NDS & DHHS Webinar: Safer and Stronger – accessible slides

# Slide 1

## NDS: Safer and Stronger – Disability Services and COVID-19 webinar

### Friday 28st August 2020, 10:00am – 11:00am



# Slide 2

## Welcome and Introductions

Sarah Fordyce – Victorian State Manager (Acting), NDS

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## Agenda

* DHHS update - James MacIsaac, Executive Director Disability, Disability and Communities Branch, DHHS
* Public Health update - Professor John Catford - Senior Medical Adviser, DHHS
* WorkSafe update – Dr Natassia (Tas) Goode, Manager Programs, Healthcare and Social Assistance Specialists, Programs and Licensing, WorkSafe
* NDIA update – Stephen Broadfoot, Branch Manager, Provider Engagement Branch
* Provider Perspective – Therese Desmond, CEO, OC Connections
* Q&A - Facilitated by Sarah Fordyce,NDS

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## DHHS Update

James MacIsaac

Executive Director Disability, Disability and Communities Branch

Department of Health and Human Services

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## NDSV Safer and Stronger Webinar COVID-19 and Disability

Disability Update 27 August 2020

James MacIsaac, Executive Director, Disability

Department of Health and Human Services

Visit [DHHS website](http://www.dhhs.vic.gov.au/coronavirus)

COVID-19 hotline 1800 675 398

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## Overview

Key updates to provide in today’s presentation

* Transitioning the Disability Rapid Response Group to the joint Vic/Cth Disability Response Centre
* Establishing the Worker Mobility Reduction Payment Scheme for residential workers
* Working with public health services to support prevention and preparedness of disability residential providers
* A total of 41 facility based sites are currently affected (out of total of approximately 1400 sites)

Key priorities

* Strengthening supports and outbreak responses via new Response Centre
* Building surge capacity and reducing workforce mobility
* Proactive supports for providers to prevent, prepare for and manage outbreaks
* Ensuring clinical in-reach along a care continuum for COVID positive residents

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## Victorian Disability Response Centre

Joint initiative between Victoria and Commonwealth

* Announced by the Premier on 21 August 2020
* Shared leadership and governance between Victoria and Commonwealth
* Enhancing the existing response provided by the Disability Rapid Response Group
* Facilitating a shared understanding of case data and reconciliation processes and alignment of public reporting on cases in disability settings

Built on common COVID-19 risk response framework for residential care

* Informed by learnings from aged care sector and Victorian Aged Care Response Centre
* Based within State Control Centre
* Will coordinate and manage responses to outbreaks in disability settings
* Informed by work being led by Safer Care Victoria on an integrated response model for sensitive settings

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## Worker Mobility Reduction Payment Scheme

Financial support for workers and providers

* Addressing the impacts of restrictions on worker mobility for residential workers and providers – $15m
* Reducing mobility of workers critical as part of COVID-19 prevention strategy
* Working towards commencement date in early September
* Payments available until December 2020

Victorian and Commonwealth working on payment and compliance model

* Jointly funded and administered by Victoria and Commonwealth
* Work underway to finalise payment and acquittal processes, including guidelines
* Implementation will take into account different arrangements for 'transfer' and NDIS funded providers

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## COVID-19 outbreaks in disability settings

As at 27 August, there are 101 active cases of COVID-19 in disability and community setting (including SRSs)

45 cases are in facility based settings

* 31 staff members and 14 residents / participants

56 cases are in community based settings (including SRSs)

* 35 staff members and 21 participants

A total of 41 facility based sites are currently affected.

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## Case identification and contact tracing

‘Test, Trace and Isolate’

Refining case identification and contact tracing processes and systems

* Isolating positive cases and close contacts within 48 hours of test results can reduce infection risk by 80%

Working toward contacting 100% of positive cases within 24 hours and close contacts within 48 hours

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## Tailoring responses for specific sectors and settings

Using data to identify themes and address risks

* Response work and sector supports based on risk-based approach
* Consistent focus on infection prevention and control practices
* Safe use of personal protective equipment
* Reducing worker mobility
* Ensuring good record keeping to support contact tracing and outbreak management

Outbreak management and supporting isolation

* Supporting people so they can isolate safely at home
* Working with Health Clusters/Hubs (health services) across Victoria to provide clinical in-reach and support to services where residents have tested positive.

