

Emma King:

For those of you I've not met before, my name's Emma King. I'm the CEO of the Victorian Council of Social Service. It's fantastic to have you all here today. I would like to begin by acknowledging the traditional owners of the land, the people of the Kula Nation and pay my deep respect to elders past, present, and emerging.

Emma King:

I won't speak for long, because I know we're all very keen to get started on this very important discussion around the community sector preparation and planning for a Corona virus outbreak in our state.

Emma King:

First of all, some housekeeping. Toilets are down the corridor, that way. If you need any assistance, please note VCOSS staff in the T-shirts, of which some people are more thrilled about than others, are there to guide. DHHS staff are present as well, to help you should you need it.

Emma King:

Please also be aware that today's forum is being filmed and it's being streamed live on the VCOSS website. I would like to welcome those who are joining us by a live stream. For many of you I know it's so much easier to be able to join by a live stream than to travel significant distance to be part of this very important forum today. I also would like to acknowledge that I know the capacity of the room filled up very, very quickly, and so therefore a number of you are unable to attend in person, so it's fantastic that you're able to join us by a live stream. The recording will be made available to everyone after today.

Emma King:

I would also like to acknowledge we did try and have an Auslan interpreter. Unfortunately, we were not able to engage one for today, but when we do release the film, we will make sure that that's captioned. If there's any other accessibility issues that anyone has, we'd encourage you to please let us know, because we'll work to adapt to those as well.

Emma King:

Some of you submitted a question when you registered. We'll address as many of those as possible during questions or part of the Q and A formal session. You'll see as well there's a holding slide up there in terms of Slido. If you do have a question, please feel free to load it during Slido. You won't necessarily see it as soon as it comes out, but we are monitoring those. You'll see department staff working diligently to keep an eye on those during the session. We'll make sure that we do everything we can to go to the Slido questions, assuming that there is enough time as part of the Q and A today, but if we don't, we will go back at the end of today and look at any questions that weren't addressed during the forum, that we can get back to you with answers as well. We will try and have time for extra questions, but I suspect we will be fairly pressed.

Emma King:

By way of introductions, VCOSS is very, very pleased to be here today in partnership with DHHS. I think it is testament to the partnership that we have that we've pulled this forum today, as Kate from DHHS said, in about two days, with being able to bring all of this together, and that calls I think on a really

strong working relationship. It's going to be very important I think on the weeks and months ahead that we continue to build on that and work together and share information. We're very much looking forward to doing that.

Emma King:

We do know that the widespread transmission of Corona virus within our community is likely, and that the people who need the services of all of you from community sector organizations in this room and watching by livestream, the people who need the services that you provide are likely to be especially vulnerable to serious illness. Community sector organizations are going to be vital partners in responding to an outbreak, because we provide essential services. We are a trusted source of information, resource, and support for vulnerable communities. We have seen that time and time again when we've had emergencies within the Victorian community.

Emma King:

We now need to think about how we deliver essential services, manage any staff absences, and deal with possible quarantine measures. I know many of you have been thinking about that very deeply with the lead-in today, and there have been very common themes within the questions that we already have.

Emma King:

Today you'll be hearing from Minister Luke Donnellan, Deputy Secretary Argiri Alisandratos. Sorry, Argiri. I did some training with the DHHS staff in terms of how to say your surname, Alisandratos. They did give me a special great training session as well. I should've had it right. Chief Health Officer Brett Sutton, Director of Industrial Relations Jesse Maddison, and the Director of Emergency Management Andrea Spiteri, as well as DHHS Secretary Kym Peake, who'll be joining us when she can. As you would imagine, all of these speakers are facing incredible pressure on their time, and we are very grateful for their time today.

Emma King:

I would now like to introduce our first speaker for today, Minister for Child Protection, Disability, Aging, and Carers, Minister Luke Donnellan. Minister, we are incredibly grateful for your time today in what is obviously a time of great urgency for the government. We know you've been meeting regularly in terms of looking at both preparedness, but also responding to things in a very timely fashion. We're very grateful that you're here. Please join with me in welcoming the Minister.

Luke Donnellan:

That's all right. If I'm going to have to punch slides along, you'll never get me to do it in a coordinated way anyway. I'd like to acknowledge the First Peoples Land upon which we stand, the traditional owners of this land. I pay respects to their elders past and present and to all elders who have joined us here today. I also acknowledge it as the longest living civilization in the world and how fortunate we are to live on their land.

Luke Donnellan:

I'd also like to acknowledge Emma, the CEO of VCOSS and the work they've done to pull this together today, marvelous staff from DHHS and the work they do to also assist in being in this together today, and to all the CSOs, community sector organizations, for coming in today and for the work you do with DHHS to provide services to our community and to those who are far and wide, online I assume, I guess.

Luke Donnellan:

Welcome. All of us here today are well aware of the impact the Corona virus is having globally, across Australia, and of course here in Victoria. The level of fear in the community is very high. As we know, at times like these, people are feeling uncertain, under threat. When our community's challenged, it's the most vulnerable members of our society that struggle the most. While most of us here today have friends, relatives, others to rally behind us and provide support, that's not the case for everybody in their community. You've been invited here today because you and your organizations are the ones who provide vital services to those vulnerable people in our community. You also carry an extra responsibility. In addition to looking after your own health and that of your family, you are leading your staff and putting in place the plans that will ensure the safety and the well-being of people who rely on your services.

Luke Donnellan:

Today's forum is an opportunity to share with you the very latest advice from experts, including the Victorian Chief Medical Officer, Dr. Brett Sutton. You'll also hear about the guidelines in relation to isolation and social distancing and planning for how best to maintain service delivery under a variety of scenarios.

Luke Donnellan:

The latest information, as of last night, which might actually be incorrect today, was that there have been 27 cases in Victoria. Eight are now fully recovered, 18 remain inside for self-isolation, and one person is isolated in hospital.

Luke Donnellan:

I want to assure you that the Victorian government is working around the clock to keep our community safe as we try to contain the spread of this virus. Our focus is very much on institutions that look after the vulnerable and also [inaudible 00:07:43]. We've already tested 5,200 for the disease, and nurses on call are taking about 1,000 calls every day. It's clearly a rapidly evolving situation, as we've seen this morning, with the Grand Prix. It is very much critical to stay informed to see advice around social distancing is being reviewed every day.

Luke Donnellan:

As we see more and more cases, we all need to be prepared for the significant and prolonged increase and demand for health care. This is likely to have an enormous impact on our community services. From children in care to people in aged care facilities to those with complex disabilities or those who are homeless, the organizations in this room look after some of the most vulnerable people in our state.

Luke Donnellan:

Victoria has a world-class health system that can and will scale up and adjust to help with this outbreak. However, all businesses will be challenged, and we are planning for all scenarios as the global outbreak evolves.

Luke Donnellan:

The COVID-19 pandemic plan for Victorian health sector was released a couple of days ago by Jenny Mikakos. It's a four-stage response which is flexible and updated as we learn more about the virus. The

plan sets out a series of actions that can be deployed at any time to slow the spread of the virus in the community, responding to increasing demand, and save lives. We are currently in the first stage, which focuses on containment, which means identifying any possible cases and isolating those who are infectious and their close contacts.

Luke Donnellan:

Further stage of the plans set out targeted actions to slow the spread of COVID-19 in the community, manage increasing demand on our resources, respond to a severe or peak outbreak, and of course the recovery phase. Planning will be key to ensuring that things continue to develop and that we are as ready as possible.

Luke Donnellan:

Today's forum is designed to give you the opportunity to stay informed and to help get your staff and clients as ready as they can be. It is a chance for DHHS to learn about the needs of the sector. Please ask lots of questions of the experts here today and talk to your colleagues, because communication is the key, and we are committing to regular engagement, communication, and collective planning. Today's very much just the start. There'll be further opportunities for sector-specific planning, so your teams can work with department staff to develop and implement the most appropriate plans.

