, there is a high potential that undetected community transmission is occurring. To mitigate this risk, Queensland has implemented more sophisticated COVID-19 detection strategies beyond widespread community testing, such as the wastewater surveillance program.
- Between 30 December 2020 and 5 January 2021, COVID-19 traces were found in waste water in Townsville, Fraser Coast (Wide Bay), Cairns, and the Gold Coast. Viral fragments of SARS-CoV-2 have also been recently detected at wastewater treatment plants at Gibson Island (South Brisbane), Cleveland Bay (Townsville) and Pulgul (Hervey Bay) and Maryborough.

Health Care System capacity

- Queensland's hospitals and health workers are well prepared and well equipped to meet the challenge of COVID-19.
- Queensland's Personal Protective Equipment (PPE) supply chain is sound and Queensland Health 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.
- It is critical to mitigate any increase in cases that could lead to a local or system wide impact on delivery of usual health services.
- The global circumstances continue to place significant pressure on critical care resources production and are feeding into a hypercompetitive market for such products. Queensland will continue to be vulnerable to global spikes in demand for critical care resources.

Community Acceptance and Adherence

- The public health response to COVID-19 has been in place for almost 12 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 are enjoying minimal restrictions and confidence in our public health response.
- Queensland, except for Greater Brisbane, is currently operating at Stage 6 of the Roadmap to easing restrictions. Businesses are operating as close as possible to full capacity and people have returned to social activities. Queensland has recently allowed entry without quarantining for people who have been in New Zealand for the previous 14 days.
- Earlier in the year there were mixed reports on compliance with public health controls, such as defined areas in pubs, and a strong appetite from industry for further relaxations, many of which have since been made. Compliance issues were primarily in relation to social distancing and controlling crowd numbers.
- The slightly increased risk of eased restrictions within Queensland has been considered to be offset by targeted restrictions (such as the declaring of greater Sydney as a hotspot), increasing community awareness, particularly given experiences with the widespread consequences of non-compliance and outbreaks, and the application of practical steps to reduce transmission such as mask wearing where physical distancing is difficult to maintain (for example at airports, and on public transport).

Key features of the Mandatory Face Masks Direction

Policy intent	Policy rationale	Approach
To minimise the risk of COVID-19 transmission on flights and airports within Queensland	Flights and airports are environments where the risk of COVID-19 transmission may be higher. A case study[1] of a cluster of infections onboard a long-haul flight in March 2020, published in November 2020, concluded that there is a genuine risk for on-board transmission of COVID-19 during long flights, and that it has the potential to cause clusters of substantial size, even with spacious seating arrangements well beyond the established distance used to define close contact on airplanes (such as business class–like settings). The authors suggested that better on-board infection prevention measures and arrival screening procedures are needed to make flying safe. In March 2020, up to 11 passengers on a Sydney to Perth flight contracted COVID-19 from travellers who had disembarked the Ruby Princess cruise ship. While transmission risk on flights is not well understood, transmission events can occur, particularly as cabin space is confined and physical distancing of 1.5m is generally not practicable. Should transmission from overseas cases occur, there is the risk of transmission to others on domestic flights which could then seed further into the arrival jurisdiction or region.	The Direction provides that a person at a Queensland airport must: (a) carry a face mask at all times, except where paragraphs 4(a) or (b) apply; and (b) wear a face mask in an indoor area of a Queensland airport, including a passenger waiting area, at all times when in the area; and (c) wear a face mask where required to do so in accordance with any other Public Health Directions in effect under section 362B of the Public Health Act 2005. The Direction further provides that a person on a domestic commercial aircraft must wear a face mask at all times on the aircraft while: (a) the aircraft is located at a Queensland airport, including when the aircraft is landing at, or taking off from, the airport; or (b) the aircraft is flying in Queensland airspace. Exceptions to this requirement are provided for members of air crew and airport workers who are not interacting directly with passengers (such as pilots).

[1] Khanh N, Thai P, Quach H, et al. Transmission of SARS-CoV 2 During Long-Haul Flight. *Emerging Infectious Diseases*. 2020;26(11):2617-2624. doi:10.3201/eid2611.203299.

