

## Public Accounts and Estimates Committee

### Inquiry into the Victorian Government's response to the COVID-19 Pandemic

Hearing of Tuesday 12 May 2020,

#### Witnesses:

- Hon Jenny Mikakos MLC – Minister for the Coordination of Health and Human Services: COVID-19
- Prof Brett Sutton – Chief Health Officer, Department of Health and Human Services
- Kym Peake – Secretary, Department of Health and Human Services
- Terry Symonds – Deputy Secretary, Health and Wellbeing, Department of Health and Human Services
- Jacinda de Witts – Deputy Secretary, Public Health Emergency Operations and Coordination, Department of Health and Human Services
- Greg Stenton – Deputy Secretary, Corporate Services, Department of Health and Human Services

#### QUESTIONS ON NOTICE

##### Question (Mr Maas), page 34:

**Ms MIKAKOS:** [...] These powers, through the Act, have enabled a number of directions to be put in place, and in the interests of time I am very happy to provide the Committee with a list of the historic directions that have been issued as well as all the current ones. Just to draw to the Committee Members' attention, a new set of directions were signed and put up on the department's website yesterday that apply to today, and then post 11.59 pm tonight they will apply to the period beyond that until 11.59 pm on 31 May. **So I am very happy, in the interests of time, to provide you with the expansive list of all of those directions.**

**Mr MAAS:** That would be appreciated.

##### Answer:

On 16 March 2020, a State of Emergency was declared arising out of the serious risk to public health in Victoria due to COVID-19. This declaration was made in accordance with section 198(1) of the *Public Health and Wellbeing Act 2008* (the Act).

On 12 April 2020 the State of Emergency was extended for a further period of four weeks from midnight 13 April 2020 until midnight 11 May 2020. On 11 May 2020 the State of Emergency was extended to midnight 31 May 2020.

Directions have been issued under the Act in exercise of the public health risk powers listed in section 190 of the Act and the emergency powers listed in section 200 of the Act.

On 16 March 2020 the Chief Health Officer issued the first set of directions, and from 18 March 2020 the Deputy Chief Health Officer has issued or re-issued a further 26 sets of directions, to restrict activities of businesses and other organisations; restrict movement and activities; restrict entry to hospitals and care facilities; and provide for mandatory quarantine and isolation on diagnosis of COVID-19, as follows:

Date made	Date ended	Name of Direction/s	Summary
16 March 2020	18 March 2020	<b>Non-essential Mass Gatherings and Self-quarantine Following Overseas Travel</b>	<p>The first direction (subject to certain exceptions):</p> <ul style="list-style-type: none"> <li>prohibited mass gatherings of 500 hundred or more people in a single undivided indoor or outdoor space;</li> <li>excluded certain gatherings from these requirements.</li> </ul> <p>The second direction also required a person to travel from the airport to a premises that is suitable for the person to reside in for a period of 14 days, not to leave their premises unless there were specified reasons to do so and only permit other people to enter the premises in certain circumstances. The direction provided for some exceptions.</p>
18 March 2020	28 March 2020	<b>Airport Arrival Direction</b>	This direction made minor technical revisions to the direction on <b>Self-quarantine Following Overseas Travel</b> .
18 March 2020	21 March 2020	<b>Mass Gatherings Directions</b>	This direction introduced a new requirement to prohibit non-essential mass gatherings of one hundred (100) persons or more in a single undivided indoor space in addition to the prohibition on five hundred (500) or more persons in a single undivided outdoor space. Certain exceptions applied.
19 March 2020	28 March 2020	<b>Cruise Ship Docking Direction</b>	This direction required any person arriving at a port in Victoria to travel to their premises to reside for 14 days, not to leave their premises unless in specified circumstances and only permit other people to enter the premises in certain circumstances. Certain exclusions applied.
21 March 2020	7 April 2020	<b>Aged Care Facilities Directions</b>	This direction limited the people who can enter or remain on a residential aged care facility to residents of the facility and certain specified people. Limits were also placed on the number of visitors a resident could receive and the duration of care and support visits. It prohibited a person from visiting in certain circumstances (e.g. they had returned to

