
4 June 2024

COVID-19

End of Public Health Emergency Report

Introduction from the Director of Public Health

The Tasmanian *Public Health Act 1997* (the Act) Part 2, Division 2 provides emergency powers to manage a public health emergency.

On 17 March 2020, I declared the first ever public health emergency declaration in Tasmania under this division to enable measures to mitigate the public health threat from COVID-19. The declaration was then successively extended until its expiry on 30 June 2022.

Under section 15(4) of the Act, I am obliged to revoke an emergency declaration as soon as practicable after I am satisfied that the situation no longer requires it to be in force.

Based on epidemiological trends and the preparedness of Government agencies, I determined the situation no longer required the declaration to be extended past 30 June 2022.

After an emergency declaration ceases to be in force, section 19 of the Act requires that I submit a report to the Minister containing full details of events resulting in the making of the emergency declaration; any action taken under the public health emergency; and any directions given. This report provides such an account.

While I determined that the situation no longer required the emergency provisions of the Act, COVID-19 continues to pose risks for individuals, communities, businesses, and the Tasmanian health system. The non-emergency powers of the Act continue to enable proportionate public health management of COVID-19, as they do for 79 other diseases that are managed in accordance with the Act.


The information provided in this report is my account of the public health directions made over the 836 days of the emergency declaration period. It is not a complete account of all Tasmanian responses to COVID-19. Many actions were undertaken under the *Emergency Management Act 2006* provisions, and by various emergency operations centres, and through existing operational structures and processes.

Policies were broadly defined by National Cabinet, details were elaborated by the Australian Health Protection Principal Committee (AHPPC), and jurisdictions were responsible for enacting and implementing policies while taking their local circumstances into consideration.

Our experience of COVID-19 demonstrated the need for emergency powers to manage a pandemic response efficiently and effectively. The actions and impositions that followed the use of these powers affected all Tasmanian society. Government departments, organisations, businesses, communities, and individuals all changed the way they worked and lived, to try to minimise harms and deaths due to COVID-19.

The COVID-19 pandemic was profoundly disruptive and consequential for global and Australian society. Our understanding of communicable diseases and their control will continue to be informed by what we have learned from our experiences and reflections.

I am grateful for the sustained contributions of so many Tasmanians during the twenty-seven months of the public health emergency. Your diligence and care enabled Tasmania to manage eighteen months of the pandemic with no community transmission.



This globally rare experience largely spared Tasmania the harms of pre-Omicron waves of infection. It provided sufficient time for our eligible population to receive high enough levels of vaccination coverage to substantially mitigate the early consequences of the subsequent inevitable rapid spread of COVID-19 in our communities.

Dr Mark Veitch
Director of Public Health

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Abbreviations

Act	Public Health Act 1997
AHPPC	Australian Health Protection Principal Committee
CDNA	Communicable Diseases Network Australia
Director	Director of Public Health
MCEM	Ministerial Committee for Emergency Management
NDIS	National Disability Insurance Scheme
NWPH	North West Private Hospital
NWRH	North West Regional Hospital
PCR	Polymerase chain reaction
PHSM	Public Health and Social Measures
PPE	Personal Protective Equipment
RACF	Residential aged care facilities
RAT	Rapid antigen test
SoNG	Series of National Guidelines
SSEMP	State Special Emergency Management Plan
THS	Tasmanian Health Service
TTIQ	Test, Trace, Isolate and Quarantine
WHO	World Health Organisation

Events leading to, and around, the Public Health Emergency declaration

In December 2019, a new human infectious disease caused by a coronavirus was first reported in Wuhan, Hubei Province in China. In February 2020, the infectious disease was named COVID-19 by the World Health Organisation (WHO), and the virus was named SARS-CoV-2 by the International Committee on Taxonomy of Viruses.

The acute and longer-term clinical spectrum of COVID-19 and the risk factors for serious illness were unclear in early 2020.

On 25 January 2020, Australia's first case of COVID-19 was confirmed.

On 30 January 2020, the WHO declared a Public Health Emergency of International Concern.

In anticipation of a pandemic, by late January 2020 all Australian jurisdictions were planning and preparing an emergency response. In Tasmania, the Department of Health activated Level 1 of its health emergency management response and established an Incident Management Team within Public Health Services.

On 1 February 2020, the Australian Government banned the entry of all foreign national persons (other than permanent Australian residents) who had been in mainland China in the previous 14 days.

On 6 February 2020, COVID-19 was made a notifiable disease in Tasmania under the *Public Health Act 1997* (the Act).

During late February and early March 2020 persons recently in various countries were either banned from entering Australia or required to self-isolate after arrival.

On 2 March 2020, Tasmania's first case of COVID-19 was confirmed.


On 5 March 2020, a Level 2 response under the *State Special Emergency Management Plan (SSEMP) for Pandemic Influenza* was activated and a Ministerial Committee for Emergency Management (MCEM) was convened.

On 11 March 2020, the WHO declared COVID-19 to be a pandemic.

On 15 March 2020 and the following days, National Cabinet endorsed advice from the Australian Health Protection Principal Committee (AHPPC) recommending a range of immediate control measures, some requiring voluntary adoption by the community, others to be implemented by legal directions or orders. Measures included physical distancing of 1.5 metres, hand washing, and restrictions on non-essential gatherings and on visitors to residential aged care facilities (RACF).

From 16 March 2020, all persons allowed to arrive in or return to Australia were required to self-isolate for 14 days.

During March 2020 around 6 000 cases of COVID-19 were diagnosed throughout Australia including many among travellers returned from overseas on aircraft and cruise vessels. Tasmania experienced a small initial wave of cases related to multiple separate importations, but no sustained community transmission.



Knowledge of the virus, including its virulence and transmissibility, the human immune response, and the prospects of mitigation and control by vaccination, was limited and uncertain.

However, there was sufficient evidence that the introduction of COVID-19 into freely and closely mixing populations posed risks of spread, illnesses and deaths, and community, health system and wider economic and social stresses and harms.

A Public Health Emergency declaration under the Act enabled critical prevention and control measures to be established by directions made under section 16 of the Act. These included quarantine of contacts and isolation of cases; risk mitigations in higher risk settings, workplaces, and premises; limits to the number and density of mixing of people; control of outbreaks; and the testing and assessment of persons exposed to risk of infection.

The circumstances and related needs were likely to remain for many months into 2021, and until a vaccine was available and widely deployed across the Tasmanian population.

On 17 March 2020, I declared a public health emergency in Tasmania, in accordance with section 14 of the Act. The declaration was initially for seven days then was subsequently extended multiple times.

On 19 March 2020, the Premier of Tasmania declared a state of emergency. This enabled additional resources and powers to be used by the State Controller under the *Emergency Management Act 2006*. A SSEMP for COVID-19 had been developed and the response was moved to Level 3.

The state-based controls implemented through directions under section 16 of the Act were complemented by directions made by the State Controller, and in conjunction with national measures, aimed to reduce the risk of COVID-19 being introduced and spreading in the Tasmanian community.

On 20 March 2020, National Cabinet met and agreed to close the international border to persons other than Australian citizens, residents, and immediate family members.

Over subsequent days and months, I introduced a range of directions under section 16 of the Act.

Actions taken under the Public Health Emergency

Public health emergency powers enable the Director of Public Health to make public health directions under section 16 of the *Public Health Act 1997* (the Act) to facilitate the rapid and effective responses needed to manage the significant risk posed by COVID-19. The ability to respond quickly with measures that affect the entire population are not available under the ordinary powers of the Act.

The aim throughout the COVID-19 public health emergency in Tasmania was to minimise serious illness, hospitalisation and deaths whilst supporting the continuity of everyday life for Tasmanians and maintaining Tasmania's health system capacity.

Early in the pandemic, achieving these aims depended largely on preventing the introduction and spread of COVID-19 in the state. Later, vaccination and antiviral treatment became increasingly important.

A principle throughout the response was to implement arrangements that were proportionate to the level of risk, noting that risk can differ across population groups, geographic areas, and time.

Four key policy 'pillars of prevention' that guided the actions taken under the public health emergency were:

1. **Public Health and Social Measures** (PHSM), aiming to reduce contact between people and slow the spread of the virus by regulating behaviours at a population level (density limits, the movement and mixing of people, lockdowns) and at an individual level (hand washing, mask wearing, cough hygiene, high-risk activities such as dancing, alcohol consumption, singing).
2. **Test, Trace, Isolate and Quarantine** (TTIQ) measures to identify (testing) and manage positive cases of COVID-19 (isolation of infected persons) and potential cases (quarantine of close and secondary contacts, collection of personal information to enable contact tracing).
3. **Vaccination** including exclusion of unvaccinated persons from settings such as those dealing with vulnerable people.
4. **Border measures** to control the risk posed by travellers by restricting and managing their entry to Tasmania.

Public health directions were made on a wide range of matters to implement PHSM and TTIQ and to promote vaccination. Border control measures were mostly implemented by provisions under the *Emergency Management Act 2006*.

Several new variants of SARS-CoV-2 were declared to be variants of concern by the WHO during the pandemic. The following variants most significantly influenced the Tasmanian response and how the 'pillars of prevention' were applied:

- **Alpha variant:** significantly more transmissible than the original Wuhan strain and associated with increased disease severity. The Alpha variant emerged globally in late 2020 and became the predominant variant during the early months of 2021.

- **Delta variant:** significantly more transmissible and severe than the Alpha variant. The Delta variant emerged rapidly and globally in the middle months of 2021 and caused outbreaks with significant mortality in mainland Australia later in 2021. During the first half of 2021, Australia also experienced a small proportion of cases due to the Beta variant and a very small proportion of cases due to the Gamma variant.
- **Omicron variant:** more transmissible but less severe than the Delta variant. The Omicron variant emerged very rapidly and globally in late 2021 and early 2022. The first 6 months of 2022 saw successive waves of the Omicron subvariants BA.1, BA.2 and BA.5.

Actions in Tasmania contained spread from cases of the Wuhan strain from February to May 2020, and controlled a large outbreak in the northwest of the state. Tasmania then had almost no experience of the Alpha variant, and limited experience of the Delta variant before the emergence of Omicron in late 2021.

The effective prevention of community transmission during the 18 months before Omicron was a rare achievement globally, protecting the Tasmanian population from infection until approximately 90 per cent of people aged over 16 years had received two doses of a COVID-19 vaccine.

By late 2021, vaccination had conferred substantial protection from severe illness on a large proportion of the Tasmanian population, we had a considerable understanding of COVID-19, and the health system, services and providers were prepared. These were among the factors that enabled Tasmanian border restrictions to be eased in mid-December 2021.

The re-establishment of free movement into Tasmania resulted in the immediate introduction and spread of COVID-19 throughout the state. Within a few weeks, the newly emerged Omicron variant was likely causing almost all COVID-19 infections in Tasmania, as it was elsewhere in Australia.

The initial rapid increase in cases resulted in a first epidemic wave peaking in mid-January 2022 with an average of 1 485 notified cases per day before declining to around 500 cases per day. The second epidemic wave began in February 2022, peaking in early April 2022 with an average of 2 100 cases per day before declining to around 600 cases per day. The third epidemic wave began in mid-June 2022 and would peak in mid-July 2022 at around 1 670 cases per day.