Luke Donnellan:

The strength of Victoria's community connections, as Emma was saying, will be key to responding to the challenges that we face. Please support each other as much as you can, and remember what we need now is calm and clear-headed planning, and the strong leadership, which I know you'll very much deliver. The Victorian government is dedicating all available resources to making sure we are fully prepared for all the possibilities. We have a role to play. I'm confident we will get through this together. Thank you.

Emma King:

Thank you very much, Minister. I think your points around leadership [inaudible 00:10:55] are very well noted. I feel very confident in terms of who we have in the room from the community sector. It's now my pleasure to announce Argiri. Can I just acknowledge as well, one of the DHHS staff who can Auslan interpret has very kindly come to assist us today. I do apologize, because I don't know your name. Thank you. If I can now introduce Argiri, who will speak with us about implications for the community sector. Argiri will have a session after this as well for questions as well. Thank you very much, Argiri.

Argiri Alisandratos:

Thank you, Emma. Thank you, Minister. Can I also begin by acknowledging traditional owners of the land that we meet on today and pay respects to elders past and present and any that are with us today in this room. Thank you all for attending today's forum on how we prepare for the impact of COVID-19 and the implications for services we provide to vulnerable Victorians right across the state and right across a number of our settings and sectors, including children, young people, disability, housing, homelessness, families, and right across our community environment.

Argiri Alisandratos:

Today, as Minister and Emma have said, is the start of a very important conversation, a very important planning conversation, and a collaboration between the community services sector and government on

how we work together to ensure that we are best prepared to face the challenges of what is now a global epidemic.

Argiri Alisandratos:

I also want to acknowledge up front that there are many knowns, but there are many unknowns as well. You will no doubt have questions that we may or may not be able to answer today. I also want to acknowledge, as you've probably seen in the media this morning, this is a fast moving, dynamic environment that we're in. I want to not underestimate that. Even as we step out of this room today, there might be information that flows out that I haven't and we haven't been able to deliver to you today. I want to acknowledge that and put that front and center in terms of the fast-paced nature and the dynamic nature of this environment.

Argiri Alisandratos:

What you will also see over the next few days is the initiation of some proportional implementation of social distancing measures, and potentially in a few days, gatherings like this may not be possible. We will have to think about different solutions, different mechanisms, different ways for how we gather together and how we communicate and engage in the very important work that we are undertaking to plan for how we combat this current situation that we are in.

Argiri Alisandratos:

We are absolutely committed, as the Minister has said, as Emma has said, to keeping all our sector partners absolutely informed. Regular updates and bulletins will be provided and we'll use all our mediums and including our peak bodies, VCOSS as a way for how we disseminate that information right across to all our sectors.

Argiri Alisandratos:

I'm sure we all agree that is often, as Minister has said, the most vulnerable in society who fare worse in situations such as the ones that we're facing today with COVID-19. That's why it's so important that we do everything in our power to minimize the impact of COVID-19 on our most vulnerable members of society right across our state.

Argiri Alisandratos:

My role today is to talk with you about some of the key considerations for COVID-19 planning for service providers across all sectors, to enable you to focus on positioning your business continuity planning and care continuity in support of your service users in the most effective manner. You'll also hear from our Chief Health Officer Brett Sutton and Jesse Maddison, who will provide information both about the technical elements of the Corona virus, but also about the workforce implications and the industrial context that we will need to be mindful of. These are important considerations for how you and we collectively undertake our planning for business continuity and care support continuity.

Argiri Alisandratos:

Today's session will be followed by a number of individual sector planning discussions. Minister has mentioned that we will be focused on bringing people together, be it virtually, be it physically, depending on numbers and depending on the policy settings, but bringing people together to do deeper dives in terms of how we bring out collective effort to the planning that we collectively have to

undertake to be able to meet the challenges that are before us. These sessions will be occurring over the next week with more advice and guidance being provided following that.

Argiri Alisandratos:

Before I get into some of the specific considerations, I want to direct people to a number of critical resources that will assist you with your planning and that you and your teams and staff can draw from.

Argiri Alisandratos:

Minister mentioned the COVID-19 Pandemic Plan for Victorian Health Sector, which was formally released earlier in the week by Minister Mikakos and the Premier, and provides our planning blueprint for health services, but is very relevant to other service sectors. I draw your attention to that. I draw your attention to be able to examine that plan and pull elements of it that will assist in your own preparation. Guidelines for health services and GPs, this will provide a high level of practical advice in working with suspected and confirmed cases through to advice on collating of rooms and environments, physical environments.

Argiri Alisandratos:

There are also a range of other reference material and supporting documentation that can be found on the DHHS website. I'll refer you to the website where you will get a comprehensive amount of information that will be continually updated with the most current information that we have.

Argiri Alisandratos:

The critical task which we're all facing across all community services sectors is how do we maintain service delivery to vulnerable clients, or in emergency management speak, how do we maintain critical business continuity.

Argiri Alisandratos:

Let's start with what we currently know about COVID-19 as this impacts our service delivery and clients. We know that age and health status influence risk and outcomes with older people more likely to suffer severe symptoms and have poorer outcomes. Early information that children, young children under nine years of age suffer milder symptoms is what's emerging through the evidence that we have at this point in time. Brett can pick up on some of these issues when he arrives and is able to talk too.

Argiri Alisandratos:

It is important that community service organizations factor as much of what is known about COVID-19 into their business continuity planning, so referencing those materials, those resources, are absolutely critical to how you tailor your business continuity plan to the environment that we're facing. For example, services that are provided to older Victorians and those with chronic health conditions will need to plan for scenarios where many of their clients may become quite unwell and may require transporting to hospital. Services that rely on work with older Victorians will also need to plan for scenarios where a significant number of their workforce will be unable to attend to work.

Argiri Alisandratos:

Although we don't classify kinship carers or foster carers as workers in the traditional sense, they provide a highly valuable support to Victorian children who can't reside with their families, and many of

these carers are older than 60 years of age. We'll have to factor our planning in for how we contingency plan for those families and those scenarios.

Argiri Alisandratos:

As we've already said, the current focus of the health response is to contain the spread of the virus, and all community service organizations need to be active participants in this effort. This means monitoring your workforce and assertively supporting and encouraging them to adopt good hygiene practices, seek medical attention if unwell, and self-isolate if exposed. Employers may have to direct employees not to come to work if the employer is concerned about their health. We will hear more about this later when Jesse Maddison, our Director of Industrial Relations, will step up here and take us through the workforce-related issues.

Argiri Alisandratos:

All community service organizations need to be actively engaged, and in fact ramp up business continuity planning. Again, I can't underestimate the importance of now scaling up our business continuity planning, right across government and our non-government environment. Given the dynamic nature and the fast pace of this evolving situation, it is imperative on all of us collectively to fast-track our business continuity planning. I'm sure all of you are attending to this. I have absolute confidence that all of you are attending to this, but it's a timely reminder for all of us.

Argiri Alisandratos:

Firstly, community service organizations will need to actively assist that factors that could harm their capacity to deliver services and the impact of these services. Engagement of all levels of the organization is going to be critical, from the front desk to the board of management. Stakeholders is critical is this analysis. Undertaking this analysis is a fundamental plank of how you prepare a robust business continuity plan.

Argiri Alisandratos:

The next stage, as you can see up there, and this is just an example, and I'm sure all of you as organizations have many similar sort of examples of templates and frameworks that guide your business continuity planning, but the next stage in this plan is the identification and documentation of all the resources available to the organization. It is critical that organizations have detailed information about their employees, their contact details, their access to technology, their care of responsibilities to both children and aged relatives. This is across the entire organization from the front desk, as I mentioned earlier, right through to the CEO and the board. Organizations need to work with their staff to fully assist their skill sets and the willingness and capacity to temporarily assist in other areas of the organizations operations if the need arises, and I suspect the need will arise. We'll have to be prepared for quite an agile shift of our workforce to undertake tasks that perhaps is not within their job description or is not within their focus of responsibilities. I'm sure many of you are already well advanced in this aspect of the process.

