

CORONAVIRUS (COVID-19)

Update 48

Pfizer vaccine dose interval extended, COVID-19 vaccine advice for pregnant women and Deakin wellbeing survey

Branch operational changes

In line with the Chief Health Officer's health advice the ANMF (Vic Branch) office is still closed and the majority of staff are working from home. Online member meetings continue. Education Centre courses, Job Rep, HSR and occupational health and training courses and conferences will be held online, cancelled, or rescheduled. Participants will be notified directly.

Latest COVID-19 statistics

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

Now online - 2021 Psychological Hazards in Healthcare Conference

Extra tickets are available for the ANMF Psychological Hazards in Healthcare Conference (6 CPD hours) on Friday 6 August 2021. The conference will be held online due to COVID-19 restrictions.

The conference focuses on how work can impact on your mental and/or emotional wellbeing, particularly during the COVID-19 pandemic. Register via <https://anmfvic.asn.au/phhc>

Frontline healthcare workers mental health and wellbeing study

Deakin University researchers are seeking nurses, midwives and personal care workers for a longitudinal study on the COVID-19 pandemic's impact on frontline healthcare workers' mental health and wellbeing and their families.

Healthcare workers will be asked to participate in a short 10 min survey and two follow-ups in six and 18 months. Take the survey <https://bit.ly/2VeF5PU> or for more details email covidfhwproject@deakin.edu.au

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Pfizer vaccine minimum interval extended to six weeks

From Monday 2 August 2021 Victorian state vaccine centres will administer the second dose of Pfizer vaccine six weeks after the first dose. The change is in line with the Australian Technical and Advisory Group on Immunisation clinical guidelines and will mean more Victorians can receive their first dose, providing protection against hospitalisation and severe disease.

A second dose at three weeks will continue to be provided to frontline healthcare workers working at COVID-streaming hospitals who are required to be fully vaccinated prior to commencing work.

Pregnant women eligible for priority Pfizer vaccine

The Federal Government has announced pregnant women should be offered the Pfizer COVID-19 vaccine at any stage of pregnancy.

Pregnant women who contact COVID-19 have an increased risk of severe illness and adverse pregnancy outcomes according to the expert group advising the Federal Government on vaccines and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Their joint statement says:

‘RANZCOG and ATAGI recommend that pregnant women are routinely offered Pfizer mRNA vaccine (Cominarty) at any stage of pregnancy. This is because the risk of severe outcomes from COVID-19 is significantly higher for pregnant women and their unborn baby. Global surveillance data from large numbers of pregnant women have not identified any significant safety concerns with mRNA COVID-19 vaccines given at any stage of pregnancy. Furthermore, there is also evidence of antibody in cord blood and breastmilk, which may offer protection to infants through passive immunity. Pregnant women are encouraged to discuss the decision in relation to timing of vaccination with their health professional. Women who are trying to become pregnant do not need to delay vaccination or avoid becoming pregnant after vaccination.’

For more information

Read the ATAGI and RANZCOG joint statement (9 June) <https://bit.ly/2VggcUi>

Read the RANZCOG statement (23 July 2021) <https://bit.ly/3zNV4Uk>

COVID-19 vaccine in pregnancy webinar

Mercy Perinatal’s next Rapid Response Twilight webinar will focus on recent ATAGI recommendations to include pregnant women as a priority group for the Pfizer COVID-19 vaccination. ANMF encourages midwives and maternal and child health nurses to attend this webinar to inform your discussions with the pregnant women in your care.

COVID-19 vaccination in pregnancy – free webinar Thursday 5 August, 6.15 - 8.30pm

Register via <https://bit.ly/3iiDxhf>

Priority Pfizer vaccination appointments for nurses, midwives and carers

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,

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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

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.

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>

Maternal and child health services guidance

The maternal and child health nursing service continues to operate under the COVID ACTIVE (red) guidance. The Victorian Department of Health updated its MCH document on 27 July 2021 (<https://bit.ly/3x8edil>).

Guidance on supporting on families assessed at risk of COVID including those who have visited Tier 1 and 2 exposure sites in unchanged. New parent groups are now able to resume in line with restrictions including maintaining the 4 sq metre rule and no more than 10 people.

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

All healthcare and aged care services must continue to follow the **COVID ACTIVE (red) rating guidance**. The rating determines the PPE requirements and other protections for all healthcare workers. Tier 3 PPE is required for any suspected COVID-19 patient, resident or client.

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The latest **COVID ACTIVE (red)** response guidance (updated 26 July 2021) sent to health services is **included in full at the end of this newsflash** (or via <https://bit.ly/376wAt7>). The document has been updated with specific PPE requirement for staff administering vaccinations. It 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>

Student placement clinical guidance

The Victorian Department of Health has updated its guidance, for student clinical placements undertaken across all health settings, to ensure it covers all risk rating levels and scenarios. The document provides advice for education providers, students, health and aged care services.