Decision making throughout the pandemic was influenced by numerous considerations, including the policy approaches of the Tasmanian and Australian governments (the latter articulated by National Cabinet), increasing scientific understanding of COVID-19, international and interstate experience, and advice from the Australian Health Protection Principal Committee (AHPPC).

The Tasmanian approach to COVID-19 therefore had many features in common with contemporaneous approaches in most other Australian jurisdictions. We also sought to take advantage of favorable circumstances such as our geographic isolation and low population density, and the prolonged elimination of COVID-19 from the state, while also acknowledging our relatively older and more vulnerable populations, and the limits to our response capacity.

This approach can be broadly summarized as an initial strategy of suppression and elimination with a very low risk tolerance, before later accepting a moderate level of risk and a transition to managing waves of infection.

Table 1: An overview of the strategic responses to COVID-19 in Tasmania

VARIANT	STRATEGY	RATIONALE	RESPONSE
WUHAN and ALPHA <i>February 2020 to June 2021</i>	Suppression and elimination of local transmission	Little understanding of COVID-19, including its transmissibility and virulence	Restrictive PHSM Intensive Testing & Tracing (T&T), prolonged Isolation & Quarantine (I&Q)
	Very low risk tolerance	Little understanding of the feasibility of control No vaccine	Restrictive border controls
DELTA <i>July 2021 to January 2022</i>	Suppression and elimination of local transmission	Increasing understanding of COVID-19 Outbreaks in other jurisdictions pose risk to Tasmania	Restrictive PHSM with some moderation of restrictions Intensive T&T, some shortening of I&Q
	Very low risk tolerance	Vaccination proceeding, yet to reach population targets	Restrictive border control Vaccination program implemented
OMICRON <i>December 2021 to present</i>	Transition to managing COVID-19 in the community	High vaccination across the population Increasing understanding of COVID-19 and control measures	Easing of PHSM Significant changes to TTIQ Removal of border controls
	Moderate risk accepted	Community fatigue with restrictive PHSM. Need for feasible pragmatic TTIQ with high case numbers.	Vaccination, including boosters

The following is a summary of key actions implemented under section 16 public health directions during the public health emergency declaration. The related direction is rendered in italics within parentheses.

Wuhan and Alpha Phase

During this first phase of the response, there was initially little understanding of COVID-19, including its transmissibility and virulence, and the feasibility of control. With no vaccine, actions aimed to suppress and potentially eliminate community transmission. Risk tolerance was very low.

20 March 2020

All persons arriving in Tasmania were to comply with various requirements such as physical distancing and monitoring of health for 14 days (*Specified persons*).

23 March 2020

Restrictions were introduced to limit the movement and mixing of people and to promote physical distancing. Such measures, recommended by AHPPC and agreed to by National Cabinet, were intended to reduce or prevent the spread of COVID-19. Gatherings were restricted to 500 people outdoors and 100 indoors and a density limit of one person per four square metres was established (*Gatherings*).

Visits to RACFs were restricted to protect residents and the operation of facilities (*Residential aged care facilities*).

26 March 2020

People who tested positive to COVID-19 were required to isolate for 14 days (*Isolation*).

27 March 2020

Gatherings were limited to 10 people (*Gatherings*).

30 March 2020

A four-week statewide stay at home requirement was put in place to substantially eliminate the movement of people (*Stay at home*). By this date, there had been 69 confirmed cases in Tasmania and one death.

31 March 2020

Gatherings were limited to 2 people (*Gatherings*).

11 April 2020

An outbreak at the North West Regional Hospital (NWRH) had commenced on or about 3 April 2020. The original source of infection was likely to have been one or two in-patients with COVID-19 acquired on the Ruby Princess cruise ship that had arrived in Sydney on 18 March 2020. After further cases occurred among staff and patients in most clinical areas of the NWRH and the adjacent North West Private Hospital (NWPH), all staff who had worked since 27 March 2020, and their household members, were required to quarantine for 14 days (*Quarantine North Western Region*). The two hospitals were also closed to interrupt transmission and enable cleaning, while clinical support was provided by the Australian Defence Force.

12 April 2020

To further limit the moving and mixing of people in the northwest region, gatherings and retail activity were restricted (*Gatherings North Western Region*), and staff at the Mersey Community Hospital were required to travel directly to and from the hospital and to quarantine at all other times (*Mersey Community Hospital*).

By 21 April 2020, there were 114 cases associated with the northwest outbreak.

11 May 2020

As new case numbers nationally declined, and the outbreak in the northwest appeared over, the Tasmanian Government announced the implementation of the *Road to Recovery* plan starting with an increase in gathering limits to allow 20 people at a funeral (*Gatherings*). After six weeks of the stay-at-home requirement, limits on personal exercise were eased to allow exercise within 30kms of a person's residence (*Stay at home*).

25 May 2020

Restrictions at RACFs were eased to allow two visitors each day for up to two hours (*Residential aged care facilities*).

5 June 2020

Further changes to implement the *Road to Recovery* included increases in gathering limits to 50 people at a funeral, 20 people inside or outside and 10 people in a home (*Gatherings*).

15 June 2020

As restrictions were gradually eased, a direction was introduced to reinforce the responsibility of workplaces to document and implement measures for COVID-19 safety. This highlighted employers' duty of care to protect their staff and visitors from the risk of COVID-19 (*Workplace COVID Plan*).

26 June 2020

The density limit was eased to allow one person per two square metres; alcohol could only be served to seated patrons (*Management of premises*).

31 July 2020

All persons arriving in Tasmania were required to be tested for COVID-19 by Polymerase Chain Reaction (PCR) test (*Assessment of persons from affected regions*).

25 September 2020

Gathering limits outdoors were increased to 1 000 (*Gatherings*).

13 November 2020

A requirement to collect contact details of persons present at hospitality venues for more than 15 minutes was introduced. This aimed to enable the identification and management of people if they were exposed to a risk of infection at the venue (*Contact tracing*).

1 December 2020

An events framework was introduced to manage risk and support event organisers to conduct public events as safely as possible. Although COVID-19 appeared to be absent from the Tasmanian community, this approach implemented AHPPC guidance for large gatherings and aimed to mitigate the risk associated with an unknown infectious case being at an event where there were large numbers of people freely mixing, potential for crowding, and activities such as dancing and alcohol consumption (*Mass Gatherings*).

11 December 2020

Caps on numbers of patrons dancing and consuming alcohol while standing up were introduced indoors (100) and outdoors (250) as risk mitigating measures to reduce the potential for the explosive spread of infection while still enabling the operation of venues (*Management of premises*).

21 January 2021

A requirement for all people to wear a facemask on planes and at airports was introduced to support a nationally consistent approach recommended by AHPPC (*Airports and aircrafts*).

18 March 2021

Use of the Tasmanian Government's Check in Tas app became mandatory at all locations where check-in was required. This aimed to improve the collection of personal contact information from people potentially exposed to risk of infection (*Contact tracing*).

22 March 2021

The number of seated patrons permitted at entertainment venues, places of worship and funerals was increased to 75 per cent capacity. This reflected consideration's including the lower risk at seated events where mixing and crowd density can be managed, the mandatory use of the Check in Tas app, the absence of community transmission in Tasmania, and the low incidence of locally-acquired infection nationally (*Management of premises*).

29 April 2021

Limits on visitors to a home were increased to 100 (*Gatherings*).

Delta Phase

After a prolonged period with no community transmission of COVID-19 in Tasmania, and few cases nationally enabling the easing of some restrictions, the emergence of the Delta variant changed circumstances significantly. The Delta variant, a more transmissible and clinically severe variant of SARS-CoV-2, rapidly emerged globally in mid-2021 and soon became the predominant strain in Australia. A large outbreak in Sydney demonstrated how quickly and extensively transmission could spread from limited or even a single introduction of the Delta variant. Instances of transmission occurring after brief and not necessarily very close encounters demonstrated that airborne spread could occur. These considerations significantly heightened the risk environment and influenced the public health approaches to COVID-19 control.

16 July 2021 to mid-August 2021

Various directions were put in place for short periods to address the risk posed by persons arriving or already in Tasmania who had recently been in other Australian jurisdictions during periods of high risk. Requirements varied and included testing, staying at home and self-isolating and wearing a facemask if leaving home (*Stay at home requirements – travellers from Australian Capital Territory, Stay at home requirements – travellers from Northern Territory, Stay at home requirements – travellers from Queensland, Travellers from South Australia, and Travellers from Victoria*). People who had recently been in New South Wales were unable to enter Tasmania during this period. There were no restrictions on people travelling from Western Australia where there had been no community transmission.

28 July 2021

There were no active cases in Tasmania, but except for Western Australia the risk environment nationally was very high as jurisdictions experienced outbreaks of the Delta variant and New South Wales, Victoria and the Australian Capital Territory imposed stay-at-home directions.

To mitigate the risk of an outbreak initiated by transmission at large gatherings, persons attending events with 5 000 to 10 000 people at stadiums and arenas were required to wear facemasks (*Mask wearing at events*).

Early in this phase, facemasks were required at the Festival of Voices event at short notice, by the addition of a condition to the event's approval under the direction *Mass Gatherings*.

5 August 2021

A requirement to wear facemasks in hospitals was introduced to protect staff, patients and the operation of the facilities (*Masks at hospitals*).

13 August 2021

A requirement for aged care workers to be sufficiently vaccinated by 17 September 2021 was implemented following a recommendation by AHPPC that was supported by National Cabinet. On 10 September 2021, this was extended to require health care workers to be sufficiently vaccinated by 31 October 2021 (*Mandatory vaccination of certain workers*).

18 September 2021

The requirement to wear facemasks at events was extended to include any event with more than 1 000 people (*Mask wearing at events*).

2 October 2021

Beginning on 2 October 2021, 92 contacts were managed by the Department of Health after a person left quarantine during their quarantine period in Launceston.

15 October 2021

A three-day lockdown was imposed in southern Tasmania in response to a case who had spent time in the community (*Stay at home requirements – southern lockdown*). This was followed by a requirement to wear facemasks in indoor and outdoor public places for seven days (*Mask wearing requirements southern region*).

22 October 2021

The Tasmanian Premier announced that on 15 December 2021, Tasmania's borders would reopen to all mainland jurisdictions under the Tasmanian Government's *Reconnecting Tasmania* plan.

1 November 2021

The framework that guided the conduct of events was updated to reflect the current national risk environment while enabling large events to occur with mitigations in place. A more streamlined approach was implemented for event organisers to show how they will meet public health requirements (*Mass gatherings*).

6 December 2021

Caps were removed on numbers of patrons in licensed premises who were allowed to dance, and to drink alcohol while standing. A requirement for patrons to be vaccinated to enter licensed premises was introduced and would also apply to staff from 15 December 2021 (*Additional requirements for certain venues*).