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## Public health support in disability residential services

Supporting providers with prevention, preparation and response planning

* The department is working with the public health sector on proactive supports for disability residential service providers.
* This will complement visits by the department’s Infection Prevention and Control team.
* The recently released Victorian Government "Protecting our health care workers" document includes a requirement for workers in sensitive setting including residential disability services to provide a verbal attestation of symptom free status. This will be an important addition to COVIDsafe plans. Further advice will be shared with providers to assist implementation of this requirement.

Based on the aged care COVID-19 Health Cluster/Hubs

* Health Cluster/hubs leads contacting providers with facilities in their catchment areas.
* Local health services including community health can support providers with infection prevention and control strategies.

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## Some Key Reminders

* Providers must email [DRRG@dhhs.vic.gov.au](mailto:DRRG@dhhs.vic.gov.au) immediately as they become aware of a first positive test at any disability residential service, in either a staff person or resident. (This will engage a Disability Incident Case Manager)
* Frontline staff should all have completed the Commonwealth Australian Government Department of Health [Infection Control training](https://covid-19training.gov.au/login) at [COVID-19 Training](http://www.covid-19training.gov.au)
* New E-learning modules are available on the DHHS website [COVID Safe learning package](https://rise.articulate.com/share/ALSJ1C57Khp8qcXt6hQL7dNBGIycj0uR) and [Personal Protective Equipment (PPE) learning package](https://urldefense.proofpoint.com/v2/url?u=https-3A__rise.articulate.com_share_NnSgSR9c1ATCbgk8jOwIYkSi4XTNvoFm&d=DwMFaQ&c=JnBkUqWXzx2bz-3a05d47Q&r=NxawJ0kBjBdwj0H6Gte56EHmyQH47Diekrrpe6EjRXM&m=QW_3RueWnhdS6i770GR3WTj6LBl36UGXmt0vJMooE_c&s=Ga-peTAhpUbO6Ek_XNbMalFPOUDomgQ_4S08dAEKSUc&e=)
* All staff should know that when any testing is done on staff or residents of a residential service where there is a positive case, the person taking the test should be advised to label the sample as ‘OUTBREAK PRIORITY (P1)’
* Isolation plans should be in place for each site detailing how resident isolation and staff replacement will be managed in the event of whole staff & resident group being identified as Close Contacts (including what other locations may be used)

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## COVIDSafe Plans – Supports for the sector

* COVIDSafe Plan assistance, including plan templates is available at https://www.business.vic.gov.au/disputes-disasters-and-succession-planning/covid-safe-business/covid-safe-plan
* Guidance for coronavirus (COVID-19) planning in the community services sector (including identification of specific strategies expected to be detailed in each heading) is at [DHHS Community Services All Sector Coronavirus COVID-19](https://www.dhhs.vic.gov.au/community-services-all-sector-coronavirus-covid-19)
* The department is offering site visits from the Infection Prevention Control (IPC) team in public health to provide practical advice.
* NDSV is developing and distributing practical resources and tools to the sector.
* Consideration is underway regarding peer support networks / communities of practice to share learnings
* Safer and Stronger – please contact NDSV if you have suggestions for resources or services that would be useful to your service.

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## Sector supports: Call-to-Test for in-home testing

In-home testing service for individuals with COVID-19 symptoms who are unable to access testing sites

* Available in metropolitan Melbourne
* People who live in a regional part of Victoria and cannot leave home to attend a testing site can contact their GP, community health service or local hospital for assistance
* People with moderate to severe physical or psychosocial disability and their carers who are symptomatic
* Testing is free
* GP referral required
* Access is via the Coronavirus (COVID-19) hotline – 1800 675 398

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## Sector supports: In-home testing for disability residential accommodation

In-home testing service for residents of disability residential accommodation

* Available across metropolitan Melbourne and rural Victoria
* Includes priority processing of test samples at pathology lab to receive results faster
* A printed GP referral is required for each resident being tested
* Testing is available soon after confirmed positive case and again at Day 11.
* To access this service contact [Silprovider.inbox@dhhs.vic.gov.au](mailto:Silprovider.inbox@dhhs.vic.gov.au)

Asymptomatic in-home testing for close contacts may occur in circumstances where public health has directed this should occur

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## Sector supports: Nursing for disability residential accommodation

Nursing support is available for disability residential accommodation when there has been close contact with a confirmed positive case.