			Australia from overseas in the past 14 days; they had a fever over 37.5 degrees; they had a confirmed case of COVID-19).
21 March 2020	25 March 2020	<b>Mass Gathering Directions (No 2)</b>	This direction continued to prohibit gatherings of over 500 people in an outdoor space, gatherings of over 100 people in an indoor space and introduced a new requirement that indoor gatherings could only occur if the number of people in that space did not exceed the size of that space in square metres divided by four.
23 March 2020	13 April 2020	<b>Hospital Visitors Directions</b>	This direction limited the people who can enter or remain on a hospital to patients or certain specified people. It also permitted the Chief Health Officer to exempt parts of the hospital from the direction. Limits were also placed on the number of visitors a patient could receive and the duration of care and support visits.  It prohibited a person from visiting in certain circumstances (e.g. they had returned to Australia from overseas within the past 14 day; they had a fever over 37.5 degrees; they had a confirmed case of COVID-19).
23 March 2020	25 March 2020	<b>Non-Essential Business Closure Directions</b>	This direction prohibited the operation of non-essential business or undertakings, which included: pubs, bars, clubs, hotels, gyms, indoor sporting centres, a casino, a cinema, nightclub, entertainment venue, a restaurant or café or a place of worship (except for weddings or funerals). Certain exclusions applied.
25 March 2020	13 April 2020	<b>Isolation (Diagnosis) Directions</b>	This direction required a person with a confirmed case of COVID-19 to travel directly to and stay at suitable premises or to attend a medical facility. The person could not allow anyone into the premises unless they already resided there, were also self-isolating or that person had to attend for medical or emergency purposes. These requirements stayed in place until the person was cleared of COVID-19.
25 March 2020	26 March 2020	<b>Non-Essential Activity Directions</b>	This direction continued to prohibit a number of non-essential businesses under the <b>Non-Essential Business Closure</b>

			<p><b>Directions</b> while expanding the prohibited list of activities to include:</p> <ul style="list-style-type: none"> <li>• some recreational facilities;</li> <li>• some entertainment facilities;</li> <li>• places of worship (with exceptions);</li> <li>• certain non-essential retail facilities;</li> <li>• food and drink facilities, unless for specific purposes;</li> <li>• camping grounds and caravan parks, unless for specific purposes;</li> <li>• swimming pools, unless they are on a private premises;</li> <li>• animal facilities for public visits; and</li> <li>• public auctions and open houses.</li> </ul> <p>The directions also imposed on open retail facilities requirements for signage, cleaning and density (i.e. number of people indoors).</p>
25 March 2020	30 March 2020	<b>Prohibited Gatherings Directions</b>	<p>This direction continued the prohibitions under the <b>Mass Gathering Directions (No 2)</b> but include new prohibitions on social sport gatherings (i.e. two people who do not reside together playing sport together) and weddings and funerals (i.e. only five people can attend a wedding and ten people can attend a funeral).</p>
26 March 2020	30 March 2020	<b>Non-Essential Activity Directions (No 2)</b>	<p>This direction continued to prohibit the same non-essential activities as the <b>Non-Essential Activity Directions</b>, revised to remove hair salons and barber shops from the list of non-essential retail facilities and to add sex on premises venues to the list of non-essential entertainment facilities.</p>
28 March 2020	13 April 2020	<b>Direction and Detention Notice</b>	<p>This notice was individually served on returned overseas travellers arriving at a Victorian airport or port to be detained at an assigned hotel room for a period of up to 14 days subject to a 24-hour review during each day of detainment. During detainment a person could not leave their hotel room without permission and only in specific circumstances (e.g. it was reasonably necessary for their physical or mental health). A person could not let anyone enter their room unless they were authorised, or the person was already detained with them.</p>

28 March 2020		<b>Revocation of Airport Arrival Direction and Cruise Ship Direction</b>	This direction revoked the <b>Airport Arrival Direction and Cruise Ship Direction</b> .
30 March 2020	7 April 2020	<b>Restricted Activity Direction</b>	This direction continued to prohibit many of the same non-essential activities as <b>Non-Essential Activity Directions (No 2)</b> but added additional prohibitions (e.g. playgrounds), provided that outdoor tennis and basketball centres may operate in specified circumstances and added an exception to the permitted operations of campsites and caravan parks for workers responding to the state of emergency.
30 March 2020	2 April 2020	<b>Stay at Home Directions</b>	<p>This direction required a person to stay at home unless they had to obtain goods or services, had care or compassionate reasons, to attend work and education, for exercise or other specified reasons.</p> <p>This direction prohibited indoor gatherings unless they were for specified reasons (e.g. to attend a funeral, for food or drink, care, work or education) and outdoor gatherings with more than one person. The direction included exceptions to allow for more people to gather in limited circumstances (e.g. when they ordinarily resided together).</p> <p>The direction also prohibited a person from permitting a person to enter their place of residence unless there were specified reasons (e.g. the person already resided there, or a person was undertaking emergency work on the premises).</p> <p>The direction included important exclusions to protect vulnerable people (e.g. a person could leave their home if they were at risk of harm).</p>
2 April 2020	7 April 2020	<b>Stay at Home Directions (No 2)</b>	This direction continued the same restrictions as the <b>Stay at Home Directions</b> but made a change to allow a person to visit another person if they are in an intimate personal relationship with that person.
7 April 2020	13 April 2020	<b>Care Facilities Direction</b>	This direction replaced the <b>Aged Care Facilities Directions</b> and limited the people who can enter or remain at a care

