

CORONAVIRUS (COVID-19)

Update 47

All Victorian metro, regional and rural healthcare services move to COVID ACTIVE (red) alert

Branch operational changes

As a result of the Chief Health Officer's health advice and the new COVID-19 restrictions, the ANMF (Vic Branch) office will be closed and staff will work from home for the duration of the lock down.

Member meetings will take place online or be rescheduled where appropriate.

Education Centre courses and Job Rep, HSR and occupational health and training courses will be held online, cancelled, or rescheduled. Participants are being notified directly.

Latest COVID-19 statistics

Victorian COVID-19 data dashboard via <https://bit.ly/3j5vJwC>

Health and aged care services to follow COVID ACTIVE (red) or high-risk rating guidance

The Victorian Government has moved all healthcare services to **COVID ACTIVE (red) rating or high risk**.

COVID ACTIVE (red) response guidance (updated 15 July 2021) sent to health services is **included in full at the end of this newsflash** (or via <https://bit.ly/3hGtnq1>) and should be read in conjunction with the document 'Victorian Health Service Guidance and Response to COVID-19 Risks - COVID Active' via <https://bit.ly/2TIFsaF>

The guidance includes the PPE requirements and other protections for all healthcare workers across Victoria. Tier 3 PPE is required for any suspected COVID-19 patient, resident or client.

New state-wide restrictions from 11.59pm, 15 July 2021

The Victorian Government has announced a five-day lockdown to take effect from 11.59pm Thursday 15 July until 11.59pm, Tuesday 20 July.

There are five reasons to leave home during the lockdown period:

1. caregiving, compassionate, urgent medical care
2. exercise within 5km of your home, for a maximum 2-hour period; you can exercise with members of your household or one other friend or family member as long as you both do not travel more than 5km
3. shopping for essentials within 5km of your home (one person per household once per day). Further travel is permitted to access the closest necessary goods and services.
4. for authorised work or education
5. to get vaccinated.

Masks must be worn indoors (except for in your own home) and outdoors.

For the full list of restrictions, visit <http://bit.ly/CVrestrictions>

Read the Statement from the Premier (15 July 2021) <https://bit.ly/3igVQ4R>

Exposure sites

New exposure sites have been added. Check this page regularly <https://bit.ly/35YOUVn>

Where can I get tested for COVID-19?

Please get tested even with the slightest of symptoms. Testing site information <https://bit.ly/2TB9eZ9>

Personal protective equipment supplies

Victoria's PPE supplies are plentiful and tracking systems are in place. Stocks include 10 million N95 respirators, 60 million surgical facemasks, three million visors, eight million safety glasses, 12 million isolation gowns, 280 million gloves and six million units of sanitiser. A weekly PPE supply report is available on the Victorian Health Department's website <https://bit.ly/3g5d96m>

All nurses, midwives and carers encouraged to undergo P2/N95 mask fit testing

ANMF encourages all nurses, midwives and personal care workers to participate in their workplace fit testing program as a matter of urgency to ensure you, your family and your patients, clients and residents are protected.

Each P2/N95 mask fit test takes between 45 and 90 minutes to complete and requires specialist equipment and an appropriately skilled person to conduct the fit test.

ANMF on behalf of our members across the state was heavily involved in securing the state-wide Victorian Respiratory Protection Program in response to the high number of nurses and personal care workers who contracted COVID-19 in the workplace last year.

Healthcare services should prioritise healthcare workers for fit testing based on their clinical area of work.

Authorised by Lisa Fitzpatrick ANMF (Vic Branch) Secretary

Fit testing is also happening in private acute services and some private aged care facilities. ANMF continues to advocate for all private aged care facilities to undertake a fit testing program. Fit testing is also a claim in our private aged care enterprise bargaining negotiations.

Irrespective of fit testing, fit checking should be undertaken every time someone puts a P2/N95 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. Read the WorkSafe Victoria advice via <https://bit.ly/3ddwqRT>

Personal protective equipment concern?

