

Record of meeting between the Minister for Health and the Chief Health Officer

15 February 2022

Minister for Health: The Hon. Martin Foley

Chief Health Officer: Adjunct Professor Brett Sutton

Secretary, Department of Health: Professor Euan Wallace

Deputy Secretary, Public Health Policy and Strategy: Nicole Brady

Minister Foley: let's start with hospitals first

Professor Wallace: The demand from COVID across the system is continuing to cool, today we have 441 in hospital, 32 in ICU with active COVID and staff absenteeism is falling. Things continue to improve notably on staff absenteeism, there doesn't seem to have been an uptick in association with schools going back, which is good.

The streaming settings remain the same, that will be managed at a health service partnership level.

In terms of elective surgery: next week public metro services could go to category 2 surgeries as well as category 1 depending on local capacity, and the week after we will take all restrictions off and leave it to local services around their planning.

The proposal is to retain private hospitals at 75% of elective surgery capacity next week to ensure that across the system we retain sufficient capacity to cover category 1 surgeries and then privates would go to uncapped elective surgery the week after.

There is a commitment to load sharing from the public system by the privates, and I think they can manage this progressively across the two weeks.

While the numbers are cooling, it is not a system that is yet returned to anything like normal and we still have significant strain across the public system. This is why we need to take a stepped and careful approach.

Minister Foley we need to make that point very clear, the demand for load sharing and staff furloughing has not suddenly disappeared. The system is still stressed.

I am comfortable with this approach and the advice, from the CHO point of view? What is public health's view?

Professor Sutton no concerns Minister

Minister Foley thank you for the advice and I now ask Brett to talk me through the tables I have received relating to proposed changes to the Orders.

Professor Sutton

Hospitality settings

In relation to the density quotient measure, it is now appropriate to remove this. The modelling suggests that doing so will not have a significant impact on overall transmission. Equally with the measure around indoor dancefloors, as we reduce case numbers and come out of the Omicron wave it is proportionate to remove this from the Orders.

QR codes and COVID check in marshals

QR code check in requirement should be retained in settings that are higher-risk for COVID transmission (hospitality, entertainment, event and function venues, gaming venues, hair and beauty retail premises and physical recreation facilities) but be removed for all other work premises. This is based on the work of the DIME team that show these settings have a higher risk of transmission and is appropriate while we wait to see what lies ahead.

COVID check in marshals should be maintained only for venues where a vaccination check is required for entry, but not retained in those places that don't require vaccination status to be checked.

International arrivals

These changes relate to reducing hotel quarantine for international arrivals who are unvaccinated from 14 days to 7 days. I should just note there is a less restrictive measure available for these individuals, which is home quarantine, but I also note there are moves to align with other states so that where possible we take a national approach to these settings and requirements.

Other changes relating to international arrivals are consistent with this change and are inter-related flow on effects in the Orders. The restriction on international aircrew visiting sensitive settings for 14 days after they arrive is no longer proportionate and they will be subject to the same PPE and rapid antigen testing requirements that any other visitors must comply with.

And the international arrivals permit scheme is no longer being used to support follow ups and the requirement for arrivals to obtain and carry a permit is not appropriate any more.

Hospital worker bubbles

These workers who have tested positive will have acquired it outside of a hospital setting, at work they are required to wear PPE and have surveillance testing. These are the appropriate measures to control for the risk and the cohorting measure is a constraint that is no longer proportionate.

Surveillance testing

Again, this is reflective of coming out of the Omicron wave, it will still be a recommendation but propose the mandate is removed for all the services listed in the table (commercial cleaning services, hotel quarantine, food supply and warehouse distribution, meat, poultry, and seafood processing, supermarkets and perishable food chilled distribution). Just to note hotel quarantine is likely to make a contractual arrangement for their staff to participate in surveillance testing so will be an ongoing requirement for them even beyond Pandemic Orders.

Workplace record keeping requirements

This relates to workplaces that have obligations at the moment to record all people who attend the site, this is no longer necessary and will only apply in workplaces where members of the public attend and will be required to register via QR codes.

Onto the next table which flags changes for next week

Removal of the requirement to for office-based workers to wear face masks at work is appropriate for the end of next week as we lift the recommendation to work and study from home where possible. These will no longer be recommendations at the end of next week and time needs to be given to communicating this.