			<p>facility to residents or certain specified people. Limits were also placed on the number of visitors a person could receive and the duration of care and support visits. A care facility, for example, includes an alcohol and drug residential service, a homelessness residential service, a residential aged care service, a secure welfare service etc.</p> <p>Regardless of being a specified person, the direction prohibited a person from visiting in certain circumstances (e.g. the person returned to Australia from overseas within 14 days; had a fever over 37.5 degrees; had a confirmed case of COVID-19).</p>
7 April 2020	13 April 2020	<b>Restricted Activity Directions (No 2)</b>	This direction continued to prohibit many of the same non-essential activities as the <b>Restricted Activity Direction</b> but made some modifications, including to permit the broadcasting of ceremonies from places of worship and permit food and drink facilities to serve drivers of fatigue-regulated heavy vehicles.
7 April 2020	13 April 2020	<b>Stay at Home Directions (No 3)</b>	This direction continued the same restrictions as the <b>Stay at Home Directions (No 2)</b> but made some modifications, including to allow child minding arrangements.
13 April 2020	Ends on 11 May 2020	<b>Care Facilities Direction (No 2)</b>	This direction extended the restrictions in the <b>Care Facilities Direction</b> into the period of the extended declaration of a state of emergency with a change to clarify that a person who has been diagnosed with COVID-19 must receive clearance before visiting a care facility.
13 April 2020	Ends on 11 May 2020	<b>Direction and Detention Notice (No 2)</b>	The <b>Direction and Detention Notice</b> was updated to refer to the extended declaration of a state of emergency.
13 April 2020	Ends on 11 May 2020	<b>Hospital Visitors Directions (No 2)</b>	This direction continued the same restrictions in the <b>Hospital Visitors Directions</b> into the period of the extended declaration of a state of emergency, with minor revisions.

13 April 2020	Ends 11 May 2020	<b>Isolation (Diagnosis) Directions (No 2)</b>	This direction extended the restrictions in the <b>Isolation (Diagnosis) Directions</b> but made changes to refine the basis on which a person who has been diagnosed with COVID-19 can leave the premises where they are isolating.
13 April 2020	Ends on 11 May 2020	<b>Stay at Home Directions (No 4)</b>	This direction extended the prohibitions in the <b>Stay at Home Directions (No 3)</b> to the period of the extended declaration of a state of emergency, with minor revisions.
13 April 2020	Ended on 17 April 2020	<b>Restricted Activity Directions (No 3)</b>	This direction extended the prohibitions in the <b>Restricted Activity Directions (No 2)</b> to the period of the extended declaration of a state of emergency, with minor revisions.
17 April 2020	Ended on 24 April 2020	<b>Restricted Activity Directions (No 4)</b>	This direction continued the restrictions in the <b>Restricted Activity Directions (No 3)</b> and added golf courses to the list of restricted recreational facilities.
24 April 2020	Ends on 11 May 2020	<b>Restricted Activity Directions (No 5)</b>	This direction continued the restrictions in the <b>Restricted Activity Directions (No 4)</b> with minor revisions to clarify gambling facilities to be restricted and food and drink facilities permitted to operate upon the premises of a workplace.
11 May 2020	Ends on 31 May 2020	<b>Restricted Activity Directions (No 6)</b>	This direction extends the restrictions in the <b>Restricted Activity Direction (No 5)</b> .
11 May 2020	Ends on 31 May 2020	<b>Stay at Home Directions (No 5)</b>	This direction extends the restrictions in the <b>Stay at Home Direction (No 4)</b> .
11 May 2020	Ends on 31 May 2020	<b>Diagnosed Persons and Close Contacts Direction</b>	This direction extends the restrictions in the <b>Isolation (Diagnosis) Directions (No 2)</b> .
11 May 2020	Ends on 31 May 2020	<b>Care Facilities Direction (No 3)</b>	This direction extends the restrictions in the <b>Care Facilities Direction (No 2)</b> .
11 May 2020	Ends on 31 May 2020	<b>Hospital Visitor Directors (No 3)</b>	This direction extends the <b>Hospital Visitor Directions (No 2)</b> .
11 May 2020	Ends on 31 May 2020	<b>Restricted Activity Directions (No 7)</b>	This direction extends the restrictions in the <b>Restricted Activity Direction (No 6)</b> , but introduces various easing of restrictions.