Members with concerns about PPE should:

1. **raise and submit OHS incident reports with your 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.

Priority Pfizer vaccination appointments for all health and aged care workers

All nurses, midwives and aged care personal care workers, who have yet to receive their first dose of a COVID-19 vaccine, are eligible to receive the Pfizer vaccine at a Victorian Government vaccine hub.

Eligibility is for all workers, aged 16 years and over, in the 1a and 1b priority groups,

If you have already received your first AstraZeneca dose the advice is to receive the second dose of AstraZeneca.

You must use the phone number or online appointment link below to access the Pfizer priority appointments.

How to book a priority group COVID-19 vaccine appointment – two steps

1. **Read the information** about the booking process and the vaccines on the Victorian Government website <https://bit.ly/3dZjuC6>

then

2. **Make an online booking** via the Victorian Government's website - the booking system allows you to access appointments as part of a priority group. <https://portal.cvms.vic.gov.au/>

or

3. **Call the Victorian Government Coronavirus Hotline** on 1800 675 398 and tell the hotline operator you are part of the health care worker or aged care worker priority group.

What to bring to your appointment

You will need to have an eligibility declaration form available via <https://bit.ly/2SOShKe> or provide proof of occupation (ID card, letter from employer) or the signed proof of eligibility letter issued by the Victorian Department of Health COVID-19 Vaccination Program.

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You will also need your Medicare card (if you have one) or a valid form of identification (e.g. drivers licence, proof of age card or passport).

Information about the vaccines

1. Federal Government information about the AstraZeneca COVID-19 vaccine <https://bit.ly/3eAGztR>
2. Federal Government information about the Pfizer vaccine <https://bit.ly/32Vry0w>
3. What happens after I am vaccinated? <https://bit.ly/3hTYI9u>
4. Australian Academy of Science – COVID-19 facts hub <https://bit.ly/3hXgl2C>
5. Therapeutic Goods Administration - <https://bit.ly/3uli9up>
6. World Health Organisation – vaccines explained <https://bit.ly/3vr6jjQ>
7. National Centre for Immunisation Research and Surveillance <https://bit.ly/2QT6nK7>
8. Australian Government translated information about COVID-19 vaccines <https://bit.ly/3qRfEyc>
9. *On the Record* – COVID-19 vaccination FAQs answered <https://bit.ly/3ekLike>

How to access ANMF support

Members are encouraged complete an online Member Assistance inquiry form via <https://anmfvic.asn.au/memberassistance> (scroll to the bottom of the page).

The Branch triages member inquiries meaning Member Assistance can respond to urgent matters, such as a formal AHPRA notification, a disciplinary letter or a violent incident, and escalate to the relevant ANMF Organiser or other appropriate staff without members waiting on the phone for extended periods.

We respond to urgent queries within one business day, and non-urgent queries within three business days.

\$450 test and isolation payment

The Victorian Government provides a \$450 test and isolation payment to workers required to isolate after taking a COVID-19 test who don't have access to paid leave. This is for private aged care workers too.

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

\$1500 disaster leave payment

The Federal Government provides a \$1500 disaster leave payment if you tested positive or were identified as a close contact and have to isolate for 14 days. Private aged care workers are eligible for the payment if you do not have access to paid leave during your isolation period.

Call 180 22 66 to make a claim.

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

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Emergency accommodation for healthcare workers

The Victorian Government provides the 'frontline accommodation program' for health care workers if they need support to quarantine or isolate safely. Private aged care nurses and personal care workers are eligible to access this program. For details <https://bit.ly/2X6cABJ>

COVID-19 stressed? Take the self-care quiz

All nurses, midwives, personal care workers and nursing and midwifery students are encouraged to reflect on their current circumstances and wellbeing and fill out the Nursing and Midwifery Health Program Victoria's self-care plan questionnaire via <https://bit.ly/343qHLf>. You will be emailed a self-care plan.

