

ATTACHMENT A

SCHEDULE OF DOCUMENTS - FOI 2371

Document No.	Pages	Description	Decision on access ¹	Exemption/s applied
1	2	Notification of COVID-19 Outbreak at Epping Gardens	REI	s 22 - page 1 (part) s 47F - pages 1 to 2 (part)
2	3	Email from DOH to Epping Gardens regarding outbreak	REI	s 22 - pages 1 to 2 (part) s 47F - pages 1 to 2 (part)
3	6	Fact Sheet - Families and residents on restricted visits to residential aged care facilities	R	
4	7	FAQs - Aged Care Workforce Support	R	
5	2	Know your rights during COVID-19	R	
6	9	Fact Sheet - First 24 Hours - Managing COVID-19 in a Residential Aged Care Facility	R	
7	2	MPS Staff Epping Gardens	E	s 47F - pages 1 to 2 (full)
8	2	MPS Residents Epping Gardens	E	s 47F - pages 1 to 2 (full)
9	20	COVID-19 Aged Care Support Program Guidelines GO3844	R	
10	3	Epping Gardens Operations Meeting Notes - 24/07/20	REI	s 22 - pages 1, 3 (part) s 47F - page 1 (part)
11	1	Epping Gardens Operations Meeting Email - 27/07/20	RI	s 22 - page 1 (part)
12	3	Epping Gardens Operations Meeting Notes - 27/07/20	REI	s 22 - page 1 (part) s 47F - pages 1 to 3 (part)
13	2	Epping Gardens Operations Meeting Notes - 29/07/20	REI	s 22 - pages 1 to 2 (part) s 47F - page 2 (part)
14	2	Epping Gardens Operations Meeting Email - 4/08/20	RI	s 22 - page 1 (part)
15	2	Epping Gardens Operations Meeting Notes - 4/08/20	REI	s 22 - page 1 (part) s 47F - pages 1 to 2 (part)
16	2	Epping Gardens Operations Meeting Preliminary Notes - 4/08/20	REI	s 22 - page 1 (part) s 47F - pages 1 to 2 (part)
17	1	Epping Gardens Operations Meeting Email - 6/08/20	RI	s 22 - page 1 (part)
18	2	Epping Gardens Operations Meeting Notes - 6/08/20	REI	s 22 - page 1 (part) s 47F - pages 1 to 2 (part)
19	1	Epping Gardens Operations Meeting Notes - 6/08/20	RI	s 22 - page 1 (part)
20	1	Epping Gardens Operations Meeting Email - 15/08/20	RI	s 22 - page 1 (part)

¹ E = Exempt in full, R = Release in full, REI = Release with exempt and irrelevant material removed, RI = Release with irrelevant material removed.

Document No.	Pages	Description	Decision on access ¹	Exemption/s applied
21	3	Epping Gardens Operations Meeting Notes - 15/08/20	REI	s 22 - pages 1 to 3 (part) s 47F - pages 1 to 3 (part)
22	1	Epping Gardens Operations Meeting Email - 8/08/20	RI	s 22 - page 1 (part)
23	3	Epping Gardens Operations Meeting Notes - 8/08/20	REI	s 22 - pages 1 to 3 (part) s 47F - pages 1 to 3 (part)
24	1	Epping Gardens Operations Meeting Email - 10/08/20	RI	s 22 - page 1 (part)
25	3	Epping Gardens Operations Meeting Notes - 10/08/20	REI	s 22 - pages 1 to 2 (part) s 47F - pages 1 to 3 (part)
26	2	Epping Gardens Operations Meeting Email - 17/08/20	REI	s 22 - pages 1 to 2 (part) s 47F - pages 1 to 2 (part)
27	1	Epping Gardens Operations Meeting Email - 21/08/20	RI	s 22 - page 1 (part)
28	3	Epping Gardens Operations Meeting Email - 21/08/20	REI	s 22 - pages 1 to 2 (part) s 47F - pages 1 to 2 (part)
29	3	Epping Gardens Operations Meeting Notes - 21/08/20	REI	s 22 - pages 1 to 3 (part) s 47F - pages 1 to 3 (part)
30	1	Epping Gardens Operations Meeting Email - 24/08/20	RI	s 22 - page 1 (part)
31	4	Epping Gardens Operations Meeting Notes - 24/08/20	REI	s 22 - pages 1 to 4 (part) s 47F - pages 1 to 4 (part)
32	3	Epping Gardens Operations Meeting Email - 26/08/20	REI	s 22 - pages 1 to 3 (part) s 47F - pages 1 to 3 (part)
33	1	Epping Gardens Operations Meeting Email - 26/08/20	RI	s 22 - page 1 (part)
34	4	Epping Gardens Operations Meeting Notes - 26/08/20	REI	s 22 - pages 1 to 4 (part) s 47F - pages 1 to 3 (part)
35	1	Epping Gardens Operations Meeting Email - 3/09/20	RI	s 22 - page 1 (part)
36	2	Epping Gardens Operations Meeting Notes - 3/09/20	REI	s 22 - page 1 (part) s 47F - page 1 (part)
37	2	Epping Gardens Operations Meeting Notes - 3/09/20	REI	s 22 - page 1 (part) s 47F - page 1 (part)
38	1	Epping Gardens Operations Meeting Email - 7/09/20	RI	s 22 - page 1 (part)
39	3	Epping Gardens Operations Meeting Notes - 7/09/20	REI	s 22 - pages 1 to 3 (part) s 47F - pages 1 to 2 (part)
40	2	Epping Gardens Resident and Staff List Email	E	s 22 - page 1 (part) s 47F - pages 1 to 2 (full)
41	6	Epping Gardens Resident List	E	s 47F - pages 1 to 6 (full)
42	3	Epping Gardens Staff List	E	s 47F - pages 1 to 3 (full)
43	1	Epping Gardens Phone Call Note - 21/07/20	REI	s 22 - page 1 (part) s 47F - page 1 (part)
44	1	Epping Gardens Phone Call Note - 21/07/20	REI	s 22 - page 1 (part) s 47F - page 1 (part)
45	2	Epping Gardens Phone Call Note - 22/07/20	REI	s 22 - pages 1 to 2 (part) s 47F - page 1 (part)

Document No.	Pages	Description	Decision on access ¹	Exemption/s applied
46	2	Epping Gardens Operations Meeting Notes - 27/07/20	REI	s 22 - pages 1 to 2 (part) s 47F - page 1 (part)
47	4	Epping Gardens - staffing	REI	s 22 - pages 1 to 3 (part) s 47F - pages 1 to 4 (part)
48	2	Epping Gardens - feedback	REI	s 22 - page 1 (part) s 47F - pages 1 to 2 (part)
49	4	Epping Gardens Phone Call Note - 28/07/20	E	s 22 - pages 1 to 2 (part) s 47F - pages 1 to 4 (full)
50	7	Victorian Aged Care Response Centre - FAQs	R	
51	2	Epping Gardens Email	REI	s 22 - pages 1 to 2 (part) s 47F - page 1 (part)
52	2	Epping Gardens Email regarding info session	REI	s 22 - pages 1 to 2 (part) s 47F - page 1 (part)
53	2	Epping Gardens Email	REI	s 22 - page 1 (part) s 47F - pages 1 to 2 (part)

s 22

From: Agedcare COVID Case <agedcareCOVIDcases@health.gov.au>
Sent: Monday, 20 July 2020 12:38 PM
To: DL COVID SUPPORT EXECUTIVE
Cc: s 22
Subject: Agedcare COVID Case; s 22
FW: Positive COVID 19 staff member [SEC=OFFICIAL]

Dear all

Report of a new case today.

Regards

s 22

Assistant Director – Aged Care COVID-19 Liaison

Aged Care Reform and Compliance Division | Ageing and Aged Care Group
Aged Care COVID-19 Measures Implementation Branch
Australian Government Department of Health

s 22

s 22

GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: s 47F
Sent: Monday, 20 July 2020 12:28 PM
To: Agedcare COVID Case <agedcareCOVIDcases@health.gov.au>
Subject: Positive COVID 19 staff member [SEC=No Protective Marking]

REMINDER : Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Good Morning

We need to advise we have received notification of a Staff member who has tested positive for COVID 19.

We have contacted the Victorian Public Health Unit on 1300 651 160 and advised the details of the staff member.

We currently waiting on call back from the assigned case manager (form PHU)

Key contacts at the facility are.

s 47F

Thank You

s 47F

THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH

From: s 22
Sent: Monday, 20 July 2020 5:36 PM
To: s 47F
Cc: s 22
Subject: Epping Gardens - Australian Government Department of Health supports and Sonic testing templates [SEC=UNOFFICIAL]
Attachments: coronavirus-covid-19-information-for-families-and-residents-on-restricted-visits-to-residential-aged-care-facilities.pdf; Coronavirus-covid-19-aged-care-workforce-measures-frequently-asked-questions (updated 2 July) PUBLISH.pdf; OPAN_COVID_Know your rights ERA A4_V2.pdf; First 24 hours-managing COVID-19 in a residential aged care facility.pdf; MPS_Staff_Epping Gardens.xlsx; MPS_Residents_Epping Gardens.xlsx; Grant Opportunity Guidelines - GO3844 - COVID19 - Aged Care Support Program.pdf

Good afternoon s 47F

Thank you for talking with me today regarding a confirmed staff case of COVID-19 at Epping Gardens.

As discussed, I will be in regular contact with you during this time for updates, including resident deaths and hospital transfers, and ongoing needs for PPE and staffing.

As also discussed, could you please provide the floor plan for the service. Please let me know if this can be shared with the PHU.

In-Reach Pathology – Rapid Collection and Testing

We strongly encourage your staff to be tested through Sonic Healthcare as it greatly assists to expedite the process.

Please complete the attached Sonic testing templates and send them to s 47F with a cc to me s 47F at your earliest convenience. I will let you know when the date and time for testing has been arranged with Sonic.

Sonic also requires contact details for one medical practitioner who will receive the results. Please provide the medical practitioner's:

- name
- mobile number and
- provider number.

For queries regarding completion of paperwork and logistics on the day of testing, please contact s 47F at Melbourne Pathology on (03) 8347 7050 or 0421 586 654.

For all other queries regarding the above, please contact me as per my contact details below.

We also request that you keep a log of residents and staff who have been tested, including results, test dates and the date on which results were received.

In the event of new confirmed cases of COVID-19, please contact the state Public Health Unit on 1300 651 160 and the Department at agedcarecovidcases@health.gov.au. Please also contact me (details in my signature block below).

You may be aware the Department has a number of measures in place to support aged care providers impacted by COVID-19. These include:

Personal Protection Equipment (PPE)

You advised that you have adequate PPE for your current needs.

Should your service require additional PPE to care for confirmed COVID-19 residents, you can contact the Department to request PPE at agedcarecovidPPE@health.gov.au. Please cc me in so I can ensure the request is considered as a priority.

Surge Workforce

Further to the existing temporary surge workforce through Mable's online platform and emergency response teams and remote locums through Aspen Medical, the Department has engaged **Recruitment, Consulting and Staffing Association (RCSA) and Health Care Australia (HCA)** to provide surge workforce, commencing 1 July 2020, to ensure continuity of aged care during COVID-19.

The new services recognise the ongoing need of residential and home care providers to readily access experienced and qualified staff and allow access to a wider pool of workforce suppliers to supplement their workforce when managing a COVID-19 outbreak.

Under the existing measures, the Department will continue to pay the costs of staff deployed where a COVID-19 outbreak is experienced by an aged care provider and staff are engaged through Aspen Medical for emergency response teams and remote locums, and for staff engaged through Mable. Staff engaged through RCSA and HCA will be invoiced directly to the providers.

Aged Care Support Program Grant

- The COVID-19 Aged Care Support Program will reimburse eligible aged care providers for staffing and eligible expenditure incurred on managing direct impacts of COVID-19. The Program will run over 2 years from 2019-20 to 2020-21. The Program will assist Residential Aged Care, National Aboriginal and Torres Strait Islander Flexible Aged Care Program and Home Care Package providers that are subject to direct COVID-19 impacts, to deliver continuity of safe quality care for consumers.
- To apply or find out more information about this grant visit the [GrantConnect website](#) and search for GO3844 COVID19 - Aged Care Support Program.
- Contact Details Phone: 02 6289 5600 Email Address: Grant.ATM@health.gov.au (FAQs attached).