Omicron Phase

By 15 December 2021, Tasmania had experienced 21 months of border closures and restrictive public health and social measures, there had been no community transmission of COVID-19 in Tasmania for 19 months, and 90 per cent of the eligible population had received 2 doses of a COVID-19 vaccine.

Tasmania was one of the few jurisdictions in the world where the first experience of substantial community transmission would occur in a highly vaccinated population.

Most public health directions were to be initially maintained, with the expectation that restrictive public health and social measures would be eased after their feasibility and value were reconsidered in the context of established community transmission. Similarly, it was anticipated that practices of testing, tracing, isolation and quarantine would also need to adapt to be feasible and proportionate when there were many cases.

The reopening of the Tasmanian border and subsequent progressive easing of public health measures coincided with the very rapid emergence of the Omicron variant, a yet more transmissible variant of SARS-CoV-2 which became the predominant strain in Australia within weeks.

15 December 2021

Changes to directions issued by the State Controller under the *Emergency Management Act 2006* effectively reopened the Tasmanian border. A direction under the Act enabled cruise ships to return to Tasmanian waters subject to restrictions including an initial limit of up to 99 passengers permitted on board, and vaccination and testing requirements (*Cruise ships*).

21 December 2021

As the number of cases began to increase, a requirement for facemasks in all indoor settings was introduced, aiming to help slow community transmission. Most other jurisdictions already had similar mask wearing requirements in place (*Mask wearing requirements*).

1 January 2022

Demand for PCR testing was increasing very rapidly and AHPPC advised that Rapid Antigen Tests (RAT) were an acceptable diagnostic method when the prevalence of COVID-19 was high. RAT testing was introduced for people arriving in Tasmania (*Requirements following positive Rapid Antigen Test*). The definition of a close contact was changed to include 4 hours in a household with a case (*Quarantine*).

7 January 2022

A requirement to report a positive RAT online or through the public health hotline was introduced to increase clinical surveillance of COVID-19 (*Isolation*).

14 January 2022

A conditional exemption from close contact requirements was introduced for workers from a range of critical industries so they could remain in the workplace (*Quarantine*).

18 February 2022

The requirement to use the Check in Tas app was removed, other than at licensed venues, gaming venues and events. This reflected the high case numbers and the likelihood that anywhere in Tasmania could have been a recent public exposure location, making timely and accurate publication of such sites impossible (*Contact tracing*).

4 March 2022

A requirement for booster vaccinations for aged care and disability workers was introduced, following AHPPC recommendations (*Additional vaccination for workers in certain settings*).

5 March 2022

Requirements to wear facemasks had been in place in various settings, aiming to slow transmission, and to protect persons and the operation of facilities where there were persons who were particularly vulnerable to severe COVID-19. Following AHPPC advice about the role of facemasks among other proportionate measures to manage the risks posed by community transmission of COVID-19, Tasmania adopted a phased approach to remove broad mask wearing mandates. This started with customers in retail settings (*Mask wearing requirements*).

11 March 2022

Facemask requirements were removed in a range of lower-risk settings but retained for public transport, health and medical services, early childhood education, schools and prisons. Recommendations remained to wear a facemask when people cannot physically distance, work in a public-facing role or are particularly vulnerable to COVID-19 (*Mask wearing in certain locations*).

2 May 2022

Asymptomatic close contacts were no longer required to quarantine at home but were required to test and to wear a facemask when not in their residence (*Management of close contacts*).

21 May 2022

Density limits for premises were removed and the Events Framework was updated to apply only to large events and music events (*Management of events*).

30 June 2022

The public health emergency declaration ended on 30 June 2022. Most directions under the declaration had been amended or revoked during the recent months of managed community transmission of COVID-19 in Tasmania. The remaining directions lapsed, as intended, with the end of the public health emergency declaration.

From this point onwards, the ordinary (non-emergency) powers of the Director of Public Health, conferred by the Act to manage threats to public health posed by infectious diseases, were used to manage ongoing risks posed by COVID-19.

Directions given under the Public Health Emergency in Tasmania, 17 March 2020 to 30 June 2022

Emergency powers are provided by Part 2, Division 2 of the Tasmanian *Public Health Act 1997* (the Act) to manage a public health emergency.

On 17 March 2020, the Director of Public Health (the Director) declared the first ever public health emergency in Tasmania under this division to enable measures to mitigate the public health threat from COVID-19.

The public health emergency declaration was extended for 12 weeks on eight occasions – in June, August and November 2020; in February, May, July and October 2021; and in January 2022. It was then extended for eight weeks in April and a further five weeks in May 2022 until ending on 30 June 2022.

From 17 March 2020 to 30 June 2022, 45 public health directions with 198 versions were made under the public health emergency declaration using section 16 of the Act.

A summary of all directions and revocations made during the emergency declaration period is provided below, listed in alphabetical order. Unless stated otherwise, the date provided is the date the direction became effective.

Additional requirements for certain venues

Introduced as a temporary measure to reduce risk of transmission after caps on dancing and drinking alcohol were removed (as of 6 December 2021) and to increase vaccination coverage of people in younger age groups

No. 1	6 December 2021	Required persons to be fully vaccinated to enter licensed premises such as pubs, nightclubs, bars and events from 6 December 2021, and applying to staff from 15 December 2021.
No. 2	10 December 2021	Clarified that the requirement to be fully vaccinated excludes stadiums, arenas, cinemas, concert venues, theatres, auditoriums and private events where the event is not open to members of the public and requires an invitation to attend.

Revoked 26 February 2022

Additional vaccination requirements for workers in certain settings

Introduced to further protect staff and vulnerable people in higher risk settings

No. 1	4 March 2022	Required that from 1 April 2022, staff and volunteers who provide regular services to a RACF, in-home care or high intensity support to a NDIS participant, must have received one booster of a COVID-19 vaccine. If an exemption applies to a person, they are required to wear a facemask.
No. 2	11 March 2022	Clarified that a person complies with the direction if he or she receives a booster dose of a vaccine within four weeks of becoming eligible to receive it.

No. 3	23 April 2022	Signed by the Director on 29 March 2022 to change the date from when a person will need to comply with the requirements of the direction to 23 April 2022.
Lapsed 30 June 2022		

Aircrafts

Introduced to ensure continued support of a nationally consistent approach to mask wearing on planes

No. 1	18 June 2022	Required the wearing of a facemask by persons on-board a domestic commercial aircraft, following the revocation of mask wearing requirements in airports.
Lapsed 30 June 2022 – transferred to a section 53 Order under the Act		

Airports and aircrafts

Introduced to support a nationally consistent approach to mask wearing at airports and on planes

No. 1	21 January 2021	Required the wearing (and carrying while temporarily exempted) of a facemask indoors and outdoors at Tasmanian airports, and a facemask to be worn if a person is on-board a domestic commercial aircraft.
No. 2	5 February 2021	Required a person claiming to hold an exemption from the requirement to wear a facemask to produce documentation to support the exemption if requested by an authorised officer.
No. 3	26 May 2021	<p>Removed the requirement for a person to wear a facemask in outdoor areas of the airport, except when transiting between the arrival or departure gate at the airport and the aircraft, and in an indoor area that is not open to the public.</p> <p>Provided that airport workers and members of a flight crew do not have to wear a facemask when they are working in an area of the airport or aircraft that is not open to passengers or other members of the public.</p> <p>Clarified that the requirement to wear a facemask when transiting between the arrivals or departure gate at the airport and the aircraft also applied to passengers or a person arriving from outside of Australia.</p> <p>Expanded the definition of “person in authority” to include a person employed or engaged to monitor safety and security at the airport or on an aircraft.</p>
Revoked 18 June 2022		

Arrival requirements for certain travellers into Tasmania

Introduced to limit the risk posed by persons arriving in Tasmania during a period of high risk

No. 1	25 October 2020	<p>Required persons arriving in Tasmania from medium and high-risk areas to undergo a clinical assessment on arrival for clinical symptoms of COVID-19 and a temperature check. If the clinical assessment could not be undertaken on arrival, persons had 24 hours from their arrival to have the assessment performed.</p> <p>Exempted unaccompanied minors and transport, freight and logistics workers in certain circumstances from the clinical assessment requirement on arrival.</p> <p>Required persons in hotel quarantine who arrived directly from overseas (except New Zealand), to undergo a test for COVID-19 as soon as practicable after the tenth day of quarantine. Persons from medium and high-risk areas, who were required to isolate or quarantine on arrival, were to wear a facemask from his or her arrival until they were in their place of isolation or quarantine.</p>
No. 2	5 November 2020	<p>Expanded the existing exemption provision to include the ability for the Director or his delegate, to exempt a person, or a specified class of persons, from undergoing one or more of the clinical assessments and tests required under the direction, subject to such conditions as the Director or his delegate considered appropriate in the circumstances.</p> <p>Included the requirement for international arrivals in quarantine to undergo a test for COVID-19 before the third day after he or she arrived in Tasmania in addition to the existing requirement for these travellers to be tested on, or as soon as practicable after, the tenth day after he or she arrived in Tasmania.</p>
No. 3	18 December 2020	<p>Expanded the testing requirements to include travellers from high-risk areas who were required to isolate or quarantine for 14 days on arrival in Tasmania.</p>
No. 4	14 January 2021	<p>Extended the requirement for a test for COVID-19 on, or as soon as practicable after, the tenth day of quarantine to relevant travellers from a high-risk area.</p> <p>Exempted relevant travellers from high-risk areas and international arrivals to be tested in accordance with the direction where they are, or have been, subject to a period of isolation under the Act as a result of the person testing positive for COVID-19.</p> <p>Clarified that a transport, freight or logistics worker who had spent time in a high-risk area within 14 days before arrival in Tasmania, must undergo a test for COVID-19 every seven days while they are in Tasmania.</p>
No. 5	12 February 2021	<p>Expanded testing requirements for specified workers from high-risk areas to require workers to undergo a test for COVID-19 within 24 hours of the</p>

