NDS & DHHS Webinar: Safer and Stronger – accessible slides

# Slide 1

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

### Friday 11th September 2020, 10:00am – 11:00am



# Slide 2

## Welcome and Introductions

Sarah Fordyce – Victorian State Manager (Acting), NDS

# Slide 3

## Agenda

* DHHS update – James MacIsaac, Executive Director Disability, Disability and Communities Branch, DHHS
* Public Health update – Professor John Catford - Senior Medical Adviser, DHHS
* NDIA update – Stephen Broadfoot, Branch Manager, Provider Engagement Branch
* Clinical Waste in Disability Settings – Rachel McConville, Waste Education Officer, Victorian Health and Human Services Building Authority
* Provider Perspective – Natasha Williams, Executive General Manager, genU Ability and Aged Care
* Q&A – Facilitated by Sarah Fordyce,NDS

# Slide 4

## DHHS Update

James MacIsaac

Executive Director Disability, Disability and Communities Branch

Department of Health and Human Services

# Slide 5

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

Disability Update 11 September 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

# Slide 6

## Overview

Key updates to provide in today’s presentation

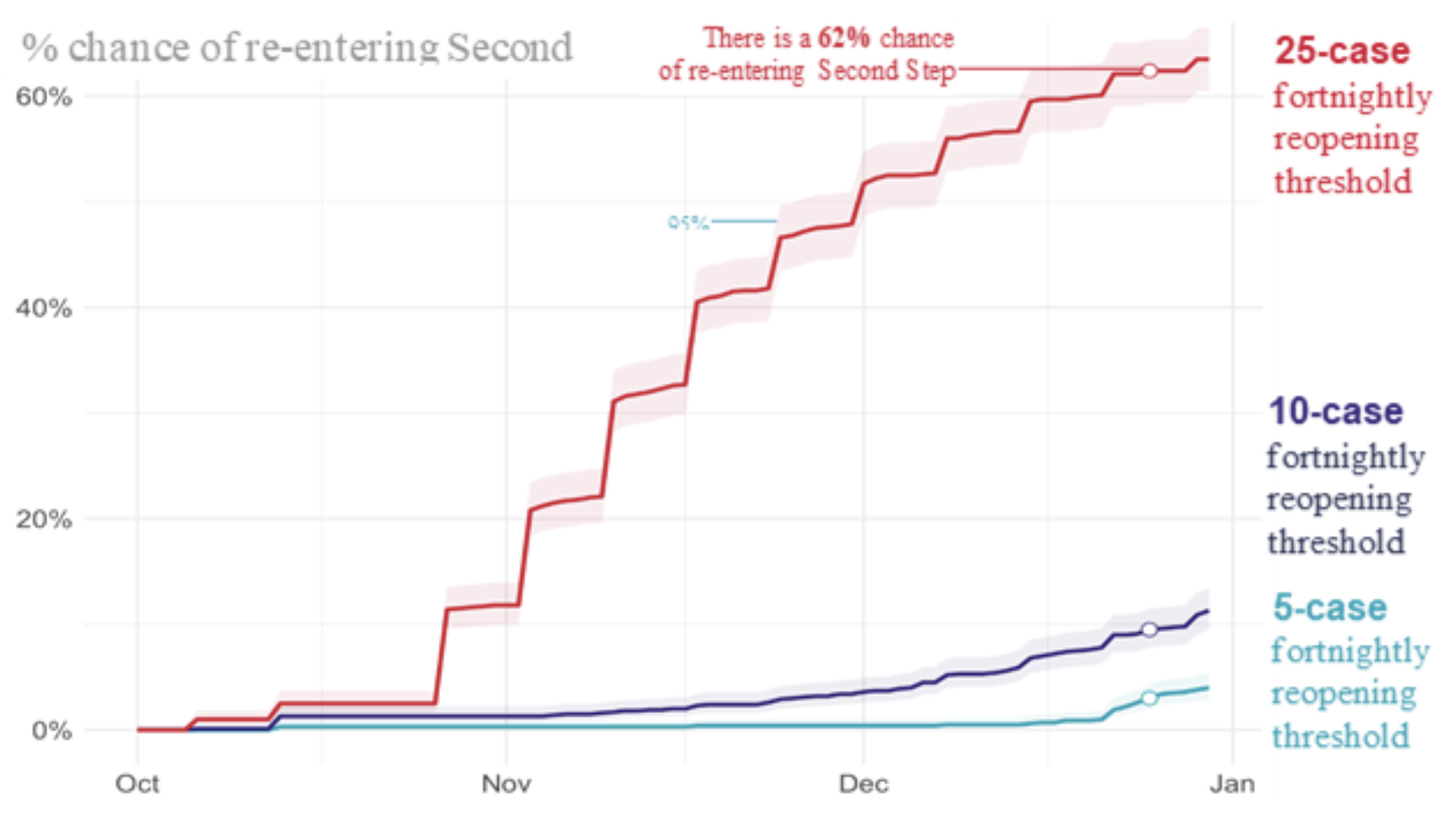
* Updating advice and guidance for sector and community on Victoria’s roadmap for recovery