	Preventing geographic spread of cases is particularly important early in an evolving situation where a case or close contact travels on a domestic flight before they have been identified or contacted by that jurisdiction. Mask use on domestic flights could therefore have greater utility as a preventative measure, not just a reactionary measure after a case or cluster has been identified. AHPPC released a public statement saying that masks should be mandatory on all domestic flights and indoor areas in domestic airports. National Cabinet subsequently agreed with this position at its meeting on 8 January 2021. Given the position of AHPPC and National Cabinet, and the recent case of the B117 variant of COVID-19 in Brisbane, it is considered appropriate that masks be mandatory in airport environments.	
To minimise the risk of COVID-19 transmission when transporting people to and from Queensland's hotel quarantine facilities	With little to no community transmission, Queensland's key COVID-19 risk is the virus being introduced by an international arrival. On 18 November 2020, Acting Chief Medical Officer Professor Paul Kelly stated that hotel quarantine was now the "major risk" for the reintroduction of COVID-19 into Australia. The effective management of infection control in hotel quarantine is a critical in our defense against the risk of COVID-19 transmission and outbreaks in the community. In Australia, breaches of hotel quarantine have resulted in serious public health, economic and social consequences:	The Direction provides that a person must wear a face mask at all times while: (a) a person who is a transport driver is transporting quarantined persons to or from a government-nominated accommodation or (b) a quarantined person is travelling from a Queensland airport to their allocated room in government-nominated accommodation.

	• In Victoria, a second wave of infections from July to October 2020 resulted in more than 18,000 confirmed cases and close to 800 deaths. Close to 90 per cent of all cases from this outbreak can be traced back to hotel quarantine cases. • In November 2020, South Australia implemented a brief hard lockdown to quickly control a cluster linked to a medi-hotel quarantine facility. Ultimately, 33 COVID-19 cases were linked to this cluster. • On 3 December 2020, a housekeeping worker from hotel quarantine in New South Wales tested positive for COVID-19, marking the first locally acquired case in 25 days. Another case was detected in New South Wales on 16 December 2020 in a driver responsible for transporting air crew to and from the airport. The person worked several shifts while potentially infectious and visited a sporting site over the weekend. Queensland's recent experience with a hotel quarantine worker contracting the B117 variant of COVID-19, and the ensuing lockdown of greater Brisbane, is a stark reminder of the need to ensure that all necessary precautions are taken to protect workers working in quarantine environments, including when transporting people to and from quarantine facilities. For people working in hotel quarantine environments, such as health workers and cleaners, the use of face masks (and other PPE) is already required by local procedures that are put in place by the relevant hospital and health services in consultation with hotel	

	operators. However, experience in other jurisdictions has shown that persons who are transporting people to hotel quarantine may also contract COVID-19. The Direction will therefore require the wearing of masks for people transporting persons to hotel quarantine.	
To ensure that people who cannot wear a mask are not unduly affected by the Direction	There are a range of reasons where a person may not be able to wear a mask, either temporarily or long-term. These reasons may include medical ones (for example, persons who have obstructed breathing, a serious skin condition on their face, an intellectual disability, a mental health illness, or who have experienced trauma); a need to communicate with persons who are deaf or hard of hearing; if the person is consuming food, drink or medicine; or if a person is required to remove the mask to confirm their identity. In these cases, it is appropriate that these people are not penalised for not being able to wear a mask.	The Direction provides that the requirement to wear a face mask does not apply: (a) to infants and children under the age of 12 years; or (b) to a person who has a physical or mental health illness or condition, or disability, which makes wearing a face mask unsuitable; or (c) to a person communicating with a person who is deaf or hard of hearing and visibility of the mouth is essential for communication; or (d) if the nature of a person's work or education means that wearing a face mask creates a risk to their health and safety; or (e) if the nature of a person's work or education means that clear enunciation or visibility of the mouth is essential; or (f) if the person is consuming food, drink or medicine; or (g) if a person is undergoing medical care or treatment to the extent that such care or treatment requires that no face mask be worn; or (h) if a person is asked to remove the face mask to ascertain identity; or

		(i) for emergency purposes; or (j) required or authorised by law; or (k) doing so is not safe in all the circumstances.