		<p>person arriving in Tasmania and on, or as soon as practicable after, the twelfth day after he or she arrived in Tasmania if the person has not left Tasmania.</p> <p>Clarified that a relevant traveller, who is a specified worker for the purposes of transport, freight or logistics and who has spent time in a high-risk area within 14 days before arrival in Tasmania, must undergo a test for COVID-19 every seven days while they are in Tasmania until at least 14 days have passed since the person arrived in Tasmania and has undergone at least two tests for COVID-19 since leaving the high-risk area.</p> <p>Provided international aircrew must undergo a test for COVID-19 within 24 hours of their arrival in Tasmania, unless they produce evidence that they have been tested within Australia in the preceding seven days and returned a negative test result. International aircrew were required to undergo a test for COVID-19 every seven days since their last test until at least 14 days have passed since the person arrived in Tasmania.</p> <p>Extended the testing timeframe for persons who are required to isolate or quarantine on their arrival in Tasmania and for specified workers to before day 3 and as soon as practicable after day 12 and extended the application of the direction to both high-risk areas and premises.</p>
No. 6	2 March 2021	<p>Required persons arriving in Tasmania from medium and high-risk areas to undergo a clinical assessment on arrival in Tasmania.</p> <p>Imposed COVID-19 testing requirements for certain classes of travellers.</p> <p>Ensured a delegate of the Director can determine a high-risk area or premises for the purposes of the direction, including within New Zealand.</p> <p>Revised the period for which testing in isolation or quarantine is required for a relevant traveller who is required to isolate or quarantine on his or her arrival in Tasmania and who arrives in Tasmania from a country other than Australia or New Zealand or has spent time in a high-risk area or premises within New Zealand, from 28 days to 14 days.</p> <p>Provided that a relevant traveller, who is required to isolate or quarantine on arrival in Tasmania and who arrives in Tasmania as a crew member of a vessel and has spent time in a country other than Australia or New Zealand, or spent time in a high-risk area or premises within New Zealand, within the 28 day period before arriving, must be tested within 48 hours after he or she arrives in Tasmania and again on day 12.</p>
No. 7	30 July 2021	<p>Required an additional test on the seventh day after arrival in Tasmania for travellers from high-risk Level 1 areas.</p>
No. 8	4 August 2021	<p>Expanded the testing requirements to require all persons, with the exception of transport, freight or logistics workers, who enter Tasmania from a high-risk area or high-risk premises, and who are not required to isolate or quarantine on arrival in Tasmania, to undergo a test for COVID-</p>

		19 on, or as soon as practical after, the seventh day after he or she arrives in Tasmania.
No. 9	19 August 2021	<p>Expanded the testing requirements for travellers required to isolate or quarantine on arrival in Tasmania, having arrived in Tasmania from a high-risk area or high-risk premises, who had been granted permission to leave isolation or quarantine by the Deputy State Controller.</p> <p>Provided that permission to leave could be for multiple periods, such as for end-of-life visits or work in the case of certain specified workers, or for a single period of leave such as to attend a funeral.</p> <p>Required these travellers to undergo a test for COVID-19 on the seventh day after he or she arrived in Tasmania, in addition to the existing requirements to undergo a test for COVID-19 within 48 hours of arrival and again on day 12 after arrival in Tasmania.</p> <p>Clarified that the testing requirements in paragraph (g) no longer apply to a traveller when, during the 14 days after he or she arrives in Tasmania, the high-risk area from which the person had arrived is determined, by the Director or his or her delegate, to no longer be a high-risk or medium risk area (i.e. is a low-risk area).</p> <p>Revised the definition of relevant traveller to clarify it includes persons who have spent time in a country other than Australia or New Zealand within 28 days prior to arriving in Tasmania.</p>
No. 10	24 September 2021	Changes made to remove transport, freight and logistics workers.
No. 11	9 November 2021	Revised testing requirements for seasonal agricultural workers entering Tasmania under the Pacific Labour Mobility Scheme who are given approval by the Deputy State Controller to quarantine for seven days.
No. 12	15 December 2021	<p>Specified testing requirements for a person who arrives in Tasmania having been in an extreme risk area in the last 14 days, regardless of vaccination status; for all unvaccinated arrivals into Tasmania; and for a person who is fully vaccinated and who in the previous seven days spent time in a high-risk area.</p> <p>Provided that the testing requirements do not apply to children under five; to persons who are unable to return a negative test as they have recently recovered from COVID-19; or to persons arriving in Tasmania for the purposes of transport, freight or logistics or as a crew member of an overseas aircraft.</p>
No. 13	21 December 2021	Revised the time in which a person who has arrived in Tasmania from a high-risk area, having departed Tasmania within the previous seven days, must take a test for COVID-19, from 24 hours to 72 hours after he or she arrives in Tasmania.
No. 14	1 January 2022	Removed the post arrival testing for fully vaccinated persons who are not required to isolate or quarantine on arrival and who have been away from

		<p>Tasmania for less than seven days and the requirement for a person who is not fully vaccinated, arriving from an area other than an extreme risk area, to be tested within 24 hours of arrival in Tasmania.</p> <p>Revised the definition of test for COVID-19 to include PCR test or RAT.</p>
Revoked 24 February 2022		

Assessment of persons from affected regions and premises

Introduced to reduce the risk posed by persons arriving in Tasmania during a period of high risk

No. 1	31 July 2020	Required clinical assessment and testing for all persons coming into Tasmania from an affected region or premises (as determined under the <i>Emergency Management Act 2006</i>).
No. 2	20 August 2020	<p>Revised the previous version which referred to the direction under the <i>Emergency Management Act 2006</i> of 30 July 2020 to refer to a new direction under that Act that was issued on 17 August 2020 and future versions of this direction.</p> <p>Included an additional exemption from the requirement to submit to a clinical assessment on arrival in Tasmania for freight workers if their stay in Tasmania is for less than 24 hours and Annexure A of Emergency Management Act directions is complied with.</p>
No. 3	9 October 2020	Amended the definition of 'symptoms of the disease' and clarified that directions made under the <i>Emergency Management Act 2006</i> include directions made by a delegate of the State Controller.

Revoked 25 October 2020, replaced by Arrival requirements for certain travellers No. 1

Contact tracing

Introduced to support rapid and effective identification of people who may have been exposed to risk of infection at a range of premises

No. 1	13 November 2020	Required the owner or operator of certain hospitality premises, including restaurants, cafes and other retail food businesses and premises that serve alcohol for consumption on-site, to collect contact details for persons who enter and remain on the premises for at least 15 minutes.
No. 2	27 November 2020	Expanded the list of relevant locations required to collect patron details including gatherings under the Events Framework.
No. 3	9 December 2020	Corrected a drafting error (an incorrectly numbered reference to a paragraph within the direction).
No. 4	18 March 2021	Required owners and operators and persons who enter and remain on a relevant location to use the Check in TAS app to record information required to be kept under the direction.

No. 5	14 May 2021	Exempted school students on school excursions from being required to check-in at relevant locations.
No. 6	2 July 2021	Required persons to use the Check in TAS app when they entered relevant premises regardless of the time spent in the premises.
No. 7	14 July 2021	Expanded relevant locations where check-in was required and removed the requirement on owners and operators to refuse entry to a person who has not checked in from 31 July 2021.
No. 8	13 August 2021	Expanded check-in to include taxis and rideshare.
No. 9	25 August 2021	Expanded check-in to large passenger transport vehicles, ferry services and transport locations from 3 September 2021.
No. 10	6 October 2021	Provided exemptions to the requirement to provide alternative check-in methods in certain unstaffed, free, outdoor settings (such as recreational areas); clarified the application of Check in TAS to skate parks and playgrounds; and ensured students attending other schools for examinations or tests are not required to check-in.
No. 11	15 December 2021	Required persons on a cruise ship to check-in once per day.
No. 12	18 February 2022	Reduced the type of premises where check-in is required to gaming venues, events and licensed premises.
Revoked 2 May 2022		

Cruise ships

Introduced to manage the risk posed by persons arriving in Tasmania on large cruise vessels

No. 1	15 December 2021	Set vaccination requirements for people on board certain cruise ships, limited cruises to 99 passengers on board a vessel at any one time and persons must have a negative test result 72 hours before leaving the vessel.
No. 2	15 December 2021	Made a technical change to reflect the current regulation of cruise ships in Tasmanian waters.
No. 3	14 April 2022	Required a person to be fully vaccinated and receive a negative PCR result taken within 72 hours or a negative RAT taken within 24 hours before embarking a vessel.
Revoked 1 June 2022		

Gatherings

Introduced to limit the movement and mixing of people in public places

No. 1	23 March 2020	Restricted gatherings to 500 persons in a single outdoor space and 100 persons in a single indoor space.
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		<p>Introduced a density requirement of no more than one person per four-square metres for the total number of persons in an outdoor or indoor space at the same time and a requirement that each person maintain a distance of no less than 1.5 metres between themselves and any other person.</p> <p>Imposed restrictions or closures on the operation of premises where alcohol is sold, accommodation premises, gymnasiums and playgrounds, cinemas, nightclubs, religious gatherings, restaurants and cafes.</p>
No. 2	26 March 2020	<p>Reflected the outcomes of the National Cabinet Meeting of 24 March 2020 to include further restrictions on premises that can be opened and operated and the services provided.</p> <p>Restricted funerals to no more than 10 persons and weddings to no more than five persons.</p>
No. 3	27 March 2020	<p>Restricted outdoor and indoor gatherings to no more than 10 persons.</p>
No. 4	31 March 2020	<p>Restricted outdoor and indoor gatherings to no more than two persons while maintaining a small number of conditional exceptions.</p> <p>Included veterinary establishments as exempt premises.</p> <p>Clarified that a “gathering” does not include persons who ordinarily reside at the same private premises for the purposes of facilitating shared custody arrangements, guardianship or other care arrangements; for persons maintaining, renovating or repairing the premises, or maintaining, renovating, installing, removing or repairing an item located at the premises; persons delivering an item to, or removing an item from, the premises; or persons delivering medical, health, emergency or urgent legal services, or end-of-life support to a person at the premises.</p>
No. 5	3 April 2020	<p>Only permitted a gathering at a shopping centre when the persons involved were there for the purposes of transiting through.</p> <p>Included premises where racing, gambling or gaming services are provided and second-hand good sales, garage sales and sex services as prohibited services.</p> <p>Clarified that markets could sell fresh produce only.</p>
No. 6	8 April 2020	<p>Clarified the sale of take away alcohol can only be from bottle shops or premises that also sell take away food.</p>
No. 7	14 April 2020	<p>Permitted more than one disability support worker to assist a person with a disability both inside and outside a residence.</p>
No. 8	11 May 2020	<p>Permitted funeral services where the total number of persons present did not exceed 20 persons.</p>
No. 9	18 May 2020	<p>Implemented Stage 1 of the <i>Roadmap to Recovery</i> to provide for gatherings of up to 10 people at weddings, places of worship, restaurants</p>

		and cafes (seated service only), auction houses, outdoor park exercise equipment, playgrounds, boot camps, community facilities and libraries.
No. 10	29 May 2020	Ensured consistency in the number of persons who can attend auction houses and real estate gatherings and clarified that the exclusion from the four-square metre density requirement and the 1.5 metre distancing rule for residential premises also applies to private boats.
No. 11	5 June 2020	Implemented Stage 2 of the <i>Roadmap to Recovery</i> to provide for gatherings of up to 10 persons at residential premises, in addition to residents; up to 20 persons in both indoor and outdoor spaces; up to 40 attendees at certain premises including restaurants and cafes, weddings, places of worship, entertainment venues; up to 50 persons at funerals and up to 80 persons at a museum, national institution, historic site or gallery.
No. 12	17 June 2020	Implemented Stage 3 of the <i>Roadmap to Recovery</i> by revising gathering limits as an incremental step to the further easing of restrictions. This included increases of up to 80 persons permitted in both indoor and outdoor spaces, restaurants and cafes and places of worship and up to 20 persons at gyms and swimming pools. Level B social sport activities were permitted under the <i>Framework for Rebooting Sport in a COVID-19 Environment</i> as published by the Australian Institute of Sport.
Revoked 26 June 2020 – replaced by Management of Premises		