Advice includes testing prior to placements, suspected, high-risk and confirmed COVID patients and what to do if an outbreak occurs during a placement. It also provides information about moving between facilities, including when a student is employed part time at another health or aged care facility.

Read the guidance via <https://bit.ly/2TAwsig>

State-wide restrictions eased from 11.59pm, Tuesday 27 July 2021

Restrictions eased across Victoria from 11.59pm Tuesday 27 July. The changes include:

1. No stay-at-home requirement and removal of the 5km limit
2. Movement between metropolitan Melbourne and regional Victoria is unrestricted (a negative COVID test is required to visit Victorian Alpine resorts)
3. Face coverings must be worn indoors (except your own home) and outdoors
4. Private gatherings in the home are not permitted (except for intimate partner/ bubble visits)
5. Public gatherings permitted for up to 10 people
6. Care facilities and hospitals – there are some permitted reasons, including to support a resident or patients emotional and physical wellbeing.

New restrictions <https://bit.ly/3j7A0BB>

Read the Statement from the Premier (27 July 2021) <https://bit.ly/3i5j4w4>

Exposure sites

Check this page regularly <https://bit.ly/35YOUv>

Tier 1 – get tested immediately and quarantine for 14 days from exposure. You should also contact the Department of Health on 1300 651 160.

Tier 2 – get tested urgently and isolate until you have a negative result. Continue to monitor for symptoms, get tested again if symptoms appear.

Tier 3 – monitor for symptoms, if symptoms develop, immediately get tested and isolate until you receive a negative result.

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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, 58 million surgical facemasks, three million visors, seven million safety glasses, 12 million isolation gowns, 271 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.

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.

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.

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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 newsflash. 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 newsflash on their workplace noticeboard

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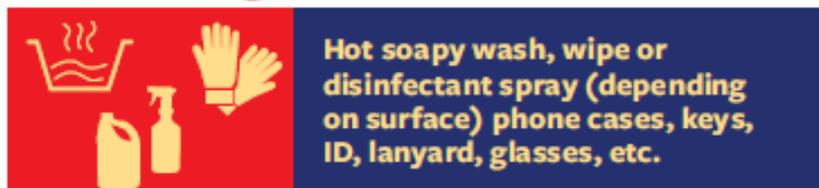


Protocols for entering your home and minimising the risk of infection.

-  **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



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



COVID Response Guidance – COVID ACTIVE

All health services Victoria

Updated 26 July 2021

OFFICIAL

Updates

Version/Date	Changes
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
16 July 2021	Updated to reflect changes to <ul style="list-style-type: none">• Visitor restrictions• PPE requirements for staff undertaking vaccinations
26 July 2021	Updated to reflect changes to PPE requirements for staff undertaking vaccinations

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 16 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 S^{COVID}^v • high-risk S^{COVID}^{vi} • confirmed COVID^{vii} patients <p>For staff undertaking testing at port of entry/hotel quarantine and community COVID testing locations.</p> <p>At a minimum, hand hygiene, eye protection and P2/N95 face filtering respirators are required for staff undertaking vaccinations. A local risk assessment should be undertaken to determine whether additional PPE is required.</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 S^{COVID} 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 ○ 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 two visitors per day, for permitted purposes only^{xiii} (unless for end-of-life reasons, where there is no limit on number of visits per day, but two visitors at one time rule applies).</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.

	<ul style="list-style-type: none"> • 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.

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- 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:**

- “Permitted purposes” and “End of Life visits” are the only authorised reasons for visiting a health service during this time (described directly below).
- Do not have to be from the same household.
- No time limits.
- Based on local risk assessment, services may also determine their own requirements, conditions or restrictions for visitors.

Permitted purposes:

- Providing essential care or support for the patient’s immediate physical or emotional wellbeing, including support for people living with mental health conditions or dementia.
- Is the parent, carer or guardian of a person under the age of 18.
- As a nominated person (as defined in the Mental Health Act 2014), including for patients living with dementia.
- As an interpreter or to provide language support.
- To learn to support the patient or resident’s care upon discharge.
- As the partner or support person of a patient in maternity care, or pregnancy.
- Accompanying a patient to an emergency department or outpatient patient appointment, if necessary.
- Is immediate family (including kinship) of a patient with life-threatening condition.
- End of life support or immediate family member(s) (including kinship) of a patient or aged care resident whose medical condition is life threatening

End of life visits:

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- 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.
 - No daily limit.

^{xiv} **Higher risk employee** categories:

- Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions
- People 65 years and older with chronic medical conditions
- People 70 years and older
- People with compromised immune systems
- Pregnant women >28 weeks gestation

^{xv} **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.

^{xvi} **High risk hospital Work Premises:**

High-risk hospital Work Premises means any hospital ward treating a confirmed case or cases of SARS-CoV-2

High-risk hospital Work Premises worker: any worker involved in the direct care of patients in high-risk hospital Work Premises AND those workers who interact with a high-risk hospital Work Premises

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

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