To contact NMHPV call 9415 7551 or email admin@nmhp.org.au Find out more <https://www.nmhp.org.au>

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

The ANMF (Vic Branch) 'Don't bring it home' guide is designed to assist members returning home from work after a shift.

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

ANMF Job Reps and Health and Safety Reps are encouraged to display this newflash on their workplace noticeboard.

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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.



COVID Response Guidance – COVID ACTIVE

All health services Victoria

Updated 15 July 2021

OFFICIAL

Updates

Version/Date	Changes
05 July 2021	Updated to reflect changes to <ul style="list-style-type: none">healthcare worker surveillance testingworkforce mobility
14 July 2021	Updated to apply COVID Active to Maribyrnong, Hume, Whittlesea, Brimbank, Moonee Valley and Moreland LGAs in Victoria
15 July 2021	Updated to apply COVID Active to all health services in Victoria

In the changing 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 text.

Purpose

The following advice applies to **all health services in Victoria**.

The COVID Response Guidance document supports health services and their workers in response to changing risks of COVID-19 transmission. This document is to be read in conjunction with the Victorian Health Service Guidance and Response (VHSGR) document. The current guidance provided reflects the **COVID ACTIVE (RED RISK LEVEL)** of the VHSGR.

The text highlighted in yellow shows changes to the COVID Active advice shared with health services on 14 July.

These measures are in place to support health services to mitigate any potential further risks of COVID-19 transmission. They are aligned with the VHSGR which uses a range of data sources to determine the current risks of COVID-19 transmission to the health system.

For more information about the VSHGR, please go to: www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risks

For requirements and exposure sites in Victoria, please go to: <https://www.coronavirus.vic.gov.au/exposure-sites>

For requirements regarding people that have recently arrived from interstate, please go to: <https://www.coronavirus.vic.gov.au/victorian-travel-permit-system>

Policy/Program Area	All health services in Victoria
Face masks	Face masks as a minimum, are mandatory for all health care workers.
PPE Tier 1ⁱ	Surgical masks and eye protection (face shields where practical) are required for all exposure/care/contact with COVID negative ⁱⁱ patients.
PPE Tier 2ⁱⁱⁱ	As per standard precautions for COVID negative patients/residents
PPE Tier 3^{iv}	<p>All exposure/care/contact with</p> <ul style="list-style-type: none"> • low- risk SCOVID^v • high-risk SCOVID^{vi} • confirmed COVID^{vii} patients <p>For staff undertaking testing at port of entry/hotel quarantine and community COVID testing locations.</p> <p>For all staff undertaking vaccinations at COVID-19 vaccination centres.</p>
Patient Screening and Testing	<p>Testing patients/residents with compatible clinical^{viii} and/or epidemiological^{ix} risk factors</p> <p>Asymptomatic testing (including preoperative testing) based on local risk assessment.</p>
Health Care Worker (HCW) surveillance testing	<p>Mandatory testing of High-risk hospital work premises^{xvi} workers</p> <ul style="list-style-type: none"> • 1 x throat-nose swab PCR and 4 saliva swab PCR (or on all other days attending work) per week <p>Asymptomatic surveillance testing offered to healthcare workers in SCOVID wards, emergency departments and intensive care units</p> <ul style="list-style-type: none"> • 1 x throat-nose swab PCR per week
Workforce Attestations	<p>Daily work force attestations and enhanced screening^x, including:</p> <ul style="list-style-type: none"> • Presence of compatible clinical symptoms • Whether the HCW is a primary or secondary close contact of a COVID case OR has visited listed exposure sites in Victoria or interstate) • If the HCW was a resident in hotel quarantine in the last 7 days, confirmation that they have had a negative test 7 days post leaving hotel quarantine. • Whether the HCW has worked in or volunteered at a hotel quarantine site and/or other port of entry in the last 14 days. If answering yes to this question, the worker must provide declarations when entering the hospital for work that they: <ul style="list-style-type: none"> ○ have completed 3 consecutive days off and returned a negative COVID-19 test within the last 48 hours ○ have provided evidence of a negative test result prior to commencing work at the new hospital or health service (either as an electronic notification or a hard copy) • Whether the healthcare worker (clinical or non-clinical) has worked in a COVID streaming area^{xi} at another health service or hospital (including another campus of the same health service) as a rostered healthcare worker (clinical and non-clinical) in the last 14 days. If answering yes to this question, the worker must provide declarations when entering the hospital for work that they: <ul style="list-style-type: none"> ○ have completed 3 consecutive days off and returned a negative COVID-19 test within the last 48 hours

