

CORONAVIRUS (COVID-19) Update #19

COVID workforce survey; increase to test isolation payment; PPE; Workcover

ANMF has collated the important links all in one place, so you don't have to go looking. Please bookmark and check this page regularly – anmfvic.asn.au/covid-19

Members with COVID-19-related employment questions can ask via the Member Assistance online inquiry form anmfvic.asn.au/covid-19. Please read the information on our website before submitting a question. Member Assistance is not taking phone inquiries as ANMF staff are working remotely. Members whom ANMF deems have complex inquiries will still have phone contact with staff.

The DHHS Coronavirus Guidance Note on Employment-Related Matters (bit.ly/2UhDSU2) was last updated 20 July.

Latest coronavirus statistics in Victoria

View the latest Victorian statistics via bit.ly/34Et8Ug and the latest national statistics via bit.ly/2RyEXX1

National nursing, midwifery and personal care worker COVID-19 survey

The ANMF, in all states and territories, has partnered with the Rosemary Bryant AO Research Centre at the University of South Australia to research the effects the Australian outbreak of COVID-19 has had on the nursing, midwifery, and personal care workforce.

As Victoria continues to deal with the impacts of the pandemic, tell us about your experiences as a nurse, midwife or personal care worker in our national COVID-19 Workforce Survey.

Your experience will assist the ANMF to advocate for more improvements across the country that will lead to better workforce wellbeing, job satisfaction and quality of care.

The 20-minute survey is open to nurses, midwives and personal care workers in all states and territories.

Results will also ensure the health system has the appropriate support and resources for the emotional, psychological and physical wellbeing of the workforce during a pandemic.

All members are encouraged to participate in the survey by 31 October. Please share the link with your colleagues.

Take the survey now is.gd/covidandwork

Additional ANMF support for members

To provide additional support to members with urgent issues during this time, an ANMF staff member has been available on Saturdays and Sundays, between 8.45 and 5pm. To reach the on-call weekend contact, call the ANMF office number on 9275 9333.

No concern too small or too big: Call NMHPV before you feel overwhelmed

Did you know Victorian nurses, midwives, students of nursing and midwifery and aged care personal care workers have access to the independent, free and confidential mental health support, counselling and referral services?

The Nursing and Midwifery Health Program Victoria is run by nurses and provides tailored support for the nursing, midwifery and personal carer workforce in public and private facilities.

Since May the Andrews Government has provided NMHPV an additional \$600,000 so the service can respond to the increased need for its services during the pandemic.

Watch NMHPV Chief Executive Officer Glenn Taylor talk about how they can support you anmfvic.asn.au/nmhpv

To contact NMHPV call 9415 7551 or email admin@nmhp.org.au

Find out more www.nmhp.org.au

Permitted worker permit and aged care workers

Under Victorian Government directions all workers employed by an aged care provider (both public and private), including registered nurses, require a Permitted Worker Permit. It is the employer's responsibility to issue permits to their staff if they require them to attend a work site.

This applies to workers employed in public residential aged care who may also be employed by a public health service.

Under current directions, if workers are fulfilling a shift or roster during hours that are not specified on their permit, they can still attend work. They will need to carry the Permitted Worker Permit they do have, to ensure authorities can verify with their employer that they are on their way to or from work.

The permit form can be via <https://www.vic.gov.au/worker-permit-scheme>

This form needs to be completed and signed by the employer and the employee. The employee can carry an electronic version of the signed form on their phone if this is more convenient.

A worker employed by a health service or hospital and sent to work temporarily in an aged care setting is exempt from requiring a Permitted Worker Permit. These workers need to carry their employer-issued photographic identification which clearly identifies the health service or hospital that employs them.

Test isolation payment increased to \$450

The Victorian Government has increased the test isolation payment from \$300 to \$450.

You are eligible for the support payment if you don't have access to paid leave to assist with the loss of work during the days required to be isolated between taking a COVID-19 test and receiving the results.

More than 17,000 Victorians have accessed this payment.

More information, eligibility and applications bit.ly/3fWygqQ

Authorised by Lisa Fitzpatrick ANMF (Vic Branch) Secretary

\$1500 disaster leave payment

The Federal Government has taken over responsibility for the \$1500 disaster leave payment which the Victorian Government was providing until recently if you tested positive or were identified as a close contact and have to isolate for 14 days.

