

ATTACHMENT 2a - ITEM 3.1 COVID-19 Infections

3.1 d - the daily numbers of infections and deaths among in-home aged care recipients

3.1 e - the definition used by DHHS for a healthcare worker

3.1 f - the definition used by DHHS for an aged care worker

The daily numbers of infections and deaths among in-home aged care recipients

The department does not have complete data on COVID infections among in-home aged care recipients and are seeking to reconcile State data with the Commonwealth for this category.

Definition used by DHHS for a healthcare worker

A worker providing clinical care to a patient or patients. May include nurses, personal care assistants, allied health, doctors, etc. Does not include non-clinical workers (cleaners, receptionists, food handlers, etc). However, the department also collects data on non-clinical staff in healthcare settings.

In the data provided, HCWs that work in an aged care setting have been counted in the 'Aged care worker category' instead of the Healthcare worker category (the categories are mutually exclusive).

Definition used by DHHS for an aged care worker, for the purposes of this report

A HCW in an aged care setting providing clinical care to an individual patient; for example, nurse, personal care assistant. This excludes non-clinical workers (cleaners, receptionists, etc). However, the department also collects data on non-clinical staff in aged care settings.

HCWs are considered to work in an aged care setting if they are linked to an outbreak in an aged care facility. (One or more cases among staff or residents in the facility is considered an outbreak).

Please note that some HCWs that work in aged care settings also work in other healthcare settings. In these data, they have only been included in the 'Aged care worker' category, not the 'Healthcare worker' category (they are mutually exclusive).

While for the purposes of this report, the categories between aged care (1740) and healthcare worker (1833) have been made mutually exclusive, the total of the two figures is 3573. This is consistent with the publicly reported total number of healthcare worker infections.

ATTACHMENT 2b ITEM 3.3b Contact tracing and testing

3.3 b. For positive cases, the weekly average of:

- Percentage of new positive cases contacted within 24 hours of DHHS being notified of positive result (**metric 1**)
- Percentage of new positive cases interviewed within 24 hours of DHHS being notified of positive result (**metric 2**)
- Percentage of known contacts notified within 48 hours of DHHS being notified of positive result (**metric 3**)

Table 1: Weekly Average Percentages

Date From	Date To	Metric 1	Metric 2	Metric 3
15-Aug	21-Aug	100.00%	75.44%	99.26%
22-Aug	28-Aug	100.00%	74.81%	98.81%
29-Aug	04-Sep	100.00%	88.49%	99.28%
05-Sep	11-Sep	100.00%	95.36%	98.22%
12-Sep	18-Sep	100.00%	98.82%	99.46%
19-Sep	25-Sep	100.00%	99.06%	99.05%
26-Sep	02-Oct	100.00%	98.65%	99.41%

Please note: Data in Table 1 above is provided for the weekly average beginning 15 August 2020 through to 2 October 2020. Earlier data is not available given changes in measurement methodology.

ATTACHMENT 3 – 4.1 Hospital beds

- The number of intensive care unit (ICU) beds that are available and staffed in Victoria in public and private hospitals, including surge capacity
 - As at 1 October 2020, the number of ICU beds that were available and staffed in Victorian public and private hospitals was 453, which can increase up to a total surge capacity of 1076 beds if required. Note that this surge capacity includes the 453 already open beds.
 - Health services match available capacity to demand, therefore, the ICU bed numbers provided for any given day will change accordingly.
 - The surge capacity beds are fully equipped and ready to be opened and staffed if required.
- The number of critical care spaces that have been prepared across public and private hospitals
 - As at 1 October 2020, the number of critical care spaces prepared across Victorian public and private hospitals was 1590.
- The definitions used by DHHS for ICU beds and a critical care spaces, including required equipment and staffing levels for each

ICU bed:

- An Intensive Care Unit (ICU) is a specially staffed and equipped, separate and self-contained area of a hospital dedicated to the management of patients with life-threatening illnesses, injuries and complications, and monitoring of potentially life-threatening conditions. It provides special expertise and facilities for support of vital functions and uses the skills of medical, nursing and other personnel experienced in management of these problems. Patients who require mechanical ventilation due to breathing difficulties are looked after in an ICU. Many of these patients also require specialised medications or dialysis to treat other body systems that fail when a patient is critically ill.
- An ICU bed is also dependent on having highly trained medical and nursing staff who can care for a critically ill patient in this environment under the direction of an Intensive Care Specialist (Intensivist), supported by a large team of pharmacists, physiotherapists, dietitians, social workers and other staff.