Free Advocacy Services

- OPAN (Older Persons Advocacy Network) is a national aged care advocacy organisation that can provide residents with free, confidential aged care advocacy services and information.
- OPAN - national contact number is 1800 700 600 and email is covid@opan.com.au (flyer attached)
- s 47F from ERA can be contacted directly on s 47F .

COVID-19 information and resources

You can stay up to date with the most current COVID-19 information and resources at [Aged Care COVID-19 Information](#) and access the [COVID-19 Online Training Modules](#) available to support Aged Care staff.

If you have any questions, please do not hesitate to contact me.

Kind regards

s 22

Departmental Officer

COVID-19 information is being updated daily, for current advice visit www.health.gov.au

Health Grants Network Division | Health State Network VIC
Australian Government Department of Health

s 22

PO Box 9848, Melbourne, VIC 3001, Australia

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present

THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH



FACT SHEET

Families and residents on restricted visits to residential aged care facilities

19 June 2020

To protect older Australians living in residential aged care facilities during the COVID-19 pandemic, Governments have put restrictions on visits. We continue to move towards a COVIDSafe Australia and ease restrictions around the country. During this time some restrictions will remain in place for aged care facilities to protect older Australians. Other restrictions are being eased. This fact sheet aims to explain the restrictions and the reasons behind them.

What is COVID-19 (coronavirus)?

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus (SARS-CoV-2). It was first reported in December 2019 in Wuhan City in China. It has become a global pandemic.

How is it spread?

The infection can spread from person to person through:

- direct contact with droplets from an infected person coughing or sneezing
- touching objects or surfaces (like doorknobs or tables) that have droplets on them from an infected person, and then touching your mouth or face.

People with COVID-19 are infectious from approximately 48 hours before they get symptoms.

What are the symptoms?

The symptoms of COVID-19 are similar to colds and influenza and may be mild. They can include:

- Fever
- Sore throat
- Cough
- Shortness of breath or difficulty breathing
- Fatigue

Why is this virus so dangerous for older people?

The risk of serious illness from COVID-19 increases with age. The highest rate of fatalities is among older people. The rate is higher for those with other serious health conditions or a weakened immune system. There is currently no cure or vaccine for COVID-19.

For people living with dementia or some form of cognitive impairment it may be difficult to:

- follow instructions to reduce their risk of getting COVID-19, or
- alert others about potential symptoms.

This is especially so where there is a limited capacity to communicate verbally or express pain and discomfort.

To protect older Australians and those with weakened immune systems from COVID-19 we all need to work together.

For Families

I have a relative in a residential aged care facility, can I visit them?

Governments have put restrictions in place to protect residents and workers in residential aged care facilities (RACF).

The following people cannot enter residential aged care facilities:

- People who have returned from overseas in the last 14 days
- People who have been in contact with a confirmed case of COVID-19 in the last 14 days
- People who are unwell, including with a fever or symptoms of acute respiratory illness (e.g. cough, sore throat, runny nose, shortness of breath)
- People who do not have an up-to-date (i.e. 2020) flu vaccination.

Children of all ages can now visit RACFs. All visitors, including children, must follow any restrictions. This includes visitor numbers, physical distancing and personal hygiene.

Facilities should not allow large group visits.

Care providers understand any limits on visits may pose challenges for families. Providers should manage cases compassionately. This includes giving special consideration to end-of-life situations, palliative care and dementia units.

Why do some facilities have more restrictions on visits?

In addition to national guidance, State and Territory authorities implement guidelines that reflect local conditions. Individual aged care providers might also implement restrictions that relate to their setting. This may happen when there is an outbreak near or in the facility.

Aged care peak bodies and consumer advocacy organisations have released an [Industry Code for Visiting Residential Aged Care Homes during COVID-19](#). The Code includes the rights and responsibilities of providers, residents and visitors. Under the Code, providers should allow residents to have visitors in a way that minimises the risk of introducing or spreading COVID-19 in the facility.

If you are unable to visit someone call the facility to understand what processes are in place. If you have concerns with the facility's actions, contact:

- the Older Person's Advocacy Network on **1800 237 981**, or
- the Aged Care Quality and Safety Commission on **1800 951 822**.

How will my visit be different to previous visits?

When you visit a facility you need to:

- limit visits to a maximum of two visitors at one time per resident
- conduct visits in a resident's room, outdoors, or in a specific area designated by the aged care facility
- not visit in communal areas with other residents
- show evidence you have received your 2020 flu vaccination.

There is no time limit on visits from spouses, other close relatives and social supports.

All visitors must practise physical distancing, staying 1.5 metres away from other people whenever possible.

Should I continue to visit friends and relatives in RACFs?

Yes. If you are well you should continue to visit friends and relatives in aged care facilities. Sometimes you can't visit a resident in aged care as often as you would like. There are other ways to keep in touch and stay connected. You can keep in touch by:

- phone calls
- video calls
- social communication apps
- sending a postcard
- sharing photos, artwork, or short home videos

If you often visit someone living with a cognitive impairment, consider other ways to maintain social contact. This will help reassure individuals who may feel anxious about possible changes to their day to day life. For more information you can contact the National Dementia Helpline on **1800 100 500**.

What about outings?

Residents can leave facilities to attend small family gatherings. This includes close friends, partners, couples and siblings/familial groups in a facility. You will need to tell the facility the location of the outing, the number of people involved and the date.

What else can I do to protect my loved one in aged care?

Even if you are feeling well, it is important to take steps to prevent the spread of this virus. Good hygiene and staying 1.5m away from other people are the best defences against COVID-19 for you and your family. Steps you can take include:

- Supervising any children who are with you to make sure they follow physical distancing and hygiene advice
- Covering your coughs and sneezes with your elbow or a tissue
- Disposing of used tissues into a bin immediately and washing your hands
- Washing your hands often with soap and water, or using an alcohol-based hand sanitiser. This includes before and after eating, after going to the toilet, and when you have been out in public
- Cleaning and disinfecting surfaces you touch regularly
- Keeping a distance of at least 1.5 metres between yourself and others
- If you are sick, avoiding contact with others.

If you start to feel unwell, phone the National Coronavirus Helpline on **1800 020 080** or your GP. They will provide you with further advice.

For Residents

Can I see my family?

Yes. Spouses, other close relatives and social supports can visit you. There is no limit to the number of hours that they spend with you.

Only two people should visit you at the same time.

All visitors, including children, must follow any restrictions. This includes visitor numbers, physical distancing and personal hygiene.

If for any reason you can't have visitors, stay in touch by video call or phone.

If your local community has active cases of COVID-19, the facility may increase restrictions. For example, they may restrict visiting service providers. This is most likely if:

- there are cases in suburbs or towns surrounding the facility, and
- those cases have not been acquired overseas.

These arrangements protect you and other residents from COVID-19.

Can I go on outings?

Yes. You can attend small family gatherings, including with close friends and family from your facility. You or your family will need to tell the facility the location of the outing, the number of people involved and the date.

Other external excursions for groups of residents are not permitted.

Can I see my relatives aged 16 and under?

Yes. Children of all ages can visit. Children must be supervised at all times during the visit.

What about palliative care?

Yes. Visits are allowed for palliative care. Sometimes the facility may need to increase their restrictions due to local circumstances. If so, providers are expected to show compassion and make sensible decisions on a case-by-case basis for residents receiving palliative care.

When will these restrictions finish?

You should plan for these restrictions, at varying levels, to be in place for a number of months.

What if I'm coming from another facility?

Facilities should screen residents entering or returning from other health facilities and community settings for symptoms of COVID-19.

Further information can be found in the CDNA National Guidelines:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

Is there a chance these restrictions may increase?

The COVID-19 pandemic continues to change. The current restrictions reflect the low rates of COVID-19 transmission in Australia. Governments or individual facilities may decide to increase restrictions if the local or national situation changes.

More information

For the latest advice, information and resources, go to <http://www.health.gov.au>

Call the National Coronavirus Helpline on **1800 020 080**. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call **131 450**.

The phone number of your state or territory public health agency is available at <http://www.health.gov.au/state-territory-contacts>

If you have concerns about your health, speak to a doctor.

If you, a family member or friend needs crisis support, please call Lifeline on **13 11 14**.

For other support with mental health and wellbeing, visit headtohealth.gov.au



FAQS

AGED CARE WORKFORCE SUPPORT

02/07/2020

On 12 April 2020, the Minister for Aged Care and Senior Australians, Senator The Hon Richard Colbeck, [announced](#) details about workforce surge support to ensure continuity of aged care during COVID-19.

The workforce surge support includes:

- Access to a **temporary surge workforce**, to help providers if they are unable to fill critical skills because of infection or staff having to quarantine or isolate.
- **Emergency response teams** which are on standby, through Aspen Medical, if there's a significant outbreak in a residential aged care facility.
- **Remote locums**, available through Aspen Medical, to support aged care providers in remote Australia if they are unable to source staff.

The Australian Government has funding arrangements in place for each of the workforce surge supports for eligible aged care providers. It will either pay the costs upfront or providers will be able to seek reimbursement of costs via the [COVID-19 Aged Care Support Grant Program](#).

Further detailed information on each activity is provided below.

Temporary surge workforce support

Eligibility	When	How
Approved provider of: <ul style="list-style-type: none"> Residential aged care NATSIFACP Home Care Packages 	<ul style="list-style-type: none"> Have a COVID-19 outbreak Exhausted all other recruitment avenues 	<ul style="list-style-type: none"> Inform your public health unit (PHU) Inform the Australian Government Department of Health by emailing agedcarecovidcases@health.gov.au A Departmental officer will be in contact with all providers directly impacted by COVID-19 and will assist with access to surge workforce

What is the temporary surge workforce support?

If you are experiencing a case or outbreak of COVID-19 you may be eligible for additional workforce support through one of the below channels:

- Mable** – a workforce brokering platform that links providers to skilled workers across nursing, allied health, personal care, domestic assistance and social support services.
 The Australian Government will pay the costs of staff deployed on behalf of eligible aged care providers engaged through Mable.
- The Recruitment Consulting Staffing Association (RCSA)** – a dedicated 24/7 concierge service to find appropriately skilled staff to support their aged care service through healthcare recruitment agencies.
 Email: healthworkforce@rdsa.com.au
 Phone: 1800 943 115

Eligible aged care providers will be invoiced directly for staff costs and can then seek reimbursement of costs via the [COVID-19 Aged Care Support Grant Program](#).

- Healthcare Australia (HCA)** – a dedicated 24/7 concierge service to source and place appropriately skilled staff across nursing, allied health, personal care and domestic assistance.
 Email: covid.agedcare@healthcareaustralia.com.au
 Phone: 1300 749 333

Eligible aged care providers will be invoiced directly for staff costs and can then seek reimbursement of costs via the [COVID-19 Aged Care Support Grant Program](#).

These arrangements provide options and different approaches to meet individual provider needs. They are designed to fill an immediate gap while the aged care provider finds a longer-term solution, which includes staff returning from isolation or

quarantine due to COVID-19. Eligible approved aged care providers will be able to engage the required workforce for up to four (4) weeks initially.

Who is eligible?

The following Commonwealth funded approved aged care providers with one or more services directly impacted by COVID-19 are eligible:

- Residential aged care providers
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)
- Home Care Package providers.

Directly impacted means services with one or more COVID-19 case.

Providers must have exhausted their existing resource recruitment channels before they are eligible to access funded workforce support.

How do I access surge workforce support?

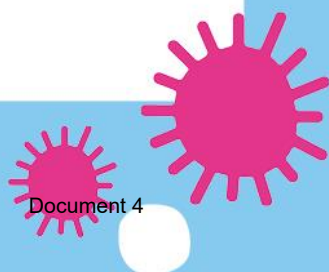
Eligible approved aged care providers experiencing a case or outbreak of COVID-19 must first let the Department of Health know by emailing agedcarecovidcases@health.gov.au

A departmental officer will assist providers to access surge workforce support.