Gatherings – lockdown

Introduced to substantially eliminate the movement and mixing of people during a period of high risk of establishing community transmission

No. 1	15 October 2021	Closed certain premises and services during the lockdown in the southern region of Tasmania from 6pm Friday 15 October 2021 to 6pm Monday 18 October 2021.
No. 2	15 October 2021	Revised Item 7 of schedule 2 to enable the broadcast of an acceptably COVID-safe event of some significance when public health measures preclude there being a crowd, and that the nature of such events is such that they require individual assessment and approval.
No. 3	18 October 2021	Revised item 5(d) of Schedule 2 to enable during lockdown procedures and surgical treatments undertaken by dentists, in private and public health care centres, that are consistent with Level 2 COVID-19 Dental Service Restrictions published by the Australian Dental Association.
Revoked 18 October 2021		

Gatherings (North-West Region)

Introduced to limit the movement and mixing of people in north west Tasmania during a period of high risk of establishing community transmission

No. 1	12 April 2020	Restricted retail and commercial premises that could open or operate and the services that could be provided in the north west region.
No. 2	18 April 2020	<p>Included additional exempted premises and services - building, construction, maintenance and repair services that are necessary for safety, to establish or maintain critical infrastructure, or to ensure that the necessities of life are maintained; regulated businesses, within the meaning of the <i>Burial and Cremation Act 2019</i> and funeral homes; commercial food production and agriculture; commercial cleaning services; courts, tribunals, prisons and correctional facilities, youth justice centres or similar places; child care and child minding; and premises at which a gathering may lawfully occur under the Gatherings direction, with the exception of an office building, factory, mining site or construction site; and premises and services in Schedules 1 and 2 of that direction.</p> <p>Included an exception to allow Metro Tasmania to open and operate the Burnie Sports Centre as a secondary bus depot and provision to allow the Director to exempt premises or services, or a class of premises or services, from the direction.</p>
No. 3	27 April 2020	<p>Extended provisions to allow school employees to enter and remain on school premises to collect teaching materials to support working from home and legal service employees to enter office buildings to collect materials to support working remotely or at another premises. Legal practitioners were also permitted to meet with clients if those meetings are unable to be performed remotely or through electronic means.</p> <p>Ensured persons can provide animal welfare services to livestock and farmers permitted to purchase hardware supplies.</p> <p>Clarified that ports and terminals may operate to allow freight import and export and be open for certain passenger services.</p> <p>Provided that building and construction may continue subject to adherence with Safe Work Australia COVID-19 guidelines for building and construction.</p> <p>Clarified that manufacturing, commercial processing and mining is permitted subject to Safe Work Australia guidelines and to clarify that they can only have staff (no visitors or customers).</p>
No. 4	28 April 2020	Facilitated the provision of legal services from premises if the services are provided in accordance with all relevant COVID-19 information published by Safe Work Australia, as established under the <i>Safe Work Australia Act 2008</i> of the Commonwealth.

Revoked 3 May 2020

Hospitals

Introduced to protect persons and critical services in a setting that is highly vulnerable to the spread of COVID-19

No. 1	7 April 2020	Imposed restrictions on visitors to hospitals.
No. 2	17 April 2020	<p>Revised to extend the expiry date to 4 May 2020.</p> <p>Exempted significant persons providing end-of-life support from the prohibitions of not being allowed entry if in the last 14 days they had entered Tasmania or had been in contact with someone who had been diagnosed or reasonably suspected of having COVID-19.</p> <p>Included a provision to require an operator of a hospital to ensure that all persons entering a hospital have been screened before entering the premises.</p>
No. 3	5 May 2020	Extended visitor restrictions until 18 May 2020.
No. 4	18 May 2020	Extended visitor restrictions until 1 June 2020.
No. 5	6 August 2021	Re-imposed restrictions on visitors to hospitals.
No. 6	6 August 2021	<p>Allowed persons to enter and remain on the premises of a hospital if the person has been in a high-risk or medium-risk area or premises within the 14 days preceding the entry if: they are a specified person for the purposes of providing health services or transporting patients, organs or tissues into Tasmania; or the person is employed or engaged by the hospital and wears a facemask while he or she remains on the premises.</p> <p>Identified and included persons who were already in Tasmania after the declaration of a high-risk area or high-risk premises (to which they were exposed) and who were not told to quarantine as a contact.</p> <p>Clarified that students undertaking a clinical placement at a hospital were permitted to enter and remain on the premises.</p> <p>Expired 12 August 2021.</p>
No. 7	12 August 2021	Extended requirements until 19 August 2021.
No. 8	19 August 2021	Extended requirements until 26 August 2021.
No. 9	15 October 2021	Re-imposed restrictions on visitors to hospitals during lockdown.
No. 10	18 October 2021	Extended visitor restrictions in hospitals until 6pm on 22 October 2021.
Expired 22 October 2021		

Isolation

Introduced to limit the spread of COVID-19 by people diagnosed with the infection

No. 1	26 March 2020	Prescribed the isolation requirements for persons diagnosed with COVID-19 being to travel directly to, or remain at, a suitable place until the person is released from isolation, and quarantine requirements for persons who reside with a person diagnosed with COVID-19.
No. 2	13 April 2020	Prescribed the requirements to be released from isolation and additional requirements of persons who are a healthcare worker or work in a RACF.
No. 3	9 December 2020	Updated the release from isolation criteria to be consistent with the National Guideline (SoNG) developed by the CDNA and endorsed by the AHPPC. This reflected the multiple categories of requirements for release from isolation depending on whether a person is asymptomatic, symptomatic but not in hospital, symptomatic in hospital or in hospital and immunocompromised, each with different time frames and testing requirements.
No. 4	14 January 2021	Referenced the release from isolation criteria in the National Guideline (SoNG) developed by the CDNA and endorsed by the AHPPC to clarify that while a person is in isolation, they must not have contact with another person except in certain circumstances. Required that a person must wear a facemask if required to leave isolation in accordance with the direction. Revised the definition of 'suitable place' to include a place where the person has been directed, under the <i>Act</i> or the <i>Emergency Management Act 2006</i> , to complete his or her isolation.
No. 5	15 December 2021	Provided for persons who are in isolation to reside with household contacts, who are also close contacts, for the period of his or her isolation.
No. 6	7 January 2022	Required cases who receive a positive RAT to register their test result. Provided that a positive result on a RAT means that a person has been diagnosed with COVID-19 and provided for release from isolation on meeting published criteria.
No. 7	10 March 2022	Required individuals who have tested positive to remain in isolation at a suitable premises for seven days, notify the Department of a positive RAT result and to wear a facemask if needing to leave the suitable premises before being released from isolation (e.g. in an emergency).
Lapsed 30 June 2022 – transferred to a section 53 Order under the Act		

Management of close contacts

Introduced to ensure the continuation of risk-mitigating measures for persons potentially exposed to COVID-19 and at higher risk of transmission, after the direction for Quarantine was revoked

No. 1	2 May 2022	<p>Required a person after becoming aware that they are a close contact to notify their workplace and undergo a test, and to test again on the sixth day after day zero (defined in the direction).</p> <p>Required that a person must not leave their primary residence on any day of the close contact period if they have clinical symptoms or received a positive test result.</p> <p>Permitted departure from home and attendance at work if a negative RAT but must wear a facemask at all times when outside their primary residence during the close contact period.</p>
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Lapsed 30 June 2022 – transferred to a section 53 Order under the Act

Management of events

Introduced to manage increased risk at large events and music festivals

No. 1	21 May 2022	Required organisers of large events with over 5000 people and music events with over 2000 people in attendance to submit an Event COVID-19 Safety Plan for approval by the Director before holding the event.
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Lapsed 30 June 2022 – transferred to section 184 Guidelines under the Act

Management of premises

Introduced to reduce the potential for crowding and high risk activities

No. 1	26 June 2020	Moved away from the concept of 'gatherings' and imposed requirements around the total number of persons that can be present on a premises. Placed obligations on the owner or operator to ensure that the total number of persons present did not exceed one person per two square metres and that alcohol could only be served in the premises to a person who was seated.
No. 2	28 August 2020	Clarified arrangements that apply at premises where food and alcohol is served and consumed and provided directions for the management of patrons waiting outside licensed premises.
No. 3	17 September 2020	Eased restrictions relating to the supervision of premises used for sport, recreation, physical activity or wellness by removing the requirement for the owner or operator to ensure that at least one person (who is employed, engaged or authorised by the operator of the premises to supervise the premises) is present at all times while the premises is open

		to patrons. This allowed sporting and fitness centres to operate on a 24-hour basis.
No. 4	25 September 2020	Increased the maximum number of persons permitted in an outdoor space of a premises from 500 persons to 1 000 persons.
No. 5	23 October 2020	Permitted dancing at a school end of year function provided alcohol is not involved and removed a previous requirement to have two completely separated areas for eating and dancing at these events.
No. 6	26 October 2020	<p>Increased the number of persons permissible at a residential premises from 20 to 40 persons, in addition to the residents who ordinarily reside there.</p> <p>Allowed for non-seated consumption of alcohol in outdoor spaces of premises licensed within the meaning of the <i>Liquor Licensing Act 1990</i>.</p> <p>Provided clarity regarding the application of density limits to commercial premises that also have residential premises on that premises.</p>
No 7	1 December 2020	Allowed up to 250 persons to be present in an outdoor space of premises authorised to sell alcohol for consumption under a liquor license or permit within the meaning of the <i>Liquor Licensing Act</i> , and to consume alcohol non-seated.
No. 8	3 December 2020	Allowed that if the outdoor space of the premises is sufficiently sized such that more than 250 persons could be present in that outdoor space while not exceeding the density requirement is met, further seated persons may also be present in that outdoor space.
No. 9	11 December 2020	<p>Imposed a cap on the number of persons who could stand while participating in a 'high-risk activity' on a premises, other than a residential premises, of 100 persons in an indoor premises and 250 persons in the outdoor space of a premises.</p> <p>Defined 'high-risk activity' as dancing or consuming alcohol.</p> <p>Increased the cap on the number of persons that may be present on a residential premises to a total of 100 persons. This total included the persons that ordinarily reside there.</p>
No. 10	18 December 2020	<p>Removed the density limit for indoor churches, places of worship or premises at which religious activities are carried out between 5pm Friday 18 December 2020 to 12.01am on Monday 28 December 2020. During this period, the total number of persons permitted in an indoor space of these premises was 75% of the seating capacity calculated for that space. There was no cap on the number of persons that may attend, provided that no more than 75% of the seating space is occupied by worshippers.</p> <p>From Monday 21 December 2020, increased the density limit for indoor cinemas, concert venues or theatres from one person per two square metres to 75% of the seating capacity of each undivided indoor space of</p>

		the premises or 250 persons, whichever is the lesser number. Staff were excluded from the 250 total person limit.
No. 11	22 March 2021	Changed the density limit for premises that are churches, places of worship, at which a funeral or other premises at which religious activities are being carried out from one person per two square metres to 75% of the seating capacity of the indoor space of the premises or 250 persons, whichever is the lesser number. Staff, members of the clergy, church attendants, members of the choir and persons who are assisting in the provision of the religious services or, in the case of a funeral, performing the funeral service at the premises, are in addition to the number of persons that may be present.
No. 12	29 April 2021	<p>Increased the limit for indoor and outdoor gatherings at residential premises to up to 100 persons (including children and babies) at any one time.</p> <p>The number of people permitted at outdoor gatherings was changed to the lesser of the number of persons calculated not to exceed one person per two square metres of the area of the space or 1 000 persons; for indoor gatherings the lesser of the number of persons calculated not to exceed one person per two square metres of the floor area of the space, or 250 persons.</p> <p>Where practicable, business operators, staff, volunteers, and attendees were to maintain a distance of 1.5 metres from other people.</p> <p>Changed the permissible seating capacity for cinemas, concert venues or theatres, churches, places of worship and premises at which a funeral or other religious activities are being carried out to the seating capacity of the indoor space or 250 persons, whichever is the lesser.</p>
No. 13	14 May 2021	Included stadiums and arenas as premises that could go to full seated capacity or 250 persons, whichever is the lesser.
No. 14	20 October 2021	Reduced the number of people permitted in an outdoor space from 1 000 to 500 and excluded staff and volunteers from the maximum number of persons at a gathering; and gave effect to the revised Events Framework, including a requirement to complete an Event COVID-19 Safety Plan.
No. 15	1 December 2021	Removed restrictions on dancing and consumption of alcohol while not seated in licensed premises.
No. 16	6 December 2021	Removed COVID-19 related limits on the number of persons permitted in retail outlets.
No. 17	2 May 2022	Removed the 100 persons limit from residential premises.
Revoked 21 May 2022		

