[redacted]

Dear [redacted]

It is many years since we last saw each other so you probably will not remember me: I was a Policy Officer in [redacted] Industry Branch in The Cabinet Office in 1988. Following that, I was in the various iterations of the NSW Department of State Development and then Industry including a period as Senior Manager, Policy within the Office of Science and Medical Research and lastly as Principal Advisor to the Leader of the Government (the Hon Duncan Gay MLC) in the Baird Government. My original work and training was in Architecture in the offices of Public Buildings in Adelaide prior to coming to Sydney in 1988. I have a number of other pertinent qualifications, inter alia, Grad Dip Public Administration (U Syd, 2006), and Master of Public Policy (U Syd, 2008).

I am now retired and have no affiliations with any organisation, or person, that would have any interface with this Inquiry's Terms of Reference.

This submission to the Commonwealth Government COVID -19 Response Inquiry will be particularly addressing the second term of reference, viz

- Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

Much of what I will be addressing comes from my decade long experience in the Public Buildings architectural office augmented by my experience in the NSW bureaucracy and parliament I referred to above.

I wrote to the various state and federal ministers several times during the pandemic phase of the COVID -19 outbreak, expressing my concern that the response was entirely reactionary and there seemed to be no mechanism to regulate to minimise transmission of a respiratory virus within the built environment. All Australian governments seemed to be incapable of working across portfolios to minimise the health risks of any/all airborne viruses which are mostly transmitted indoors. This needs to be rectified if Australia is to minimise transmission of future pulmonary viruses and also some other infections, such as TB, which I understand is becoming increasingly multi-resistant.

I believe that the most effective mechanism to minimise transmission would be to regulate the air-flow within structures and to increase that airflow to between eight and ten air-changes per hour, up from the current, which is around two air-changes per hour. The current standard is based on comfort only and is now about half a century old. The building standards under the Building Code of Australia (BCA) are administered by the states and territories but the regulation of most sites in which transmission occurs is regulated separately from building structures, per se.

The current Cabinet system now seems to be almost impossible to navigate across portfolios (especially in NSW) and I suspect that that was the main reason why my earlier comments and suggestions fell on deaf ears – all too difficult in the middle of the health crisis. My suggestions would have been easily forgotten when we managed to climb out of the recesses of lockdowns, etc.

For health purposes the BCA needs to be updated (a federal matter, but that will take, at the very least, more than a decade to achieve). In addition, Standards Australia should be asked by Health to review their air conditioning standard, not as a building matter but as a health matter.

Further, the prime regulation location of most venues in which transmission did occur, and appears to be again occurring (mid November 2023) does not reside in any built environment regime but within the licensing regimes for restaurants, cafes, hotels, pubs, bars, clubs, etc, in all state and territory governments.

I am suggesting that the conditions of all licenses for all licensed premises be updated to require all licensed premises to have minimum standards for conditioning of the air within the premises of between 8 and 10 air-changes per hour, as an explicit condition of the license.

This would need to be negotiated through the Ministerial Committees of the National Cabinet in several different portfolios and through the National Cabinet for overall driving leadership. It will need the cooperation of several responsible portfolios, in each jurisdiction, and therefore their laws and regulations.

I would envisage that the response and regulation I am suggesting could be quickly implemented and at minimal direct cost to governments. The upgrading of air-conditioning systems would initially require capacity changes for both the fans and the heat exchangers, for compliance but, in the longer term many systems would need to be redesigned for optimal performance (cross-sectional areas of ducts to minimise noise, etc). This alteration and upgrading would fall within the tax arrangements of the costs of running the licensed businesses and ditto for other venues such as aged-care facilities and public theatres etc, and would be tax deductable, in most cases, at a rate of 30%.

I noted, during the pandemic phase that, [redacted] often noted the clear science that transmission was slowed by increasing air flow (eg being outside), so I will presume that she will find my suggestions and mechanisms interesting and potentially valuable. I have also tried to enunciate mechanisms for practical achievement of the policies I am suggesting, within the limited size of the submission I am permitted.

I trust that my minor contribution assists your deliberations and that our country is better prepared for future pulmonary viral outbreaks. I would also hope that if this submission assists you Australia might leapfrog to world leader in built environment intervention for health purposes. At the risk of seeming trite we might achieve again the type of health/built environment interventions that Victorian engineers and planners achieved with sewers which we now take for granted. My suggestions are also not medical, per se, and so do not suffer from specific limits such as vaccines or drugs and build-up of resistance from natural selection, or genetic variation from mutation.

Yours sincerely

Reg. T. Fisk