Can I get access workers from Mable if my service is not directly impacted by COVID-19?

If an aged care provider is not directly impacted by COVID-19 they are not eligible to access funded temporary surge workforce support.

Aged care providers can still access these and any other existing workforce supply channels if they are not directly impacted by COVID-19 however, they may not be eligible for Commonwealth funded support.



Emergency response teams (ERT)

Eligibility	When	How
Approved provider of: <ul style="list-style-type: none"> Residential aged care 	<ul style="list-style-type: none"> Significantly and directly impacted by COVID-19 No longer have capacity or capability to deliver quality care due to COVID-19 	<ul style="list-style-type: none"> Inform the Department of Health of your COVID-19 case or outbreak by emailing agedcarecovidcases@health.gov.au A Departmental officer will be in contact with all providers directly impacted by COVID-19 and will deploy Aspen Medical ERT if assessed as needed

What is an emergency response team (ERT)?

Aspen Medical has been engaged by the Department to deploy ERTs. ERTs support an approved residential aged care provider to assess their level of preparedness, infection control protocols and workforce needs. A range of experts and personnel can be deployed to support providers.

Who is eligible?

Commonwealth funded approved residential aged care providers with one or more services significantly and directly impacted by COVID-19.

How do I access an ERT?

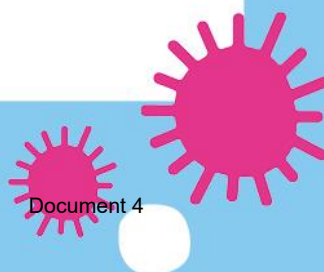
Let the Department of Health know that you have a case or outbreak of COVID-19 by emailing agedcarecovidcases@health.gov.au

A departmental officer will contact the residential aged care provider to discuss what support might be needed and offer to deploy a clinical first responder.

The clinical first responder will contact the residential aged care provider to provide advice and support immediately over the phone. They will then be on site within 24 hours (subject to travel time).

Once on site, the clinical first responder, with the provider, will assess the situation at the facility. They will determine workforce requirements and arrange for appropriate staff to be deployed for an initial period of 16 days. The clinical first responder is available to the provider throughout the duration of the outbreak.

This will allow the provider to continue delivering quality aged care services and to work on establishing longer-term strategies.



Remote Locum Workforce Support

Eligibility	When	How
Approved providers of: <ul style="list-style-type: none"> Residential aged care NATSIFACP Home Care Packages who operate in remote locations	<ul style="list-style-type: none"> Directly affected by COVID-19 Exhausted all other usual recruitment avenues 	<ul style="list-style-type: none"> Inform the Department of Health of your COVID-19 case or outbreak by emailing agedcarecovidcases@health.gov.au Departmental officer will be in contact with all providers directly impacted by COVID-19 and will seek Aspen to deploy remote locums

What is remote locum workforce support?

Aspen Medical have been engaged by the Department to have pre-qualified and trained staff available for approved aged care providers in remote locations directly impacted by COVID-19. This will enable providers to access remote locum workforce support in the event that they are unable to find staff through their usual channels.

Who is eligible?

The following Commonwealth funded approved aged care providers operating in remote locations with one or more services directly impacted by COVID-19 are eligible:

- Residential Aged Care
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)
- Home Care Package providers.

Directly impacted means services with one or more COVID-19 infected, quarantined or isolated residents/clients/staff.

How do I access remote locum workforce support?

Let the Department of Health know that you are experiencing a case or outbreak of COVID-19 by emailing agedcarecovidcases@health.gov.au

A departmental officer will contact the provider to discuss what support is needed. If the Department assesses that the provider may need access to remote locums, they will contact Aspen to identify and deploy suitable locums.

COVID-19 Aged Care Support Program

Eligibility	When	How to access
Approved provider of: <ul style="list-style-type: none"> Residential aged care NATSIFACP Home Care Packages 	Reimbursement of expenses due to direct impact of COVID-19 once direct COVID-19 impacts are resolved	Application form available on GrantsConnect: www.grants.gov.au

What is the COVID-19 Aged Care Support Program?

The COVID-19 Aged Care Support Program is a grant program that will reimburse eligible aged care providers for eligible expenditure incurred for managing direct impacts of COVID-19. The program will run over two years from 2019-20 to 2020-21.

Who is eligible?

The following Commonwealth funded approved aged care providers with one or more services directly impacted by COVID-19 are eligible:

- Residential aged care
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)
- Home Care Package providers.

Directly impacted means services with one or more COVID-19 infected, quarantined or isolated residents/clients/staff between 24 February 2020 and 31 May 2021.

Who is not eligible?

You are not eligible to apply if you are:

- An approved residential, NATSIFACP or Home Care Package provider who plans and prepares to manage COVID-19 but does not experience a direct impact.
- An approved residential, NATSIFACP, or Home Care Package provider with Business Interruption Insurance including COVID-19 coverage.
- An approved residential aged care provider that is not directly impacted but has experienced a decline in the rate of entry resulting in reduced occupancy rates and financial viability issues.

Other providers not eligible to apply are:

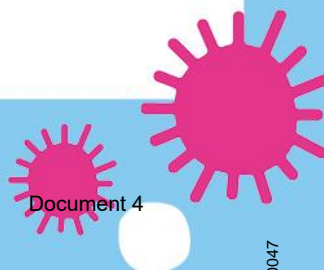
- A Commonwealth Home Support Program (CHSP) service. Other assistance is available [for CHSP providers](#).
- A state government funded and/or operated approved residential, flexible or Home Care Package provider.
- A non-approved aged care service provider.

When can I apply?

You can apply for reimbursement of eligible expenditure between the Trigger Date (the date on which the first resident, client or staff member is tested for COVID-19) and the End Date (the date on which direct COVID-19 impacts are resolved i.e. there are no infected or isolated residents, clients or staff). This means an application must only be submitted after the end date, when the impact of COVID-19 is resolved.

The grant is open now and the application form can be accessed at GrantsConnect:
<https://www.grants.gov.au>

THIS DOCUMENT HAS BEEN RELEASED
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UNDER THE
FREEDOM OF INFORMATION ACT 1982 (CTH)





Know your rights during COVID-19

We understand that this is an extremely difficult time for you and your families. Supporting you during this is of the utmost importance to us. It's critical you understand what your rights are, what support systems are in place and how to get help.

What are my rights?

Even though some residential aged care facilities have implemented new restrictions, it is important that your rights continue to be upheld. The Charter of Aged Care Rights from the Aged Care Quality and Safety Commission includes 14 rights that you are always entitled to, including the right to aged care advocacy.

I have the right to:

- ▶ safe and high quality care and services
- ▶ be informed about my care and services in a way I understand
- ▶ have control over and make choices about my care, and personal and social life, including where the choices involve personal risk
- ▶ live without abuse and neglect
- ▶ have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions
- ▶ have a person of my choice, including an aged care advocate, support me or speak on my behalf

What is advocacy?

Aged care advocates walk alongside older people and their families, to provide them a voice and to work at their direction. We are independent from aged care providers and government.

OPAN (Older Persons Advocacy Network) is a national aged care advocacy organisation that can provide you with free, confidential aged care advocacy services and information.

Elder Rights Advocacy is the Victorian OPAN member.

How do I get help?

For support, information and/or advocacy services, please contact us on **1800 700 600**. This phone line is active 6am-10pm every day, and can log requests for follow ups after hours. Calling this number in Victoria will connect you to Elder Rights Advocacy, OPAN's Victorian member.

Alternatively, you can also email **covid@opan.com.au** - please include your contact number and your State or Territory.

Within 24 hours, you will then be contacted by one of our aged care advocates who can support you individually or work with families and aged care service providers.

You can view the full Charter of Aged Care Rights on the back of this flyer.

Advocacy Line
6am - 10pm (every day)



1800 700 600

Your rights in aged care

The Charter of Aged Care Rights

I have the right to:

1. safe and high quality care and services
2. be treated with dignity and respect
3. have my identity, culture and diversity valued and supported
4. live without abuse and neglect
5. be informed about my care and services in a way I understand
6. access all information about myself, including information about my rights, care and services
7. have control over and make choices about my care, and personal and social life, including where the choices involve personal risk
8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions
9. my independence
10. be listened to and understood
11. have a person of my choice, including an aged care advocate, support me or speak on my behalf
12. complain free from reprisal, and to have my complaints dealt with fairly and promptly
13. personal privacy and to have my personal information protected
14. exercise my rights without it adversely affecting the way I am treated

Advocacy Line
6am - 10pm (every day)

FOI 2371



2 of 2

1800 700 600

Document 5



FIRST 24 HOURS - MANAGING COVID-19 IN A RESIDENTIAL AGED CARE FACILITY

29 June 2020

The first 24 hours

Residential aged care facilities should follow these steps in order, following the identification of a COVID-19 positive case.

The Communicable Diseases Network Australia (CDNA) has developed national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities. You can find the CDNA guidelines [here](#).

The Commonwealth Department of Health is referred to as the Commonwealth in this document to avoid confusion with state and territory departments.

First 30 minutes

1. Isolate and inform the COVID-19 positive case(s)

If the COVID-19 positive person is a staff member they must immediately:

- leave the premises and isolate at home as directed by the public health unit (PHU). They must stay in isolation until the PHU clears them.

If the COVID-19 positive case is a resident they:

- should be immediately isolated in a single room with an ensuite, if possible.
- may be transferred to hospital or other accommodation if clinically required.

Use PPE for any interactions with positive cases.

Place all of the following outside affected residents' rooms –

- 1) Contact and droplet precaution signs
- 2) Alcohol-based hand rub
- 3) Appropriate PPE and hands-free bins for used PPE

Sensitively inform the resident and their family of their diagnosis. Place a template for this conversation in your outbreak management plan.

2. Contact your local Public Health Unit (PHU)

Immediately notify the PHU. It will coordinate the public health response to the outbreak.

- NSW - 1300 066 055
- WA - 08 9222 8588 or 08 6373 2222 (if confirmed COVID-19)
- SA – 1300 232 272
- NT - 08 8922 8044
- ACT - (02) 5124 9213 After Hours: 02 9962 4155
- QLD - 13 432 584 (13 HEALTH)
- TAS - 1800 671 738
- VIC - 1300 651 160

3. Contact the Commonwealth Department of Health

Immediately notify the Commonwealth Department of Health at agedcareCOVIDcases@health.gov.au of any cases of COVID-19 among residents and staff.

The Commonwealth will appoint a case manager who is the Commonwealth's single point of contact for the residential aged care facility.

The case manager will connect you with resources to manage the outbreak. Resources include PPE, surge workforce, supplementary testing, and access to primary and allied health care.

4. Lockdown the residential aged care facility

Review the visitor log to determine who is on site.

Evacuate non-essential people from the residential aged care facility.

Ask all residents to remain in their rooms. Providers must sensitively inform residents of the reason for the lockdown.

Avoid resident transfers if possible.

Reinforce standard precautions including hand hygiene, cough etiquette and staying 1.5m away from other people throughout the facility.

Minutes 30-60

5. Convene your outbreak management team

The provider is responsible for managing the outbreak and taking a strong leadership role with support from the PHU.

The PHU will investigate cases and contacts and advise on infection control and isolation.

Bring together the outbreak management team to direct, monitor and oversee the outbreak. They will provide key decision making and crisis management during the outbreak. The team should include:

- upper management
- on-the-ground facility management, and
- a person who can report on the current status and implement actions agreed by the outbreak management team.

Nominate an outbreak coordinator, and designate and agree key roles and responsibilities.

This team should comprise:

- Chairperson (facility Director, Manager or nursing manager)
- Secretary
- Outbreak coordinator (nurse infection control practitioner or delegate)
- Media spokesperson
- Visiting GPs
- Public health officers

A small number of staff may need to perform multiple roles in the team.

6. Activate your outbreak management plan

Activate your outbreak management plan.

Identify any gaps that need to be addressed.

Distribute the plan to all involved stakeholders so they are across the plan.

7. Establish screening protocols

Establish screening protocols for all people entering the residential aged care facility.

Place appropriate and clear signage across the facility. Signage should inform all residents and visitors that the facility is now in lockdown and responding to a COVID-19 outbreak. You can find signage [here](#).