11 May 2020	Ends on 31 May 2020	<b>Stay at Home Directions (No 6)</b>	This direction extends the restrictions in the <b>Stay at Home Direction (No 5)</b> , but introduces various easing of restrictions.
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**Question (Mr Riordan), page 35:**

**Mr RIORDAN:** So the answer is no to the updated modelling? There is no updated modelling?

**Prof. SUTTON:** The updated modelling has been done, again in line with what has been done nationally.

**Mr RIORDAN:** Could that be supplied to the Committee?

**Prof. SUTTON:** I imagine so, yes.

**Answer:**

The Victorian Government applies national modelling to Victoria's circumstances. The latest national model was updated and reflected in modelling that was publicly released by the Victorian Government on 20 April 2020.

This modelling showed that staying at home and other physical distancing requirements are working to slow the spread of coronavirus.

Further national work is being done on the impact of increased mobility, and this will be applied in future updates to Victoria's modelling.

The Victorian modelling can be found here: <https://www.dhhs.vic.gov.au/victorias-coronavirus-covid-19-modelling-confirms-staying-home-saves-lives>

The national modelling can be found here: <https://www.health.gov.au/news/modelling-how-covid-19-could-affect-australia>

**Question (Mr D. O'Brien), pages 50-52:**

**Mr D. O'BRIEN:** [...] Did the Australian Chief Medical Officer, Brendan Murphy, write to the Victorian Government seeking exemptions to restrictions on self-isolation for people suffering from mental health issues and those particularly with suicidal tendencies and did you reject that request for exemptions?

**Mr D O'BRIEN:** [...] did Professor Murphy write to the Victorian Government and ask that there be exemptions for people with mental health issues given that some of the restrictions would potentially exacerbate those mental health issues?

**Ms PEAKE:** Certainly not in relation to people who are confirmed cases, close contacts of confirmed cases or returned travellers. I am happy to go away and have a look if there was a request about an individual, but all of those requirements were on the basis of the advice from the committee that Professor Murphy chairs [inaudible] people with mental health conditions.

**Mr D O'BRIEN:** [...] Did the Federal CMO ask the Victorian Government to allow a little bit of compassion and leniency for people with mental health issues, and did you reject that request?

**Ms MIKAKOS:** I think the Secretary has just given you a very expansive answer.

**Mr D O'BRIEN:** Well, very expansive but did not actually answer the question. I am just asking: did you get a letter from Professor Murphy?

**Ms MIKAKOS:** The Secretary has just indicated to you that we are not aware of any request unless it related to a particular individual, and **she is prepared to go and have a look further to see if there was one in relation to a specific individual.**

**Answer:**

I am advised that the Australian Chief Medical Officer, Dr Brendan Murphy, did not write to the Victorian Government seeking broad exemptions to the Isolation (Diagnosis) Directions or the Stay at Home Directions for people with mental health conditions.

**Question (Mr D. O'Brien), page 52:**

**Mr D O'BRIEN:** [...] Can I just go to the issue of PPE now. Secretary, it is well known that we had a shortage—there is a global shortage—of PPE. **On what date did the department first place a bulk order for PPE to begin rectifying the shortage?**

**Ms PEAKE:** I might actually get Mr Symonds to just step you through that, Mr O'Brien.

**Mr SYMONDS:** [...] We have ordered across all of the lines of PPE required for COVID. There are substantial orders outstanding, but there are more than 100 000 items in the warehouse currently for each of those lines of essential PPE. We have been placing bulk orders since the first awareness we had of the COVID pandemic and the likely impact it would have upon the system, and we have been placing orders.

**Mr D O'BRIEN:** Can I ask when that would have been, Mr Symonds? Do you know?

**Mr SYMONDS:** I will take that on notice and try and find out for you the exact date if that is the question.

**Answer:**

The first bulk order for PPE was negotiated by Health Purchasing Victoria (HPV) on behalf of the statewide supply chain on 4 March 2020. This followed the establishment of a centralized procurement and distribution system involving HPV and Monash Health.