Mandatory vaccination of certain workers

Introduced to promote vaccination and to protect staff and vulnerable people in higher risk settings

No. 1	13 August 2021	Required that by 17 September 2021, staff, and volunteers who provide regular services to a RACF must be sufficiently vaccinated against COVID-19. Provided exclusions to family and friends and staff of in-reach services such as pharmacists.
No. 2	2 September 2021	Extended vaccination requirements to hotel quarantine and transportation workers by 17 September 2021.
No. 3	10 September 2021	Required that by 31 October 2021, health care workers and workers in health care settings should be sufficiently vaccinated against COVID-19.
No. 4	17 September 2021	Extended vaccination requirements to quarantine workers at Rydges Hobart and Edgewater by 31 October 2021. Amended paragraph (d)(i) to address an unintended consequence associated with Department of Health owned premises that are leased to persons who do not undertake health or medical activities or treatments at the premises.
No. 5	24 September 2021	<p>Allowed the operator of a relevant location to refuse entry to a person when the person is required to be sufficiently vaccinated under the direction, but the operator is not satisfied that the person is sufficiently vaccinated (i.e. the person entering the facility is not able to produce evidence that he or she is sufficiently vaccinated or refuses).</p> <p>Clarified the policy intent in relation to vaccination requirements for persons working in health care settings and persons employed by the Department of Health. All contractors working on premises owned or occupied by the Department of Health are required to be sufficiently vaccinated. Clarified the definition of “relevant supervisor” and placed record-keeping obligations on such supervisors.</p> <p>Required a person who would otherwise be required to wear a facemask, but who has an exemption from doing so, to produce the exemption if requested by a person in authority at the relevant location.</p>
No. 6	6 October 2021	Clarified the definition of medical and health facility to clearly reference blood donation centres and pathology centres and included orthoptist in the list of allied health professionals.
No. 7	7 October 2021	Clarified that the relevant supervisor for employees of the Department of Health is the Secretary of the Department of Health or his or her delegate.
No. 8	3 November 2021 Title changed to <i>Vaccination requirements for certain workers</i>	<p>Extended vaccination requirements to disability support workers on and from 21 November 2021.</p> <p>Clarified that a person is to provide evidence of vaccination as soon as practicable after being issued with their Immunisation History Statement and that evidence of vaccination status can be in electronic form.</p>

		Required employers to take all reasonable steps to ensure that a disability worker does not provide high intensity supports to a participant of the NDIS unless that worker is sufficiently vaccinated.
No. 9	11 November 2021	Extended vaccination requirements to in-home and community aged care providers.
No. 10	26 November 2021	Provided that a person who is required to be sufficiently vaccinated in accordance with the direction must have received all doses of the vaccine before 8 January 2022.
No. 11	25 February 2022	Clarified that the Director or his delegate, can request that a relevant supervisor of a person produce evidence, held by the relevant supervisor, that the person subject to the direction has a valid medical exemption.
No. 12	23 April 2022	Consolidated the direction by removing references to dates in the past and repeated paragraphs; removed references to Residential Aged Care, In-Home and Community Aged Care, and disability worker vaccination requirements as these were now in the direction <i>Additional vaccination requirements for workers in certain settings – No. 3</i> .
Lapsed 30 June 2022		

Mask wearing at events

Introduced due to high community transmission risk

No. 1	28 July 2021	Required all attendees at approved Level 3 events held at stadiums and arenas to wear a facemask.
No. 2	18 September 2021	Required all attendees at events with more than 1 000 people to wear a facemask.
No. 3	18 September 2021	Included additional exemptions for primary school students and for people sitting in a personal vehicle at an event.
Revoked 11 March 2022		

Mask wearing in certain locations

Introduced to protect staff and vulnerable people in higher risk settings

No. 1	11 March 2022	Required facemasks to be worn on public transport including buses, ferries, taxis and rideshare; health and medical services; early childhood education and care facilities; schools and prisons.
No. 2	6 May 2022	Clarified that a person did not need to wear a facemask at a polling place at a school.
No. 3	25 June 2022	Removed the requirements for persons to wear facemasks on public transport, schools and early childhood education and care centres but

		retained them for health, medical and disability settings and correctional facilities.
Lapsed 30 June 2022		

Mask wearing requirements

Introduced to reduce or slow community transmission during a period of high risk

No. 1	21 December 2021	Required facemasks to be worn in all indoor settings, including commercial services in private homes, but excluded residential homes.
No. 2	5 March 2022	Removed the requirement for a person to wear a mask in retail premises unless he or she is working at the premises or the premises is used for 'in-person' services such as food and drink for consumption on site, beauty and massage salons, and health practices.
Revoked 11 March 2022		

Masks at hospitals

Introduced to protect staff and vulnerable people in a higher risk setting

No. 1	5 August 2021	Required all staff and visitors to wear a facemask while on the premises of a hospital and defined exemptions and exceptions to the requirements.
No. 2	8 August 2021	Extended mask wearing requirements until 19 August 2021.
No. 3	19 August 2021	Extended mask wearing requirements until 26 August 2021.
No. 4	26 August 2021	Continued requirements for mask wearing in hospitals.
Lapsed 30 June 2022		

Mask wearing requirements southern region

Introduced due to high risk of initiating and establishing community transmission

No. 1	18 October 2021	Imposed facemask wearing requirements on any person while indoors and outdoors away from their primary residence who had been in the southern region of Tasmania at any time after 6pm on 15 October 2021 until 6pm on 22 October 2021 unless exempted.
Revoked 22 October 2021		

Mass gatherings

Introduced to manage increased risk in public places where there are large numbers of people and potential for high risk activities

No. 1	1 December 2020	<p>Established requirements and thresholds for COVID-19 safety at public events and activities based on the number of people in attendance, whether indoor or outdoor, seated or free-moving, or if held across multiple premises. Thresholds were defined by levels as follows:</p> <p><i>Level 1</i> 250 to 500 indoors seated; 1 000 to 2 000 outdoors seated.</p> <p><i>Level 2</i> 250 to 500 indoors free-moving; 1 001 to 2 000 outdoors free-moving; 501 to 1 000 indoors seated; 2 001 to 5 000 outdoors seated; 2 001 to 5 000 across multiple premises.</p> <p><i>Level 3</i> 501 to 1 000 indoors free moving; 2 001 to 5 000 outdoors free moving; 1 001 to 2 000 indoors seated; 5 001 to 10 000 outdoors seated; 5 001 to 10 000 across multiple premises.</p> <p>Event organisers were required to develop an Event COVID Safety Plan for all gatherings and Level 2 and Level 3 events were to be registered with the Director, Level 2 assessed by the Director's delegate and Level 3 approved by the Director.</p> <p>Required a density limit of not more than one person per two square metres and use of no more than 50% of the seated capacity.</p>
No. 2	3 February 2021	<p>Increased the number of people who could be present in an outdoor fixed seating area of a stadium or arena to 75% of the number of seats provided. All other areas must ensure that at least two square metres of space is provided for each person present.</p> <p>Permitted outdoor stadiums and arenas to apply to have outdoor seated events of greater than 10 000 persons and gatherings in entertainment venues such as cinemas, concert venues, theatres auditoriums or similar spaces where persons are required to be seated and on not more than 75% of the number of seats.</p> <p>If indoors, required each person present (other than performers), to wear a facemask for the duration of the gathering.</p> <p>Required the amount of floor space provided for the number of persons present to not be less than two square metres of space per person.</p>
No. 3	22 March 2021	<p>Increased the number of people who could be present in a seated premises for the purposes of a religious service or a funeral to 75% of the number of seats provided.</p>

		Required each person at the gathering, other than service attendants, to wear a facemask for the duration of the gathering if indoors.
No. 4	1 May 2021	In conjunction with <i>Management of premises No. 12</i> , enabled indoor and outdoor stadiums and arenas, entertainment venues and premises at which religious services and funerals are held to move to full seated capacity and removed requirements for seating to be 'fixed seating' and the wearing of facemasks.
No. 5	15 October 2021	Facilitated the conduct of agricultural gatherings that had been approved to take place before 1 November 2021 and clarified that persons (including volunteers) employed or engaged to work or provide services at an agricultural gathering are excluded from the calculation of the permitted number of persons that may be present at the event. Expired 1 November 2021.
No. 6	1 November 2021	Gave effect to the revised Events Framework according to new thresholds that defined tiers as follows: <i>Tier 1</i> 250 to 2 000 indoors and 500 to 2 000 outdoors. <i>Tier 2</i> 2 001 to 5 000 indoors or outdoors <i>Tier 3</i> 5 001 to 10 000 indoor or outdoor seated events. Required event organisers to develop an Event COVID-19 Safety Plan for the Director to approve for Tier 2 and Tier 3 events and created transition arrangements for events approved by the Director before the direction came into effect.
No. 7	2 March 2022	Permitted the Director or delegate to allow an event to exceed density requirements.
No. 8	10 March 2022	Removed the power of the Director or delegate to permit a greater number of participants at a gathering than density requirements.
Revoked 20 May 2022 – replaced by Management of Events		

Mersey community hospital

Introduced to limit the movement of hospital staff potentially exposed to COVID-19

No. 1	12 April 2020	Specified that all persons employed or engaged to work at the Mersey Community Hospital on or after 13 April 2020, must only travel directly to and from the hospital for the purposes of work and at all other times remain in quarantine at a suitable place, which includes the person's primary residence or other premises approved by the Director.
Revoked 15 April 2020		