More than 3900 people have received the \$1500 pandemic leave disaster payment after testing positive or being identified as a close contact.

You are eligible for the payment if you do not have access to paid leave during your isolation period.

Call 180 22 66 to claim.

More information, eligibility and applications <https://bit.ly/3iHuEuH>

Making a WorkCover claim

If you believe you have contracted COVID-19 because of your work, you can lodge a WorkCover claim.

ANMF lawyers Gordon Legal have prepared an information sheet for members about COVID-19 and lodging a WorkCover claim (bit.ly/2XYARdX [PDF]).

If you've contracted COVID-19 at work, contact ANMF Member Assistance via anmfvic.asn.au/memberassistance for advice and referral to Gordon Legal where necessary to assist with your claim.

ANMF supports the protection of midwives

The DHHS 'Maternity and neonatal during COVID-19' guidance was updated on 4 August and now advises birthing services to suspend the use of water immersion. This suspension also occurred during the first stage of restrictions in Victoria.

The update states: *'Water immersion for labour and birth – During this period of increased community transmission of coronavirus (COVID-19), services are advised to suspend the use of water immersion for labour and birth for all women. The protection of our maternity and neonatal health care workforce is essential. PPE is not effective when wet and consequently, the use of water immersion during this period presents an unacceptable risk.'*

This advice is based on the workplace health and safety of the midwife.

ANMF agrees that wet or damp PPE is an 'unacceptable risk' to our members and all midwives during a period of high community transmission. This is regardless of the level of risk the woman or her partner are deemed to be.

ANMF (Vic Branch) does not dispute the benefits of water immersion for mother and baby. We acknowledge the woman's loss caused by the suspension of this choice during a pandemic.

These are difficult, but ultimately the right decisions as health services work to balance a mother's choice and the safety of their midwives and their ability to protect and retain a midwifery workforce.

By doing all that we can to protect the midwifery workforce we ensure that women will have a midwife with her during labour during this pandemic.

ANMF understands birthing services can still use showers in the earlier stages of labour.

View the guidance via <https://bit.ly/32MulEI>

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Personal protective equipment update – includes private aged care

ANMF provided details of the current PPE guidance in the newsflash dated 10 August. The guidance is repeated here to ensure members are familiar with the PPE they should be using in their clinical settings.

The information below is from the DHHS website (bit.ly/3g5d96m).

A pdf of the latest 'Guide to the conventional use of PPE' (updated 6 August) (bit.ly/2yBnmaa) is included at the end of this newsflash.

Members are also encouraged to read the 30-page COVID-19 infection control guidelines – Version 2 (updated 8 August) (bit.ly/3deTBLE)

If your workplace is not following the guidance below or you have a concern, contact Member Assistance via anmfvic.asn.au/memberassistance

N95 respirators

Healthcare workers **must** wear a N95/P2 respirator:

1. in settings where suspected or confirmed coronavirus (COVID-19) patients are cohorted and where frequent, prolonged episodes of care are provided (i.e. providing care for a patient on a dedicated COVID-19 ward).
2. in uncontrolled settings where suspected or confirmed coronavirus (COVID-19) patients are cohorted, to avoid the need for frequent changes of N95/P2 respirators.
3. where suspected or confirmed coronavirus (COVID-19) patients are cohorted and there is risk of unplanned aerosol generating procedures (AGPs) and/or aerosol generating behaviours. Aerosol generating behaviours include screaming, shouting, crying out, vomiting. **(ANMF note: this would be applicable in aged care settings)**
4. when undertaking an AGP on suspected or confirmed coronavirus (COVID-19) patient.

Use of N95/P2 respirators are **not** required for health care workers:

1. undertaking surgery or AGPs on patients who are not suspected or confirmed to have coronavirus (COVID-19) risk factors (Tier 1 PPE precautions)
2. working at a coronavirus (COVID-19) testing site and/or undertaking testing for coronavirus (COVID-19) (Tier 2 PPE precautions)
3. undertaking procedures (e.g. sample collection) at hotel quarantine sites (Tier 2 PPE precautions)
4. patients with aerosol generating behaviours who are not confirmed or suspected of coronavirus (COVID-19) (Tier 1 PPE Precautions)

If the risk of bodily fluid splash is low, staff may wear a non-fluid resistant P2/N95 respirator with a face shield.