Argiri Alisandratos:

The next stage is planning and development. As there are a number of sectors represented here today, I don't intend to go into detail in relation to scenario or contingency planning today for each of those sectors. Although sectors may provide some similar services, there are also sector-specific scenarios that will need to be considered and planned for.

Argiri Alisandratos:

Organizations also need to consider all their operations and assess the services that they deliver that are essential and business critical, and the services that need to stop if staffing levels reach a critical point where services cannot be continued.

Argiri Alisandratos:

These decisions will not be easy, but having a proactive plan will enable timely activation. I also want to assure you that we want to work with you during this process, and the sector-specific planning forums will enable us to provide our collective support to that effort. We are all in this together. As Minister rightly points out, we will have to lead our people and lead our sectors to support some of the most vulnerable members of our community right across the state, as you do on a day-to-day basis.

Argiri Alisandratos:

I will also provide the names of the DHS leads for each of those sector-specific planning processes who will be importing contacts for you in relation to that contingency planning. I would like to emphasize that testing plans is critical to ensure that they work and modification occurs post those testing environments. I can't emphasize enough the importance of working closely with your staff during this time, as I'm sure you know, and I'm sure you do, so that they fully understand the importance of good hygiene, testing, and self-isolation, and can actively contribute to a safer workplace.

Argiri Alisandratos:

There are particular issues for residential and other facility-based services which warrant specific mention. I'll draw your attention to the slide which covers a number of key considerations for these services. This is just one example of the information that is being developed that has relevant to a number of sectors. I encourage you to maintain currency of this advice through your sector contacts and with the DHHS website. Again, more of this planning at a sector-specific level will be undertaken, but equally we want to understand the cross elements of that planning that applies to multiple service settings as well.

Argiri Alisandratos:

As I've already said, it is often vulnerable Victorians who fare worse in these situations and warrant special attention. Briefly, in relation to disability support, we recognize that people in disability residential services or specialist disability accommodation typically have very high support needs and often underlying health concerns that place them at higher risk of contracting COVID-19 and/or experiencing more severe symptoms. Victoria through DHHS is working with the Commonwealth to ensure arrangements are sufficiently robust to support people with disability. I understand from conversations with a number of disability providers that there is a level of concern about this, and we acknowledge that concern, and we are working hard to attend to it.

Argiri Alisandratos:

You will see that the Commonwealth has announced its health plan to respond to COVID-19. While referencing vulnerable groups in aged care, it makes little reference to people with a disability. Victoria's advocating strongly with the Commonwealth to ensure that responses for the disability sector, the NDIS participants are consistent with those outlined in the aged care sector, particularly for those high-risk disability cohorts living in supported accommodation or specialist disability accommodation.

Argiri Alisandratos:

In undertaking business continuity planning, we encourage you to consider those who are most at risk. This might include, for example, older people at risk of isolation, people with a disability with high support needs, families at home following closures of schools and workplaces. We also need to consider the setting in which vulnerable people may be based and what that means for how we most effectively reach out to them.

Argiri Alisandratos:

Subject to levels of risk, we can reach out to those most at risk through [inaudible 00:26:45] technology, such as Skype and FaceTime, social media, and phone contact. Again, this is where we're going to have to be pushed and challenged about finding different solutions for reaching out to people. As you know, those at risk can be helped in a range of practical ways, such as welfare checks, food relief, assistance to access Commonwealth payments, psychological first aid, care for children and others. More information will be made available in the coming days and weeks.

Argiri Alisandratos:

Finally, we can think creatively about how we access the enormous goodwill in the community to provide this support at a local level. This might be through local social infrastructure, such as neighborhood houses, online communities of support, as well as existing community networks which seek to create social connections and support isolated people.

Argiri Alisandratos:

Across all sectors, we will be working, as I've said, to enable you and your boards to plan effectively. On screen you will see the names of the key contacts for each of the department or for each of the sectors who will be important for you to be liaison with them. We'll disseminate this information out to you, and we'll potentially build on it where we identify a need for more specific planning in areas that we haven't covered off to date. That's all for me. I'm just checking to see if Brett's here.

Emma King:

I think he is. No.

Argiri Alisandratos:

No? Kate, do we know if Brett's here?

Kate:

[inaudible 00:28:18].

Argiri Alisandratos:

An understatement, Brett's a little bit busy. Thank you, Kate. Why don't we open it up to some questions and see if people would like to ask questions.

Kate:

[inaudible 00:28:34].

Argiri Alisandratos:

Is Jesse here? No.

Kate:

Sorry.

Argiri Alisandratos:

There's a question back there.

Speaker 5:

[inaudible 00:28:42]. I guess one of the pressing questions that our sector would respectively like to question is whether there's a structure for electronic remote-based education delivery?

Argiri Alisandratos:

Do you mean formal education delivery?

Speaker 5:

[inaudible 00:29:06].

Argiri Alisandratos:

That's a really good question, and one that a number of us have been talking about, probably in the last 12 hours. Micaela, it might be useful just to talk a little bit about some of the thinking that we're doing across a number of sectors about how we can figure certain training strategies that will be electronically based. Again, early days in that consideration, but a very, very important consideration, particularly if this spans over a sustained period of time. Agree, it's one that we are keen to pursue. A number of the universities are looking at some of these mechanisms. As you can imagine, universities are well attuned to this type of delivery in terms of the way that they deliver content to students. We want to leverage off some of those opportunities that might give us a way of giving to people more directly and through an online mechanism. Did you want to say anything?

Micaela Cronin:

Thanks, Argiri. My name's Micaela Cronin. I'm the Director of the Future Social Service Institute, which is a partnership between VCOSS and RMIT. RMIT as an educational institution has been thinking about and preparing for this for quite a while now. I've been having conversations with Argiri and internally about looking at a couple of things, how we can leverage the university's capabilities and capacity to support the sector, but also how can we ... In any situation like this, there are both threats and opportunities. One of the opportunities is how can we fast-track some of the adaption that we know needs to happen, so looking at what we can do about online mechanisms for professional development learning. We'll have people who will potentially have more time on their hands if they're socially isolated to be doing some training. What do we need to do if people have to, as Argiri said before, transition across job types to give them access to information quickly. We'll be having some ongoing conversations about what RMIT and I'm sure other universities can do to enable access to the systems that are already in place.

Argiri Alisandratos:

Thank you, Micaela. Great question.

Kate:

From Slido, Argiri, we've got quite a few people asking about whether events or meetings need to be canceled, for what period of time, for meetings and activities, particularly for large events.

Argiri Alisandratos:

Again, as I mentioned earlier, there will be advice that starts to flow out to the community about social distancing. We'll be guided by that advice. Brett will talk a little bit more about that when he arrives. We need to stay abreast of those messages and those decisions that are being made and then to really turn them into what does it mean for our interactions. Again, us exploring more digital forms for how we interact is going to be critical to finding those solutions, as those social distancing measures start to take effect. Thanks, Kate. There was a question out there, just in the corner there. Thank you.

Michele Leonard:

Hi there. I'm Michele Leonard. I'm a Vic state leader with Mission Australia.

Argiri Alisandratos:

Hi, Michele.

Michele Leonard:

I'm just inquiring about if things to get really stretched, so for example in a homeless area, what opportunities are there for us to volunteer our services to assist each other?

Argiri Alisandratos:

To assist in other parts of the-

Michele Leonard:

To assist each other in organization.

Argiri Alisandratos:

That's a really good, important element of that cross-sector assistance that we need to think about. Whilst we're doing deep dives into each of our sector-specific, how do we think about strategies that cut across and where we leverage off other sectors who may be not as affected, may be willing or have some capacity to turn their resources into ... We'll take that away. We'll undertake more work on that in the coming days. Thank you, Michele. That's a lovely idea. There's one here. Just here.

Deb Bryant:

Deb Bryant, Women's Liberation Halfway House. Just wondering if there's any opportunity for the department to assist us in purchasing basics like toilet rolls, hand sanitizers, and hand towels, which are impossible to get at the moment, for residential facilities.