Screen new and returning residents entering the facility for respiratory symptoms and fever.

8. Release an initial communication

Inform residents, staff, families and key stakeholders of a COVID-19 diagnosis within the residential aged care facility.

Providers with multiple services should consider communications for other sites.

An effective outbreak management plan should have some pre-prepared email templates already drafted for this initial communication.

Services like [OPAN](#) can assist.

Hours 2-3

9. Contact tracing

The local PHU will lead contact tracing. They will identify anyone who has spent 15 minutes or more, within 1.5 metres of the COVID-19 positive person. The PHU may send some staff home to quarantine and you may need to bring other staff on site.

Increase monitoring of all residents for any symptoms, however mild, of COVID-19. Take clinical observations two to three times a day.

10. Identify key documents

Both the PHU and the state branch of the Commonwealth will need:

- a) A detailed floor plan. It should include residents' rooms, communal areas, food preparation areas, wings, and how staff are apportioned to each area.
- b) An up-to-date list of residents. It should identify residents with COVID-like symptoms, onset date, testing status, their location in the facility, and staff contacts.
- c) A list of all staff employed by the facility.
 - i. Include their names, contact details, dates of birth and Medicare numbers.
 - ii. Include people providing primary care or allied health services.
 - iii. Note if staff work across multiple aged care services (including other residential facilities, home care, etc).
- d) A list of the respiratory specimens collected and the results of tests.

This information will likely be collated on a line list with assistance from the PHU. A line list describes people infected in terms of time, place and person.

11. PPE stocktake

Carry out an analysis of current PPE and hand sanitiser stock levels. Estimate what you will require over the coming fortnight.

The email to organise additional (free) PPE in an outbreak is:

<mailto:agedcarecovidppe@health.gov.au>

The PHU may be able to help you access state and territory stocks until the supplies arrive from the Commonwealth.

12. Communication

Expect and prepare to manage a very high volume of calls from families and the media. Incoming calls within the first 24 hours alone could be 1,000-2,000.

Appoint staff to manage communications and take the calls.

Establish a single point of contact for media queries.

Develop a script or talking points to assist those taking the calls.

Prepare a holding statement and update as appropriate.

Again, services like [OPAN](#) can assist.

Hours 4-6

13. First meeting of the Outbreak Management Team

The outbreak management team should meet within 4-6 hours of identifying a case. It should continue to meet daily to direct and oversee the management of the outbreak.

The outbreak management team will be supported by:

- A State/Territory Department of Health representative responsible for in-reach services
- A case manager from the Commonwealth to assist with providing PPE, access to supplementary pathology testing (if required), and surge workforce.
- The Aged Care Quality and Safety Commission who are concerned with the safety and welfare of residents.

14. Bolster your staff and plan your roster

The residential aged care facility will need more staff and a higher proportion of RN staff than usual. Keep in mind up to 80-100% of the workforce may need to isolate in a major outbreak. There may be difficulty recruiting agency staff during an outbreak.

The provider should fill the roster through usual workforce arrangements and agency contacts as far as possible.

Where the provider is unable to sufficiently staff the facility, the Commonwealth case manager can assist. They can help access staff through contracts with Aspen and Mabel.

You should allocate separate staff for COVID-19 positive, COVID-19 suspected and non-COVID-19 residents.

Plan what you would do if key staff or the CEO became unwell.

15. Conduct testing

Urgently test all residents and staff for COVID-19 to understand the status of the outbreak.

In conjunction with the PHU, establish a staff and resident testing regime. The PHU will undertake testing.

The Commonwealth can support testing through Sonic Healthcare if required following consultation with the PHU. The Commonwealth's case manager can assist with this.

Encourage staff to be tested through Sonic to ensure rapid results. Sonic are contracted to provide results rapidly.

16. Clinical management of COVID-positive cases

Clinically manage COVID-19 positive cases to address all their needs. Consider whether the resident's condition warrants a transfer to hospital. Do this in consultation with the resident.

Unwell residents must be reviewed by their GP regardless of whether an outbreak is present or not.

If a COVID-19 outbreak is present, all visiting GPs should be informed at the start of an outbreak. The facility should be engaging with the PHU and other relevant clinicians in these matters.

Hours 6-12

17. Cohorting and relocation

Determine what cohorting arrangements to implement at the facility to manage infection control. Base this on infection prevention and control advice.

Older facilities where residents share rooms or bathrooms may require off site cohorting.

Move to a model where staff work with fewer designated residents, or one on one care.

Staff must not enter other areas of the building.

18. Move to a command-based governance structure

Clearly communicate the command and governance structure for every shift. All staff must be aware of who will be in charge, at all points in time, at the facility.

Clearly spell out for every shift:

- everyone's roles and responsibilities, and
- what the escalation processes are.

Ensure thorough briefing and orientation of new staff each shift, including education on PPE usage.

Ensure handovers for all staff at the start of a new shift including clinical and care needs.

19. Rapid PPE supply

The Commonwealth will help facilitate rapid delivery of PPE if required.

Residential aged care facilities should be mindful of where the large volume of PPE can be safely and securely stored.

20. Infection control

Appoint an infection control lead for the service.

Review the systems and processes of the residential aged care facility to minimise risk of material, surfaces or equipment moving between areas.

This would include, where possible:

- replacing all servery items such as trays, cutlery and crockery with disposable items
- ensuring there is sufficient medical equipment like thermometers for each separate zone of the residential aged care facility, and
- reviewing laundry arrangements.

Staff should refresh their infection control training.

Commence enhanced environmental cleaning twice daily at a minimum.

Clean well residents' rooms daily. Clean frequently touched surfaces (including bedrails, bedside tables, light switches, handrails) more often.

The rooms of ill residents should be cleaned and disinfected.

Hours 12-24

21. Nurse First Responder from Aspen to commence

The Commonwealth will arrange an Aspen Clinical First Responder on day 1 or 2 to assist:

- reviewing preparedness for managing the outbreak,
- analysing workforce capacity,
- reviewing infection control processes,
- assessing PPE stocks and competencies,
- recommending enhanced cleaning protocols, and
- assisting with any significant capability gaps.

22. Review advance care directives

Note any advance care directives for residents on the list of residents. Update where necessary and use the list to inform any clinical decisions about residents who develop COVID-19.

23. Establish strong induction and control processes

Determine who will be the on-the-ground infection control lead. Identify this role on the roster for each shift.

The responsible person must ensure:

- robust induction for all new agency and surge workforce staff coming onsite, and
- that all staff working are competent using PPE.

Consider having workforce competency reviews for all staff.

24. Maintaining social contact

Consider how you will enable staff to assist with Facetime/Whatsapp etc. where these are available to residents. Test the impact on IT infrastructure from increased use of technology.

Ensure your IT support contact information is readily available to staff. Alert your IT support team in advance that issues will need to be prioritised.

You will need extra staff to assist residents with communications/use of technology.

25. Follow up communications

Establish a clear and consistent pattern of daily follow-up outbound communications. This will ensure residents, families and stakeholders are informed of developments as they unfold.

[OPAN](#) can assist with communications with residents and families if needed.

26. Continue primary health care

Ensure there is strong ongoing governance of “routine” care. Understand residents will be anxious and need reassurance.

Notify residents’ GPs who may contribute to monitoring, care planning and discussions.

Consider governance structure to maintain and monitor normal activities as far as possible. This includes nutrition, physical activity, and preventing boredom, loneliness and unhappiness. Additional psychological care may be required.

27. Support your staff

Start establishing fatigue management plans. Ensure Employee Assistance Program (EAP) information is readily available.

Establish pathways to maintain contact with staff who are isolating or quarantining.

28. Continue to monitor state / territory guidelines

- [New South Wales](#)
- [Victoria](#)
- [Queensland](#)
- [South Australia](#)
- [Western Australia](#)
- [Tasmania](#)
- [Australian Capital Territory](#)
- [Northern Territory](#)



Australian Government

Department of Health

COVID-19 Aged Care Support Program

Guidelines GO3844

Opening date:	27 March 2020
Closing date and time:	2pm Australian Eastern Standard Time on 31 May 2021 Please take account of time zone differences when submitting your application.
Commonwealth policy entity:	Department of Health
Administering entity:	Department of Social Services: Community Grants Hub
Enquiries:	If you have any questions, contact the department via email at: GrantATM@health.gov.au
Date guidelines released:	27 March 2020
Type of grant opportunity:	Demand driven

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1. COVID-19 Aged Care Support Program

The COVID-19 Aged Care Support Program is designed to achieve Australian Government objectives

This grant opportunity contributes to Department of Health Outcome 6. The Department of Health works with stakeholders to plan and design the grant program according to the [Commonwealth Grants Rules and Guidelines](#).



The grant opportunity opens

We publish the grant guidelines on the www.health.gov.au and GrantConnect.



You complete and submit a grant application

You complete the application form, addressing all the eligibility criteria in order for your application to be considered.



We assess all grant applications

We review the applications against eligibility criteria.



We make grant recommendations

We provide advice to the decision maker on the eligibility of each application.



Grant decisions are made

The decision maker decides which applications are successful.



We notify you of the outcome

We advise you of the outcome of your application.



We enter into a grant agreement

We will enter into a grant agreement with successful applicants. The type of grant agreement is based on the nature of the grant and proportional to the risks involved.



Evaluation of the COVID-19 Aged Care Support Program

We evaluate the specific grant activity and COVID-19 Aged Care Support Program as a whole. We base this on information you provide to us and that we collect from various sources.

1.1 Introduction

These guidelines contain information for the COVID-19 Aged Care Support Program grants.

This document sets out:

- the purpose of the grant opportunity;
- the eligibility criteria;
- how grant applications are considered and selected;
- how we notify applicants and enter into grant agreements with grantees; and
- responsibilities and expectations in relation to the opportunity.

The Department of Health (the department) is responsible for administering this grant opportunity.

We have defined key terms used in these guidelines in the glossary at section 0.

You should read this document carefully before you fill out an application.

2. About the grant program

The COVID-19 Aged Care Support Program (the program) will run over 2 years from 2019-20 to 2020-21. The program was announced as part of the Australian Government's COVID-19 Health Package.

The objectives of the program are:

- to assist Residential Aged Care, National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and Home Care providers that are subject to direct COVID-19 impacts, to deliver continuity of safe quality care for consumers.

The intended outcomes of the program are:

- Consumers of Aged Care Services directly impacted by COVID-19 experience safe quality care; and
- The financial costs of managing direct impacts of COVID-19 are reduced for eligible Aged Care services.

The program will reimburse approved aged care providers for eligible expenditure incurred in managing direct impacts of COVID-19 up to a maximum grant value per service.

We administer the program according to the [Commonwealth Grants Rules and Guidelines](#) (CGRGs)¹.

3. Grant amount and grant period

The Australian Government has announced a total of \$52.9 million over 2 years for the program and this grant opportunity.

¹ <https://www.finance.gov.au/government/commonwealth-grants/commonwealth-grants-rules-guidelines>

Table 1. Cost of the Grant

2019-20 FY \$ M (GST exclusive)	2020-21 FY \$ M (GST exclusive)	Total \$ M (GST exclusive)
\$26.45 m	\$26.45 m	\$52.9 m

3.1 Grants available

The grant amount will be 100 per cent of eligible expenditure up to the maximum grant value for each Residential, NATSIFACP or Home Care service.

For Residential Aged Care and NATSIFACP Services, the maximum grant value has two components: a base funding allocation of \$20,000 plus a funding allocation of \$2,000 for each operational place.

Example: ABC Residential Aged Care has 50 operational places and incurs \$130,000 of eligible expenditure. The maximum grant payment is \$120,000 (\$20,000 base funding allocation plus \$100,000 operational places allocation).

For Home Care Services the maximum grant value has single component: a funding allocation of \$650 per client.

You are responsible for any eligible expenditure you incur that exceeds your maximum grant value plus any ineligible expenditure.

3.2 Exceptional Circumstances Exemption to Maximum Grant Value

Residential, NATSIFACP and Home Care services that are experiencing exceptional circumstances may request a grant payment for eligible expenditure incurred that exceeds the maximum grant value threshold for a service.