Key priorities

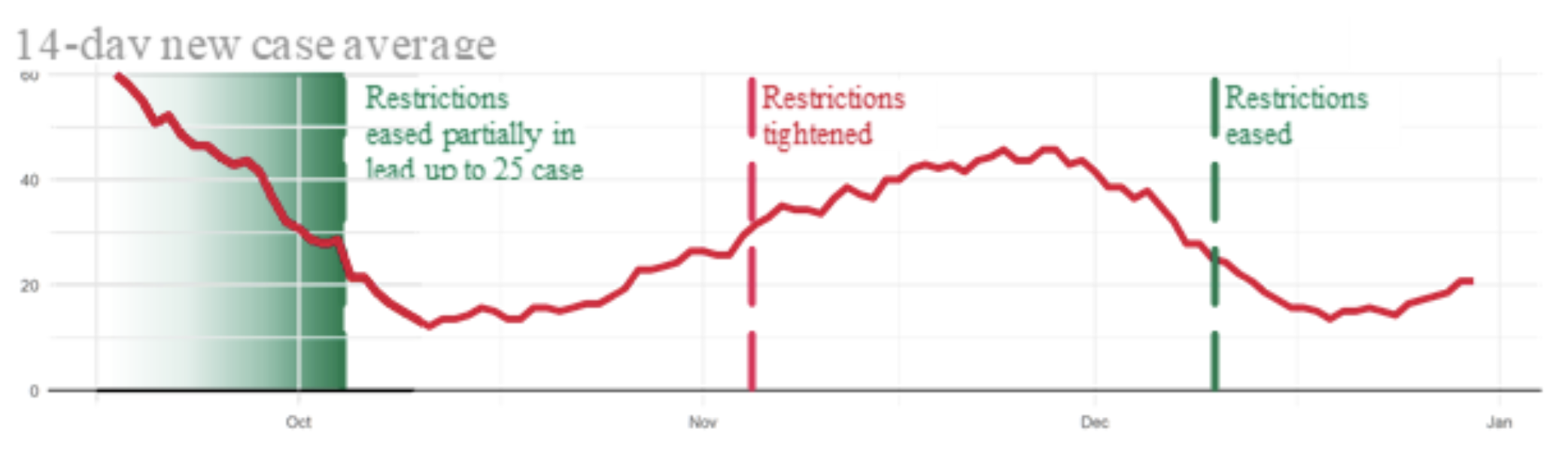
* Strengthening supports and outbreak responses via new Victorian Disability Response Centre
* Building surge capacity and reducing workforce mobility
* Proactive supports for providers to prevent, prepare for and manage outbreaks
* Ensuring clinical in-reach along a care continuum for COVID positive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

# Slide 7

## Reopening too soon risks more lock-downs by Christmas



# Slide 8

Aggressive suppression is our best bet to avoid a yo-yo effect

# Slide 9

## Roadmap for recovery – metropolitan Melbourne

First Step: from 11:59pm 13 September

* Curfew extended to 9pm – 5am
* Public gatherings: 2 people or a household meeting outdoors for 2 hours
* ‘Single social bubbles’ – 1 nominated visitor for people living alone/single parents
* Outdoor playgrounds within 5km of home can be accessed
* Disability services heavily restricted, for example limitations on visitors to residential services

Second step: from 28 September, or average daily case rate of 30-50 new cases

* Term 4 return to school for students at special schools
* Public gatherings increased to 5 people from maximum of 2 households
* Child care/early education re-opened
* Outdoor pools open
* Disability services remain heavily restricted, for example, limitations on visitors to residential services

Third Step: from 26 October, or average daily case rate of <5 new cases

Last Step: from 23 November or no new cases for 14 days statewide

* Restrictions for individuals and disability services to ease in lead up to COVID Normal

COVID Normal: No new cases for 28 days and no active cases in Victoria, no outbreaks of concern in other Australian jurisdictions.

