

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

## Department of Health

### Senate Select Committee on COVID-19

### Australian Government's Response to the COVID-19 Pandemic

6 May 2020

PDR Number: IQ20-000087

**Question Subject:** Scenario and planning workshop

**Type of Question:** Question in Writing

**Senator:** Senator Patrick

**Question:**

Who were the participants at the COVID-19 scenario and planning workshop held by the Department of Health on 3 February 2020?

What was the agenda of the workshop?

**Answer:**

**2019 Novel Coronavirus Scenario and Planning Workshop – Participants**

Key participants included representatives from:

- Peter Doherty Institute for Infection and Immunity
- Australian National University
- University of Adelaide
- University of Melbourne
- University of Sydney
- Monash University, Alfred Hospital
- Australian Government Department of Agriculture, Water and the Environment
- Australian Government Department of Health
- Australian Government Department of Defence
- Department of Home Affairs
- Australian Border Force
- Australasian Society for Infectious Diseases
- Public Health Laboratory Network
- Western Hospital
- New South Wales Health
- Northern Territory – Department of Health
- Queensland Health
- South Australia Health
- Department of Health and Human Services Tasmania
- Department of Human Services, Victoria
- Western Australia Health
- Australian Capital Territory Health

## **2019 Novel Coronavirus Scenario and Planning Workshop – Agenda**

The agenda for the workshop is outlined below. The workshop included both face-to-face and teleconference participation.

### **2019 Novel Coronavirus Scenario and Planning Workshop Agenda**

Monday, 3 February 2020  
1000 – 1600 (AEDT)

#### **1. Meeting Open**

- 1.1 Acknowledgement of country
- 1.2 Welcome, introduction to facilitators
- 1.3 Around the room introductions, note apologies
- 1.4 Conflict of Interest and Confidentiality Declaration
- 1.5 Definition of meeting aims:  
*To determine the objectives of pandemic response, examine different scenarios for the nCoV outbreak in the next 3-6 months, and define response strategies to enable planning for implementation*

#### **2. Scenario planning**

- 2.1 2019-nCoV – Overview
  - Situation updates – Australia/international
- 2.2 Scenario Planning Session 1 – Defining nCoV response objectives, mapping to the AHMPPI
  - What are the objectives of pandemic response?
    - What are the criteria/governance for escalation? (National/Jurisdictional)
    - What is the evidence base for decision making? Where are the gaps?
  - How relevant is the AHMPPI to nCoV preparedness?
    - AHMPPI impact scenarios and objectives
    - Key differences between flu and nCoV
    - Menu of interventions – which are relevant?

2.2 Scenario Planning Session 2 – How Severe is nCoV and what level of response is proportionate?

How will understanding of the clinical course (transmissibility, severity) change our actions?

How will we know if our systems are overwhelmed? What are the options for:

- Health service delivery/models of care
- Infection prevention and control
- Laboratory capacity/testing protocols

When are broad social distancing measures warranted? Which ones are effective?

2.2 Scenario Planning Session 3 –Identifying challenges in the next 3-6 months as the scenario unfolds

- Border
- Medical supplies
- Agriculture
- DFAT
- Defence

### **3. Other Business**

3.1. Other business

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**PDR Number: IQ20-000089**

**Question Subject:** Workshop analysis

**Type of Questions:** Question in Writing

**Senator:** Senator Patrick

**Question:**

What were the specific studies recommended by the workshop to guide scenario analysis planning for COVID-19?

**Answer:**

The 3 February workshop identified that there were existing modelling studies based on influenza and other diseases that could be adapted to support COVID-19 preparedness and response, which are listed as follows:

- Modelling of likely case numbers if an epidemic occurs in Australia. A range of possible scenarios will be considered, based on data-informed estimates of COVID-19 infectiousness and severity, updated with emerging evidence. Figures generated by these models will allow key public health implementation questions to be addressed.
  - These models of pandemic influenza were developed in partnership with and funded by the Department of Health during the preparedness phase and will be adapted to reflect current and emerging understanding of COVID-19.
- Modelling of likely transmission of infection between countries in our region, based on emerging epidemiological evidence, the capacity of health systems in countries, and patterns of air travel.
  - Models of regional infection transmission were developed in partnership with and funded by the Department of Foreign Affairs and Trade to assess the risk of Ebola importation. These models could be adapted to reflect current and emerging understanding of COVID-19.

- Modelling of the relative contributions of household, community and travel associated transmission of infection over time if an epidemic occurs in Australia.
  - Household based models of infectious disease transmission had been developed in partnership with and funded by the Defence Science Technology Group and Defence Threat Reduction Agency (US) for pandemic influenza and SARS. They could be adapted to reflect current and emerging understanding of COVID-19.

Specific recommendations arising from the workshop regarding COVID-19 included:

- Adaptation of the Australian Health Management Plan for Pandemic Influenza (AHMPPI) for COVID-19 to guide appropriate response actions and tailor it to our emerging understanding of this new disease;
- Commissioning of a suite of modelling studies to understand ongoing risks of imported infections, and guide scenario analysis planning should this novel coronavirus become more widely transmitted within Australia. These studies would estimate future workforce capacity and resource requirements and the likely effectiveness of interventions, enabling identification of the most efficient strategies for sustained response;
- Enhancing and co-ordinating information collection about the clinical course of novel coronavirus cases and their close contacts. Synthesis of information from a range of studies conducted in the community and health sector would generate needed evidence about the infectiousness and severity of the virus, and groups most at risk of severe outcomes, to inform a targeted and proportionate response;
- Consideration by Public Health Units of the need for any additional measures at the present time to strengthen and promote case finding and support self-isolation, given that our current understanding of the virus suggests that containment may be possible;
- Consideration by all jurisdictions of alternative models of care that might be implemented in their context to reduce the acute burden on health services should infections become widespread. These might include fever clinics, remote triaging or cohorting of patients and staff to ensure service continuity;
- Engagement with the Public Health Laboratory Network to ensure that diagnostic testing practices make best use of national capacity, both now and in future should the infection become more widespread in Australia;
- Endorsement of the usefulness of serologic studies once tests become available, to see whether our population has any existing immunity to novel coronavirus and allow identification of very mild or asymptomatic infections to know whether they are common. This information is needed to understand how severe the disease is overall;
- Consideration of the need for a review of available evidence about the potential infectiousness of novel coronavirus to species other than humans;

- Reinforcement of the need for clear and effective communications to help people understand how important it is that everyone in our community contributes to preventing this infection from spreading.

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**PDR Number: IQ20-000103**

**Question Subject:** Disability support workers PPE and safety

**Type of Questions:** Question in Writing

**Senator:** Senator Siewert

**Question:**

What is the government doing to ensure disability support workers are provided with adequate PPE and basic safety equipment to properly protect themselves and people with disabilities during the coronavirus pandemic?

**Answer:**

The Government has earmarked up to 570,000 masks for the disability sector from the National Medical Stockpile (NMS), which are dispatched by the National Disability Insurance Agency (NDIA). Access to these masks for providers and self-managing National Disability Insurance Scheme (NDIS) participants are prioritised based on an established need in line with clinical criteria. Although the criteria take into account disability sector specific issues, they are broadly consistent with the approach to the aged care sector to ensure consistency of access to the stockpile.

As at 8 May 2020, 23,130 masks have been distributed to the disability sector in response to requests from providers and self-managing participants.

In addition, Infection Control Training is available through: [www.health.gov.au](http://www.health.gov.au). As at 8 May 2020, there have been 637,000 completions by those working in general practice and aged, disability and home care.