The third item on this table is changing the surveillance testing reference in the Orders to reflect the shift from mandated surveillance testing to recommended that is occurring for specific sectors as previously discussed.

Minister Foley thankyou and I will take all these matters on board for consideration through the week and as I talk with colleagues and others. I note your comments re proportionality and less restrictive measures for international arrivals, there is also a need for consistency with other jurisdictions and where possible I would like to align on these matters. I know discussions are occurring across other states via officials to see what can be done to progress these matters together.

I also note the third table and the advice within it.

Meeting concludes

Table 1 – Changes for approval by the Minister (18 February)

Item	Theme	Issue summary	Proposed Orders change	PH Rationale for change or retaining current position
Easing of restrictions in hospitality and other social settings				
1	Removing Density Quotient limits	See PH rationale.	<p><u>Open Premises Order</u> Remove all Density Quotient limits.</p> <p><u>Workplace Order</u> Remove the Density Quotient signage requirement.</p> <p><u>No orders change required</u> Remove recommendation for seated service only.</p>	<p>As the level of community transmission decreases and in the context of continuing vaccination and mask requirements indoors, it is proportionate to relax density quotient requirements in these venues. General guidance should continue to support the role of physical distancing, particularly when managing large number of patrons. Existing occupational health and safety requirements will continue to require that risk mitigation measures are in place for both workers and patrons.</p> <p>It is also proportionate to remove the recommendations to allow seated service only to align with increased patronage arising from removal of density quotients.</p>
2	Re-opening dancefloors	See PH rationale. Permitting indoor dancefloors will align with the removal of density quotients.	<p><u>Open Premises Order</u> Remove prohibition of indoor dancefloors.</p> <p><u>No orders change required</u></p>	<p>As the level of community transmission decreases and natural immunity increases, and in the context of continuing vaccination and mask requirements indoors, it is proportionate to permit dancefloors to reopen. With removal of the density quotient in these venues, people may mix in crowded indoor spaces, where the risk may not differ considerably whether dancing or not. Thus, prohibiting indoor dancefloors may have little impact on reducing COVID-19 transmission, especially among demographics that have much higher natural immunity compared with when these settings were introduced. This change is also more consistent with weddings where dancefloors are currently permitted.</p>
Reducing QR code and COVID Marshal obligations for high-risk settings				
3	Removing QR Code Check-In requirements from low-risk settings	<p>Persons attending certain work premises, open premises and public events must record their attendance using the Victorian Government QR code system.</p> <p>QR code check-ins should only be retained only in higher risk settings.</p>	<p><u>Workplace Order</u> Retain QR code check-in requirements for the following:</p> <ul style="list-style-type: none"> • Entertainment, event and function premises • Restricted retail (hair and beauty) • Casinos • Gaming machine premises • Karaoke and nightclubs • Food and Drink (except food courts) • Physical recreation 	<p>Continuation of QR code check-in to allow rapid identification of high-risk transmission events is recommended in higher risk settings in the context of returning either to a lower-case prevalence environment, or a high-case prevalence environment due to an emerging variant, in which QR codes may once again support a more centralised model of TTIQ and to anticipate near-term scenarios such as a seasonal winter wave. This also ensures the infrastructure of the system remains in place should it be required to be rapidly reinstated across a setting if required.</p>

			Remove QR code check-in requirements for all other work premises.	
4	Reducing obligations on COVID Check-in Marshals for lower-risk settings	<p>COVID Check-in Marshals are required to request to see a person’s vaccination status in all Open Premises venues (typically at the entrance), and are also required to ensure compliance with QR Code check-in obligations.</p> <p>Changes to the role COVID Marshals play in lower-risk settings should be made to align with the removal of QR code check-in requirements.</p>	<p>Open Premises Order Remove the role of COVID Check-in Marshals for ensuring compliance with QR code check and retain the role of verifying vaccination status) for the following:</p> <ul style="list-style-type: none"> • Adult entertainment • Amusement parks • Arcade, escape rooms, bingo centres • Tours and transport • Community premises <p>Retain the role of COVID Check-in Marshal for ensuring compliance with QR code check-in requirements <i>and</i> verifying vaccination status for the following:</p> <ul style="list-style-type: none"> • Entertainment, event and Function Premises • Casinos • Restricted Retail (hair and beauty) • Gaming Machine Premises • Karaoke and Nightclubs • Food and Drink Premises • Staffed Physical Recreation Premises <p>Remove the obligation to have a COVID Check-In Marshal for the purposes of QR code check for the following:</p> <ul style="list-style-type: none"> • Drive-in cinemas <p>Visitors to Hospitals and Care Facilities No change to vaccination requirements for visitors to a hospital</p>	The Check-in Marshal is recommended to be retained in settings where vaccination and QR-code check-in (as applicable) are required to ensure these obligations are met.
Reducing obligations on international arrivals				

