Department of Health and Human Services and National Disability Services Webinar: Safer and Stronger accessible slides

 

Document in English language

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## National Disability Services: Safer and Stronger – Disability Services and Covid-19 webinar

Friday 4th December 2020, 10:00am – 11:00am (AEDT)

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## Welcome and Introductions

Sarah Fordyce – Victorian State Manager (Acting), National Disability Services

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## Agenda

## Department of Health and Human Services update

* Lorraine Langley, Director, Mainstream Interface and Disability Justice, Disability and Communities Branch, Department of Health and Human Services

## Public Health update

* Professor John Catford, Senior Medical Adviser, Department of Health and Human Services

## NDIA update

* Toni Van Hamond, Director, Market & Provider Engagement Vic/Tas, National Disability Insurance Agency

## Provider Perspective

* Andrea McLeod, General Manager – Disability, Early Years and Palliative care, Melbourne City Mission

## Q&A

* Facilitated by Sarah Fordyce, National Disability Services

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## Department of Health and Human Services Update

Lorraine Langley, Director, Mainstream Interface and Disability Justice, Disability and Communities Branch, Department of Health and Human Services

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## NDS Safer and Stronger Webinar

## Covid-19 and Disability

Update 4 December 2020

Lorraine Langley, Director, Disability and Communities Branch, Department of Health and Human Services

Visit: [Department of Health and Human Services Coronavirus website](http://www.dhhs.vic.gov.au/coronavirus)

COVID-19 hotline: 1800 675 398

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## Overview

### Key updates

* Establishment of the Human Services Covid-19 Readiness and Response Centre
* Machinery of Government changes
* Roadmap restrictions [Disability Services Sector Coronavirus website](https://www.dhhs.vic.gov.au/disability-services-sector-coronavirus-covid-19)
* Screening and record keeping
* Personal Protective Equipment update
* Worker mobility
* Infection Prevention and Control training

### Current priorities

* No active disability cases: last active case cleared on 30 October
* Strengthening supports for providers to prevent, prepare for and manage outbreaks

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## The Human Services Covid-19 Readiness and Response Centre

* The Victorian Government has established a new dedicated Human Services Covid-19 Readiness and Response Centre (H.S.C.R.R.C.) bringing together a number of readiness and response functions that have operated as distinct operations across the community services sector, to ongoing departmental management under the Human Services Covid-19 Readiness and Response Centre.
* The Victorian Disability Response Centre will continue as a core governance and oversight mechanism between the department, Department of Social Services, the National Disability Insurance Agency and National Disability Insurance Scheme Quality and Safeguards Commission, reflecting the shared responsibility of the Victorian and Commonwealth Governments within the disability sector.
* Operational functions of the Victorian Disability Response Centre are transitioning to the H.S.C.R.R.C and these processes are anticipated to be completed by 7 December, with a core group of disability staff remaining embedded in the H.S.C.R.R.C until the end of February 2021.

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## The Human Services Covid-19 Readiness and Response Centre continued

* The H.S.C.R.R.C will utilise the existing outbreak response protocols developed by the Victorian Disability Response Centre to support disability services and participants should future outbreaks occur. Service provider notifications of positive Covid-19 cases will continue to be received through the existing email inbox, [D.R.R.G. email address](mailto:drrg@dhhs.vic.gov.au)
* The H.S.C.R.R.C will continue the infection prevention and outbreak preparedness activities of the Victorian Disability Response Centre including working with the Infection Prevention Control and Outbreak Nurses team in public health, metropolitan and regional health services and National Disability Services.
* The Disability and Communities Branch will retain its wider program and relationship management role with the disability sector, and support communications and engagement activities undertaken by H.S.C.R.R.C.
* The H.S.C.R.R.C will work closely with the Disability and Communities Branch to ensure responses are tailored to the particular needs of people with disability and the broader disability sector.

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## Machinery of Government Changes

* On 30 November, the Premier announced that the Department of Health and Human Services would be separated into two new departments to allow for dedicated focus on our health system and on Victoria’s social recovery.
* The new Department of Health and the new Department of Families, Fairness and Housing will commence operation from 1 February 2021.
* The Department of Health will be responsible for the Health, Ambulance Services, Mental Health and Ageing portfolios, and continuing to lead the Government’s public health response to the pandemic.
* The Department of Families, Fairness and Housing will include the current Department of Health and Human Services portfolios of Disability, Child Protection, Prevention of Family Violence and Housing. It will also be responsible for the key policy areas of Multicultural Affairs, L.G.B.T.Q.I.plus Equality, Veterans, and the offices for Women and Youth – transferring from the Department of Premier and Cabinet.
* Professor Euan Wallace will lead the new Department of Health and continue as Department of Health and Human Services Secretary in the interim. Sandy Pitcher has been appointed Secretary of the Department of Families, Fairness and Housing.