Argiri Alisandratos:

Andrea, do you want to pop up here? I'll introduce Andrea Spiteri. Let's be a bit agile about this as we wait for Brett to come in. Andrea's our Director for Emergency Management and was going to join us on the panel, but let's pull her up early and join me up here and start to answer some of these questions for

you. We are looking both medical supplies, critical supplies, and we are in discussions with the Commonwealth and a number of other agencies about how we source those supplies for critical sectors. Can I turn to you, Andrea, to give us any more information that you might have on that?

Kate:

Andrea, can I just ask [inaudible 00:34:38].

Argiri Alisandratos:

Yeah, come up here, Andrea.

Andrea Spiteri:

I don't need that. Thank you. Thank you for the query. The advice that I have at the moment is that the critical planning is being done around those supplies that have been required to keep the health sector and support going at the moment. They've been a priority at this point. There are a lot of queries coming through, not only around basic supplies like toilet paper and others, but also things like hand sanitizer, which if you've tried to purchase that recently you'll know that that's a bit of a challenge as well. We're starting to expand the look to some of those critical supplies. There are really good processes in place around ensuring that there are supplies within Victoria. We need to take that into what are known as our sector resilience networks around food and grocery, to understand what their plans are in the longer term, now that we're into a pandemic. I think for a short term, you're going to have to just try and access the supplies as you can, but please start to feed those shortages in, because we have the ability to be able to reach into those critical resilience networks and make those supplies be much more sustainable into the future. It's early work, but it's important work and it's underway.

Argiri Alisandratos:

Thank you, Andrea. We'll keep Andrea up here. She'll join us at the table in a little while's time. Apparently someone said Brett was really busy. Did someone say that? Welcome, Brett. Come on up and take over the podium. Thank you, everyone.

Dr Brett Sutton:

Thanks, Argiri. Terrific to be here. Yes, I am a little bit busy. You'll know me as the tired-looking guy on television who every Formula One fan is very angry at today, but lots of infectious disease physicians who have a new-found love for me, so it all balances out.

Dr Brett Sutton:

Look, the situation with Corona virus, I think you've seen from me standing up with Dan Andrews and the Minister, is a very significant and serious situation. We have made a point of being blunt and open and transparent about it, because people need to know in order to make the plans, and they need to know in order to go through the intellectual and the emotional adjustment for potentially extremely significant disruption. The disruption I'm talking about is the potential disruption because of thousands of cases in the community and what that will mean for our health services for other residential and aged care settings, disability sector of course, but also because of the things that we will try and put into place in advance of a really serious situation, to try and mitigate the impacts as much as we possibly can.

Dr Brett Sutton:

I think you've all seen what's played out in Wuhan, where it was extremely dramatic, but it was a bit distant from us in terms of our connection to it and our understanding of what it would mean for us, and then China, in a quite extraordinary fashion, got on top of it in all of those provinces outside of Hubei Province. Now we're in another phase and looking at Northern Italy, but then again, 2,000 cases in France and Germany and Spain and hundreds in the UK and more than 1,000 in the U.S., with it doubling every five to six days, is a new reality that we will have to come to. We don't want to be in Northern Italy's situation, where they potentially came to it too late, imposed extraordinary measures that we wouldn't necessarily tolerate here, but that we need to socialize to people now, because if we have to impose them, better to do it in advance than to be chasing our tails.

Dr Brett Sutton:

I want to take you through some things that I think are do-now things that are relevant at a community level, business level, organizational level. That's me. We have 117,000 confirmed cases globally. It's probably higher than that now, when after these slides were written a day ago. Over 4,000 deaths. The case fatality rate, so that's the number of people dying over the number of confirmed cases, is 3.6%. Now there'll be a lot of people who aren't diagnosed, and therefore the true figure is probably below 3.6%, but with flu we're normally talking about .1%, so it's a very different figure. Outside China, and maybe surprising to some, it's quite similar. In Australia, over 112 cases now, three deaths. Again, it was 19 confirmed cases in Victoria maybe yesterday. We're up to 28 now. 4,379 people have been tested negative. We've got about 3,000 tests being taken every day, but only about 1,000 can be processed.

Dr Brett Sutton:

That's the global picture. You can obviously see that China's been at the epicenter, but really they're only getting about 20 or 30 new cases per day. They have it under control. They have been over the hump, although for those provinces outside of Hubei Province, they need to keep the measures in place in order to keep the numbers down. They're in for the long haul. They might be months of those measures and paring them back by increments to see if they can maintain that control.

Dr Brett Sutton:

For us, they've almost all been imported cases with a travel history, and they've reflect the hotspots that we've had at different points in time, China initially but then Iran, the U.S. for Victoria very recently, and it'll be other places in Europe now.

Dr Brett Sutton:

How does it compare to other epidemics? It's more infectious than some, and it's more severe than seasonal flu and some other milder pandemics like the 2009 flu pandemic. It's contagious enough to have an epidemic curve, as I say, where numbers double every seven days. I'm happy to make these slides available as well afterwards, so don't feel compelled to photograph everything.

Dr Brett Sutton:

How deadly is it? Historically the 1918 flu, the knot is how many people one person infects as an estimate. SARS was 2.2. As you know, it was got under control. It took seven months. 8,000 people were infected. They got on top of it in large part because people had very severe illness almost across the board. They all went to hospital and they realized, hey, you have to look after someone in hospital and protect yourself. They could isolate those cases, they could follow close contacts, and they got on top of it. MERS, which is another Corona virus in the Middle East, there's been lots of cases linked to handling

camels and camel milk and what have you, but it doesn't spread easily person to person, so it hasn't gotten to an epidemic point. COVID, a bit like SARS, it transmits relatively easily, with a shorter incubation period than SARS. It's yet to play out, but it's a pandemic. It's going to go to every country. We're all vulnerable because we don't have immunity.

Dr Brett Sutton:

The lessons learned from SARS is that restricting movements is a good thing, but not just at a town or city level, but at an individual household level. Border restrictions we think have bought Australia some weeks, if not months, in terms of the numbers that we're at. To be at 120-odd now, I think we'd be at 1,000 or more at this point in time if we hadn't had those travel restrictions. I know that we're controversial. We're at a point now where I think every country in the world probably has cases, whether or not they've identified them, and that there's a really small incremental value in further travel restrictions. You could add the United States. You could add all of Europe. It'll be South America and other places next. We already have cases here and local transmission here, so the measures really need to be the social distancing measures that apply across the board, because we don't know who may or may not have it, and these are things that'll help stop transmission when you can't identify who has it.

Dr Brett Sutton:

We know that hospital settings are settings where spread happens more easily, so we really need to protect our health care workforce in those closed settings or any other similar closed settings. Aged care has obviously been highlighted as a genuine risk, not just because of the vulnerable population, but because it's a closed setting where people have lots of interactions.

Dr Brett Sutton:

We've got a huge team working on it now. There's over 100, all sectorized in their particular teams to work on plans and the phones and the medical advice, the sectoral liaison, and working across, now through the emergency management arrangements, all the other sectors that need to make plans around this space, from the coroner to transport, education, tourism, local government, etc.

Dr Brett Sutton:

A lot is being said about 80% of people having mild illness. That's true. I think that's important to recognize, but it does mean that 20% have severe illness, so it shouldn't be compared to the flu, where a lot of people get moderate illness with the flu, but it doesn't kill three in 100, it kills one in 1,000. It often has fever and cough, but it could be sore throat or just a runny nose. There's been pneumonia as a key thing in people who have severe illness. I won't go through what we've got as suspected or confirmed.

Dr Brett Sutton:

We've now got our health sector plan that's specific for COVID-19, so that's trying to provide some guidance on the phases that we go through, the initial containment that we've been in now. We're really transitioning to a targeted action, where we're still doing containment, but we're really ramping up the social distancing messages and measures.

Dr Brett Sutton:

At some point we get to a stage where we can't find everyone who's confirmed, we can't follow all of their close contacts, and we stop doing the individual followup of cases. We move very strongly to social distancing measures.