Passenger vessels

Introduced to protect staff and passengers on the *Spirit of Tasmania*

No. 1	11 June 2021	Required a person to wear a facemask while at a terminal, such as for the <i>Spirit of Tasmania</i> , that is indoors, in a communal area of a vessel, or in a vehicle in or within a terminal or vessel, unless exemptions apply.
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Revoked 24 June 2022

Quarantine

Introduced to limit the spread of COVID-19 by persons potentially exposed to the virus

No. 1	17 April 2020	Prescribed the quarantine requirements for persons who were identified contacts of people who have been diagnosed with COVID-19.
No. 2	11 December 2020	<p>Updated in accordance with the most recent National Guideline (SoNG) developed by the CDNA and endorsed by the AHPPC to recognise the different classes of contacts and approaches to the management of each class of contacts.</p> <p>Required that if a contact leaves quarantine, he or she must wear a fitted face covering.</p> <p>Revised definition of 'suitable place' to include a place where the person has been directed, under the Act or the <i>Emergency Management Act 2006</i>, to complete his or her quarantine.</p>
No. 3	3 February 2021	<p>Provided that a casual contact, if they are requested to undertake a test for COVID-19 and subsequently test negative, must not exit quarantine until notified by the Director or his delegate.</p> <p>Revised the definition of Coronavirus Disease 2019 (COVID-19) as per the National Guideline (SoNG) published on 29 January 2021.</p>
No. 4	18 February 2021	Provided authority for the Director, or his delegate, to notify a person who has been notified that he or she is a primary close contact, casual contact, or secondary close contact, that he or she may exit quarantine subject to any conditions that may be specified in the notification.
No. 5	27 August 2021	Gave the Director the power to require a person to enter quarantine, if the person is identified as a contact and not more than 14 days have passed since the person was last exposed to COVID-19.
No. 6	16 December 2021	Prescribed quarantine and testing requirements for close contacts, secondary (household) contacts and casual contacts, depending on vaccination status.
No. 7	1 January 2022	Revised the definition of close contact and imposed testing, quarantine and mask wearing requirements following contact with a confirmed case

		and required close contacts to monitor for symptoms of COVID-19 and, if symptoms develop, undertake a test for COVID-19.
No. 8	14 January 2022	Exempted workers from a range of critical industries from close contact requirements so they could remain in the workplace. In line with the nationally agreed scope, this included agricultural, aquaculture, emergency, health, laundry, cleaning, prison, passenger transport, manufacturing, freight and logistics, distribution or warehousing of essential goods services. Exemptions were to be registered with WorkSafe Tasmania.
No. 9	28 January 2022	Expanded the scope of critical workers who may be exempt from quarantine by prescribing a broader list of critical services in Schedule 1.
No. 10	26 February 2022	Changed close contacts requirements to those published in the National Guideline (SoNG) on 21 February 2022 to require close contacts to undertake a seven day period of quarantine after contact with the primary case, regardless of whether any new cases are identified in the household within that seven day period.
No. 11	11 April 2022	Amended to permit a person to leave his or her suitable place for the purposes of voting in an election, provided they comply with certain testing, travel, and mask requirements. Expanded the scope of critical workers in Schedule 1 to include certain building and construction workers and certain electoral workers.
Revoked 2 May 2022 – replaced by Management of close contacts		

Quarantine (North Western Region)

Introduced to limit the movement of people who had potentially been exposed to COVID-19 in northwest Tasmania

No. 1	11 April 2020	Required all employees of the NWRH who worked at any time on or after 27 March 2020 and all patients of the NWRH and NWPH admitted on or after 27 March 2020 to quarantine for 14 days, and those identified as a close contact to quarantine for 14 days (including those who lived with a relevant employee, patient, or close contact on 11 April 2020).
No. 2	13 April 2020	Expanded to include relevant employees of both the NWRH and NWPH and exempted staff of either hospital if they had been directed by the THS to care for decanting patients.
No. 3	13 April 2020	Expanded the definition of 'close contact' to an 'identified contact' to give the Director greater flexibility to require a person to enter quarantine if, in his or her opinion, the person is suspected on reasonable grounds of having been exposed to COVID-19.
No. 4	13 April 2020	Amended the definition of 'suitable place' to allow the operator of the Public Health Hotline to advise a person in quarantine to seek medical

		<p>treatment and to ensure only registered health practitioners in the medical, dental, midwifery or paramedical professions can advise a person to leave quarantine to seek medical treatment.</p> <p>Revised the definition of 'suitable place' to allow a person who is in quarantine at premises other than their primary residence to be allowed to relocate to their primary residence if approved by the Director or his delegate.</p>
Revoked 8 May 2020		

Requirements following positive Rapid Antigen Test

Introduced to implement National Cabinet decision made on 31 December 2021

No. 1	1 January 2022	Required a person who uses and receives a positive RAT result to take a PCR test as soon practicable. The person must wear a facemask when leaving their private residence unless exemptions or exceptions apply.
Revoked 6 January 2022		

Residential aged care facilities

Introduced to protect older people in a setting that is highly vulnerable to the spread of infectious diseases

No. 1	23 March 2020	Imposed restrictions on visitors to aged care facilities including the requirement to have an up-to-date influenza vaccination.
No. 2	7 April 2020	<p>Restricted visitors to aged care facilities to only visitors providing end-of-life care or support or health, medical or pharmaceutical goods or services.</p> <p>Prevented residents leaving the facility unless for essential medical requirements as arranged by facility management.</p>
No. 3	17 April 2020	<p>Revised expiry date to 4 May 2020, and allowed a key support person to visit a resident where they have a diagnosed medical condition and the visit is requested by the facility for the purpose of providing essential support, to reduce distress or confusion that has occurred due to the medical condition (for example for residents with dementia).</p> <p>Exempted significant persons providing end-of-life support from the prohibition of entry if they had entered Tasmania in the last 14 days or during the previous 14 days had been in contact with someone who had been diagnosed or reasonably suspected of having COVID-19.</p> <p>Included a provision to require an operator of a RACF to ensure that all persons entering the facility have been screened if and as directed by the Director or his delegate, before the person enters the premises.</p>

No. 4	5 May 2020	Extended the direction for a further week to 11 May 2020 and revised to enable the most senior representative of the operator of the facility, who is at the facility and on-duty at the time the person enters, to allow a person to enter the facility without an up-to-date influenza vaccination if he or she is satisfied that the person is entering the premises for the purposes of emergency medical, emergency management or law enforcement services.
No. 5	5 May 2020	Provided for a care and support visit to a resident of a RACF where the resident had not had a care and support visit from any person in at least five days. A care and support visit means a visit of no longer than two hours made to the resident by a single person or no more than two persons together; visit must be in the resident's room, outdoors or in a specific non-communal area, as designated by the RACF, and must be for the purposes of providing care and support to the resident.
No. 6	25 May 2020	Allowed up to two persons to visit a resident of a RACF each day for up to two hours.
No. 7	28 May 2020	Facilitated care and support visits by persons under 16 years of age in certain circumstances and allowed the Director to authorise a significant person, where that person is under 16, to provide care and support to a resident of an aged care facility.
No. 8	22 June 2020	Allowed children under the age of 16 to visit residents; removed limits on the amount of time a spouse, close relative or support person could visit a resident to provide social support; removed restrictions on the number of care and support visits a resident can receive in any one day; clarified that residents may leave and return to the facility; and allowed visiting service providers to resume services.
No. 9	13 July 2020	Revised the definition of 'significant person' to include a grandchild or a sibling of a resident to allow the Director to grant an exemption to a grandchild or a sibling of a resident who is approaching end-of-life in residential care, despite having recently come from interstate, or had contact with a case or suspected case, or not had influenza vaccine; provided they are asymptomatic and follow specified requirements of the Director to mitigate risk.
No. 10	26 October 2020	Updates to provide that a person must not enter, or remain on, the premises of a residential aged care facility in Tasmania if, during the 14-day period immediately preceding the entry, the person arrived in Tasmania from a medium or high-risk area; to include a resident for the purposes of respite; and the definition of clinical symptoms of COVID-19. Removed the onus on the operator of RACF from having to health screen emergency service workers before their entry.
No. 11	1 March 2021	Imposed visitation requirements on certain persons when entering and remaining on the premises of a RACF.

		<p>Removed provision enabling certain persons to enter a facility to support a distressed resident as this is now covered under care and support visits.</p> <p>Included a requirement that the facility operator must keep information about each person who enters and remains on the premises for at least 15 minutes.</p> <p>Ensured that persons who are on the premises for the purposes of emergency medical treatment, emergency management, or law enforcement are not required to be screened by the operator of the facility before entry.</p> <p>Made it explicit that a person cannot enter and remain on the premises if the person is required to isolate or quarantine in accordance with either the Act or <i>Emergency Management Act 2006</i>.</p> <p>Updated references from 'high risk areas' and 'medium risk areas' to 'high risk area or premises' and 'medium risk area or premises'.</p>
No. 12	31 July 2021	<p>Removed the requirement for operators of RACFs to collect information from all persons who enter and remain on the premises (as RACFs are now included in <i>Contact tracing No. 7</i>).</p> <p>Removed the reference to 'significant person' to broaden the persons that may attend a RACF for end-of-life support in certain circumstances.</p> <p>Removed the restriction on persons with clinical symptoms of COVID-19 attending an RACF for end-of-life support. These persons no longer required the approval of the Director prior to entry; instead entry was at the discretion of the RACF as to whether to require risk mitigations, such as masks and/or PPE, for these visitors on a case-by-case basis.</p>
No. 13	5 August 2021	Limited visitors to RACFs, expired 12 August 2021.
No. 14	12 August 2021	Extended visitor restrictions and mask wearing requirements in RACFs until 19 August 2021 unless revoked earlier.
No. 15	19 August 2021	Extended visitor restrictions and mask wearing requirements at RACFs until 26 August 2021 unless revoked earlier.
No. 16	26 August 2021	Removed mask wearing requirements and visitor restrictions in RACF.
No. 17	1 December 2021	<p>Provided additional category of persons who may enter and remain on the premises of a RACF.</p> <p>Persons may enter the facility for the purposes of receiving support or services or participating in activities on the premises. These persons will be required to be fully vaccinated or have a medical contraindication that prevents the person from being vaccinated against COVID-19 and be required to wear a facemask while on the premises.</p> <p>Required all persons who enter and remain on the premises, except for residents, to wear a surgical mask while he or she remains on the</p>

		<p>premises of the facility, including children under the age of 12 years where practicable.</p> <p>Required visitors to be fully vaccinated or to undertake a test for COVID-19 in the 72 hours before being present on the premises and for the test to have been negative. This testing requirement applies to all persons who are not vaccinated who are over the age of 28 days. There are no exemptions for medical contraindication.</p> <p>Provides an exception from the requirement to be vaccinated or have had a test prior to entry to a facility, where the person is visiting a resident for end-of-life care.</p>
No. 18	3 January 2022	Required a person, who is not vaccinated against COVID-19, to have undertaken a RAT for COVID-19 in the 24 hours before entering the premises of the RACF (but still accepting a negative PCR in the 72 hours before entry).
No. 19	21 January 2022	Reduced to seven days the period during which a close contact must not enter a RACF.
Revoked 24 June 2022		