# Slide 10

## Roadmap for recovery – regional Victoria

Second Step: from 11:59pm 13 September

* Public gatherings increased to 5 people outdoors from maximum of 2 households
* ‘Single social bubbles’ – 1 nominated visitor for people living alone/single parents
* Outdoor playgrounds and outdoor pools open
* Term 4 return to school for students of specialist schools

Third Step: Average daily case rate of <5 new cases, 0 cases of unknown source

* No restrictions on reasons to leave home
* Public gatherings increased to 10 people outdoors
* ‘Household bubble’ – one nominated household, with up to 5 visitors at a time
* Restrictions for disability services to ease in lead up to COVID Normal

Last Step: from 23 November and no new cases for 14 days statewide

* Significant easing of restrictions for individuals and disability services in lead up to COVID Normal

# Slide 11

## Worker Mobility Reduction Payment initiative

Financial support for workers and providers

* + - Addressing the impacts of restrictions on worker mobility for residential workers and providers
    - Reducing mobility of workers critical as part of COVID-19 prevention strategy
    - Commenced 1 September 2020 and will be available until 31 December 2020
    - Information on payments and arrangements released to providers by Victoria and Commonwealth
    - Initiative guided by principles that recognise the impact of public health orders and take into account differing arrangements for NDIS and state funded ‘transfer’ providers
    - Principles also set out requirement that providers have available evidence to demonstrate relevant costs incurred

# Slide 12

## COVID-19 outbreaks in disability settings

As at 10 September, there are 30 active cases of COVID-19 in disability and community setting (including SRSs)

**13 cases are in facility based settings**

* 7 staff members and 6 residents/ participants

**17 cases are in community based settings (including SRSs)**

* 10 staff members and 7 participants

**A total of 11 facility based sites are currently affected.**

# Slide 13

## 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)

# Slide 14

## Key issues

* Communication across the sector and with people with disability
* Two dedicated pages on the DHHS COVID-19 website:
* For people with disability
* For the disability sector
* Testing
* PPE and masks
* Infection prevention education

### Responses

[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)

Restrictions

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

Get tested kit (promoting testing): [Promotional material Coronavirus](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.

[Call to test COVID-19](https://www.dhhs.vic.gov.au/call-to-test-covid-19)

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

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)

# Slide 15

## Public Health Update

Professor John Catford

Senior Medical Adviser

DHHS

# Slide 16

## NDIA update

Stephen Broadfoot

Branch Manager for Provider Engagement

NDIA

# Slide 17

## Clinical Waste in Disability Settings

Rachel McConville

Waste Education Officer

Victorian Health and Human Services Building Authority

# Slide 18

## Clinical and Related Waste

Victorian Health and Human Services Building Authority

# Slide 19

## Why manage clinical waste correctly?

**Staff and workplaces are responsible for the storage, handling and disposal of clinical waste.**

Managing clinical waste correctly:

* reduces infection risk for staff and patients
* ensures compliance with EPA and WorkSafe requirements
* reduces damage to the environment
* reduces waste management costs

# Slide 20

## Clients who do not have COVID-19

# Can you see blood or body fluids on the item? Yes - Clinical waste; No - Does the client have an infectious disease? Yes - Clinical waste; No - General waste or recycling

Note: Faeces, urine, vomit and sputum are not body fluids, unless you can see blood in them

# Slide 21

## Clients who do not have COVID-19 example

Jessica needs to dispose of a used continence aid. It does not have blood on it and the client **is not** suspected of having an infectious disease. Jessica disposes of the item in the general waste bin.

Dave is disposing of a tissue with some blood on it. He places it in the clinical waste bin.

# Slide 22

## Clients with confirmed or suspected COVID-19

**All** waste from a patient confirmed, or suspected of having, COVID-19 must go into a clinical waste bin.

**Not all** waste from a site with COVID-19 patients is clinical waste.

Clinical waste bin acceptable under Australian Standard 3816:2018.
Bin is yellow and depicts the biohazard symbol.

# Slide 23

## What is suspected or confirmed case?

Suspected – a client who meets the clinical criteria for testing

Confirmed – a client who has tested positive to COVID-19

# Slide 24

## Clients with confirmed or suspected COVID-19 example

Jessica has been looking after a client who has COVID-19. She disposes of all PPE and any other waste items that have been in the patients room in the clinical waste bin.