The maximum grant that can be claimed under this provision is 100% of eligible costs incurred in managing direct impacts of COVID-19.

Providers who wish to claim an exceptional circumstances exemption must submit a detailed business case outlining how the costs associated with managing direct impacts of COVID-19 have affected the ongoing viability of the provider.

Any exemption request will only be considered based on a demonstrated need for funding in order to sustain continuity of safe quality care.

Exceptional circumstances provisions do not apply to broader indirect impacts of COVID-19 on financial viability including declining occupancy or RAD payment obligations.

3.3 Grant claim period

You can incur eligible expenditure for each impacted service for the period between the Trigger Date and End Date for that service.

The Trigger Date is the date on which the first resident, client or staff member is tested for COVID-19.

The End Date is the date on which direct COVID-19 impacts are resolved i.e. there are no infected or isolated residents, clients or staff.

The earliest possible Trigger Date is 24 February 2020. The latest possible end date is 31 May 2021.

4. Eligibility criteria

We cannot consider your application if you do not satisfy all eligibility criteria.

Who is eligible?

To be eligible you must be:

- An approved Residential Aged Care provider with one or more services directly impacted by COVID-19; and or
- An approved NATSIFACP provider with one or more services that is directly impacted by COVID-19; and or
- An approved Home Care provider with one or more services that is directly impacted by COVID-19.

Directly impacted services are those with one or more COVID-19 infected or isolated residents/clients/staff in the period between 24 February 2020 and 31 May 2021.

We cannot waive the eligibility criteria under any circumstances.

Who is not eligible?

You are not eligible to apply if you are:

- an approved Residential, NATSIFACP or Home Care provider who plans and prepares to manage COVID-19 but does not experience a direct impact;
- a directly impacted approved Residential, NATSIFACP, or Home Care provider with Business Interruption Insurance including COVID-19 coverage;
- a directly impacted approved Residential, Flexible or Home Care provider who is funded and/or operated by State Government;
- an approved Residential Aged Care provider that is not directly impacted but has experienced a decline in the rate of entry resulting in reduced occupancy rates and financial viability issues;
- a non-approved aged care service provider; and
- a Commonwealth Home Support Program service. See [CHSP News](#) for information on assistance for CHSP providers.

5. What the grant money can be used for

5.1 Eligible activities

Grant funds will reimburse eligible providers for costs incurred in undertaking eligible activities up to the value of the maximum grant limit per service.

Residential Aged Care Providers and NATSIFACP Providers

Eligible activities are activities associated with managing direct impacts of COVID-19 including the following:

- providing increased staff to manage care and broader requirements in a service with residents/clients who are infected or isolated due to COVID-19;
- replacing existing staff who are infected or isolated due to COVID-19;
- training staff and residents/clients in infection control; and

- accessing equipment and resources required to manage a service in an infection control environment including linen and bedding, paper products, PPE, disinfection and cleaning agents.

Increased or replaced staff may include: registered nurses, direct care staff, hotel services staff (catering and cleaning), diversional therapy and activities staff, allied health staff, maintenance staff and administrative staff.

Home Care Providers

Eligible activities are activities associated with managing direct impacts of COVID-19 including the following:

- providing increased staff to manage care and broader requirements in a service with clients who are infected or isolated due to COVID-19;
- replacing existing staff who are infected or isolated due to COVID-19;
- training staff in infection control; and
- accessing equipment and resources to manage infection control for staff including PPE.

Increased or replaced staff may include registered nurses, direct care staff, case management staff, diversional therapy and activities staff, allied health staff and administrative staff.

5.2 Eligible expenditure

You can only be reimbursed for eligible expenditure you have incurred on eligible activities as defined at 5.1.

Eligible expenditure items are (for further information see Appendix A):

- salary and wages for existing and new employees including full time, part time and casual staff;
- contractor expenses;
- expenses for purchase or hire of equipment and resources for managing infection control; and
- other expenses including training staff in infection control and the cost of an independent audit of eligible expenditure (where we request one).

We may update the guidance on eligible and ineligible expenditure from time to time. If your application is successful, the version in place when you submitted your application applies.

Not all expenditure on managing direct impacts of COVID-19 may be eligible for grant funding. The Program Delegate who is the Senior Executive Officer in the department with responsibility for the program makes the final decision on what is eligible expenditure and may give additional guidance on eligible expenditure if required (further information see Appendix B).

To be eligible, expenditure must:

- be a direct cost of managing direct COVID-19 impacts; and
- be incurred by you for required eligible activities – see 5.1.

You must incur eligible expenditure between the Trigger Date and End Date of direct impact of COVID-19.

6. How to apply

Before applying you should read and understand these guidelines and review the sample [application form](#) and the sample [grant agreement](#) published on www.health.gov.au and GrantConnect.

To apply, you must:

- complete the online [application form](#);
- provide all the information requested; and
- address all eligibility criteria.

You can make multiple applications while the Grant Opportunity is open.

You cannot make more than one application for the same service covering the same period.

You must retain a copy of your application as it will form part of your grant agreement.

You are responsible for making sure your application is complete and accurate. Giving false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth). If we consider that you have provided false or misleading information we may not progress your application. If you find an error in your application after submitting it, you should call us immediately on (02) 6289 5600.

If we find an error or information that is missing, we may ask for clarification or additional information from you that will not change the nature of your application. However, we can refuse to accept any additional information from you that would change your submission after the application closing time.

If you need further guidance around the application process, or if you are unable to submit an application online, contact us via email at Grant.ATM@health.gov.au.

6.1 Attachments to the application

You must provide the following documents with your application:

- An audit certificate if you are claiming a grant of \$150,000 or more; and
- If you are seeking an exemption to the maximum grant value for a service under exceptional circumstances provisions, you must provide a business case including relevant financial information for the provider (audited financial statements for the most recent financial year plus a 12-month cash flow).

You must attach supporting documentation to the application form in line with the instructions provided within the form. You should only attach requested documents. We will not consider information in attachments that we do not request.

6.2 Timing of grant opportunity

You can submit an application at any time while the grant opportunity remains open.

Table 2: Expected timing for this grant opportunity

Activity	Timeframe
Assessment of applications	2 weeks from submission of application
Approval of outcomes of selection process	1 week
Award of grant agreements	1 week
Notification to unsuccessful applicants	2 weeks from submission of application
Earliest start date of grant activity	24/02/2020
End date of grant commitment	30/06/2021

7. The grant selection process

We will review your application against the eligibility criteria and determine your grant amount based on your incurred eligible expenditure and the maximum grant value per service calculated as outlined in 3.1. We will make a funding recommendation to the decision maker.

If you apply for an exemption to the maximum grant value for your service and you are eligible for support under the program, we will review your business case and financial information. We will assess your claim against a consideration of how the eligible costs of managing direct impacts of COVID-19 have affected the financial viability of the provider and any actual or potential impacts on continuity of safe quality care for consumer.

7.1 Who will approve grants?

Officials from the Department of Health will decide on which grants to approve taking into account the application assessment and the availability of grant funds.

For applicants seeking an exemption to the maximum grant value per service under exceptional circumstances, the Program Delegate will decide which grants to approve.

The Officials and Program Delegate's decisions are final in all matters, including:

- the grant approval; and
- the grant funding to be awarded.

We cannot review decisions on the merits of applications seeking an exemption to the maximum grant value per service.

We will not approve funding if there is insufficient program funds available across relevant financial years for the program.

8. Notification of application outcomes

We will advise you of the outcome of your application in writing.

If you are unsuccessful, we will give you an opportunity to discuss the outcome with us. You can submit a new application for the same (or similar) service while the Grant Opportunity is open. You should include new or more information to address the weaknesses that prevented your previous application from being successful. If a new application is substantially the same as a previous ineligible or unsuccessful application, we may refuse to consider it.

9. Successful grant applications

9.1 Grant agreement

You must enter into a legally binding grant agreement with the Commonwealth. We use two types of grant agreements in this program. Our selection will depend on the size and complexity of your project. Each grant agreement has general terms and conditions that cannot be changed. Sample grant agreements are available on www.finance.gov.au and GrantConnect.

We must execute a grant agreement with you before we can make any payments. Execute means both you and the Commonwealth have signed the agreement.

The Commonwealth may recover grant funds if there is a breach of the grant agreement.

9.2 Approval letter grant agreement

We will use an approval letter grant agreement for projects when we have no need to clarify or amend any details in your application. This grant agreement comprises your completed application form and the approval letter we send advising that your application has been successful. We consider the agreement to be executed (take effect) from the date of our approval letter.

9.3 Exchange of letters grant agreement

We will use an exchange of letters grant agreement when we need to clarify or amend details in your application form. We will send you a letter of offer advising that your application has been successful. You accept the offer by signing and returning to us. We consider the agreement to be executed from the date we receive your signed document. You will have 30 days from the date of our letter to sign and return to us otherwise the offer may lapse.

9.4 How we pay the grant

The grant agreement will state the maximum grant amount we will pay.

We will not exceed the maximum grant amount under any circumstances. If you incur extra costs, you must meet them yourself.

We will pay 100 per cent of the grant on execution of the grant agreement.

You will receive a single grant payment for each eligible application.

9.5 Tax obligations

If you are registered for the Goods and Services Tax (GST), where applicable we will add GST to your grant payment and provide you with a recipient created tax invoice. You are required to notify us if your GST registration status changes during the project period. GST does not apply to grant payments to government related entities².

Grants are assessable income for taxation purposes, unless exempted by a taxation law. We recommend you seek independent professional advice on your taxation obligations or seek assistance from the [Australian Taxation Office](http://ATO.gov.au). We do not provide advice on tax.

² See Australian Taxation Office ruling GSTR 2012/2 available at ato.gov.au

10. Announcement of grants

We will publish non-sensitive details of successful projects on GrantConnect. We are required to do this by the [Commonwealth Grants Rules and Guidelines](#) unless otherwise prohibited by law. This information may include:

- name of your organisation;
- amount of grant funding awarded;
- Australian Business Number;
- business location; and
- your organisation's industry sector.

11. How we monitor your grant activity

11.1 Keeping us informed

You should let us know if anything is likely to affect your organisation.

We need to know of any key changes to your organisation or its business activities, particularly if they affect your ability to carry on business and pay debts due.

You must also inform us of any changes to your:

- Name;
- Addresses;
- nominated contact details; and
- bank account details.

If you become aware of a breach of terms and conditions under the grant agreement, you must contact us immediately.

11.2 Independent audits

We may ask you to provide an independent audit report including where you are a provider who submits multiple eligible applications for grant values of less than \$150,000. An audit report will verify that the expenditure you have claimed for one of more applications is eligible under the program. The audit report requires you to prepare a statement of eligible expenditure. The report template is available on www.health.gov.au.

11.3 Compliance visits

We may visit you to review your compliance with the grant agreement. We may also inspect the records you are required to keep under the grant agreement. We will provide you with reasonable notice of any compliance visit.

11.4 Evaluation

We will evaluate the grant program to measure how well the outcomes and objectives have been achieved. We may use information from your application for this purpose. We may also interview you, or ask you for more information to help us understand how the grant affected you and to evaluate how effective the program was in achieving its outcomes.

We may contact you up to two years after you submit your application for more information to assist with this evaluation.

11.5 Grant acknowledgement

If you make a public statement about activities funded under the program, including in a brochure or publication, you must acknowledge the grant by using the following:

‘This project received grant funding from the Australian Government.’

12. Probity

The Australian Government will make sure that the grant opportunity process is fair, according to the published guidelines, incorporates appropriate safeguards against fraud, unlawful activities and other inappropriate conduct and is consistent with the CGRGs.

These guidelines may be changed from time-to-time by the department. When this happens the revised guidelines will be published on GrantConnect.

12.1 Enquiries and feedback

The [Department of Health's Grant and Procurement Complaints Procedures](#) apply to complaints about this grant opportunity. All complaints about a grant process must be provided in writing.

Any questions you have about grant decisions for this grant opportunity should be sent to Grant.ATM@health.gov.au.

If you do not agree with the way the department has handled your complaint, you may complain to the [Commonwealth Ombudsman](#). The Ombudsman will not usually look into a complaint unless the matter has first been raised directly with the department.