	<ul style="list-style-type: none"> ○ have provided evidence of a negative test result prior to commencing work at the new hospital or health service (either as an electronic notification or a hard copy) <p>Health care workers who fail the attestation are prohibited from working at the health service.</p> <p>Health care workers will also be required to inform their employer:</p> <ul style="list-style-type: none"> • whether they have worked at another hospital in the last 14 days in a ward or area that provided care to a COVID case; and • if they have worked at such a premises, which premises and in what capacity (e.g. including the length of the shift worked in that ward or area). <p><i>Please refer to the current Workplace (Additional Industry Obligations) Directions for more information, available at https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19</i></p>
<p>Elective surgery</p>	<p>Based on the current overall system assessment^{xii} by the Department of Health, all categories of elective surgery are permitted. Health services will be advised if this permission changes while the COVID Active risk rating has been applied.</p> <p>All patients</p> <p>Patients who have visited a listed exposure site and/or are considered a close contact and are instructed by the Department of Health to quarantine for 14 days, should avoid surgery within those 14 days, where safe to do. Individual risk assessment of the patient should be undertaken to inform the decision to undertake surgery.</p> <p>For any patient who requires an urgent procedure, COVID-19 testing should not delay necessary medical care. Appropriate risk mitigation strategies should be implemented to ensure the safety of both health care workers and the patient.</p> <p>Hotel quarantine and other port of entry workers</p> <p>For patients who have worked and/or volunteered at a hotel quarantine and/or other port of entry site:</p> <ul style="list-style-type: none"> • these patients should not have their elective surgery postponed on the proviso that the patient has undergone ongoing asymptomatic workplace surveillance testing and has been vaccinated • Where a hotel quarantine and/or ports of entry worker presents with symptoms consistent with COVID-19, COVID-19 infection should be ruled out before proceeding with surgery • Hotel quarantine and/or ports of entry workers who are free of symptoms consistent with COVID-19, should not have their surgery delayed while waiting for testing results. • Hotel quarantine and/or ports of entry workers do not need to self-quarantine prior to their elective surgery unless specifically advised by the department (e.g., because they have been deemed a close contact etc).
<p>Visitors</p>	<p>People seeking healthcare are not considered visitors and should not be denied access to healthcare for any reason. Hotel quarantine and port of entry workers should not be excluded from visiting hospitals purely on the basis of being a hotel quarantine or port of entry worker.</p>