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## Roadmap to re-opening – Last Step

* The Victorian Government Coronavirus (Covid-19) roadmap for reopening (the roadmap) sets out the steps and trigger points for easing of restrictions across Victoria.
* The steps enable a safe, steady and sustainable path out of restrictions and into Covid Normal and are based on Public Health advice.
* Victoria is currently in the Last Step of the roadmap which specifies that disability services remain restricted.
* Under the Last Step of the roadmap, people with disability can attend centre-based disability services if they choose to do so. This includes people who live in disability residential services.
* Centre-based disability day services must ensure Covid Safe principles are implemented including face masks being worn (unless an exemption applies), physical distancing, and that both density requirements and gathering limits are met.
* Under the Last Step, people with disability may also attend short-term accommodation and respite services.

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## Last step requirements for centre-based services

* Centre-based disability services, like all indoor settings, are considered high risk environments for people with disability due to difficulties with physical distancing, as such settings have less ventilation than outdoor spaces and pose a greater risk of coronavirus spreading through droplets in the air.
* Restrictions remain on the number of people who can attend indoor community facilities. Indoor centre-based disability services may operate with a maximum of 150 people indoors in the facility, including clients, support workers and other staff, with a maximum of 20 people in a group in each room or designated space as long as density and other Covid safe requirements are met.
* The density requirement is 1 person per 4 square metres in communal areas.
* Centre based disability services should also consider whether outdoor sessions can be undertaken. Outdoor centre-based disability services may operate with a maximum of 300 people, including clients, support workers and other staff, with a maximum of 50 people in a group as long as density and other Covid safe requirements are met.

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## Screening and record keeping

* All disability services should undertake symptom screening of their staff at commencement of each work service including temperature checks.
* Records must be kept of all people who enter a worksite for longer than 15 minutes, including a centre based disability service, for contact tracing.
* Centre based and residential service providers must ensure their staff, staff from other services and visitors are screened and provide written declaration before having contact with participants of the services.
* Written declarations can be provided in writing or via text message or via an app. Department of Health and Human Services has developed templates that may be used as a guide [Disability Services Sector Coronavirus webpage](https://www.dhhs.vic.gov.au/disability-services-sector-coronavirus-covid-19).

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## Other key public health guidance and support: Personal Protective Equipment

* We continue to review and update our public health guidance in consultation with our public health colleagues. The updated Sector Plan and a number of factsheets have recently been published on the website [Disability Services Sector Coronavirus webpage](https://www.dhhs.vic.gov.au/disability-services-sector-coronavirus-covid-19).
* Personal Protective Equipment guidance for the disability sector also continues to be regularly reviewed.
* Disability support workers are no longer required to wear eye protection when providing support to people with disability who do not have suspected or confirmed coronavirus (Covid-19) or have been cleared of coronavirus. Surgical masks are still required to be worn indoors and outdoors in this situation. Personal protective equipment, for example, gloves, gown or protective eye wear, for hands-on support should be used when there is a risk of splash or exposure to blood or body fluids.
* People with disability, in common with all members of the community, should wear a fitted mask indoors in public settings (such as the supermarket and public transport) and outdoors where they cannot maintain physical distancing of 1.5 metres, unless they have a lawful reason not to do so.

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## Worker mobility

* Workplace Directions remain in place that restrict the movement of workers across sites and require residential disability service providers to maintain systems that limit mobility and record where workers declare they have worked at more than one provider.
* The $15million Disability Worker Mobility Reduction Payment initiative was introduced on 1 September 2020 to assist service providers and workers to meet financial costs associated with restricting workers to a maximum of two sites. This builds on the efforts of providers to restructure rosters and cohort workers.
* Latest data from Victoria’s transfer accommodation providers indicates a consolidation of the trend to significant reductions in mobility with the proportion of workers at more than two sites moving from sitting at 1.5 per cent in late November 2020 from a benchmark of 12.4 per cent in July 2020.
* The proportion of workers at only one site has increased from 75.3 per cent to 86.6 per cent for state funded transfer residential service providers.
* Department of Health and Human Services and the National Disability Insurance Agency are working together to analyse the utilisation and impact of the payment scheme alongside public health advice on community infection rates to inform the need for further action.
* More information: [Coronavirus roadmap for reopening Factsheet for disability service providers](https://www.dhhs.vic.gov.au/roadmap-to-reopening-disability-services-sector-covid-19-doc)

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## Infection Prevention and Control training

* Face-to-face training will be available for frontline disability staff during December.
* This Infection Prevention and Control training will focus on the department’s Personal Protective Equipment and Hand Hygiene guidelines and will include practical demonstrations and activities.
* We will be using a champions model to support those who have undertaken Personal Protective Equipment training to share their learnings with other co-workers.
* Training sessions will commence from Monday December 7 in a range of metropolitan, regional and rural locations.
* The training is part of the Safer and Stronger project being delivered by National Disability Services Victoria and funded by the department.
* More information about locations, dates and bookings will be available via the department’s [Infection prevention control resources webpage](https://www.dhhs.vic.gov.au/infection-prevention-control-resources-covid-19) and the [National Disability Services events and training webpage](https://www.nds.org.au/events-and-training) shortly.