Prior to this, in line with their usual processes for devolved health services, each public health services were ordering PPE directly from suppliers in preparation for COVID-19. Public health services began these purchases between late January and mid-February.

**Question (Mr Hibbins), page 57:**

**Mr HIBBINS:** So in terms of just how many negative pressure isolation beds there are in Victorian hospitals?

**Ms MIKAKOS:** We will have to take that on notice for you.

**Answer:**

Advice from public health services shows that 429 negative pressure isolation rooms operate in Victorian public health services across intensive care units, emergency departments and other wards.

**Question (Mr Hibbins), page 57:**

**Mr HIBBINS:** And how many of the 515 ICU beds that we have are in negative pressure isolation rooms?

**Ms MIKAKOS:** I will have to take that one on notice.

**Answer:**

46 ICU beds are located in a negative pressure isolation room.

**Question (Mr Hibbins), page 57:**

**Mr HIBBINS:** [...] there has been a lot of focus on securing PPE, but obviously negative pressure isolation rooms reduce the risk of transmission within hospitals themselves and with the healthcare workers. **So within the expansion of beds and ICU beds, what is the Government actually doing to increase the number of negative pressure isolation rooms in hospitals?**

**Ms MIKAKOS:** I think we will come back to, perhaps, the issue of negative pressure. As I have said, the advice that I have is that it is not necessary for all patients requiring clinical care. But we will come back to you with some further information.

**Mr HIBBINS:** So you do not have any further—I mean, you indicated in a previous answer that part of the expansion of ICU beds and increased beds in hospitals was increased negative pressure zones.

**Ms MIKAKOS:** Yes.

**Mr HIBBINS:** When we talk about negative pressure zones are we talking about negative pressure isolation rooms?

**Ms MIKAKOS:** Yes, but I do not have a number for you, so we will take that on notice and come back to you.

**Mr HIBBINS:** No further information?

**Ms MIKAKOS:** But there are other services who I am aware of have increased negative pressure isolation rooms. **I just do not have a total number for you, but we will seek to endeavour to collate that number.**

**Answer:**

Special environmental controls, such as negative pressure isolation rooms, are not required in routine care of patients with COVID-19 as the pathogen is spread via contact and droplets.

**Question (Mr Hibbins), pages 57-58:**

**Mr HIBBINS:** [...] Moving on to the funding arrangements for private hospitals, my understanding is the State Government has paid private hospitals to make available or potentially make available their capacity, including ICU beds, diagnostics and staff, and that the agreement is that the private system will be reimbursed at cost per activity plus retention payment. **Can you give the Committee some understanding in terms of some more details around that? How much of that capacity has been used within the private system, how long will the ongoing retention payments be made and what has been the total funding allocated, or what will be the total funding allocated?**

[...]

**Mr HIBBINS:** I do not want you to think that I do not think that is wonderful that that is happening, but I guess we took a long time to get to not the answer that I was looking for, for a figure, so I think if you do not mind we might just move on, and **if there is further information you can furnish to the Committee around those funding arrangements that would be greatly appreciated.**

**Answer:**

Through the NPA on COVID-19 Response (the NPA), the Commonwealth provides a 50 per cent funding contribution to hospital services, state public health services, and private hospital payments for services commissioned. The Commonwealth will fully fund any viability payments to private providers.

Commonwealth funding to Victoria through the NPA is based on estimates provided to the Administrator of the National Health Funding Pool. Final Commonwealth funding will be subject to reconciliation against actual expenditure by Victoria. Commonwealth funding being provided is still being determined given the pace of change of the COVID-19 response.

The National Partnership on COVID-19 Response can be found at <https://www.coag.gov.au/sites/default/files/communique/covid19-npa.pdf>

Private Hospital Funding Agreement

The agreements include arrangements to provide funding for private hospitals to ensure system capacity is maintained throughout the pandemic. A framework for the pricing for specific services or the purchase of a specific ward is not included within the terms of the agreements.

The cost of commissioning patient treatment in private hospitals is equally shared between the Commonwealth and Victoria. Victoria has worked with the Commonwealth, through the NPA on COVID-19 Response, to ensure agreements with private hospitals guarantee their viability without underwriting profits.

The term of the Agreement commences on the date it was signed and terminates if certain events occur including material defaults and the date on which the Commonwealth ceases to be obliged to fund Victoria the 100 per cent contribution for costs incurred under Schedule B of the NPA. During the term, the Agreement allows for the State to effectively suspend the Agreement at a point where certain conditions are met. The Department may restart the Agreement again for an Operator if there is a spike in actual or suspected COVID-19 cases in an area or where the Commonwealth needs to mobilise resources. The parties also have a separate right to suspend or terminate the Agreement if they both agree to do so.