	<p>Patients/residents restricted to two visitors at one time, with no more than five visitors per day^{xiii}. No specified purpose required. For end-of-life reasons, there is no limit on number of visits per day, but two visitors at one time rule applies.</p> <p>Please note that this advice is subject to change, dependant on Chief Health Officer Directions. Any updates will be provided in the CEO bulletin at a later date.</p> <p>For all visitors, a pre-attendance risk assessment must be undertaken, based on</p> <ul style="list-style-type: none"> • presence of compatible clinical symptoms • whether the visitor is a primary or secondary close contact of a COVID case OR has visited listed exposure sites in Victoria or interstate • If the visitor was a resident in hotel quarantine in the last 7 days, confirmation that they have had a negative test 7 days post leaving hotel quarantine <p>Visitors who fail the pre-attendance risk assessment should be prohibited from entering the health service, unless an exemption applies.</p> <p>Masks should be worn by all visitors at all times. Valid exemptions may apply.</p> <p><i>Please refer to the current Hospital Visitor Directions for more information, available at https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19</i></p>
Specialist outpatient consulting	<p>Telehealth consultations recommended.</p> <p>Where telehealth is not possible, for in person face-to-face outpatient appointments, appropriate risk assessment should be undertaken based on;</p> <ul style="list-style-type: none"> • presence of compatible clinical symptoms • whether the visitor is a primary or secondary close contact of a COVID case OR has visited listed exposure sites in Victoria or interstate • If the visitor was a resident in hotel quarantine in the last 7 days, confirmation that they have had a negative test 7 days post leaving hotel quarantine <p>For patients who fit into one of the above three categories, telehealth is strongly recommended. Exemptions may apply on a case-by-case basis.</p>
Emergency Department	Implement Emergency Department COVID service plans
Vulnerable Workforce (Higher Risk Workers ^{xiv})	<p>Health services should re-deploy high-risk employees, based on risk assessment.</p> <p>Where not possible, health services should consider whether it is appropriate for these employees to attend work.</p>
Workforce Mobility	<p>COVID-streaming area^{xv} rostered workers must</p> <ul style="list-style-type: none"> • not work in a different, campus or healthcare setting within 14 days unless the worker has: <ul style="list-style-type: none"> ○ completed 3 consecutive rostered days off and returned a negative COVID-19 test within 48 hours before starting at the next workplace. • provide declarations when entering a hospital for work that they have: <ul style="list-style-type: none"> ○ not worked in a COVID streaming area of another hospital in the last 14 days; OR ○ have completed 3 consecutive days off and returned a negative COVID-19 test within the last 48 hours (before beginning work at a different Covid streaming hospital). <p>For non-COVID streaming area rostered workers:</p>

	<ul style="list-style-type: none"> • Where practical, consider restricting all care facility workers and healthcare worker's mobility to one campus/facility. • High-risk hospital work premises workers (as per definition^{xvi}) must disclose to each of their employers the additional workplaces which they work. • All other health care workers should be asked to disclose to each of their employers the additional workplaces which they work at. • Health services are reminded to keep a record of the additional health services of which their employees work at.
Student clinical placements	<ul style="list-style-type: none"> • All student clinical placements permitted in all clinical areas. • Students should be restricted from providing care/being exposed to high-risk SCOVID and confirmed COVID patients. • Students not permitted to move between campuses/facilities during each individual placement. • For the purposes of this guidance, all students are considered "health care workers" and all the above obligations apply. • Students are restricted from undertaking a clinical placement at a health service: <ul style="list-style-type: none"> ○ If in the last 14 days they have worked/volunteered and/or undertaken a clinical placement at a hotel quarantine site and/or ports of entry site ○ If in the last 7 days been released from hotel quarantine as a resident, confirmation that they have had a negative test 7 days post leaving hotel quarantine.

ⁱ **PPE Tier 1:** COVID-19 standard precautions. Surgical mask (addition of eye protection at COVID Active and COVID Peak risk ratings)

ⁱⁱ **COVID Negative:**

- A person who tests negative to a validated SARS-CoV-2 nucleic acid test.
- A person who is a cleared case.
- A person who screens negative and/or has no clinical or epidemiological risk factors for COVID-19.

ⁱⁱⁱ **PPE Tier 2:** Droplet and contact precautions.

- Disposable gloves
- Level 1 Gown with Plastic Apron **OR** Disposable gown (Level 2,3 or 4)
- Surgical Masks (Level 2 or 3)
- Eye Protection (Face Shield preferred)

^{iv} **PPE Tier 3:** Airborne and contact precautions and aerosol generating procedures.

- Disposable gloves
- Disposable gown (Level 2,3 or 4)
- P2/N95 Respirator
- Eye Protection (Face Shield preferred)

v Low risk SCOVID case:

- A person with symptoms that could be consistent with coronavirus (COVID-19) (for example, cough, sore throat, fever, shortness of breath or runny nose) but no epidemiological risk factors as listed in the high-risk definition.