Dave is in the kitchen preparing food in a facility with COVID-19 patients. The patients have not entered the kitchen and so the waste items in the kitchen are disposed of in the general waste or recycling bin.

# Slide 25

## Other clinical waste

Sharps – anything able to cut or penetrate the skin

Sharps waste bin acceptable under Australian Standard 3816:2018.
Bin is yellow and depicts the biohazard symbol.

Pharmaceutical – any pharmaceutical substance or container

Bin is red.
Bin has yellow body with orange lid and depicts the biohazard symbol.

Anatomical – human tissue

Anatomical waste bin acceptable under Australian Standard 3816:2018.
Bin has yellow body with orange lid and depicts the biohazard symbol.

Cytotoxic – anything contaminated with a cytotoxic drug

Cytotoxic waste bin acceptable under Australian Standard 3816:2018.
Bin is purple and depicts a cell undergoing telophase

# Slide 26

## References

DHHS

[Coronavirus (COVID-19) Case and contact management guidelines](https://www.dhhs.vic.gov.au/health-services-and-professionals-coronavirus-covid-19)

[Coronavirus (COVID-19) PPE guidance for RACF Factsheet](https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19)

[Clinical Waste – Supplement for healthcare staff](https://www2.health.vic.gov.au/hospitals-and-health-services/planning-infrastructure/sustainability/waste/clinical-related-waste)

[The Blue Book – Guidelines for control of infectious diseases](https://www2.health.vic.gov.au/about/publications/researchandreports/The-blue-book)

EPA

[Coronavirus (COVID-19): Disposing of clinical waste](https://www.epa.vic.gov.au/about-epa/publications/1901-1)

[Coronavirus (COVID-19): Disposing of PPE at home and in the workplace](https://www.epa.vic.gov.au/about-epa/publications/1898)

[Clinical and related waste operational guidance](https://www.epa.vic.gov.au/about-epa/publications/iwrg612-1)

# Slide 27

## Contact

[rachel.mcconville@dhhs.vic.gov.au](mailto:rachel.mcconville@dhhs.vic.gov.au)

[Sustainability in Healthcare](http://www.health.vic.gov.au/sustainability)

# Slide 28

## Provider Perspective

Natasha Williams

Executive General Manager

genU Ability and Aged Care

# Slide 29

## NDS Safer and Stronger: A Workforce Reflection

Natasha Williams

September 2020

# Slide 30

## Workforce Preparation

* Safety Conversation; every resident, every worker, every family, every house (What if?)
* COVID Casuals and Standby Workers
* Minimised mobility in Melbourne
* Supplied PPE, set up Warehouse
* Business Continuity Planning and Training
* Prepared and sent Communications
* Engaged private testing company
* Prepared essential info for “ new workers”

# Slide 31

## The situations that have resulted in lockdown

* A worker test positive
* A sole provider notifies positive test- had visited in last week
* A sole provider tests positive after supporting resident during day (worked alongside genU staff)
* A resident unable to be tested after showing symptoms
* A resident showing symptoms and tested

# Slide 32

## The Outbreak

* Friday afternoon (positive worker)
* All staff close contact x 8
* Redeployed workers from other houses
* Needed to pay additional penalties
* Didn’t quite have enough PPE
* Communications delivered residents & staff
* Transparent Communications
* Waste and Cleaning in Place
* Unable to isolate positive resident

# Slide 33

## The Learnings

* PPE needs to be in place and have areas
* Importance of Donning/Doffing- competency Ax
* Staff in reserve (high complex houses and SWOT team in some areas)
* Virtual Supervision options
* Capital considerations in future
* Honest and constant safety conversations
* Knowing about outside/other employment
* PPE & isolation present issue for residents

# Slide 34

## Workforce

* Exhausted Staff
* Leave and surge concerns later in the year
* Leave planning needed now
* Recruited “new” workers (screened)
* Trained in “Covid related skills”,prepared and available to work (willingness to work surveyed)
* Work alongside experienced staff
* Now enrolled in CERT 3 and 4 in Disability
* Have 40 workforce ready staff in Melbourne areas

# Slide 35

## Contact

Natasha Williams

Executive General Manager Ability and Aged Care

[Natasha.Williams@genu.org.au](mailto:Natasha.Williams@genu.org.au)

0407950675

# Slide 36

## Q&A

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

# Slide 37

## Thank you

Short Survey link in the chat box  
NDS Coronavirus Hub — [Victorian COVID-19 Response](https://www.nds.org.au/index.php/covid-19-hub/victorian-covid-19-response)

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