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072

Email: ombudsman@ombudsman.gov.au

Website: www.ombudsman.gov.au

12.2 Conflicts of interest

Any conflicts of interest could affect the performance of the grant opportunity or program. There may be a conflict of interest, or perceived conflict of interest, if the department's staff, any member of a committee or advisor and/or you or any of your personnel:

- has a professional, commercial or personal relationship with a party who is able to influence the application selection process, such as an Australian Government officer;
- has a relationship with or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently or
- has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program/grant opportunity.

You will be asked to declare, as part of your application, any perceived or existing conflicts of interests or that, to the best of your knowledge, there is no conflict of interest.

If you later identify an actual, apparent, or perceived conflict of interest, you must inform the department in writing immediately.

Conflicts of interest for Australian Government staff will be handled as set out in the [Australian Public Service Code of Conduct \(Section 13 \(7\)\)](#) of the [Public Service Act 1999](#). Committee members and other officials including the decision maker must also declare any conflicts of interest.

The Conflict of Interest policy is available on the [Australian Public Service Commission's website](#).

12.3 Privacy

We treat your personal information according to the [Privacy Act 1988](#) and the [Australian Privacy Principles](#). This includes letting you know:

- what personal information we collect;
- why we collect your personal information; and
- who we give your personal information to.

Your personal information can only be disclosed to someone for the primary purpose for which it was collected, unless an exemption applies.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this grant opportunity in any other Australian Government business or function. This includes disclosing grant information on GrantConnect as required for reporting purposes and giving information to the Australian Taxation Office for compliance purposes.

We may share the information you give us with other Commonwealth entities for purposes including government administration, research or service delivery, according to Australian laws.

As part of your application, you declare your ability to comply with the *Privacy Act 1988* and the Australian Privacy Principles and impose the same privacy obligations on officers, employees, agents and subcontractors that you engage to assist with the activity, in respect of personal information you collect, use, store, or disclose in connection with the activity. Accordingly, you must not do anything, which if done by the department would breach an Australian Privacy Principle as defined in the Act.

12.4 Confidential Information

Other than information available in the public domain, you agree not to disclose to any person, other than us, any confidential information relating to the grant application and/or agreement, without prior written approval. The obligation will not be breached where you are required by law, Parliament or a stock exchange to disclose the relevant information or where the relevant information is publicly available (other than through breach of a confidentiality or non-disclosure obligation).

We may at any time, require you to arrange for you; or your employees, agents or subcontractors to give a written undertaking relating to nondisclosure of our confidential information in a form we consider acceptable.

We will keep any information in connection with the grant agreement confidential to the extent that it meets all the three conditions below:

- you clearly identify the information as confidential and explain why we should treat it as confidential;
- the information is commercially sensitive; and
- revealing the information would cause unreasonable harm to you or someone else.

We will not be in breach of any confidentiality agreement if the information is disclosed to:

- other Commonwealth employees and contractors to help us manage the program effectively;
- employees and contractors of our department so we can research, assess, monitor and analyse our programs and activities;

- employees and contractors of other Commonwealth agencies for any purposes, including government administration, research or service delivery;
- other Commonwealth, State, Territory or local government agencies in program reports and consultations;
- the Auditor-General, Ombudsman or Privacy Commissioner;
- the responsible Minister or Parliamentary Secretary; and
- a House or a Committee of the Australian Parliament.

The grant agreement may also include any specific requirements about special categories of information collected, created or held under the grant agreement.

12.5 Freedom of information

All documents in the possession of the Australian Government, including those about this grant opportunity, are subject to the [Freedom of Information Act 1982](#) (FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to information held by the Australian Government and its entities. Under the FOI Act, members of the public can seek access to documents held by the Australian Government. This right of access is limited only by the exceptions and exemptions necessary to protect essential public interests and private and business affairs of persons in respect of whom the information relates.

All Freedom of Information requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
 FOI Unit
 Department of Health
 GPO Box 9848
 CANBERRA ACT 2601

By email: foi@health.gov.au

Glossary

Term	Definition
Application form	The document issued by the Program Delegate that applicants use to apply for funding under the program.
Department	The Department of Health
Approved Provider	Approved Provider under the <i>Aged Care Act 1997</i>
Eligible activities	The activities undertaken by a grantee in relation to a project that are eligible for funding support as set out in 0.
Eligible application	An application under the program that the Program Delegate has determined is eligible for assessment in accordance with these guidelines.
Eligible expenditure	The expenditure incurred by a grantee on a project and which is eligible for funding support as set out in 0.
Grant agreement	A legally binding contract between the Commonwealth and a grantee for the grant funding.
Grant funding or grant funds	The funding made available by the Commonwealth to grantees under the program.
GrantConnect	The Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs.
Grantee	The recipient of grant funding under a grant agreement.
Guidelines	Guidelines that the Minister gives to the department to provide the framework for the administration of the program, as in force from time to time.
Minister	The Commonwealth Minister for Aged Care and Senior Australians
Personal information	Has the same meaning as in the <i>Privacy Act 1988</i> (Cth) which is: Information or an opinion about an identified individual, or an individual who is reasonably identifiable: a. whether the information or opinion is true or not; and b. whether the information or opinion is recorded in a material form or not.
Program Delegate	An Senior Executive Officer within the department with responsibility for the program.

Term	Definition
Program funding or Program funds	The funding made available by the Commonwealth for the program.

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FREEDOM OF INFORMATION ACT 1982 (CTH)

Appendix A. Eligible expenditure

Labour expenditure

Eligible labour expenditure for the grant covers the direct labour costs of employees you directly employ on eligible activities. We consider a person an employee when you pay them a regular salary or wage, out of which you make regular tax instalment deductions.

We do not consider labour expenditure for leadership (such as CEOs, CFOs, accountants and lawyers) as eligible expenditure, even if they are doing project management tasks.

Eligible salary expenditure includes an employee's total remuneration package as stated on their Pay As You Go (PAYG) Annual Payment Summary submitted to the ATO. We consider salary-sacrificed superannuation contributions as part of an employee's salary package if the amount is more than what the Superannuation Guarantee requires.

For periods of the project that do not make a full financial year, you must reduce the maximum salary amount you claim proportionally.

You can only claim eligible salary costs when an employee is working directly on eligible activities during the agreed project period.

Labour on-costs and administrative overhead

You may increase eligible salary costs by an additional 30% allowance to cover on-costs such as employer paid superannuation, payroll tax, workers compensation insurance, and overheads such as office rent and the provision of computers.

You should calculate eligible salary costs using the formula below:

$$\text{Eligible salary costs} = \frac{\text{Annual salary package} \times \frac{\text{Weeks spent on project}}{52 \text{ weeks}} \times \text{percentage of time spent on project}}$$

Evidence you will need to retain can include:

- details of all personnel working on the project, including name, title, function, time spent on the project and salary
- ATO payment summaries, pay slips and employment contracts.

Contract expenditure

Eligible contract expenditure is the cost of any agreed project activities that you contract others to do. These can include contracting:

- another organisation
- an individual who is not an employee but engaged under a separate contract

All contractors must have a written contract prior to starting any project work—for example, a formal agreement, letter or purchase order which specifies:

- the nature of the work they perform
- the applicable fees, charges and other costs payable.

Invoices from contractors must contain:

- a detailed description of the nature of the work
- the hours and hourly rates involved
- any specific plant expenses paid.

Invoices must directly relate to the agreed project, and the work must qualify as an eligible expense. The costs must also be reasonable and appropriate for the activities performed.

You should retain evidence of contractor expenditure that may include:

- an exchange of letters (including email) setting out the terms and conditions of the proposed contract work
- purchase orders
- supply agreements
- invoices and payment documents.

You must ensure all project contractors keep a record of the costs of their work on the project. We may require you to provide a contractor's records of their costs of doing project work. If you cannot provide these records, the relevant contract expense may not qualify as eligible expenditure.

Travel expenditure

Eligible travel expenditure may include

- domestic travel limited to the reasonable cost of accommodation and transportation related to additional or replacement staff.

Other eligible expenditure

Other eligible expenditures for the project may include:

- staff and resident training in infection control
- financial auditing of project expenditure

Other specific expenditures may be eligible as determined by the Program Delegate.

Evidence you need to retain can include supplier contracts, purchase orders, invoices and supplier confirmation of payments.

Ineligible expenditure

This section provides guidance on what we consider ineligible expenditure. We may update this advice from time to time.

The Program Delegate may impose limitations or exclude expenditure, or further include some ineligible expenditure listed in these guidelines in a grant agreement or otherwise by notice to you.

Examples of ineligible expenditure include:

- financing costs, including interest
- insurance costs (the participants must effect and maintain adequate insurance or similar coverage for any liability arising as a result of its participation in funded activities)
- debt financing
- costs related to obtaining resources used on the project, including interest on loans, job advertising and recruiting, and contract negotiations
- maintenance costs
- routine operational expenses, including communications, accommodation, office computing facilities, printing and stationery, postage, legal and accounting fees and bank charges
- costs related to preparing the grant application, preparing any project reports (except costs of independent audit reports we require) and preparing any project variation requests

This list is not exhaustive and applies only to the expenditure of the grant funds. Other costs may be ineligible where we decide that they do not directly support the achievement of the planned outcomes for the project or that they are contrary to the objective of the program.

You must ensure you have adequate funds to meet the costs of any ineligible expenditure associated with the project.

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UNDER THE
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From: s 22
Sent: Friday, 24 July 2020 9:30 AM
To: s 22
Subject: Epping Gardens - Operations Meeting 24 July 2020 0800 [SEC=OFFICIAL:Sensitive]

Epping Gardens - Operations Meeting 24 July 2020 0800

Friday, 24 July 2020
7:29 AM

Epping Gardens COVID Outbreak Meeting

Via Teleconference Friday 24 July 8:00AM – 9:00AM

Message Stick - Dial In: s 22 **Participants Code:** 125004#

s 47F

DHHS: s 22 plus others

s 47F

DoH: s 22

Moderator: s 22

[GR] - Heritage Care position - d/w managing directors - key principles

HC has been able and continues to meet its obligations

This is a pandemic

Seeking single points of communication and person who has ability to make decisions

Key issue - staff - have exhausted all avenues to access staff, including casual, interstate HC staff and agencies

Guidelines re hospital - HC position - best interest of staff and residents - early intervention and prevention

Preferred position - symptomatic or positive residents to hospital

[AW] - each agency will need to have engagement w you and will need to have response, case by case basis - clinical assessment

Resources and structure - high number of HC people on call - demonstrates significant people power - use this to assist the service to manage

Agenda

- Item 1 – Resident Update
 - Positive residents & staff
 - Testing
 - Symptomatic residents
 - Significant clinical issues

[NB] - case list staff and residents - 11 positive staff / 7 positive residents - 1 died in hospital = 6 positive residents / 1 patient from pall care unit (Northern Hospital bed)
Sonic testing 23/7 - all residents and 52 staff

External test results pending

Total staff numbers - pending

All positive residents symptomatic - febrile, coughing, gen pain headache, runny nose, sore throat

Unwell residents - 1 resident transferred to hospital 23/7 on background of motor neuron disease; EG has oxygen onsite and concentrator

Total resident numbers = 119

Floor plan - need to show where positive res are cohorted

Wanderer x 1 hospital; 1 positive resident wanders but able to be redirected and has dedicated staff; few others aggressive - tests pending

Resident monitoring - TDS temp and screening tool if temp > 37.5

- Item 2 – Update on action items

Nil

- Item 3 – Infection Prevention and Control
 - Any issues for resolution
 - Any identified issue or risks

Nil issues they wish flag

PPE & training - yes

- Item 4 – Staffing update
 - The spreadsheet for information about staff lists and rosters must be completed and sent to the PHU as a priority
 - Overview of staffing arrangements
 - Any issues or risks

Contact tracing information done - meeting advised that this needs to be provided to PHU in a timely manner in order to be effective

Staffing levels and gaps - roster - 9 care staff and 2 ENs down

Test results due today - 52 staff = only cohort of staff including cleaners and kitchen staff

Some staff not wanting to work, family members immunocompromised, pregnant

70% roster affected by testing, 12 hour shifts, contacted numerous agencies, Mable and RCSA - some agency through own provider / Mable and RCSA nil

[NJ] - 2 PCAs from Mable - check if deployed

NSW services - have contacted but no takers - ? incentives - 10% increase, accommodation, visitation rights, relocation costs

Make up of positive staff - nil kitchen or laundry - all RNs and ENs

- Item 5 – Communications update
 - Update on communications with families and staff
 - Any issues or risks

Emails, phone calls - EG have nominated someone for this purpose

? OPAN engagement - nil info by EG - LR - contacted Deb Nicholls

1 family has taken res home against advice of PHU - 7 days - will have further discussion

Satisfied that res will be cared for properly - gets anxious and previously had social leave

Other families also wanting to take residents home - advised to await test results

Families need to be making decision in full knowledge of all risks, medications

- Item 6 – Cleaning, Laundry and Kitchen
 - Overview of arrangements
 - Any issues or risks

Disposable crockery and cutlery

Trolleys left outside unit - dispose of
Wipe downs increased
Additional staff by external cleaning service provider
High temp steam clean floors and carpets
TDS cleaning of touch points
Catering management assessment tool , masks, incident notification

- Item 7 – Next meeting

Daily meeting of this group = 7 days per week half hour
Agreed time TBA - s 22 to send invites

COVID Outbreak Operations Meeting - Action List

Responsible	Date	Action	Status

Created with Microsoft OneNote 2016.