Dr Brett Sutton:

I'm talking to my colleagues at 12:00 around mass gatherings, all of the social distancing measures that we need to consider. We're talking about hitting the nuclear button for some of these. Does the AFL go ahead? Do we have any gatherings outside of greater than 500 people? Do we have any gatherings of more than 100 people inside and the like? My view now is that earlier is better. You'll have angry people regardless. There are people who are not ready for those kind of significant social disruptions now, because they can't see what the issue is here, but when they can see what the issue is here, we're too late for some of those measures, so I would rather cop the flack for being robust in early measures than saying sorry afterwards, because we were too late with everything. It's a difficult thing. We have to bring the Australian population with us on this journey.

Dr Brett Sutton:

I'll skip through these. Subscribe to Chief Health Officer Alerts if you want to know the latest. We've got a terrific landing page on Corona virus on the DHHS website. 90% of callers' questions that we get have the answers there. It's not always easy to navigate. We're trying to make it as easy as possible, because there are a thousand different questions. Go there for a lot of your questions. That's the website address. It's got a guide for health services, but also a checklist, things on personal protective equipment, who needs it, who doesn't, what do you need in different settings, and the kind of posters around social distancing that I've talked about.

Dr Brett Sutton:

I might just speak quickly on some of those, the now social distancing measures. That's everyone washing their hands regularly, carrying alcohol-based hand rub with you if you can find some, having it in the workplace. We need to do that now. Excluding from work is important if you've got a runny nose, if you've got a sore throat. It doesn't sound like much, but progressively it'll be more likely that those symptoms will be COVID. We need to practice and we need to have an enabling environment and a policy setting that allows people to stay home. Now that might be working from home if you feel well enough. We will ramp up. The public sector needs to lead here to have remote working arrangements for as many of the noncritical face-to-face coalface workers as possible.

Dr Brett Sutton:

Quarantine at home is another thing. If you're a contact of a confirmed case, you'll need to stay at home for 14 days. That might come down. We might decide that it's not 14 days that's required, but at the moment it's 14 days, so making a plan for how you sustain yourself at home. That's getting your online shopping sorted out, online pet food supplies sorted out, any other consumables you might need at home. We've tried to say don't panic buy. You don't need to panic buy. The groceries association can support their supply chain, except for toilet paper maybe. With every shop, have a think about what you think you need for that two to three weeks of quarantine, or potentially if school closures are extended or if we've got remote working arrangements for a protected period of time and you need to minimize the time that you spend outside of home, then an even bigger stock.

Dr Brett Sutton:

In the workplaces, as I say, we'll need enabling leave, we'll need really strict monitoring of people who are unwell and the kind of policies that exclude them immediately. We will need to implement the social distancing measures for office spaces and for any work spaces starting now, so trying to get that two meters between people, and reconfiguring spaces so that that distancing occurs properly.

Dr Brett Sutton:

Informing yourself will be important, about what you need, what you don't need, and not to be overreacting in terms of what's required to protect yourself, so staying up to date with the changing information. It's been hard for us, because we're providing different advice every day because of the changing situation. Grand Prix on, Grand Prix off, that kind of thing. We'll have to be agile in that space.

Dr Brett Sutton:

Other potential social distancing measures might be that if we get enough people working remotely, public transport won't be super packed. If it is, it might be about providing a directive to sectors on starting and finishing times so that you don't have a peak hour crush, but you've got a 6:00 start to a 10:00 start and people spread out over that period of time. There might also be significant absenteeism, so it might be on a Sunday schedule or people are anxious and staying away.

Dr Brett Sutton:

I can provide a long list of those do-now measures where we're going to incorporate them into communications messages, and we'll have them as our ramp up to more significant measures, so that people can start to get used to them. I don't know if I should take questions, Argiri.

Argiri Alisandratos:

[inaudible 00:51:54].

Dr Brett Sutton:

Thank you.

Kate:

Thank you very much. We're mindful of your time as well, Brett, so we'll be guided by you there. Jesse is with us. Thank you. I'll now hand over really quickly to Jesse Maddison. Jesse is the Director of Industrial Relations. I know a number of the questions we've had coming through do relate to industrial relations, what happens in terms of funding, can you pay people when they're unwell, those sorts of things as well. If I can hand over to Jesse, who will touch on those, we'll then move into a panel where we will come to a number of the questions that people have put up in advance, some of the questions on Slido, and of course questions from the audience as well. Please join with me in welcoming Jesse.

Jesse Maddison:

Thank you, everyone, for inviting me here today. I was told firstly to ask Tony, if you'd like to sit down, please feel free to do so. Firstly, if anybody's organizing events in the future, I would recommend not to get Brett as the warmup person. He brings the mood down to a very somber level. It makes it a hard act to follow. I'll just be brief, because I assume people have got a lot of questions.

Jesse Maddison:

I was just going to make a couple of remarks at the start. Firstly, I think that it is a very fast-moving area, and I think government have been grappling with it this week in terms of trying to land a policy position with some of the major issues that we're all grappling with, because every moment you think you're finalized that there's something else that gets fed into the mix.

Jesse Maddison:

I think there are some of those key industrial [inaudible 00:53:55] matters around when does sick leave apply, when does personal leave apply, how are we going to apply special leave, and trying to look at it in some respects in the very abnormal world we appear to be living in now, and so business as usual, and starting with if someone is sick, including with Corona virus, then presumably they use sick leave. If they need to care for someone who is unwell or other circumstances as described in your agreements, then it's carers leave. If it's self-isolation, and they may not be sick, then can you work from home? If so, then you should still be getting paid as normal, because you are still working. If you can't work for some reason, then is it special leave? There's those kind of looking at working through that sort of hierarchy. Obviously there's a whole range of different scenarios that are going to change and move.

Jesse Maddison:

We're clearly going to be dealing with people who don't necessarily have any of those presentations, haven't come in contact with somebody who's come from a area, but are just generally really scared and don't want to get on public transport and don't want to go to work. How do we deal with those situations? We've got all those individual and now employees having those range of concerns.

Jesse Maddison:

Then I think on top of that, for our sector and obviously some of the key service delivery areas of the department is that we are working with trying to protect people who need us there to assist them in a variety of ways, and if we can't be there, what does that mean for them? That is I think the bit above and beyond what a lot of other employers, citizens of the state are going to be grappling with. It's a little bit different of the widget factory has to close down for a couple of months and we can't get widgets versus a very vulnerable Victorian struggling to get the services they need, because all our people self-isolating or unwell or looking after kids who can't go to school.

Jesse Maddison:

It's those kind of things I think we're really going to need to grapple with that has an industrial aspect, as well as that service delivery aspect, and the two things coming together, and given some of Brett's very sobering predictions, how do we start looking forward and how are we going to be able to continue not only to look after our employees, but those very vulnerable people. It is a situation clearly where we're not going to have all the answers at this point, but trying to set up frameworks to work within in the first instance, and then continuing, because it is going to be an obviously very continuing, moving, changing, dynamic kind of space, but trying to set up those frameworks as early as possible to start making those decisions as we go forward.

Jesse Maddison:

I'll probably just pause there, because I think it's probably questions and responding to things rather and going ... Thank you. Thank you very much.

Emma King:

Thank you, Jesse. Thank you. We're just going to move into the panel session. I know there's lots of questions. If I could ask Argiri and Andrea to come and join Jesse and also Brett, if that's okay. Thank you very much. I know we have lots of questions in the audience. We're going to alternate between a Slido question and then an audience question as well. I think in terms of looking at a Slido question ... Sorry? Kate. Beautiful. Thank you, Kate. So much appreciated.

Kate:

We'll kick off with the first question. There's been a couple like this one. Should events or meetings be canceled? For how long and what size?

Dr Brett Sutton:

I think that's me.

Jesse Maddison:

They're all yours, mate. Right behind you, buddy.