5	<p>Reducing quarantine period for international arrivals and aircrew (consequential amendments also outlined below)</p>	<p>Current policy for unvaccinated international arrivals is to complete 14 days of hotel quarantine.</p> <p>A change to seven days would align with the self-quarantine period for close contacts (including unvaccinated close contacts).</p>	<p><u>Detention</u> Amend the period of hotel quarantine for unvaccinated international passengers and maritime and air crew to 7 days (down from 14 days).</p> <p><u>Border</u> Amend the home quarantine period for Australian-based unvaccinated international aircrew to 7 days (down from 14 days).</p>	<p>Reducing the quarantine duration for unvaccinated international arrivals who enter hotel quarantine to 7 days is an appropriate change. This shift will reflect the current epidemiological risk profile in Victoria, where majority of the population is vaccinated, and there is sustained community transmission due to the Omicron variant. In the setting of high vaccination coverage and widespread transmission, the risk posed by a new incursion of COVID-19 into the community is minimal compared to the risk of infection from community transmission. This change will also align with the requirement for close contacts to complete 7 days of quarantine in the community. Close contacts are at higher risk of COVID-19 infection due to their known exposure to a confirmed case in a household or household-like setting. International arrivals generally have a lower risk of COVID-19 infection as they may or may not have been exposed to COVID-19 during their travel.</p>
6	<p>Consequential amendments to align with reduced quarantine period</p>	<p>Consequential amendments to align with above changes including to:</p> <ul style="list-style-type: none"> • post arrival conditions • period of reference to consider a person an “international arrival” • restrictions on entering sensitive settings 	<p><u>Detention</u> Remove the period of extension to detention where a person is waiting for a COVID-19 test result at the end of their hotel quarantine.</p> <p>Amend the period of reference (in relation to risk from international arrivals) to 7 days prior to arrival in Australia/Victoria.</p> <p><u>Border</u> Amend any post-arrival obligations that currently apply for 14 days so that they only apply for 7 days.</p> <p>Remove restriction on medically exempt international aircrew that prohibited them from attending residential aged care facility, disability residential service, or hospital (other than urgent care) for 14 days after arrival.</p> <p>Remove restriction on unvaccinated and non-medically exempt children that prohibited them from attending residential aged care facility, disability residential</p>	<p>Consequential changes are appropriate to ensure settings are aligned with the changed epidemiology outlined above.</p> <p>Post arrival conditions If hotel quarantine is reduced to 7 days for unvaccinated international passengers and crew, it is proportionate to reduce the applicable period of other obligations to 7 days.</p> <p>Period of reference to consider a person an “international arrival” As the quarantine period is being reduced from 14 to 7 days for unvaccinated international arrivals, it is necessary to similarly reduce the period of reference international arrivals to 7 days.</p> <p>Restrictions on entering sensitive settings Medically exempt international aircrew are subject to 14-day sensitive setting restrictions. Unvaccinated and non-medically exempt children are also subject to 7-day sensitive setting restrictions. Meanwhile, there are no restrictions on entering sensitive settings for medically exempt passengers.</p> <p>International arrivals generally have a lower risk of COVID-19 infection when compared with close contacts as they may or may not have been exposed to COVID-19 during their travel. Due to the level of local transmission, there is a higher risk of acquiring COVID-19 infection in the general community compared to international travel.</p>