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BY THE DEPARTMENT OF HEALTH

s 22

From: s 22
Sent: Tuesday, 28 July 2020 10:12 AM
To: s 22
Subject: Epping Gardens Ops meeting notes cleared by s 22 [SEC=OFFICIAL]
Attachments: Epping Gardens Ops meeting 27 July 4pm.docx

s 22

The attachment is yesterday's notes from Epping Gardens – Action list attached to invite

s 22

A/g Assistant Director – Aged Care Regulation

COVID-19 information is being updated daily, for current advice visit - health.gov.au

Health Grants Network Division | Health State Network VIC TAS
Australian Government Department of Health

s 22

PO Box 9848, Melbourne, VIC 3001, Australia

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

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BY THE DEPARTMENT OF HEALTH

Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference Monday 27 July 4:00PM – 4:25PM

Message Stick - Dial In: s 22

Participants Code: 125004#

Attendees: Chair – s 22 (SM Qld)

Epping Gardens: s 47F

ASPEN: s 47F

ACQSC: s 47F

PHU: Nil

DHHS: s 47F

DoH - s 22

Victorian Aged Care Response Centre – Name missed

Agenda

- Item 1 – Resident Update
 - Positive residents & staff
 - 61 x +ve residents
 - 1 x deceased +ve resident in hospital.
 - 22 x +ve staff
 - In-reach doctor wanting to transfer 5-10 residents
s 47F (DHHS) – seeking more information about possible transfer to private sector beds
- Item 2 – Update on action items
 - New actions added but older actions not discussed at this meeting
- Item 3 – Infection Prevention and Control
 - s 22 case manager confirmed 5 pallets of PPE should be arriving about 5PM
 - s 47F (PHU) requested contract tracing information about staff to be sent to PHU
 - 1 x new staff will have information sent to PHU later
 - s 47F (PHU) flagged discussions around possible need for increased action from PHU due to the high number of +ve cases in both residents and staff
- Item 4 – Staffing update
 - s 22 Who is on site and where are they from
 - s 47F NSW Operation Manager and s 47F infection control coordinator now on site
 - For tonight
 - RCSA = 9 x PCW and 1 x RN (not enough)
 - DHHS/ Northern = looking (will get to facility back off-line)

- E4 has re-routed 2 RN staff from another outbreak (St Basils) commenced at 3PM (Neil C to follow up if they are 8hr or 12hr shifts)
- Another RN due to arrive from Locum Agency
- Heritage care have no staff available to assist tonight after 7PM
 - Total so far = 9 x PCA & 3 x RN (but timing uncertain for 2 x RN)
- For tomorrow morning 28/07
 - 1 x RN from Mabel 7am to 7pm
 - 4 x PCA from RCSA
 - 1 x Receptionist & 1 x Admin from RCSA commencing 9am
 - Still work to do for the roster tomorrow
 - Will require more RN's for medications/wound management and for cohorting arrangements (need at least 3 RN's for cohorting)
- Facility – 2 x staff sent denied access to the facility today due to not having FluVax – can send through details of staff
 - s 47F (DHHS) Announced changes means that flu vaccination is no longer needed as a requirement of entry to RACFs
- Reasons Heritage Care staff are not available include having +ve tests, close contacts or alarmed at the situation
- Item 5 – Communications update
 - Staff commencing tomorrow to assist with inbound calls from 9am
 - Services Australia to help with outbound communications to help take load off facility staff, will need a list of resident names, NOK names and contact phone numbers
 - s 47F to provide contact details for outbound calls and some edits to the script
- Item 6 – Cleaning, Laundry and Kitchen
 - Nil update
- Item 7 – Next meeting
 - Tuesday 27 July 2020 at TBC

COVID Outbreak Operations Meeting - Action List 27/07

Responsible	Date	Action	Status
Heritage Care Epping Gardens	26/07	Floor plan that is coloured with positives, negatives and vacancies and then cohorting plan stemming from that. Include information around wanderers	Completed
Heritage Care Epping Gardens	26/07	Possibility of IPC specialist onsite (currently remote) - indicated question for Corporate	Completed

Heritage Care Epping Gardens	26/07	Resources to send in comms to families (ACQSC - to be shared by DoH case managers)	Completed
Heritage Care Epping Gardens	26/07	How many staff required. 2 RN staff on tonight.	Completed
Heritage Care Epping Gardens	26/07	Base staff profile – s 47F HR to send	Completed
Heritage Care Epping Gardens	26/07	Catering - Request and waiting for approval for staff through Mabel to assist.	In progress
Heritage Care Epping Gardens	27/07	Staff still required for tonight – discuss off line Heritage Care/DHHS/DoH	In progress
Heritage Care Epping Gardens	27/07	Send to PHU contact tracing details of new +ve staff member	In progress
Heritage Care Epping Gardens & DoH	27/07	s 47F to provide contact details for outbound calls and some edits to the script– Discuss off-line	In progress
DoH	27/07	s 47F to check on shift times of 2 x RN re-routed from St Basils	In progress

From: s 22
Sent: Wednesday, 29 July 2020 2:46 PM
To: Aged Care COVID Workforce
Subject: Epping Gardens Daily ops Meeting - 29 July [SEC=OFFICIAL:Sensitive]

Provider, Commonwealth, DHHS, ACQSC, Austin Health

Communications

- Someone coordinating comms from Heritage care
- Comms Team calling families and responding to customer enquiries
- Test results and update
- Working through negative calls
- Looking to fill client liaison role to better update resident details
- Daily email alert and post on website
- Lifestyle team facilitating families talking
- Don't have lifestyle as of today as tested positive
- Meeting with parties to formulate gap analysis – being resolved
- Send gap analysis to Commonwealth when finalised
- Want to establish who is who and who is the building
- Outbound – working with Services Aust to establish outbound calls – call each day but need to have up to date list for Services Aust
- Getting list is priority at the moment – including hospital transfers and deaths
- Asked to set up Zoom meeting with families – Minister Colbeck will attend chaired by Greg (CEO Heritage)

Resident update

- 79 positive resident, 30 staff, 6 pending, 2 invalid – total 81
- Testing tomorrow – include invalid test
- Currently 25 positive onsite
- Lists with medical team don't match
- 60 residents transferred to hospital since outbreak – another 10 to be transferred today
- 40 will remain on site
- Can we get final figures when you have them
- Clinical care needs being met – lots of people, lots of discussion about clinical care and who does what – who is the responsibility of staff – doing own thing
- No clear clinical leadership on site – extremely important that Bernadette's advice is taken
- 6 deaths

Complaints

- Some have calls and some haven't
- Michael Survick not sure of location of mother
- Give email address to send them to
- Meals not being provided - Missed medication – not being showered
- Any direct care clinical residents are being transferred and getting back to families, providing reassurance by 2 senior registered nurses
- Other request additional information
- Relatives move to hospital but not sure which hospital or where to contact
- Working with in-reach identifying residents and have informed about hospitals being transferred
- Receive information about relative being positive however resident hasn't been told and rooms not isolated yet – communications with GP – have some requests that the resident not be informed
- Put information into spreadsheet and send through

- Need to be prepared for meeting
- Vic MO want to talk to residents on the phone – will take as action

IPC

- s 47F representative
- Set up PPE stations in each areas, also ordered PPE and has started to arrive
- Directing staff on different areas
- Manning entry area, to do assessment and direct staff
- Military coming in, station 1 each floor to supervise with IPC practices
- What is cleaning protocol across service – twice a day and touch points throughout the day
- Staff coming in (agency) are breaching IPC principles and need to do a lot more work

Staffing

- More than adequate – a lot to do with ADF, Austin and other providers
- Process to establish master roster and take over co-ordination as getting over supply
- Flex up when service can transition residents back
- Clinical governance is concerning and needs improvement across the day
- Issue with agency staff being refused access – mindful that we ask for what service wants so we aren't turning them away
- 2 staff turned away Tuesday or Monday
- Heard from 2 workforce providers that they have been turned away or there and not doing anything
- Concern that agencies may not supply staff in future
- Aspen RN stood around for 2 hours then sent home
- 3 people to assist with cohorting and are doing nothing
- 1 staff outside gate and couldn't get in – Nicole called Ness
- Will call agencies to mend the relationship, Aspen, HCA, RCSA
- How long do you want the Comms resource for ? a few weeks
- Will provide master roster later today

Cleaning, laundry, Kitchen

- Kitchen prepared off site and delivered
- Third party will commence
- Laundry and cleaning progressing
- Clarity around continuation - Confirmed they can continue to provide

General feel about how service is going

- Positive – what seeing now compared to Monday is very different – quiet pleased
- Gap analysis is critical information and can develop action plan
- s 47F Nurse Adviser – wanted clarity around everything that was discussed and look at what has been done and what service is doing
- Have ADF, Austin, Commonwealth, Ambulance Vic, can be confusion need to establish a command line

Meeting at 2pm tomorrow

s 22

Aged Care COVID-19 Measures Implementation Branch

Aged Care Reform & Compliance Division

s 22

GPO Box 9848, Canberra ACT 2601, Australia

s 22

From: s 22
Sent: Tuesday, 4 August 2020 4:42 PM
To: s 22
Cc: s 22
Subject: RE: For Clearance: Heritage Gardens Action Items and meeting notes 4 August 2020 [SEC=OFFICIAL]
Attachments: DRAFT Heritage Gardens Ops meeting 4 August 2pm.docx

Thanks s 22 – minor edits and cleared

Kind regards

s 22

State Manager – QLD and NT

Health Grants and Network Division
Australian Government Department of Health

s 22

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From: s 22
Sent: Tuesday, 4 August 2020 4:27 PM
To: s 22
Cc: s 22
Subject: For Clearance: Heritage Gardens Action Items and meeting notes 4 August 2020 [SEC=OFFICIAL]

Hi s 22

See above attachment for notes from this afternoons Operations meeting with Heritage Gardens at 2pm for your clearance. Includes meeting notes and action items both for clearance. Thank you.

Kind regards

s 22

Departmental Officer

COVID – 19 information is being updated daily, for current advice visit www.health.gov.au

Health Grants Network Division | Health State Network VIC TAS
Australian Government Department of Health | s 22

s 22

PO Box 9848, Melbourne, VIC 3001, Australia

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BY THE DEPARTMENT OF HEALTH

Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference **Tuesday 4 August 2:00 PM**

Message Stick - Dial In: 02 8016 6192 Participants Code: 125004#

Attendees: Chair –s 22 (SM Qld)

Epping Gardens: s 47F

ASPEN: Nil

ACQSC: s 47F

DHHS: Nil.