Dr Brett Sutton:

Australian Health Protection Principal Committee, all their chiefs are talking at 12:00 around this very issue. [inaudible 00:58:02] island, which has 43 cases and a few million people, are looking to have 500 or more as the threshold for cancellation of outdoor meetings, and 100 or more as the threshold for indoor meetings. Other jurisdictions have made it 1,000 across the board, but I think it's a national conversation, it'll be much easier to try and implement if we're providing nationally consistent advice around this and we're all backing each other in terms of what that means. When it happens, again, it's for national agreement. I am prepared to go early, if the Minister and the Premier back me around doing this now, to save us down the track, so we might be out of step, but I hope not.

Emma King:

Thank you. Any questions in the audience? I've got one over there. If you wouldn't mind putting your hand up higher. I'll go here first. Sorry, third row. Yep, thank you. Then we'll go to Slido and then to there. Thank you.

Dr Brett Sutton:

I'll just say, to anyone who's got meetings scheduled in the next couple of weeks or whatever else, it's your call. It's a greater risk with international visitors at the moment, depending on where they come from. It's a greater risk in an enclosed space. It's a greater risk if there's a lot of face-to-face and close contact. There are some of the principles to apply and they're in my do-now notes as well. You can have a look at those in terms of how you might mitigate meetings that are upcoming.

Shellee Strickland:

Shellee Strickland, Wathaurong Aboriginal Cooperative. This is a child protection question.

Dr Brett Sutton:

Hi.

Shellee Strickland:

See you again.

Dr Brett Sutton:

See you again, two days in a row.

Shellee Strickland:

Exactly. The concerns that we have, obviously we've got massive concerns around the Corona virus, and we're putting and implementing everything that you guys have been talking about this morning. That being said, obviously our concern is that whilst we have out-of-home care for our children, we have quite a lot of unannounced, for many reasons, to make sure that our children are still safe. That's part of a requirement by a judge or a court order. How do we go about doing that? If we've got them in quarantine and we've got unannounced orders in place where we need to do visits and so forth, how do we actually continue that so that we ensure the safety of still our children?

Argiri Alisandratos:

Good question. Beth Allen, who if you put your hand up, Beth, some of you will know, Director of Child Protection Policy, will be convening a conversation this afternoon. We talked about those subsector or more deeper dives into the sector planning. That will be one of those scenarios that we will test out. We will apply the information that Brett has given, we will apply the information that Jesse has provided, and then come up with a scenario and some advice that will give out practitioners the sort of guidance about how we go forward with those. We've got to balance here safety and care of children, safety and care of our workforce. We've got to give equal consideration. Again, it will depend, I'm sure as Brett would say, on the presenting symptoms and issues that are playing out at any point in time. We'll have to give that some capacity to scale up and down, depending on what those scenarios look like. Again, we will do that planning with you. They will be slightly different in a home-based care environment, slightly different to a facility-based environment, again. You're welcome.

Emma King:

Thank you. Next question from Slido.

Kate:

Again, this one is representative of quite a few questions. What happens if we can't deliver services or if there's a break to service delivery? Will that affect funding, etc?

Argiri Alisandratos:

I can absolutely say there is no intention here to disrupt the funding elements of what we put across to our organizations. From a state perspective, it is business as usual. Now where we reach that threshold and tipping point about not having sufficient staffing resource, we will need to engage in conversations about what the mitigation strategies are. Michele earlier talked about could we find other sector support that might be able to come into it. We talked about online delivery of fast-tracked input for workforce upscaling and to be able to be shifting the workforce to undertake tasks that perhaps they haven't been able to task. All of these are considerations that all take into our planning. We'll have much more engagement with you on those very issues as we progress through the next coming days and weeks. Andrea, did you want to say anything more on that?

Andrea Spiteri:

The only thing I will add at the moment, and it's a consideration to the question that was asked of Brett as well, is thinking carefully about the settings that you're sending your staff. We do know, and an example is that there was a conference that was held, there were some international delegates, one of them was a confirmed case, and that exposed a whole sector's workforce all at once to the disease. When we think about those mass gatherings or those big meetings, even if you are still considering to

attend, and that's okay, you may think about do we actually want three of our four key staff to be attending together. That's something else that I think is a really practical thing that you can think about right now, to try and protect your staff as much as possible and hopefully lengthen the period of time until we get to the point where we've got to be supplementing staffing in facilities.

Emma King:

Thank you. I might just emphasize a point before I go to ... There's someone waiting in the audience as well. Argiri, I know we've had lots and lots of questions about funding and people being really concerned that will their funding be impacted if they can't deliver services. I thought it might be useful if you reiterated that point, because in the leadup today we had multiple questions on that front.

Argiri Alisandratos:

Again, just to reiterate, from a state-based funding perspective, there is no intention to cease any funding that we provide to our funded organizations to deliver those critical services. We will engage in conversations with you when, if you reach a point where you cannot deliver those services, and we'll look at mitigation strategies with you. Of course with the peak bodies that we'll support and the sectors that will support that effort. I'm not sure from the Commonwealth perspective what that looks like. Again, I know there are a number of disability providers in the room who are anxious about what that means, from a market-based, insurance-based system that we have in the NDIA. Again, we will continue our efforts to engage with the agency and with the Commonwealth to support getting the right level of information about those very issues. A number of you have spoken to me about that.

Emma King:

Thank you very much, Argiri. I know that there's a question over there and then if we can [inaudible 01:05:15].

Caroline:

Hello. I'm Caroline from Cohealth. I just have a question about two cohorts specifically. That's one around is there going to be a protocol guidelines developed for residential care, 24-hour care people? The other one is is there going to be a guideline on how do we advise on isolation for 14 days to homeless populations? There's two areas that we're trying to put our business continuity plans in place, but the only thing I can come across is the influenza type protocols, and whether that's adequate while waiting for these. Thank you.

Andrea Spiteri:

I know that Brett talked through some of the key differences between some of the Corona viruses and flu before, but by and large the pandemic plans that you've been working to and pulling together for a number of years now will hold you in relatively good stead. There are some key differences, but when it comes to social distancing strategies, workforce absenteeism, those sorts of things, there's very little difference. The main differences are that a lot of those plans have been based around having antivirals, a vaccine available at some stage, those sorts of things. They're not in the planning for COVID-19 at this point, so it really does come down to some of those basic, and they do sound very basic but they're very effective, soap and water. Soap actually [inaudible 01:06:49] the virus. Soap and water are your best friends. Also some of those cough etiquette, touching your face, which I'm very, very conscious of, because I do a lot, and apparently we all do, every three to five minutes. Some of those things, it does sound basic, but your pandemic plans will, if you dust those off, if you have a look at the health sector

plan that's already out, you'll see the stages that we're looking at for COVID-19. You'll see there's a lot of similarity in that as well. Please go ahead with your planning based on that at this point.

Argiri Alisandratos:

Again, more specific conversations will occur at your sector-specific. Sherry, put your hand up. Many of you will know Sherry. She will be joining the homelessness teams together and starting to work through that. Equally, Beth Allen on the children and family side will focus on facility-based care, and then a disability cohort with James. Hand up, James, so people can see you, will be the primary contact. Whilst I'm at it, I should introduce Kelly Stanton. Hand up, Kelly, Family Safety Victoria Executive Director. In the slide where I had all the key contacts for each of the sectors in my fast-tracked late editing of the slide I seem to have dropped one line off, so apologies about that. Family violence sector planning will be undertaken through Family Safety Victoria. Kelly Stanton is your lead on that. Phil O'Meara on the community side, particularly looking at neighborhood houses, men's sheds, and a whole range of other community-based elements, will be bringing that sector together. Is Pauline in the room? Pauline [inaudible 01:08:37] who will undertake our Aboriginal sector planning, will obviously will be cross-cutting, given the multiple services that are provided by many of our echoes across the state.

Emma King:

Thank you. Question?