			service, or hospital (other than urgent care) for 7 days after arrival.	<p>Further, certain sensitive settings, such as care facilities and hospitals, have additional protective measures in the Visitors to Hospital and Care Facilities Order to reduce the risk of incursion of COVID-19.</p> <p>Most other sensitive settings restrictions were removed by 4 February, especially as the Visitors to Hospitals and Care Facilities Order contains separate restrictions on unvaccinated visitors, such as testing and PPE.</p>
7	Removal of International arrivals permit scheme	<p>International arrivals who are vaccinated or medically exempt are required to obtain an international passenger arrivals permit and carry it for 14 days.</p> <p>Given increased demand expected from Australia opening up to all international travellers from 22 February, the permit requirement may no longer be a useful tool to support compliance and enforcement efforts.</p>	<p>Border Remove the requirement for international arrivals to obtain and carry a valid permit.</p> <p>Remove authorisation for Service Victoria to provide the permit system and collect data.</p>	<p>Due to the level of local transmission, there is a higher risk of acquiring COVID-19 infection in the general community compared to international travel.</p> <p>This will align with the recent shift in the COVID-19 public health response towards strengthening community engagement and communications to empower individuals to be responsible for testing, contact tracing, and adherence to obligations.</p> <p>Further, as the Australia will open to all international travellers, including tourists, from 22 February 2022, the ongoing use of the permit scheme is no longer appropriate.</p>
Easing of obligations in higher-risk workplaces				
8	Removal of hospital worker Bubble	<p>For high-risk hospital work premises, an employer must arrange operations to ensure high-risk hospital work premises workers work consistently with the same group of other high-risk hospital work premises workers where reasonably practicable (a 'hospital worker bubble').</p>	<p>Additional Industry Obligations Remove requirements for employers to arrange 'hospital worker bubbles' for high-risk hospital work premises workers.</p>	<p>The recommendation to remove this requirement means implementing workplace bubbles can shift to being at the health service's discretion. This allows a service to self-manage COVID-19 risk but also balance this against potential workforce shortages that could result from bubble requirements. Allowing health services to determine whether bubbles are implemented also means this can be based on the risk profile of the service at the time as well as patient demographics and care needs.</p>
9	Shifting to recommendations for surveillance Testing	<p>The Surveillance Testing Industry List contains surveillance testing requirements for certain high-risk industries. Some settings have recommended testing, and others have mandatory testing requirements.</p> <p>Currently, the settings with mandatory testing requirements are:</p> <ul style="list-style-type: none"> commercial cleaning services hotel quarantine 	<p>Surveillance Testing Industry List (outside of Orders) Amend all surveillance testing requirements that are currently mandated to a recommendation.</p>	<p>In the context of sustained community transmission and relatively low positive yield rates from surveillance testing programmes, it is recommended to move away from mandated surveillance testing to recommended. This will align with the shift towards increasing industry responsibility for testing as and when required. An ongoing focus on messaging to all Victorians to continue to get tested when symptomatic will ensure testing is more targeted to better use available resources.</p>

		<ul style="list-style-type: none"> • food supply and warehouse distribution • meat, poultry, and seafood processing • supermarket and perishable food chilled distribution <p>Other mandatory requirements also exist, such as wastewater surveillance for large construction premises. These mandatory requirements should also be removed.</p> <p>Surveillance testing yield rates are low, and moving to testing recommendations would better align with the shift towards industry responsibility for the testing of employees.</p>		
10	Further easing of elective surgery	<p>Since COVID-19 hospitalisations peaked at over 1,200 people in mid-January 2022, there have since begun to stabilise at around 600 admissions in early February 2022. Demands on hospitals are decreasing, with 441 in hospital and 32 in ICU today. Staff absenteeism due to COVID is also reducing.</p> <p>As such, restrictions on private hospitals and day procedure centres have again eased to allow a proportion of elective surgery to resume, to reduce the volume of elective surgery that has been delayed.</p>	<p><u>Additional Industry Obligations</u></p> <p>Amend to increase elective surgery in private hospitals and day procedure centres in Metropolitan Melbourne and private hospitals in the local government area of the City of Greater Geelong to 75 per cent of capacity.</p> <p>Remove all restrictions on elective surgery in Private hospitals (excluding day procedure centres) in the local government area of the City of Ballarat, the City of Greater Shepparton, the City of Greater Bendigo, the City of Latrobe and the Rural City of Wangaratta .</p>	<p>Essentially this is a health services capacity decision. The significant impact on broad public health that the restrictions on elective surgery poses is recognised. Moving to a more nuanced approach regarding elective surgery, without compromising the COVID response, would seem to be a rational response. There are no concerns that it will impact on the public health response to COVID-19</p>