Do not use P2/N95 respirators with a valve. The air you exhale is likely to not be filtered and may expose other Healthcare Workers and patients.

Eye protection

Staff who are directly involved in treating patients must wear eye protection.

Surgical masks

1. All staff must wear (at a minimum) a level 1 or type 1 surgical mask while at work. This now includes non-public facing staff. (**ANMF note: this includes during handover, meetings, other times when interacting with people and breaks, except when eating and drinking which should only occur in an appropriate area with social distancing from your colleagues**)
2. Do not use cloth masks at work.

Staffing

1. Keep staffing in high-risk areas to the minimum required to provide appropriate care and ensure patient safety.
2. Wherever possible, avoid situations where other staff attend these areas and/or use critical PPE (i.e. P2/N95 respirators).

Extended use

Unless damp or soiled, you can wear a surgical mask or isolation gown for up to four hours.

1. Goggles and face shields can also be worn for up to four hours. Replace these if they become contaminated/soiled, and after assisting with an aerosol generating procedure.
2. Remove and dispose of all items before going on a break and replace before resuming work.
3. Change gloves between every patient interaction.

What about fit testing?

Fit testing involves staff testing different respirators to confirm which type is the most appropriate fit for their face shape and provides the best seal. Each test uses up a respirator.

ANMF is strongly advocating that fit testing P2/N95 masks becomes a requirement in the DHHS PPE guidance for all healthcare workers. Since N95 respirator mask stock levels began increasing in May, ANMF has recommended health services implement a fit testing program.

It is also recommended under the Australian/New Zealand Standard on *Selection, use and maintenance of respiratory protective equipment* (AS/NZS 1715:2009).

Irrespective of fit testing, **fit checking** should be undertaken every time someone puts a respirator on. If the appropriate fit is not achieved, the respirator is not providing adequate protection. In these circumstances someone who can achieve an appropriate fit should undertake the procedure or delay the procedure until an appropriate fit can be achieved.

WorkSafe Victoria provides the following advice to reduce risks if fit testing is not happening (via bit.ly/3ddwqRT):

1. How to put on a P2/N95 respirator mask (donning)

- a. Rest the nose bridge on top of the nose and place the bottom panel or bottom of cup securely under chin.
- b. The straps are secured at the back of the middle of the head and neck.
- c. Position and mould nose piece (where available) around nose using fingertips of both hands

2. Perform the fit check

- a. place one or both hands completely over the middle panel or cup
- b. inhale and exhale sharply
- c. check for air leaks around the nose
- d. adjust respirator until no leaks can be felt.

Note: If tight fitting seal cannot be achieved with one brand of respirator, then it might be achieved with a different shaped N95/P2 respirator. If a seal cannot be achieved, then the task should not be performed.

You should also:

1. make sure that you are clean-shaven where the N95/P2 respirator touches the face
2. make sure no clothing or jewellery gets between the N95/P2 respirator and the face.

Do you have a personal protective equipment concern?

ANMF continues to advocate and raise and resolve members' issues at the PPE taskforce union consultation meetings. **Members with concerns about PPE should:**

- 1. continue to raise and submit OHS incident reports with their employer as well as speaking directly with your manager**
- 2. involve your Health and Safety Rep if you have one**
- 3. contact ANMF via anmfvic.asn.au/memberassistance (include your report and response if applicable) for further support and advice if after you have raised your concerns they are not addressed by your employer.**

Please see our 'Protocols for entering your home and minimising the risk of infection' poster at the end of this newsflash.

Reminder: infection control training for residential aged care

The Victorian government has taken over providing infection control training for the aged care workforce.

Face-to-face training – infection control

Private aged care employers should be organising the government's free face-to-face infection control training through Monash University.

Online training – infection control

While no replacement for face-to-face training as a priority, all workers in residential aged care are encouraged to complete online training about coronavirus (COVID-19) infection control and personal protective equipment:

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1. Monash Health online training designed for the Victorian workforce <http://training.monashhealth.org>
2. Commonwealth Department of Health course: bit.ly/3e1o8gR

Expanded regional testing

The Victorian Government has expanded testing across Greater Geelong, Ballarat and Bendigo after data this week revealed a growth in community transmission.

