

# Proposed framework for easing restrictions based on the vaccine roll-out timetable

FEBRUARY 2021

OCTOBER 2021

**PHASE 1a** Up to 1.4m doses

- Quarantine and border workers
- Frontline health care worker sub-groups for prioritisation
- Aged care and disability care staff
- Aged care and disability care residents
- BCA recommends airline and airport personnel be part of 1a**

**TOTAL 678,000**

**PHASE 1b** Up to 14.8m doses

- Younger adults with an underlying medical condition, including those with a disability
- Critical and high risk workers including defence, police, fire, emergency services and meat processing
- Elderly adults aged 80 years and over
- Elderly adults aged 70-79 years
- Other health care workers
- Aboriginal and Torres Strait Islander people > 55

**TOTAL 6,817,000**

**PHASE 2a** Up to 15.8m doses

- Adults aged 60-69 years
- Adults aged 50-59 years
- Aboriginal and Torres Strait Islander people 18-54
- Other critical and high risk workers

**TOTAL 13,387,000**

**PHASE 2b** Up to 16m doses

- Balance of adult population
- Catch up any unvaccinated Australians from previous phases

**TOTAL 20,030,000**

**PHASE 3** Up to 13.6m doses

- People aged under 18 if recommended

**TOTAL 25,700,000**

**Lift public health order restrictions as appropriate, including:**

- capacity caps for venues, indoor and outdoor gatherings and workplaces, and
- high density limits.

With many high-risk workers and vulnerable Australians vaccinated after this part of the roll-out, these restrictions will no longer be required. Permanently removing these restrictions will create certainty for businesses and allow a greater sense of freedom for the community. The following practices should continue:

- masks in high-risk environments
- physical distancing
- sound hygiene practices
- recording contact tracing details, and
- high rates of testing in response to localised outbreaks.

**Keep domestic borders permanently open**

At this stage of the roll-out, all health and high-risk workers and vulnerable Australians will be vaccinated. This substantially reduces the risk of serious illness and deaths and largely mitigates demand on the health system. Permanent reopening of domestic borders will boost community and business confidence, providing certainty and removing the fear that borders can suddenly close, throwing plans into chaos.

**Priority co-horts**

Supported by a risk-based quarantine model that is underpinned by robust infection control as recommended by the National Review of Hotel Quarantine, international borders should also start opening to key groups of people including:

- Australians wishing to return
- skilled and in-demand workers as identified through the global talent program, and
- international students.

Travellers in the priority co-horts will need to have proof of vaccination.

**Open vaccine corridors with low-risk countries**

We should take a differentiated approach based on the risk profile of the countries where travellers are coming from, and the extent of the vaccine roll-out in those countries.

Greater controls at international borders will mean our reopening plan needs to be targeted and certain, rather than the stop/start all-or-nothing approach that has dictated the approach to domestic border closures.

Australia has been extremely successful in suppressing the virus. We have an opportunity to capitalise on this by providing business with the certainty to plan, as well as attracting global events and talent and reinvigorating our international student market.

All international travellers to Australia must provide evidence they have been vaccinated.

Once the international border reopens to a group of people (such as international students) it should remain open to that group. However, the number of arrivals in a particular group may need to be adjusted based on quarantine arrangements.

**Following the completion of phase 2b: Open international borders according to the global vaccination rollout and proof of vaccination for international travellers.**