Reducing administrative burden obligations on all workplaces				
11	<p>Reducing workplace record keeping and COVIDSafe Planning requirements</p>	<p>Employers are required to keep a record of all persons who attend the work premises. This includes both employees and members of the public.</p> <p>To demonstrate compliance with the records requirement, employers are required to keep records including payroll data and work rosters. Businesses are likely to maintain these details as part of usual practice. Additional requirements over and above this are not required.</p>	<p><u>Workplace Order</u></p> <p>Amend record-keeping requirements for employers so that they only apply to members of the public (i.e QR Code check-in, as above).</p> <p>Remove additional records requirement that requires employers to keep records to demonstrate compliance.</p>	<p>In the context of sustained community transmission, workforce pressures and operational change to contact tracing, additional record keeping requirements for workplaces can be removed. Amending these record-keeping requirements aligns with proposed changes to QR codes and COVID Check-in Marshals. In addition, workplaces have existing record keeping systems in place to draw on.</p> <p>It is recommended that COVIDSafe plans transition to guidance. This may become part of existing OH&S employer legislation already in place and ensure employers address health and safety issues for employees arising in the workplace, including from COVID-19. General guidance can continue to support workplaces manage a range of COVIDSafe principles in the workplace such as physical distancing, ventilation and practicing good hygiene.</p>

Table 2. Changes for approval by the Minister (25 February)

Item	Theme	Issue summary	Proposed Orders change	PH Rationale for change or retaining current position
1	Face masks	Currently face coverings must be worn indoors with limited exceptions.	<p><u>Movement and Gathering</u> Remove face mask requirements for office-based workers.</p>	<p>As community transmission of COVID-19 continues to reduce throughout Victoria and in the context of high vaccination coverage, mitigation strategies such as face masks requirements in certain settings can be eased. Removing masks for office-based workers is a lower risk measure that may encourage the return of workers to the workplace. It is strongly recommended that face masks are worn by office-based workers who are eligible to receive a booster dose of a COVID-19 vaccine and are yet to receive it.</p> <p>Behavioural insight data indicates that mask wearing and carrying has become habituated in the Victorian population. Even in situations where mask wearing is not mandated, there were high levels of self-reported mask use in indoor settings. Data from January 2022 demonstrated that 89% of Victorians always or often wore a face mask in an indoor public place and 93% say they always or often take one when they leave their house.</p> <p>Office employers are likely to keep record of who is attending the office through rosters and other documentation, which would assist in outbreak management as required.</p> <p>Measures such as the above will enable a safe return to work and ensure employers and businesses address health and safety issues arising in the workplace, including from COVID-19.</p>
2	Work and study from home recommendation	<p>Currently there is a strong recommendation is for people to work and study from home if possible.</p> <p>This recommendation is communicated through public messaging, including on the coronavirus website and at press conferences.</p>	<p><u>No orders change required</u> As the work and study from home setting is a recommendation rather than a mandate, no orders change is required.</p>	<p>As community transmission of COVID-19 continues to reduce throughout Victoria, hospitalisation rates due to COVID-19 decline and third dose vaccination rates increase, workers are able to safely return to the office for onsite work. In line with schools returning to face-to-face learning and resumption of usual community activities, it is timely to support attendance at onsite work, where organisations and individuals feel it safe to do so.</p> <p>Other measures in place will enable a safe return to work and ensure employers and businesses address health and safety issues arising in the workplace, including from COVID-19.</p>

Table 3. Maintaining current existing settings to be approved by the Minister

Relevant Order	Theme	Order restriction summary	PH Rationale for retaining current position
All	Continue Public Health setting broadly	Retaining baseline public health settings including face mask mandates, vaccine mandates.	Whilst Victoria has experienced the peak of the Omicron wave, the state continues to report high levels of COVID-19 community transmission, with cases currently averaging 7000 per day. As there is ongoing community transmission, it is necessary to maintain some baseline restrictions to limit the impacts on the health system. Measures such as face mask mandates in certain settings and vaccine requirements protect individuals, the wider community and the delivery of healthcare services and therefore remain reasonable public health measures imposed to preserve the health and safety of the community.
Open Premises	Continued requirement to comply with vaccination and other requirement in Open Premises	Operators of certain open premises must ensure: <ul style="list-style-type: none"> patrons who are not fully vaccinated or exempt cannot enter the premises systems are in place for patrons over 18 years old to show evidence of their vaccination any patron limits specified in the order are not exceeded persons working at the premises are fully vaccinated or exempt (with partially vaccinated workers able to work on the premises with no patrons present) vaccination information for all workers is recorded. 	Vaccination requirements to enter open premises serve to protect the health of all who access these settings, including customers/patrons, workers and in particular those who are in a vulnerable population group or unable to be vaccinated. Businesses and public premises continue to be a primary area in which both workers and patrons mingle and interact for extended periods of time. People from different parts of Victoria meet in these settings, and any infections that occur can be carried back to different parts of the community. Current settings are therefore to be maintained and as the current epidemiological situation continues to evolve, an ongoing review of vaccination requirements will ensure all measures remain proportionate and necessary to reduce the risk to public health.
Workplace	Continued obligations on employers and workers to manage the COVID-19 risk in workplaces.	This order: <ul style="list-style-type: none"> limits the number of Victorians attending work premises to assist in reducing the frequency and scale of outbreaks of COVID-19 in Victorian workplaces establishes more specific obligations on employers and workers in relation to managing the risk associated with COVID-19 transmission in the work premises such as implementing a COVIDSafe Plan and 	Workplaces pose a transmission risk particularly where there are common areas. This assists in Tracing, Testing, Isolation and Quarantine measures and is important to limit transmission.