Geelong makes up almost half of all regional cases, with the highest growth rate in Ballarat, and a number of concerning cases in Bendigo.

Regional testing facilities

Geelong and surrounds:

- Barwon Health - North Geelong (Clinic and drive through clinic), Norlane
- Barwon Health - University Hospital Geelong
- Geelong - Kardinia Health, Belmont
- Newcomb Community Health Centre (Barwon Health)
- 4Cyte Pathology Geelong
- Bellarine Respiratory Clinic, Ocean Grove

Ballarat

- Ballarat Senior Citizens Centre, 16 Little Bridge St, Ballarat
- Ballarat UFS Respiratory clinic, Lucas

Bendigo

- Latrobe University (Rural Health School) Drive through
- Bendigo Health, 100 Barnard Street (located in Stewart Street Bendigo, the old Emergency Department)
- Bendigo Respiratory Clinic, Spring Gully Primary Health

For more testing information visit www.dhhs.vic.gov.au/where-get-tested-covid-19

Inquiry into the use of cannabis in Victoria

ANMF is inviting nursing and midwifery members, working with at risk groups, people using illegal cannabis or people who may benefit or be harmed by the use of illegal cannabis, to participate in a short survey.

Your feedback will assist ANMF with its submission to the Victorian Government's broad ranging prevention and public health inquiry into the use of cannabis in Victoria. The inquiry is calling for submissions as it seeks to consider the best means to:

- a. prevent young people and children from accessing and using cannabis in Victoria
- b. protect public health and public safety in relation to the use of cannabis in Victoria
- c. implement health education campaigns and programs to ensure children and young people are aware of the dangers of drug use, in particular, cannabis use

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- d. prevent criminal activity relating to the illegal cannabis trade in Victoria
- e. assess the health, mental health, and social impacts of cannabis use on people who use cannabis, their families and carers.

Please note this survey does not address the medicinal use of cannabis which is legal in the state of Victoria.

Complete the online survey via <https://www.anmfvic.asn.au/cannabis>

ANMF regular publications suspended

ANMF has suspended its regular publication schedule including *e-news*, *On the Record* and *The Handover* to enable the Branch to focus on providing members with regular COVID-19 newsflashes.

If you were not receiving these publications via email please re-subscribe (www.anmfvic.asn.au/resubscribe) so that you don't miss out on our COVID-19 information.

Don't bring it home: guide to minimise the risk of infection

A reminder that ANMF (Vic Branch) has developed a guide to assist you in relation to returning home from work after a shift.

Job Reps and HSRs are encouraged to print the poster which is part of this PDF newsflash. You can also download the 'Protocols for entering your home and minimising the risk of infection' A4 poster via bit.ly/COVID19-DBIH

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Protocols for entering your home and minimising the risk of infection.

-  **1** On entry, remove your shoes and place in a plastic box.
-  **2** Leave your bag, wallet, mobile, keys, etc in a box near the entry.
-  **3** Change out of your clothes immediately and wash them. Use the hottest possible machine wash setting and dryer if you can.
-  **4** Have a shower.
-  **5** Clean items you've brought in and surfaces you've touched.

Remember to wash your hands regularly.

Cleaning tips

- 
- Hot soapy wash, wipe or disinfectant spray (depending on surface) phone cases, keys, ID, lanyard, glasses, etc.**

Consider changing in and out of your uniform/scrubs at work.



Coronavirus (COVID-19) – A guide to the conventional use of PPE

Updated 6 August 2020

In the changing coronavirus (COVID-19) environment, content is often being updated. To ensure you are aware of the most recent changes, all content updates and the date the document was last updated will be highlighted in yellow.

Conventional use of PPE

The following guide outlines the appropriate use of personal protective equipment (PPE) for the Victorian health sector during the Coronavirus 2019 (COVID-19) pandemic response. Standardising the use of PPE will ensure that health care workers are protected from infection whilst ensuring PPE is not inappropriately used during a time where worldwide demand for PPE is placing strain on supply chains. Whilst this advice is for the health care sector, it can be used to inform any local policy.