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## Accessibility statement and publishing information

To find out more information about coronavirus and how to stay safe visit [Coronavirus disease (Covid-19) webpage](https://www.dhhs.vic.gov.au/coronavirus)

If you need an interpreter, call T.I.S. National on 131 450

For information in other languages, scan the Q.R. code or visit [Translated resources – coronavirus (Covid-19) webpage](https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19)



For any questions call the Coronavirus hotline 1800 675 398 (24 hours).

Please keep Triple Zero (000) for emergencies only.

To receive this presentation in another format phone 1300 651 160 using the National Relay Service 13 36 77 if required, or email [Emergency Management Communications email address](mailto:covid-19@dhhs.vic.gov.au).

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## Public Health Update

Professor John Catford, Senior Medical Adviser, Department of Health and Human Services

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## National Disability Insurance Agency update

Toni Van Hamond, Director, Market & Provider Engagement Vic/Tas, National Disability Insurance Agency

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## Provider Perspective

Andrea McLeod, General Manager – Disability, Early Years and Palliative Care, Melbourne City Mission

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## Melbourne City Mission’s COVID Experience



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## The Story

**On 16th July 2020 three out of five residents in a Supported Independent Living house test positive for Covid-19** – there were 317 positive cases of Covid-19 recorded on this day in Melbourne.

* The three residents had been displaying symptoms for more than 72 hours and all had seen a G.P twice. The G.P said a Covid test was not necessary.
* Staff at the Supported Independent Living house did not report to management that three residents were displaying flu/cold-like symptoms.
* 4 days post the first onset of symptoms, when management were alerted to the situation, the residents were immediately tested for Covid-19.
* Staff went into full Personal Protective Equipment. Close contacts were identified and staff were asked to get a Covid test and isolate for 14 days.
* Two residents (non-symptomatic) were not able to be tested due to behaviours of concern. As they were close contacts, they were put into isolation – one at the Supported Independent Living house, and the other with family at a different location.
* In the days following, a number of Melbourne City Mission staff who had been working in the Supported Independent Living residence, tested positive for Covid-19. Many of these staff were able to quarantine in the Hotels provided by Hotels for Heroes, while others were able to quarantine at home.
* A number of these staff had worked across other Supported Independent Living houses at Melbourne City Mission, and in the community. Two also worked for an aged care provider.

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## What didn’t go well?

Once received the Covid positive diagnosis, we were faced with a number of issues:

1. Staffing: we struggled to find staff (internally and externally) who were prepared to work in a Covid positive setting.
2. Multiple visits from multiple agencies wanting to check we were doing the right thing. This resulted in different advice and information (much of it conflicting); causing confusion and errors in practice.
3. Personal Protective Equipment supplies: we had grossly underestimated the amount of Personal Protective Equipment that would be required.
4. We had assumed we could put staff up in hotels for the duration they were working in the Covid positive environment. Most hotels would **not** accept our bookings as they were fearful. We struggled to find hotels that would take our staff.
5. Capability of staff: while we had run desk-top exercises, and had given staff information about donning and doffing Personal Protective Equipment, it became apparent that staff were inconsistent in their application and therefore at risk of a breach of Personal Protective Equipment.
6. Communication: a lot; often contradictory; changing constantly – hard to keep up.
7. Media: drawing attention to our situation was not helpful.

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## What did go well?

* National Disability Insurance Agency: very helpful providing us assistance and support late on a Friday afternoon
* Assistance from other providers: loaning us staff; providing Personal Protective Equipment; generally providing collegial support
* Willingness of a relatively new nursing agency to step in at the eleventh hour and assist with providing us Enrolled Nurses for three weeks
* Willingness of our Melbourne City Mission staff to continue working day-in-day-out in a Covid positive environment
* Having a Covid Controller role within Melbourne City Mission – a single point of truth
* Hotels for Heroes – providing much needed quarantine for our Covid positive staff and those who needed to self-isolate due to being a close contact.

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## What changes have we made as a result?

* We have enough Personal Protective Equipment to sink the Titanic
* All staff have practiced, and are competent in, donning and doffing Personal Protective Equipment
* Everyone knows how to clean touch surfaces thoroughly
* We have formed a Surge Workforce at Melbourne City Mission. More than 40 staff who have been trained, and have signed up to work in a Covid positive setting when required. (note: they are being paid a retainer – 10% loading – to be part of the surge workforce)
* Limiting staff working across our Supported Independent Living sites (2 house bubbles have been formed to minimise the risk of spread if there is an outbreak)
* Limiting staff working in Supported Independent Living and Community settings
* We have enhanced the Covid Controller role – it is now a Clinical Director/ Covid Controller position with an RN at the helm
* We have reviewed, and re-reviewed all our Covid Safe Plans
* We have two domestic houses at the ready where we can self-isolate or quarantine residents or staff.

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## Q&A

Questions from Q&A box and those submitted in advance to National Disability Services

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Short survey: link in the chat box

Thank you

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