Zuleika:

Hi, I'm Zuleika from the Ethnic Communities Council of Victoria, which is the peak body for multicultural and ethnic communities. We've been getting questions already about an articulated response, both here but regional and rural. I was wondering if in addition to the translated materials, if there is any specific work group or contact for cultural responsiveness, because especially for those who don't speak English well and might be a bit isolated. How do we not only translate the materials, but how we reach out to these people? Thanks.

Andrea Spiteri:

We've got a very good connection across government, particularly with DPC and the multicultural affairs unit there as well. If you've got some connections in there, I would encourage you to make contact with them. This has also come up through local government as well, so [inaudible 01:09:45] yesterday. We do understand that we can often have different levels of literacy, more spoken language rather than written, those sorts of things as well that start to come up, but also who the connections are that the community will go to and trust. We do know that there are a lot of people who seek information from overseas websites and other things as well. I do think it's important from both a very localized perspective but also through the multicultural affairs unit as well. What we'll seek to do is make sure that we can provide some information through the various forums around some of the strategies around that as well. That would be great. Thank you for asking that.

Argiri Alisandratos:

The only addition to that was recently we met with the Victoria Multicultural Commission, who equally are exercised about this issue and willing to be partners in the way that we disseminate information. We'll use that network as well for how we get the right information out to various ethnic communities across the state.

Emma King:

Thank you. The next question's a Slido question. If you also have a question that you'd like to ask, please put your hand up in the air so we can identify and bring the microphone to you.

Kate:

Many people asking if there are continuity planning templates that can be shared across the sector.

Andrea Spiteri:

The one that we're using at the moment is a slight variation on a normal business continuity template. On our website there are connections. There are some very good websites that have business continuity templates on there. One of the things that we're really considering though in our own department's response is looking at ... You look at what are your essential services that need to continue and the staffing that you need and the resources you need for that, what are the things that could potentially reduce or stop during that time, but also don't forget to plan for the things that it actually will ramp up.

Andrea Spiteri:

There will be certain things that you might need to do more of in a pandemic than you do in a normal sort of day-to-day workday as well, so keeping that into consideration as well, and planning for your resources in all three of those scenarios. Then look at what that means not just for the worst case scenario in terms of workforce absenteeism, but starting small, starting at 5% or 10% and working your way up. That approach will give you a very good scale to understanding of your services and where you have to start and stop certain things. It will be quite individualized as well, depending on the size of your organization, whether you're a standalone or part of a larger group. There will be lots of things that'll be specific to your business in particular and your organization that you'll need to work through. That's the one main thing I think in a pandemic that we do need to make sure we understand is that it's not just about what we keep going and stopping, but there's often a lot of additional things you need to be doing as well. That could be additional planning or that could be additional communications with your staff or that could be needing additional materials for them to be able to work more remotely, so working your way through that and just not forgetting that would be my recommendation.

Argiri Alisandratos:

I just might add to that, Andrea, just if I can guide people to the Funded Agency Channel, there is a planning guide for the sector on there. We will work with VCOSS to try and find any other templates that might be useful for organizations to utilize and provide that resource out or put some more advice out to you in the next little while.

Emma King:

Thank you. I know there's a couple of questions at the back, so I'm not sure who's holding the microphone.

Jenny Richardson:

I've got the microphone here. Hi. It's Jenny Richardson. I wanted to just raise the issue of family violence. I work at Safe Steps Family Violence Response as the Client Services Director. I realize now we've been introduced. We have FSV in the room. One of the things that have come to mind, we haven't had a pandemic in many, many, many years, that evidence out of China is that family violence went up

threefold in the one months or three and a half weeks where there was forced isolation. We need to be prepared for this. What I'm really mindful of with all respect is there's lots of conversations about health services as being an essential service. That's absolutely right. Police, ambulance, hospitals, but family violence crisis services are actually an essential service. If they don't exist, we risk lives being lost. When it comes to us considering us as the statewide entry point for crisis, we're talking about half our service being able to go into isolation work from home, but this very critical service being an essential service. I'd really like to raise the issue of how we can reclassify that, because it does make a difference. We can't shut down what is a critical service with family violence.

Emma King:

In the instance of agility, Kelly is making her way to the ...

Jenny Richardson:

Nor can we work from home safely, so we've factored all these things in. I know it touches on Women's Liberation Halfway House and those critical services that provide safety for women, people escaping family violence. Thank you.

Emma King:

Thank you.

Kelly Stanton:

Hi. It's a really good point you're making. I know Alison Macdonald who's here in the audience, so I'm winking at Alison, also raised that in her question around the particular issues for women escaping family violence and what isolation does. We'll be having some detailed conversations with you. Jenny Willox is in the audience too. Jen, put your hand up. Safe Steps was one of the first organizations we're going to talk to, because we recognize this as a critical emergency service. There are some particular characteristics and risks we need to think about in business continuity planning, both refuges, phone lines, and the particular issue of the rise of family violence, post-pandemic, and the critical risk issues when women are isolated at home. There's a range of strategies Argiri talked about earlier in terms of check social media. We need to think about what are the things that we can safely use in this context and how we best support the sector with that. More detailed discussion to come.

Emma King:

Thank you, Kelly. Are we heading back to Slido, or I know there was another question in the back row there? Slido. Thank you.

Kate:

This one is about essential services again, but more broadly, how do organizations make a call about what is an essential service and what is not?

Andrea Spiteri:

I think I'm on. I think the conversation that we just had actually is a really good guidance. It does need to be a priority of ... I've lost the word. Yeah, priority of life, thank you, is the number one key priority in the emergency management world as well. It is the lens that we must use all the time. It is very easy during a pandemic to get caught up in the disease itself and what we need to do to manage that. There

is a whole heap of other things that are happening in the community, particularly if the pandemic goes for a really long time.

Andrea Spiteri:

I was sitting here thinking before that that ability to be able to do a risk assessment, so a risk assessment for COVID versus a risk assessment for life is going to be fundamental as we work through not only our business continuity planning, but also our responses as we go along in terms of staff. That's one of the reasons why the health sector has been prioritized, because it is about making sure we've got hospital capacity in ICU, but that doesn't discount other critical services, certainly from a whole of government perspective. Health protection, child protection, emergency management are critical whole of government services as well. I think that that lens that we use every day in terms of the types of services that are important for life and safety is still your number one priority when it comes to assessing your essential services.

Argiri Alisandratos:

Absolutely agree with that. The only thing I would add, the reason we've pulled those sector-specific planning forms together would give you an indication about the criticality of those areas of service. If you think about family violence, if you think about disability service provision, if you think about child protection, intensive family services, and homelessness services, these are the critical, and I'm sure I've missed some in there, but these are the critical elements that we need to prioritize. Of course within each of the sectors, we know that we undertake a whole range of activity. There is service delivery activity and there is a whole range of project strategic activity, that we have to now really think about where do we refocus that effort to support the critical essential service delivery activity that each of our sectors are there to provide. I just implore you to, when you undertake your business continuity planning, that you think about at what point do you start to shift resources. I know there's an issue about compatibility of [inaudible 01:18:57] capability, but nonetheless we need to think about how we shift resource to maintaining those critical service interventions for our community.

Emma King:

Thank you. I think the microphone's sitting with someone at the moment. I know there's a couple other questions over here as well. You can keep your hands up if you've got questions, because then we'll bring the microphone over to you afterwards. Thank you.

Ann Burgess:

My name's Ann Burgess. I'm from Southeast Volunteers. We run community transport for people over the age of 65. We have volunteer drivers. Do I shut the program down for a few weeks or do I take the risk of infecting my volunteers with clients that may be unwell?

Argiri Alisandratos:

We might take that one on notice I think. If we can get Brett to step back in, just give you some more specific advice. I might, Phil, if I can ask you to follow that one up, particularly given the volunteer [inaudible 01:19:58] in your space, it would be a good conversation for us to have quickly with Brett and just to give some guidance on that one. Thank you.

Ann Burgess:

Thank you.