Table 1 outlines the recommended PPE for health care workers who are in direct contact with a person who is: assessed as low or no risk for COVID-19; or is confirmed or suspected of having COVID-19 or is in quarantine.

Table 2 provides further guidance to assist in clarifying the required PPE for common circumstances.

Please note that other infectious diseases requiring PPE as part of transmission-based precautions are not addressed in this document.

This guidance will be regularly reviewed and updated as required.








Associated documents

This document should be read in conjunction with the following documents:

- [Coronavirus 2019 \(COVID-19\) – PPE and levels of protection](#)
- [COVID-19 Infection Prevention and Control Guideline](#)

Table 1: Conventional use

Due to the current high prevalence of COVID-19 in Victoria and advice regarding the universal use of masks in the community, Tier 0 is currently not applicable

TIER	For use in	 Hand hygiene	 Disposable gloves	 Level 1 gown and plastic apron	 Disposable gown	 Surgical mask	 P2 / N95 respirator ¹	 Eye protection
Tier 0* – Standard precautions²	For people assessed as low risk or no risk for COVID-19, that is, they do not meet the clinical criteria for COVID-19.	✓	As per standard precautions	As per standard precautions	As per standard precautions	As per standard precautions	✗	As per standard precautions
Tier 1 – Area of higher clinical risk	In areas where the person is NOT suspected ³ or confirmed to have COVID-19	✓	As per standard precautions	As per standard precautions	As per standard precautions	✓ Minimum Level 1	✗	✓
Tier 2 – Droplet and contact precautions	Limited contact, for short episodes of care, in a controlled environment with a person who is suspected ³ or confirmed to have COVID-19.	✓	✓	✓	or ✓ Level 2, 3 or 4	✓ Level 2 or 3	✗	✓
Tier 3 – Airborne and contact precautions and Aerosol Generating Procedures	1. Undertaking an AGP ⁴ on a person with suspected ³ or confirmed COVID-19 2. Settings where suspected ³ or confirmed COVID-19 patients are cohorted, where frequent, prolonged episodes of care are provided 3. In uncontrolled settings where suspected ³ or confirmed COVID-19 patients are cohorted, to avoid the need for frequent changes of N95/P2 respirators	✓	✓	✗	or ✓ Level 2, 3 or 4	✗	✓	✓

¹ Fit-check P2/N95 mask with each use. For information on P2/N95 respirators/masks go to <https://www.dhhs.vic.gov.au/coronavirus-covid-19-infection-control-guidelines-version-2-21-june-2020>

² For information on standard precautions and hand hygiene, see <https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/standard-additional-precautions>

³ Suspected includes person in quarantine or where a history cannot be obtained.

⁴ AGPs = aerosol-generating procedures. Examples include: bronchoscopy, tracheal intubation, non-invasive ventilation (e.g. BiPAP, CPAP), high flow nasal oxygen therapy, manual ventilation before intubation, intubation, cardiopulmonary resuscitation, suctioning, sputum induction, nebuliser use (nebulisers should be discouraged and alternatives considered such as a spacer). See the [COVID-19 Infection prevention and control guideline](https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19) at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>








TIER	For use in	 Hand hygiene	 Disposable gloves	 Level 1 gown and plastic apron	 Disposable gown	 Surgical mask	 P2 / N95 respirator ¹	 Eye protection
	4. Settings where suspected ³ or confirmed COVID-19 patients are cohorted and there is risk of unplanned AGPs and/or aerosol generating behaviours ⁵ .							

Table 2: Conventional use – contextual guide

Due to the current high prevalence of COVID-19 in Victoria and advice regarding the universal use of masks in the community, Tier 0 is currently not applicable