Southern region additional aged care restrictions

Introduced to protect older people during a period of high risk of establishing community transmission

No. 1	15 October 2021	Imposed visitor restrictions at RACFs during the Southern Regional lockdown.
No. 2	18 October 2021	Extended visitor restrictions to RACFs and mask wearing requirements until 6pm on 22 October 2021.
Revoked 22 October 2022		

Specified persons

Introduced to protect the population during a period of potential risk

No. 1	20 March 2020	Required persons who arrived in Tasmania at any time after 20 March 2020, for a period of 14 days, to comply with social distancing requirements and monitor themselves for symptoms of COVID-19. Placed requirements on healthcare workers, paramedics and ambulance officers to wear a surgical mask or other PPE when providing health services to persons at higher risk from COVID-19 infection ('vulnerable persons').
No. 2	30 March 2020	Removed social distancing requirements (now provided for in the Gatherings and the Stay-at-home direction).
Revoked 4 May 2020 – requirements captured under <i>Emergency Management Act 2006</i>		

Stay at home requirements

Introduced to substantially reduce the movement and mixing of people during a period of high risk of COVID-19 being introduced to and spreading in the community

No. 1	30 March 2020	Restricted the movement of people from their primary residence for a four-week period.
No. 2	8 April 2020	Provided that a person may leave their primary residence to launch a boat in the municipal area that the person lives in.
No. 3	13 April 2020	Allowed persons to leave their primary residence for the purpose of ensuring the welfare of an animal.
No. 4	11 May 2020	Allowed a person to undertake personal exercise within a national park or reserve, provided that the land is open to the public generally; is within 30kms of the person's primary residence; the period of exercise starts and is completed between sunrise and sunset of the same day; and the person complies with all other lawful requirements in the national park or reserve.
No. 5	18 May 2020	Implemented Stage 1 of the Roadmap to Recovery in conjunction with <i>Gatherings No.9</i> by permitting persons leaving their primary residence to purchase supplies or services lawfully operating and to attend a gathering that is lawfully permitted to occur.
Revoked 5 June 2020		

Stay at home requirements - southern lock down

Introduced to substantially eliminate the movement and mixing of people during a period of high risk of establishing community transmission

No. 1	15 October 2021	Required people from the southern region (defined by local government areas) to stay at home and to only leave for permitted reasons.
Revoked 18 October 2021		

Stay at home requirements – travellers from Australian Capital Territory

Introduced to manage the risk posed by specified classes of persons during a period of high-risk

No. 1	12 August 2021	Imposed stay-at-home requirements for a person in Tasmania who had been in the Australian Capital Territory between 5 August 2021 and 5pm on 12 August 2021 and specified the criteria for release from the stay-at-home requirements – a person must not have been in the Australian Capital Territory for at least 14 days and must have undergone a test for COVID-19 which returned a negative test result at least seven days after the person was last in the Australian Capital Territory.
Revoked 27 August 2021		

Stay at home requirements – travellers from Northern Territory

Introduced to manage the risk posed by specified classes of persons during a period of high risk

No. 1	16 August 2021	<p>Imposed stay-at-home requirements for a person in Tasmania who had been in the Northern Territory municipalities of Darwin, Palmerston and Katherine between 11pm on 12 August 2021 and 4pm on 16 August 2021.</p> <p>Specified the criteria for release from the stay-at-home requirements – a person must not have been in the Northern Territory for at least 14 days and must have undergone a test for COVID-19 which returned a negative test result at least seven days after the person was last in the Northern Territory.</p>
Revoked 23 August 2021		

Stay at home requirements – travellers from Queensland

Introduced to manage the risk posed by specified classes of persons during a period of high risk

No. 1	31 July 2021	Required all arrivals from high-risk level 2 areas in Queensland between 17 and 31 July 2021 to self-isolate, and to wear a facemask if leaving home for permissible reasons.
No. 2	2 August 2021	Clarified requirements of previous direction including 14 day duration of self-isolation and testing requirement after 12 days. Extended requirements for arrivals from high-risk areas in Queensland to 8 August 2021.
No. 3	8 August 2021	From 8 August 2021, required arrivals from Cairns and Yarrabah local government areas to self-isolate, wear a facemask if leaving home for permissible reasons, monitor health and get tested if symptoms develop.
Revoked 17 August 2021		

Testing of arrivals from New Zealand

Introduced to manage the risk posed by specified classes of persons who had been in New Zealand during a period of high risk

No. 1	18 August 2021	<p>Applied to persons in Tasmania who had been in New Zealand between 4 and 18 August 2021.</p> <p>Required these persons to remain in their primary residence and undergo a test for COVID-19 as soon as practicable.</p> <p>A person was no longer required to remain in their primary residence after they returned a negative test result or the person had been notified that the direction no longer applies to them.</p>
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		Required that when a person leaves his or her primary residence, he or she must wear a fitted face covering.
Revoked 2 September 2021		

Testing of certain essential travellers

Introduced to manage the risk of transmission of infection by unvaccinated people

No. 1	15 December 2021	Required a person who is not fully vaccinated who arrives in Tasmania from another country for the purpose of work or for transport, freight or logistics, to provide evidence of a negative test for COVID-19 and undergo a test 24 hours after arrival in Tasmania.
No. 2	1 January 2022	Expanded to include a crewmember of an aircraft.
Revoked 21 January 2022		

Testing of persons involved in international arrivals

Introduced to align with a nationally consistent approach to testing

No. 1	8 December 2020	<p>Implemented a testing regime for workers and persons who had contact with persons who had arrived in Tasmania from a country other than Australia, except for New Zealand.</p> <p>From 2 December 2020, required all persons who were present on an arrival or hotel quarantine site to undergo a test for COVID-19 no later than five days and no greater than eight days since they were first on the site and then every five to eight days thereafter.</p> <p>Ceased to apply to a person if at least 14 days had passed since the person was present on an arrival or quarantine site and not more than 10 days have passed since they were last tested for COVID-19.</p>
Revoked 18 March 2021		

Testing of transport, freight and logistics workers

Introduced to align with the National Freight Movement Code

No. 1	24 September 2021	Established new testing arrangements that aligned with the Freight Movement Code for Domestic Border Controls.
Revoked 15 December 2021		

Testing of workers at quarantine sites

Introduced to align with a nationally consistent approach to testing at hotel quarantine sites which were a higher risk setting at the time

No. 1	18 March 2021	<p>Required all persons who have been present on a quarantine site to undergo a nasal swab test for COVID-19 no later than five days and no greater than eight days since they were first on the site and then every five to eight days thereafter; and undergo a saliva screening test each day he or she is present on the relevant quarantine site.</p> <p>Ceases to apply to a person if at least 14 days have passed since the person was present on a quarantine site and not more than 12 days have passed since they were last tested for COVID-19, or if there have not been persons isolated or quarantined on the quarantine site in the preceding 14 days.</p> <p>Persons are required to undergo only one saliva screening test per day, and that a person who works continuously across multiple days to undergo only one test per shift. A saliva test is not required when there are no persons in isolation or quarantine at the quarantine site or on the day a person is undergoing a nasal swab test.</p>
No. 2	27 August 2021	<p>Added Country Club Tasmania, Prospect Vale and Barnbougle Dunes, Bridport, or such part of each premises that is specified by the Director, or his or her delegate, as a quarantine site.</p> <p>The Direction ceased to apply to a person if it had been 14 days since the person was last on a quarantine site or if there have not been persons in isolation or quarantine at the site for 14 days.</p>
No. 3	2 September 2021	Expanded to include Travelodge Hotel Hobart and Edgewater Hotel.
No. 4	16 September 2021	Expanded to include Fountainside and Rydges Hobart.
No. 5	15 December 2021 Title changed to <i>Testing of workers at relevant locations</i>	Required certain people present at Tasmanian managed quarantine hotels or case management sites to undergo regular testing for COVID-19.

Revoked 2 February 2022

Travellers from South Australia

Introduced to manage the risk posed by specified classes of persons during a period of high risk

No. 1	20 July 2021	Due to the risk posed since 8 July 2021, required all arrivals from high-risk areas in South Australia to self-isolate until 14 days after leaving the high-risk area, wear a facemask if leaving home for permissible reasons, and to be tested after 12 days.
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Revoked 25 July 2021

Travellers from Victoria

Introduced to limit the transmission risk of persons who may have been at a location in Victoria that has yet to be identified as a specific exposure site

No. 1	16 July 2021	Required all arrivals from high-risk areas in Victoria to wear a facemask when in public.
No. 2	20 July 2021	Required all arrivals from Victoria since 8 July 2021 to wear a facemask when in public and to limit movements.

Revoked 23 July 2021

Vaccination requirements in relation to early childhood facilities

Introduced to promote vaccination and to further protect staff and vulnerable people in higher risk settings

No. 1	23 December 2021	<p>On and from 8 January 2022, required that a person must not enter or be an early childhood worker at a non-residential early childhood facility unless they have received at least one dose of a COVID-19 vaccine.</p> <p>On and from 5 February 2022, the same as above except that a person must have received all the doses of the vaccine.</p> <p>If an exemption applies, a person is required to wear a facemask while the person is at a non-residential early childhood facility.</p>
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Lapsed 30 June 2022

Workplace COVID Plan

Introduced to place responsibility on workplaces to document and implement measures to mitigate COVID-19 risk

No. 1	15 June 2020	<p>Prescribed the standards for workplaces to comply with to reduce the impacts of COVID-19 in workplaces and assist work health and safety inspectors to determine how risks should be managed in the workplace.</p> <p>Required that, where practicable, each person at the workplace must maintain a distance of no less than 1.5 meters from other persons.</p> <p>Required workplaces to provide at least four-square meters of floor space per person.</p>
No. 2	11 December 2020	<p>Required workplaces to ensure COVID-19 safe behaviours are observed by employers and employees, as well as other persons who may be present at that workplace from time to time.</p> <p>Ensured consistency with arrangements in other directions issued under the Act to reflect the one person per two square density requirement other than in an exempt part of a workplace or where a different density</p>

		<p>limit applies by virtue of another direction issued under the <i>Act</i>; prescribed that a lift, elevator or similar space and a vehicle, vessel, aircraft or other mobile structure are exempt parts of a workplace.</p> <p>Required workplaces to provide each person who is not a worker and who enters and remains at the workplace with information about any workplace requirements to minimise the risk of a person being exposed to or contracting or spreading COVID 19 within the workplace.</p> <p>Updated the requirement for workplaces to keep records, where such records are maintained, about persons present at the workplace, from 21 days to 28 days.</p> <p>Updated the clinical symptoms of COVID-19 consistent with the National Guideline (SoNG) for COVID-19 developed by the CDNA and endorsed by the AHPPC.</p>
No. 3	21 May 2022	Clarified that density and contact tracing requirements no longer apply to workplaces. Revoked Workplace COVID Plan No. 2.
Lapsed 30 June 2022		



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