Critical care space:

- The Australian and New Zealand Intensive Care Society (ANZICS) published guidelines on COVID-19. The guidelines are available on their website https://www.anzics.com.au/wp-content/uploads/2020/04/ANZI_3367_Guidelines_V2.pdf.
- Based on these guidelines, the Victorian Health and Human Services Building Authority (VHHSBA) produced guidance specific to Victorian hospitals setting out the key infrastructure requirements for COVID-19 critical care spaces. The guidance covers infection control, heating, ventilation and air conditioning, fire risk, electrical supply, waste management, medical service panels and oxygen supply. The *Increasing Bed Capacity for COVID-19 Patients* Health Technical Advice is available on the VHHSBA website <https://www.vhhsba.vic.gov.au/sites/default/files/2020-05/VHHSBA-Health-technical-advice-HTA-2020-003-Increasing-bed-capacity-for-Covid-19-patients-20200414.pdf>
- In order to activate the space for use, necessary equipment is being provided via the department's central procurement team based on individual health service requirements (ventilators, intravenous infusion pumps, patient monitors, dialysis machines and other

medical equipment). Surge staffing will be addressed based on demand for critical care across the state and matched to patient acuity requirements.

Victorian public and private hospital ICU beds

Date	Available and staffed	Surge capacity	Critical care spaces
5/06/2020	401	515	967
12/06/2020	405	545	967
19/06/2020	415	611	1009
26/06/2020	408	642	1019
3/07/2020	405	663	1025
10/07/2020	394	695	1037
17/07/2020	424	695	1081
24/07/2020	421	795	1248
31/07/2020	419	800	1545
7/08/2020	422	831	1556
14/08/2020	405	877	1569
21/08/2020	418	934	1569
28/08/2020	389	968	1569
4/09/2020	415	971	1576
11/09/2020	413	973	1576
18/09/2020	409	1043	1576
25/09/2020	412	1076	1590
2/10/2020	409	1106	1590

ATTACHMENT 4 Translations of COVID-19 messaging

Please provide the Committee with the dates that the translations of COVID-19 messaging into different languages were uploaded on the DHHS website.

Language	Date uploaded onto the DHHS Website
Mandarin / Simplified Chinese	5 March 2020
Italian	10 March 2020
Greek	10 March 2020
Vietnamese	5 March 2020
Arabic	5 March 2020
Cantonese / Traditional Chinese	10 March 2020
Farsi (Persian)	6 March 2020
Korean	11 March 2020
Turkish	10 March 2020
Punjabi	10 March 2020
Hindi	10 March 2020
Khmer (Cambodian)	5 March 2020
Dari	10 March 2020
Dinka	10 March 2020
Spanish	21 March 2020
Macedonian	10 March 2020
Thai	10 March 2020
Hazaragi	6 March 2020
Tamil	10 March 2020
Indonesian	10 March 2020
Urdu	23 March 2020
Russian	21 March 2020
Serbian	21 March 2020
Croatian	10 March 2020
Fiiipino/Tagalog	23 March 2020
Amharic	21 March 2020
Assyrian	5 March 2020
Bengali	21 March 2020
Burmese	12 March 2020
Chaldean (Iraq)	21 March 2020
Chin (Hakha Chin)	31 March 2020
French	21 March 2020
Gujarati	10 March 2020
Japanese	21 March 2020
Karen	21 March 2020
Maltese	21 March 2020

Malay	7 April 2020
Nepali	23 March 2020
Nuer (Thok Nath)	31 March 2020
Oromo	21 March 2020
Pashto	23 March 2020
Polish	21 March 2020
Portuguese	23 March 2020
Rohingya	24 April 2020
Sinhalese	23 March 2020
Somali	20 March 2020
Swahili (Kiswahili)	21 March 2020
Tigrinya	21 March 2020
Zomi	21 March 2020
Samoan	20 June 2020
Cook Island Maori (Rarotongan)	20 June 2020
Tongan	20 June 2020
Fijian	20 June 2020
Niue (Niue - Vagahau Niue)	25 June 2020
Bosnian	3 July 2020
Hakka	13 July 2020
Malayalam	24 September 2020