* Available across metropolitan Melbourne and rural Victoria
* Can include testing of residents and nursing support up to 14 days after exposure
* Nurses provide health monitoring – such as temperature checks, blood pressure checks and monitoring of mild symptoms.
* This is not an emergency service and is not appropriate for nursing very unwell people. If residents are very unwell standard medical procedures should be put in place.
* To access this service contact [Silprovider.inbox@dhhs.vic.gov.au](mailto:Silprovider.inbox@dhhs.vic.gov.au)

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## Information and Resources

### Key issues

* Communication across the sector and with people with disability
* Two dedicated pages on the DHHS COVID-19 website: for people with disability and for the disability sector

### Reponses

[Disability sector plan & Isolation Management](https://www.dhhs.vic.gov.au/coronavirus-covid-19-disability-services-sector-plan)

[Face masks for disability support workers](https://www.dhhs.vic.gov.au/coronavirus-COVID-19-face-masks-at-work-frequently-asked-questions-for-disability-support-workers-doc)

[Coronavirus restrictions Disability Service Providers](https://www.dhhs.vic.gov.au/coronavirus-restrictions-disability-service-providers)

[PPE fact sheet](https://www.dhhs.vic.gov.au/coronavirus-fact-sheet-requests-for-ppe-by-community-services-providers-covid-19-doc)

### Key issues

* Testing

### Reponses

[Get tested kit (promoting testing)](https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19)

[Priority processing of test results for people with disability](https://www.dhhs.vic.gov.au/priority-processing-covid-19-tests-drs-doc)

[Multiple testing sites across Victoria. In-home testing available](https://www.dhhs.vic.gov.au/call-to-test-covid-19)

### Key Issues

* PPE and masks

### Responses

Requirement for disability support workers to use single use disposable masks and eye protection.

PPE sources: private suppliers, national stockpile (NDIS providers).

DHHS supply: [CSPPE@dhhs.vic.gov.au](mailto:CSPPE@dhhs.vic.gov.au) Priority to positive cases

### Key Issues

* Infection prevention education

### Responses

COVIDSafe and PPE e-learning modules are available on the DHHS website

Infection and prevention control team visits to services - requests can be made to

[Email:](mailto:silprovider.inbox@dhhs.viic.gov.au) [silprovider.inbox@dhhs.vic.gov.au](mailto:silprovider.inbox@dhhs.vic.gov.au)

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## Public Health Update

Professor John Catford

Senior Medical Adviser

DHHS

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## WorkSafe update

Dr Natassia (Tas) Goode

Manager Programs, Healthcare and Social Assistance Specialists, Programs and Licensing

WorkSafe

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## WorkSafe Victoria

27th August 2020

Natassia Goode

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## Obligation to Notify WorkSafe

Employers and self-employed persons, with management or control of a workplace must notify WorkSafe immediately after becoming aware that:

* An employee, independent contractor, employee of the independent contractor or self-employed person has received a confirmed diagnosis of coronavirus (COVID-19) and;
* The employee, independent contractor, employee of the independent contractor or self-employed person has attended the workplace within the relevant infection period.

Failure to notify can result in a penalty.

To notify either complete the COVID-19 reporting form found here: [Notifiable incidents involving Coronavirus](https://www.worksafe.vic.gov.au/notifiable-incidents-involving-coronavirus-covid-19)

Or call WorkSafe on 13 23 60

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## Guidance for Disability

General guidance for [preventing and managing COVID-19 in the workplace](https://www.worksafe.vic.gov.au/prevention-and-management-exposure-coronavirus-covid-19-healthcare-and-social-assistance-industry)

[Managing coronavirus (COVID-19) risks: Healthcare and social assistance industry – Respiratory Protective Equipment (RPE)](https://www.worksafe.vic.gov.au/managing-coronavirus-covid-19-risks-healthcare-and-social-assistance-industry-respiratory)