		following protocol when responding to possible and confirmed cases of COVID-19 in the workplace.	
Additional Industry Obligations	Continued additional specific obligations on employers and workers in specific industries	Some higher risk industries are required to ensure that workers wear the appropriate level of personal protective equipment (PPE) or a face covering or limit worker movement across different work premises. Hospitals are required to limit elective surgery.	Retaining some public health measures for essential workforces remains necessary due to the critical nature of the work that these cohorts undertake. These workforces protect vulnerable Victorians, provide essential services and delivery of critical resources to the community. These workers also face an elevated level of risk of contracting the virus due to occupational exposure, therefore warranting additional protective measures to prevent the need for testing and isolating, which not only compromise workforce health and safety, but present significant flow on effects to the community.
Detention	Continued hotel quarantine for international arrivals and crew who are not fully vaccinated	International passenger arrivals, international maritime crew and international-based aircrew who are not fully vaccinated and not medically exempt are detained to complete hotel quarantine.	Hotel quarantine remains a vital public health measure that protects the state from incursion of COVID-19 cases and limits the risk of incoming variants of concern. Unvaccinated international arrivals present a higher incursion of risk compared to those who are fully vaccinated. Government-managed quarantine facilities such as hotel quarantine provide the most oversight and protection against transmission and infection, with robust testing protocols and public health measures in place to ensure early detection and management of cases and contacts.
Border	Continued home quarantine for certain international arrivals	Australian-based international aircrew and international passenger arrival adolescents who are not fully vaccinated or medically exempt must complete home quarantine.	Home quarantine requirements remain a vital public health measure that protects the state from incursion of COVID-19 cases and limits the risk of incoming variants of concern. Unvaccinated international arrivals present a higher incursion of risk compared to those who are fully vaccinated. Further, with large parts of the world still unvaccinated, and major outbreaks persisting internationally, the risk of new variants emerging and entering the country remains.
Border	Continued post-arrival testing and quarantine until negative result for international passenger arrivals and aircrew who are fully vaccinated	Fully vaccinated or medically exempt international aircrew and international passenger arrivals are required to get a PCR or RA test within 24 hours of arrival and quarantine until receiving a negative result.	Maintaining COVID-19 testing requirements within 24 hours of international arrivals, as well as pre-departure testing for passengers, provides a level of oversight to monitor and detect incoming and outgoing cases of COVID-19. These measures also ensure that any new variants of concern can be detected quickly to limit the spread of any emerging strains of COVID-19.
Movement and gathering	Continued requirement to wear a face covering indoors	All persons aged 8 and above are required to carry and wear face masks in certain settings.	Whilst Victoria has experienced the peak of the Omicron wave, infection rates remain high in the community. Face masks have been demonstrated to be a highly effective public health measure to manage the risk of airborne transmission of COVID-19.

			<p>It is important to continue to use face masks to prevent the spread of exhaled infectious respiratory particles which may occur even from asymptomatic or pre-symptomatic individuals (source control), as well as protecting the wearer from inhaling droplets and/or aerosols exhaled by nearby individuals.</p> <p>Face mask use is especially important in indoor settings or confined spaces, where there are lower rates of air exchange and limited opportunity for dilution of particles to occur. During large crowded outdoor events, the risk of transmission remains moderate-to-high where physical distancing cannot be reliably maintained.</p>
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