**Question (Mr Hibbins), page 60:**

**Mr HIBBINS:** Thank you, Minister. I want to move on to PPE. A lot of the PPE having to be bought is disposable, which obviously requires that it gets bought and it is thrown out and we have to look at new supplies, but some intensive care units are equipped with high-quality reusable respirators which can be cleaned and their filters changed between users. **Is this something that is currently in the mix, and to what extent are they being sourced and purchased?**

**Ms MIKAKOS:** [...]

**Mr HIBBINS:** I meant specific items.

**Ms MIKAKOS:** Yes, on the issue of the respirators I believed you asked specifically?

**Mr SYMONDS:** We have a PPE task force administratively to perform that is chaired by our Chief Medical Officer that includes clinicians from a range of disciplines. They have looked specifically at the question of reprocessing and re-use of items and getting of items.

**The CHAIR:** I am sorry to cut you off there. **Hopefully you might provide that answer to the Committee on notice.** The Member's time has expired.

**Answer:**

Reusable respirators have not been ordered by the central statewide supply chain. Some hospitals have independently purchased reusable respirators.

**Question (Ms Vallence), pages 61-62:**

**Ms VALLENCE:** Thank you, Minister. Professor Sutton, it was narrowed in early March. Is it fair to say that really this was because you had such a low number of testing kits available and you had to ration the number of tests?

**Ms MIKAKOS:** That is not correct. We have just explained that—

**Prof. SUTTON:** The original national criteria are the criteria that Victoria followed. We were following the determination of the Communicable Diseases Network Australia advice to AHPPC, as were many other states and territories, on the specifics of the testing criteria.

**Ms VALLENCE:** **So what was the lowest number of kits that we had in early March? What was the number of kits that we had available in early March?**

**Ms MIKAKOS:** We are just going over the same issue.

**Ms VALLENCE:** We are not going over the same issue; we are asking expressly for a number. **Perhaps we can have that tabled.**

**Answer:**

Pathology laboratories, as private organisations, order their own supplies. The department does not have a record of how many testing kits they had on their premises or on order in early March.

**Question (Ms Vallence), page 64:**

**Ms PEAKE:** So disability providers get their PPE, as the Minister has indicated, from the national stockpile, and there is an email they write to and then there is a triage process that applies. In terms of aged care, we do provide to the public sector aged care. We have supplied 99 526 surgical masks and 200 N95 masks as at 11 May. I understand that Commonwealth stocks for aged care, there are 469 500 surgical masks that have been applied for distribution in Victoria, 200 N95 masks—

**Ms VALLENCE:** Thanks, Ms Peake. **If we could we just have those figures tabled** rather than chewing up the time now.

**Answer:**

Public sector residential aged care services are supplied with Personal Protective Equipment (PPE) by the hospital or organisation which operates them, in the same way they internally order their business-as-usual supplies. As such, PPE is readily available to public sector aged care because the department supplies these organisations with PPE via the state supply chain. Once PPE is received by an organisation, the department does not capture how much is distributed internally to their aged care operations.

Grant Lodge (Djerriwarrh Health) a public sector residential aged care service received an allocation directly from the Commonwealth of 8,000 masks on 5 May 2020 in response to a confirmed COVID-19 case in the facility.

The four public sector residential aged services not located within a Victorian health service are also eligible to request PPE through the Commonwealth. We understand the Commonwealth has supplied a total of 2,300 masks and 60 units of hand sanitizer to these facilities.

**Question (Ms Vallence), page 65:**

**Ms VALLENCE:** [...] Look, I will quickly move, noticing the time, to elective surgeries. On 15 March the Government announced a surgery blitz, and I would like to know **exactly how many elective surgeries were completed under that program prior to the elective surgery shutdown.**

**Answer:**

The \$60 million elective surgery blitz was announced on 15 March but was paused in line with a National Cabinet decision to restrict all non-urgent elective surgery from the beginning of April. The elective surgery blitz will recommence as soon as it is safe to do so. The exact number of elective surgeries completed during this short window is still being finalized and may change as data entry and auditing occurs.

**Question (Ms Vallence), page 65:**

**Ms VALLENCE:** And whilst he is coming to the table I would also like to ask: **what is the total number of elective surgeries on the waiting list as at this time?**

**Answer:**

Elective surgery numbers are released quarterly, with the most recent data released on 1 May 2020.