[Preventing and managing increased risk of employee fatigue in healthcare during COVID-19](https://www.worksafe.vic.gov.au/preventing-and-managing-increased-risk-employee-fatigue-healthcare-during-coronavirus-covid-19)

[Preventing and managing coronavirus (COVID-19) risks for returning, new and redeployed employees in healthcare and social assistance](https://www.worksafe.vic.gov.au/preventing-and-managing-coronavirus-covid-19-risks-returning-new-and-redeployed-employees)

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## Fatigue risk in COVID

* Working Additional Shifts
* Working longer shifts
* More intense workloads
* Not getting adequate breaks
* Prolonged use of PPE – leads to difficulty rehydrating and communicating
* Frequent changing of PPE

Increases the risk of:

* Physical, mental and emotional fatigue
* Stress from patient loads and work demands
* Burnout
* PTSD

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## Emotional workload, stress, anxiety, burnout and PTSD

Preventative risk controls:

* Inform employees in advance about the expected demand on services and likely increase in workload.
* Ensure regular team discussions, with a focus on what was done well and learning opportunities, and to check whether support is required.
* Implement clear and regular communication processes, including highlighting positive results.

Implement processes to assess and report employee fatigue and psychological wellbeing.

* a break
* task variation
* swapping to another less critical area
* Inform employees in advance about the availability of Employee Assistance Programs, psychologists or general practitioners and encourage employees to use these services.

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## NDIA update

Stephen Broadfoot

Branch Manager for Provider Engagement

NDIA

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## Provider Perspective

Therese Desmond

Chief Executive Officer

OC Connections

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## OC Connections

COVID Experience

Therese Desmond

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## What occurred?

* At 6.00pm Saturday 8 August 2020 a staff member called the on call line to advise that she had tested positive for COVID
* She had last worked in the Day Support program on Thursday 6 August 2020
* On Friday 7 August 2020 she had woken up feeling unwell so did not attend work and had a COVID test
* She did everything we ask staff to do.

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## Setting the scene

* An Infection Control Group was established in February
* Business Continuity Plan and Infection Control Framework reviewed
* COVID action plan was developed and is regularly reviewed
* All staff have been in PPE (gowns, surgical mask, gloves) since early July (now face shields or goggles)
* Infection control training and using PPE training mandated March/April and again in June
* Conducted three desktop scenarios to plan for an actual COVID response
* Business units had also undertaken scenario planning
* Every person that has symptoms is treated as COVID positive until their test result is back
* Predominately we have a one site one staff policy for our staff
* In April staff declared their secondary employer – 36 staff working across other employers

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## Learnings

* Get the close contact sheet right – first time – if not it’s almost “impossible” to alter it
* Responses take time, most times
* Public Health and Rapid Response often need to escalate to a manager before they can respond
* Expect to provide information to parties notified more than once and for weeks
* notified all key parties as required and each party came back to us for more information (more than once)
* Expect to repeat the same information to multiple parties
* For example, COVID employer notifications at DHHS. Notified Public Health, DHHS and NDIS that we have a positive case, but we then needed to provide information to them again as they are unable to exchange the information

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## Learnings continued

Don’t expect to be guided with best practice protocols

* they didn’t provide this in our case and still haven’t
* be prepared to make your own decisions regarding participant and employee safeguarding

Different messages

* the close contacts – four staff and one participant were given different messages from DHHS regarding return to work – be careful
* the positive person was told in writing she could return to work without a further test and she still had a dry cough - we asked her to have another test
* she had also been told that she must be three days symptom free by another party but then received the clearance and she continued to experience residual symptoms

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## Learnings continued

**Communicate, communicate, communicate**

* verbal and in writing
* frequently to all stakeholders including other providers if staff worked with other organisations

**People step up and want to help**

* the majority of people worked hard and put in extra

**PPE**

* thank goodness!

**It’s relentless**

* remember its tiring and stressful - support, support, support

**Review and adjust**

* we are now changing our documents and adjusting processes to develop clearer checklists, just to make it quicker and easier should there be a next time.

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## Questions?

Thank you

Together we can beat this.

For more information contact or visit OC Connections

www.OCConnections.org

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## Q&A

Questions from Q&A box and those submitted in advance to NDS

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## Thank you

End of document.