Opening Statement

Senate Select Committee on COVID-19

4 August 2020

The current outbreaks in Victorian residential aged care facilities are a tragedy. There have been very significant numbers of residents and staff infected and there have been, and will be more, deaths.

In every country with COVID-19 outbreaks the size of those in Victoria, substantial aged care outbreaks are inevitable. No-one has unfortunately been able to avoid substantial aged care infections and deaths when community transmission is as widespread as it is in Victoria.

As in other countries, and in previous NSW outbreaks, the Victorian outbreaks seem to be caused by infected staff members, who have acquired infection in the community and brought it into the facility whilst asymptomatic or minimally symptomatic. A single staff member can spread the infection to a large number of residents.

Victoria has 768 residential aged care facilities across 276 providers; 21% of which are State-Government run. There are 465 facilities in Greater Melbourne and Mitchell Shire, 25 (5%) of which a State Government-run.

The outbreaks in Victoria are now involving nearly 100 of the residential aged care facilities, almost all of which are in Metropolitan Melbourne. Most facilities have small numbers of cases in both staff and/or residents (including some with only 1 staff member and no transmission) but about 20% have or have had significant outbreaks.

There is some commentary suggesting that Government-run aged care facilities have better prevented COVID-19 outbreaks. Detailed analysis of the evidence suggests that this is not the case. The main reason there are very few State Government-run facilities with COVID-19 outbreaks is because the Government-run facilities are predominantly outside of Melbourne where there is generally no community transmission. When adjusted for exposure risk, there is no evidence of difference between Government and Private sector/charitable facilities.

<u>Who is accountable for Aged Care outbreak prevention and response</u>

Under the Aged Care Act, the provider (private operator, charitable operator, State government) is accountable for all aspects of care and prevention. The Commonwealth and the Aged Care Quality and Safety Commission (ACSQC), as the Funder and Regulator, have deep interest in ensuring standards and that the sector is as best prepared for a response as it can be.

In any public health outbreak of a notifiable disease, such as COVID-19, the primary public health response sits with the State or Territory Government Public Health unit (PHU). Given the scale of the COVID-19 outbreak, it has been clear that a strong partnership with the Commonwealth would be required by the States to help manage this difficult situation. Both the Aged Care group in the Department and the ACSQC have actively engaged the sector since the start of the pandemic. Specific Commonwealth COVID-19 response units have been established and a network of Commonwealth case managers established to enable 24 hour response to outbreaks

Preparation by the Commonwealth

In the early days of the pandemic, the Commonwealth made significant investments in infection control training in residential aged care facilities and has sourced large amounts of PPE. To date, the Commonwealth has dispatched from the National Medical Stockpile 9.3 million P2 and surgical masks to aged care, as well as over 1.2 million gowns, 3.5 million gloves and 1.7 million goggles/face shields. Over 150,000 aged care staff have undertaken the online infection control training module. There are also 9 other advanced training modules for aged care workers with just under 1 million on line completions. All facilities are required to have pandemic plans and this has been a key issue in facility inspections by the ACSQC early in the pandemic. Visitor restrictions and staff screening have been in place wherever there has been community transmission. Mandatory mask wearing has been introduced in Victoria with the current outbreak and widespread contracted testing capability (Sonic Healthcare) made available. Aspen Medical have been contracted to provide a first responder team in facilities with outbreaks. Significant additional funding has been provided for surge workforce, in response to outbreaks.

Lessons learned from the two major NSW outbreaks

Reviews of both major outbreaks in NSW have been undertaken. One has been completed and the other is nearing completion.

In both these outbreaks, the main (and possibly only) seeding of infection occurred from the index initial staff member. Cohorting, rapid response surge workforce and a strong embedded team from the NSW PHU were all effective in presenting ongoing transmission. But the die was cast and unfortunately a significant number of deaths ensued.

The reviews highlighted the importance of communication with families and strong facility leadership to maximally benefit from the State and Commonwealth support.

At all times in the NSW outbreaks, there was good availability of replacement and surge workforce and a very rapid and comprehensive state public health response.

What has been different in Victoria

In the current second wave in Victoria, the early experience was positive, applying the lessons learned from overseas and interstate, early and aggressive response with lockdown, widespread testing, good PPE practice preventing most of these becoming significant. This was similar to the experience with the North West Tasmania outbreaks.

As community transmission has grown, however, there have been some very significant challenges and a few high profile failures to meet standards of care and communication. There have several drivers for this:

1. A severe workforce shortage across the Health and Aged care system with over 1,000 Health care staff and over 1,000 Aged Care staff in isolation or quarantine.
2. A Victorian public health response which has been under huge pressure with the scale of transmission. This has led to delays in detection and response to COVID-19 incursions and some delays in testing turnaround times. Ongoing transmission has sometimes occurred before the PHU is involved and or Commonwealth notified. This has further led, on occasions, to most or all or the workforce (including management)

in some facilities being put in isolation and quarantine. A completely new workforce, sourced in an environment where demand for trained staff is already high, proved to be a very difficult task.

3. The clinical complexity of managing a service which had high numbers of positive residents at a time that management has been isolated.
4. Even when the public health response was instituted, the demands on the PHU time, with the widespread outbreak, meant that the intensity of PHU support provided in NSW was not able to be provided by Victoria.

Victorian Aged Care Response Centre (VARC)

In response to the, hitherto unprecedented in Australia, scale of the community transmission and aged care outbreaks and the above limitations, the Commonwealth has initiated the VARC. This is a collaborative endeavour between the Commonwealth and Victorian Departments of Health and Human Services (DHHS), Emergency Management Australia (EMA), Emergency Management Victoria (EMV), the ACSQC and stakeholder representation. It is strongly supported by an Australian Defence Force (ADF) clinical and logistic contingent and the National Critical Care and Trauma Response Centre. An EMA incident lead and medical and nursing clinical leads have been engaged. Other resources include:

- Two infectious diseases physicians and an epidemiologist who will work with embedded Victorian PHU staff on the aged care Public Health response (improving testing, reporting and overall response times);
- A senior geriatric nurse and a geriatrician and senior staff from aged care in DHHS;
- A workforce unit led by a seconded health system workforce expert;
- A strategic crisis communications team;
- Embedded staff from the hospitals division in DHHS;
- Continued engagement with Commonwealth aged care case managers and COVID-19 response units, and medical stockpile deployment teams in Canberra.

The aim of VARC is to ensure that there is:

- a much more rapid and comprehensive public health response to outbreaks;
- strong partnerships with the local health services;
- strong link with provider to ensure detailed understanding of the circumstances of facilities in crisis;
- a single focus on workforce (and a concerted effort to train and bring into Victoria a new workforce, such as recent deployment of South Australian nurses);
- concerted efforts on PPE training and usage, including in facilities with no outbreaks;
- consistent and timely communication and data, particularly to families where a service is in crisis;
- implementation of learnings from emergency management methodologies to improve risk assessment; and
- a more comprehensive approach to supporting or creating clinical leadership where the service has to manage large numbers of COVID-19 positive residents.