Deidre McGill:

Hi, my name's Deidre McGill from Bolton Clarke, which is previously the Royal District Nursing Service. We make 10,000 visits a day to clients in their homes who are elderly, who've been released from hospital, hospital in the home, post-acute care, those who have entered hospital and need care in their home. We also have a significant homeless persons program that works with a lot of people in this room providing the clinical nursing support to marginalized and very unwell people. My question's in relation to the PPEs, the personal protective equipment. We don't have supplies. At this point in time we're looking at what supplies and where we can access it, but we basically are finding that it's very limited Australia-wide, particularly in relation to the masks. We have a lot of clients who are being discharged with a query isolation requirement, so protecting our staff is important, but protecting all of the other clients that we visit, following visits to clients, just wondering what the release of the PPE is going to be to an organization like ours, which could actually receive quite significant referrals hospitals? How do we manage that?

Argiri Alisandratos:

Just before Andrea answers that question, I just want to acknowledge PPE is an issue that affects numbers of our partners in the room, particularly those in those acute environments and particularly those in those facility-based environments where we're dealing with more complex health issues, whether it be disability or aging. Over to you, Andrea, in terms of the stockpile.

Andrea Spiteri:

I think the first thing I will reiterate though, and it's important information that is on our website as well, is when a mask needs to be used as well. I think that is really important, because that evidence is building as we find out more about the disease too. By and large, most of the time a P-2 mask is not needed. It's a surgical mask or a single-use face mask. The second thing I will say is that the most productive use of a mask is to put it on a sick person, rather than well people wearing masks. That even goes for your staff as well. If your staff have got a mask with them and they come across someone unwell, the mask goes on the unwell person instead, because the disease itself is spread by droplets. Even just yesterday, there was more evidence coming out that it's not really aerosolized. It's basically droplets. It is that real proximity that you need with the sneezing and the coughing. That's the first thing I will say, because there's a lot of information out there around masks.

Andrea Spiteri:

I think the other thing that would be really important with PPE is to make sure that there is some up-to-date training that is provided for staff so that they have a bit of a refresher in knowing how to use them. It does sound basic, but there is an art to putting PPE on. That would be something else that I would recommend.

Andrea Spiteri:

The third thing is the supply. We know that that's a critical issue. There is a national medical stockpile that the Commonwealth manage that has a number of, 20 million or so masks, don't quote me the number, masks and other supplies. Victoria has taken the step of centralizing the purchase of PPE for the state so that it can be distributed from a central point, and that's using Health Purchasing Victoria as well. Then looking at the avenues for those purchases as well, both ramping up any production that's available locally in Victoria or in Australia or in how we source those directly from other countries as well, because there are a number of countries that do make PPE. That's ramping up.

Andrea Spiteri:

The other thing to note is that because of the decline in China and when they start to come back into the manufacturing space, we might find that that starts to loosen up a little bit in terms of some of the availability as well, but it is the number one priority for us at the moment to make sure that we can secure stocks of PPE for Victoria and then get them out to the services that do need them. I won't sugarcoat it. If it gets to a serious stage in Victoria, it will be rationalized to keep health services up and running as much as possible. That's inevitable if we get a very serious pandemic that really disrupts supplies. At the moment we're trying to secure as much stuff as we can for Victoria at the moment.

Emma King:

Thanks, Andrea. I'm mindful, I know people have further questions, I'm just going to throw over to Argiri for some closing remarks, because I understand the Secretary's been unavoidably detained elsewhere, and then I'll come back and pick up some next steps as well in my closing comments. Thanks, Argiri. [inaudible 01:25:15].

Argiri Alisandratos:

Thank you, Emma. I'll just talk a little bit about the key points that our Secretary wanted to convey to people. She's really sincerely apologetic for not being able to be here. As you can imagine, as we said at the onset of this conversation, this is a very, very dynamic environment, fast-moving decisions, and the Secretary's being drawn into those very critical decision-making points. As you can see, Brett's left the room quite suddenly, not to reappear, of course needing to be there supporting the Minister. Kym really wanted to just extend her appreciation for all of you making the time to be here today.

Argiri Alisandratos:

She wanted us to convey to you, as we have through the course of the day, that although it's too early to know exactly how things will unfold, we're responding to new information as it comes to hand, so that we're in the best position to support you and the most vulnerable Victorians across our state. Over the next few weeks we will face challenges and new scenarios that we'll need to work together to resolve. Her point about us working together is absolutely critical and fundamental and the reason for why we brought you all here today and the reason for why we will collectively undertake the planning in our sectors specific forums that we've talked about today.

Argiri Alisandratos:

As I've conveyed to her and many of us have conveyed to her, the size of the room really tells the acute interest that people have in how we prepare. She wants to acknowledge this and wants to reiterate that it's the start of a conversation and we will continue this conversation going forward.

Argiri Alisandratos:

I think while the number of Victorians affected is still small, we all need to be prepared for the possibility of a significant and prolonged increase in demand for health care. I think that's the point now that we are starting to pivot to, particularly on the back of what Brett was able to indicate to us. We are sharpening our focus now about how do we endure this and how do we prepare adequately for the criticality of providing support to our communities across the board.

Argiri Alisandratos:

She's absolutely confident that this sector, these sectors represented here in this room, the leadership will position us well for how we confront what's about us and what's before us. I think many of you have highlighted some of the challenges that we face, but she's absolutely confident that together with our peak bodies, and Emma said we pulled this forum together in a couple of days, and I want to thank Emma and the team, and her team and the team here at DHHS for quickly mobilizing and bringing this forum together. Kym is absolutely committed to finding ways for how we continue to get the most relevant, current information to you and your people to assist in continued planning that needs to be undertaken. Again, she's just encouraging you to engage with departmental staff, look at the material that we've got on our collective websites, and keep the conversations going, and we will. Again, I want to thank Emma for undertaking this. Sorry, Beth, you were-

Beth Allen:

[inaudible 01:29:01].

Argiri Alisandratos:

There is a flowchart that will disseminate, which helps some with some guided decision making about how you and your staff can make some decisions about when you need to step out and when you need to activate certain plans at a staff and personal level. We'll get that disseminated across, and we'll make these slides available to you so that you have that information, as Brett said earlier on. Can I also thank [inaudible 01:29:29] for being really kind enough to stand up here for the duration. Thank you.

Emma King:

Thank you very much, Argiri. I'm going to be very brief. I would like to make a sincere thanks, just to really reiterate Argiri's thanks to all of our speakers today, including the Minister and the Chief Health Officer. Really to reiterate as well to our Auslan interpreter, who has just been extraordinary at stepping in at incredibly short notice. This event came together incredibly quickly, so I would also like to reiterate Argiri's thanks to the incredible teams at both VCOSS and DHHS who have been working around the clock at very short notice to bring this together. I can't tell you how much I appreciate it. I also think it stands us in good stead, because we know that this is just the beginning in terms of getting information out and sharing it. We know we will need to do this in different ways as we move forward as well, and we've been planning for that already. I really wanted to reiterate the fact that today's conversation is far from the end. In many ways it is literally just the beginning. We are going to go away and plan for next steps. We know that there's some questions that were put up today that we didn't have the chance to get to. We'll aim to get back to you in terms of those questions. Particularly looking at what sort of types and support our community sector organizations will need next.

Emma King:

As we've heard throughout today, this is a rapidly changing situation, but I think it speaks volumes that all of you were able to not only attend at very short notice, the significant demand that we had, the significant demand for livestream, both from regional areas and those who are unable to be in the room today because of capacity constraints as well.

Emma King:

I just wanted to reiterate we'll circulate the links to resources and information available. We will have the video from today online. It will be captioned as well. I think that will be available on Monday. I want to thank you very, very much for your time. We look forward to staying in touch and to working with

you. We are very, very focused on the critical need of the community services sector and the incredible and vital role that you all play. We're looking forward to continuing to work with you. Just from a pragmatic point of view, on your way out as well, there is hand sanitizer, etc as you leave, so just to let you know that. Thank you again, and a huge thanks to everyone involved in today. Have a wonderful day.

Argiri Alisandratos:

A flowchart on your way out.