*Where a patient's history cannot be obtained, they should be considered as a Low-risk suspected case until further screening information can be obtained, at which point a revised diagnosis of the patient's condition can be made and appropriate changes to PPE implemented.

vi High risk SCOVID case:

- A person in quarantine for any reason (including; being a close contact of a confirmed case or coronavirus (COVID-19) or a returned traveler from overseas, or a relevant interstate area with outbreaks as defined by public health, in the last 14 days) with or without a compatible clinical illness. This group of people is also referred to as "at-risk".
- A person with a compatible clinical illness and meets one or more of the following epidemiological risk factors:

In the 14 days prior to illness onset:

- Contact with a confirmed case or an exposure site as defined by public health
- Was employed in an area where there is an increased risk of coronavirus (COVID-19) transmission for example,
 - hotel quarantine workers or any workers at ports of entry,
 - aged care workers/ healthcare workers working in a location where there are active outbreaks
 - other high-risk industries (such as abattoirs) where there are known cases /or high levels of community transmission,
- Lived in or visited a geographically localised area at high risk as determined by public health
- Been released from a quarantine facility

vii Confirmed COVID case:

A person who tests positive to a validated SARS-CoV-2 test.

viii Clinical risk factors: clinical compatible symptoms with COVID-19, such as fever, cough, shortness of breath, sore throat, loss of smell or taste.

ix Epidemiological risk factors:

- A person in quarantine for any reason (including; being a close contact of a confirmed case of coronavirus (COVID-19) and/or a returned traveler from overseas, and/or a relevant interstate area with outbreaks as defined by public health, in the last 14 days).
- Primary or secondary close contact of a confirmed case of COVID-19 and/or an exposure site as defined by public health.
- Lived in or visited a geographically localized area at higher risk, as determined by public health.

x Enhanced screening

Additional screening over and above the Department of Health guidance, which could include local hospital-specific requirements such as temperature checks, previous exposure to COVID-19, determining whether a HCW works at other locations, etc.

^{xi} **COVID streaming area** refers to any patient treatment area, as nominated by the health service within a COVID streaming hospital, which is used to treat confirmed COVID cases and includes COVID negative pressure rooms.

- It does not apply to other areas through which COVID confirmed patients may transit or are temporarily treated (e.g. emergency departments, radiology, operating theatre).

A COVID streaming hospital is a nominated hospital which delivers ongoing care to confirmed COVID cases (see list of nominated hospitals, below).

A COVID streaming area rostered worker is any worker whose primary function is to provide care, services or support in a COVID streaming area.

^{xii} **System Assessment**

When the COVID-Active (red) risk rating applies:

- All Category 1 and Category 2A surgery can be undertaken
- All other elective surgery will be subject to an overall system assessment by the Department of Health. This will include assessment of:
 - Workforce demands
 - Bed capacity
 - ICU capacity
 - Community restrictions
 - Safety of patients, healthcare workers and the community
 - Other risks and demands on the system

The system assessment will be undertaken regularly, whilst the COVID Active (red) rating applies.

Health services will be advised when other categories of elective surgery (Category 2B and Category 3) are permitted under the COVID-Active (red) risk rating.

^{xiii} **Visitor Restrictions:**

- Visitors do not have to be from the same household.
- No time limits.
- No specified purpose required.
- A group may exceed the “two visitors at a time” rule if dependents of a visitor (or patient in hospital) are in the group and care for the dependents cannot be arranged.
- Based on local risk assessment, services may also determine their own requirements, conditions or restrictions for visitors.

End of life visits:

- Two visitors at a time
- Do not have to be from the same household
- No time limits.
- No specified purpose required.
- A group may exceed the “two visitors at a time” rule if dependents of a visitor (or patient in hospital) are in the group and care for the dependents cannot be arranged.