TIER	For use in	Further context – examples
Tier 0* – Standard precautions	For patients assessed as low or no risk for COVID-19, that is, they do not meet the clinical criteria for COVID-19.	<ul style="list-style-type: none"> Health care workers may require gloves, surgical face mask, gown/apron or eye protection where there is a risk of exposure to or splashes from blood or body fluids. Staff performing an AGP on a person identified as low or no risk of COVID-19 may choose to wear a surgical face mask, gown/apron and eye protection as part of standard precautions.
Tier 1 – Area of higher clinical risk	In areas where the person is NOT suspected ³ or confirmed to have COVID-19	<ul style="list-style-type: none"> Staff not involved in the direct care of COVID-19 patients Undertaking surgery or AGPs on patients confirmed as COVID-19 negative or who are screened as low risk patients with aerosol generating behaviours who are not confirmed or suspected of COVID-19
Tier 2 – Droplet and contact precautions	Limited contact, for short episodes of care, in a controlled environment with a person who is suspected ³ or confirmed to have COVID-19.	<ul style="list-style-type: none"> Patient transfer within a facility of a confirmed or suspected COVID-19 cases Cleaning and disinfection of room where there has been no AGP performed or if 30 mins has elapsed since the AGP Staff at ambulance arrival and handover areas where the patient is confirmed or suspected of having COVID-19 Handling deceased persons with confirmed/ suspected COVID-19 Family members and visitors to a person with COVID-19 at a hospital Health care worker transporting suspected COVID-19 patients in ambulance Working at a COVID-19 testing site and/or undertaking testing for COVID-19 Undertaking procedures (e.g. sample collection) at hotel quarantine sites

⁵ Aerosol generating behaviour = screaming, shouting, crying out, vomiting

TIER	For use in	Further context – examples
Tier 3 – Airborne and contact precautions and Aerosol Generating Procedures	<ol style="list-style-type: none"> 1. Undertaking an AGP⁶ on a person with suspected³ or confirmed COVID-19 2. Settings where suspected³ or confirmed COVID-19 patients are cohorted, where frequent, prolonged episodes of care are provided 3. In uncontrolled settings where suspected³ or confirmed COVID-19 patients are cohorted, to avoid the need for frequent changes of N95/P2 respirators 4. Settings where suspected³ or confirmed COVID-19 patients are cohorted and there is risk of unplanned AGPs and/or aerosol generating behaviours⁷. 	<ul style="list-style-type: none"> • Health care workers in dedicated COVID-19 wards (even if treating suspected covid-19 patients) • Health care workers in areas within Emergency Departments or Urgent Care Centres where suspected or confirmed COVID-19 patients are being treated • Health care workers within an open intensive care unit (if suspected or confirmed COVID-19 patients are present) • Health care workers within an intensive care unit pod/room (if suspected or confirmed COVID-19 patients are present) • Health Care Workers working in designated zones/rooms within Aged Care services (if there is a suspected and or confirmed COVID-19 resident within the zone/room). • Health care worker providing prolonged disability support (if there is a suspected and or confirmed COVID-19 patient within the service) • Cleaning and disinfection of a room where there has been an AGP performed within the previous 30 mins

References

- Coronavirus disease 2019 (COVID-19), Case and contact management guidelines for health services and general practitioners (DHHS), <https://www.dhhs.vic.gov.au/coronavirus-case-and-contact-management-guidelines-health-services-and-general-practitioners>
- Coronavirus disease 2019 (COVID-19) Healthcare worker PPE guidance (DHHS), <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>

To find out more information about coronavirus and how to stay safe visit

[DHHS.vic – coronavirus disease \(COVID-19\)](https://www.dhhs.vic.gov.au/coronavirus-disease-covid-19)

<https://www.dhhs.vic.gov.au/coronavirus>

If you need an interpreter, call TIS National on 131 450

⁶ AGPs = aerosol-generating procedures. Examples include: bronchoscopy, tracheal intubation, non-invasive ventilation (e.g. BiPAP, CPAP), high flow nasal oxygen therapy, manual ventilation before intubation, intubation, cardiopulmonary resuscitation, suctioning, sputum induction, nebuliser use (nebulisers should be discouraged and alternatives considered such as a spacer). See the [COVID-19 Infection prevention and control guideline](https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19) at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

⁷ Aerosol generating behaviour = screaming, shouting, crying out, vomiting

For information in other languages, scan the QR code or visit

[DHHS.vic –Translated resources - coronavirus \(COVID-19\)](https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19)

[<https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19>](https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19)



For any questions

Coronavirus hotline 1800 675 398 (24 hours)

Please keep Triple Zero (000) for emergencies only

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

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