DoH - s 22

Agenda

- Item 1 – Resident Update
 - Total Residents on site = 27
 - Positive residents & staff
 - 94 x +ve residents total (4 new residents, being cohorted)
 - 13 x residents deceased
 - 140 x +ve residents left on site
 - No transfers to Hospital today at time of meeting.
 - 48 x +ve staff
 - Testing
 - No pending test results.
 - Clinical
 - Nil significant clinical issues to report
- Item 2 – Update on action items
 - See Action List 4/08 (below).
- Item 3 – Infection Prevention and Control
 - Concern regarding stock of shoe coverings, trying to source further equipment. Alistair has put in order and is monitoring delivery. Provider was advised of State wide shortage at present.
 - Action Item: 1 staff member who was on duty last Friday (31/07) has tested Covid 19 positive. Was a senior RN, wearing all PPE, Tracing currently underway, investigations on going, for update and action next meeting.
 - All cleaning being undertaken, everything ok.

- Item 4 – Staffing update
 - Transition planning underway, Roster has been established, planning to have an in-charge RN on day and afternoon shifts.
 - Confident Facility will have higher than usual (Pre Covid) staffing numbers post transition hand over. This will be around 7 people less than current numbers.
 - Core Roster now filled, except for 1 RN leadership role.
 - Good staffing levels going forward.
- Item 5 – Communications update
 - Update on communications with families and staff - No issues
 - A notice was sent to families yesterday to advise of daily washing procedures. (sponge or bed baths instead of showers to reduce risk of transmission) [AP to send communication to DoH.](#)
 - 2 x staff are now contacting Hospitals and providing follow up calls and linkages to family members of residents in Hospital to ensure good ongoing communication/linkages. 35 to 40 calls made yesterday.
 - Letter out to families today concerning arrangements with Austin In-Reach Team and availability going forward. [AP to send communication to DoH.](#)
- Item 6 – Cleaning, Laundry and Kitchen
 - All services being undertaken on time and to completion.
- Item 7 – Next meeting

It was decided to undertake next meeting on Thursday 6 August at 2pm.

Epping Gardens/Austin Health Senior Clinicians ^{s 47F} will liaise with ^{s 47F} PHU Tuesday 5 August regarding transition. Wider group next meeting.

COVID Outbreak Operations Meeting - Action List 4/08 TBC

Responsible	Date	Action	Status
Heritage Care Epping Gardens	28/07	Ongoing morning contact clearly identify how many total residents are COVID +ve, deceased, in hospital, left on site that are positive, left on site that are -ve	Ongoing Daily
Heritage Care Epping Gardens	29/07	Ongoing outbound comms - need clear up to date list with family contact details noting who has been transferred to hospital and who is deceased so mistakes are not made in contacting the families of these residents	Ongoing Daily
Heritage Care Epping Gardens	4/08	1 staff member who was on duty last Friday (31/07) has tested Covid 19 positive. Tracing currently underway, investigations on going, for update and action next meeting.	In progress

From: s 22
Sent: Tuesday, 4 August 2020 2:35 PM
To: s 22
Cc: s 22
Subject: EG OPS meeting rough notes [SEC=OFFICIAL]

Tuesday, 4 August 2020
1:59 PM

Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference Daily 2PM - 2:30PM

Message Stick - Dial In: 02 8016 6192 Participants Code: 125004#

Agenda

- Item 1 – Resident Update
 - 94 Positive residents, 48 Staff, 4 new positive residents being cohorted
 - 13 deaths
 - Testing - nil pending test results, next testing scheduled for 6 August 2020
 - Symptomatic residents - Nil
 - Significant clinical issues - Nil
 - 14 positive residents remain on site
 - 0 transferred to hospital overnight
- Item 2 – Update on action items - nil follow up
- Item 3 – Infection Prevention and Control
 - 4 new positive residents cases cohorted
 - Concern shoe covering shortage, s 47F put in request and is monitoring deliver, AP advised of a state wide shortage
 - 1 staff working on Friday has tested positive, taken steps to work who worked with her.
- Item 4 – Staffing update
 - Overview of staffing arrangements
 - Transition planning, new roster introduced includes around 7 less people than currently on the roster and requires RN leadership on AM and PM shifts. The service has filled their roster with the exception of one RN leadership role.
- Item 5 – Communications update
 - Update on communications with families and staff nil issues,
 - A notice was sent to families yesterday to advise of daily washing procedures. (sponge or bed baths instead of showers to reduce risk of transmission) AP to send comms to DOH
 - 2x staff contacting hospital and to ensure adequate communication between hospitals and family, 35 to 40 calls were made yesterday,
 - s 47F advised a letter had been sent to family confirming arrangements with Austin Health in reach and how the service will look going forwards

- Item 6 – Cleaning, Laundry and Kitchen
 - Nil issues meal delivery on time , laundry completed.
- Item 7 – Next meeting s 47F to meet tomorrow and wider group on Thursday 6/8

COVID Outbreak Operations Meeting - Action List 3/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	28/07	Ongoing morning contact clearly identify how many total residents are COVID +ve, deceased, in hospital, left on site that are positive, left on site that are -ve	Ongoing Daily
Heritage Care Epping Gardens	29/07	Ongoing outbound comms - need clear up to date list with family contact details noting who has been transferred to hospital and who is deceased so mistakes are not made in contacting the families of these residents	Ongoing Daily
DoH	31/07	Request from Epping Gardens for DoH to discuss using different platform for future Operations Meetings – DoH to investigate use of Microsoft Teams	For consideration at a future date.
Heritage Care Epping Gardens	3/08	Request by CM to advise name of the newly appointed A/Director of Nursing	By Tues 4/08

Created with Microsoft OneNote 2016.

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BY THE DEPARTMENT OF HEALTH

From: s 22
Sent: Thursday, 6 August 2020 5:42 PM
To: s 22
Cc: s 22
Subject: For Clearance: Heritage Care Epping Gardens COVID Outbreak meeting Notes and Action Items 6 August [SEC=OFFICIAL]
Attachments: Heritage Gardens Ops meeting 6 August DRAFT.docx

Hi s 22

Please find attached DRAFT copy of notes and action items for Heritage Care Epping Gardens COVID Outbreak meeting 6 August, for clearance.

Regards s 22

s 22

Departmental Officer

COVID – 19 information is being updated daily, for current advice visit www.health.gov.au

Health Grants Network Division | Health State Network VIC TAS

Australian Government Department of Health | s 22

s 22

PO Box 9848, Melbourne, VIC 3001, Australia

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Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference Thursday 6 August 2:00 PM

Message Stick - Dial In: s 22

Participants Code: 313500#

Attendees: Chair – s 22 (A/Dir Vic)

Epping Gardens: s 47F

ASPEN: Nil

ACQSC: s 47F

DHHS: Nil.

DoH – s 22

Agenda

- Item 1 – Resident Update
 - Total Residents on site = 27
 - 14 +ive residents on site
 - Positive residents & staff
 - 95 x +ve residents total (1 x increase from yesterday)
 - 16 x residents deceased
 - No transfers to Hospital today at time of meeting.
 - 55 x +ve staff
 - Testing
 - Testing of Staff and Residents conducted today.
 - Clinical
 - Nil significant clinical issues to report
- Item 2 – Update on action items
 - See Action List 5/08 (below).
- Item 3 – Infection Prevention and Control
 - Major breach of protocol, due to breakdown in communication - staff member showered a +ive resident. Investigation underway by s 47F, signage now being erected outside +ive resident's rooms, status is now red flagged on case files, all precautions being taken. Confident this will be a one off event – will report back.
 - Senior Staff will continue to consult with Austin Health regarding on going IPC risk management, post Austin handover.
 - Some issues regarding medical waste collection, waste is beginning to pile up, waste is in isolated outdoor areas on site, is double bagged and secure. Identified that this is a problem across metro Melbourne due to high demand and capacity of Waste Contractors to manage and remove waste. Being managed.
- Item 4 – Staffing update

- Following Austin prepared rosters, significant increases in staffing across all shifts.
 - 2 RN's each shift per floor or if no RN available covered by EN as the 2nd.
 - A number of RN's and Carers are returning. Some are unsure, are being provided with reassurance regarding PPE and incentives to return.
 - Facility is in good position with numbers of RN's and Carers at this time.
 - Some communication issues with RCSA regarding confirmation of bookings, when staff are not turning up – Provider is taking this up with the Agency.
 - Recognition of the demands across Victoria for use of agency staff, Facility are beginning to reduce reliance of Agency staff.
 - Issues with staffing and child care access and home schooling commitments for many staff – Provider is working with individual staff to assist as required.
 - Good staffing levels going forward.
- Item 5 – Communications update
 - Update on communications with families and staff – good communications between Hospital based residents and families and nursing home based residents and families - No issues, this is resulting in less in-calls for information.
 - Confident with comms.
 - Item 6 – Cleaning, Laundry and Kitchen
 - All services being undertaken on time and to completion.
 - Issue with medical waste removal as per Item 3: Infection Prevention and Control
 - Item 7 – Next meeting

It was decided to undertake next meeting on Saturday 7 August at 2pm.

Epping Gardens/Austin Health Senior Clinicians s 47F will liaise with s 47F PHU regarding transition between meetings. Wider group next meeting.

COVID Outbreak Operations Meeting - Action List 6/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	28/07	Ongoing morning contact clearly identify how many total residents are COVID +ve, deceased, in hospital, left on site that are positive, left on site that are -ve	Ongoing Daily
Heritage Care Epping Gardens	29/07	Ongoing outbound comms - need clear up to date list with family contact details noting who has been transferred to hospital and who is deceased so mistakes are not made in contacting the families of these residents	Ongoing Daily
Heritage Care Epping Gardens	4/08	1 staff member who was on duty last Friday (31/07) has tested Covid 19 positive. Tracing currently underway, investigations on going, for update and action next meeting. Being followed up by HCEP	Completed
Heritage Care Epping Gardens	6/08	Planning for Staffing levels when residents start to return from hospital.	Ongoing discussion

From: Aged Care COVID Workforce <AgedCareCOVIDWorkforce@health.gov.au>
Sent: Thursday, 6 August 2020 3:50 PM
To: Aged Care COVID Workforce
Cc: s 22
Subject: Heritage Epping Gardens - Ops Meeting notes - 6 Aug - WORKFORCE [SEC=OFFICIAL]

**Heritage Epping Gardens
 Notes from Ops Meeting – 6 August.**

Workforce summary – increasingly stable with assistance from Austin.

Comments from s 22 my only hesitation is the juggling act between agency staff staying on to ensure stability / agency staff being available to other sites in dire need. If a RACF has time to focus on what they don't like about a particular agency (instead of using any means possible) then they are probably doing relatively well, in the current climate. We don't want to lose the stability gains that have been made, but we need to see Epping Gardens staff returning ASAP. Then we can work with agency staff so we can afford other critical sites an opportunity to start stabilising.

- Comments from Epping - Following roster as prepared by the Austin. Filling it. Got a significant clinical base now. 2 RN on each shift for each floor. Use EN if we can't get RN. Sourcing through our own channels.
- A number of our nurses have come back online. 4 nurses coming back in the next 5 days. PCAs also planning to return. Making them comfortable. Ringing them and assuring them, individually. Some Staff unable to access childcare with the new curfew arrangements. They are accepted as essential staff, but each staff member has to negotiate arrangements and it is taking time. Also an issue for staff with school children that can not attend school.
- Issues with RCSA getting back to us in a timely manner. Not confirming the people they have allocated. We had a number of no-shows. Mable have been fantastic with PCAs.

s 22 – reminded Epping that agency staff need to be released as soon as possible to help other sites with new outbreaks. Pressure will be coming to get staff to other critical sites and Epping needs to continue every effort to bring own staff back.

Regards

s 22

EL2 – Aged Care COVID-19 TaskForce
 Aged Care Reform and Compliance Division | Ageing and Aged Care Group
 Australian Government Department of Health

s 22

GPO Box 9848, Canberra ACT 2601, Australia

From: s 22
Sent: Saturday, 15 August 2020 5:33 PM
To: s 22
Cc: s 22
Subject: For Clearance: Heritage Gardens Ops meeting - 15 August notes and action items.docx [SEC=OFFICIAL]
Attachments: Heritage Gardens Ops meeting - 15 August - DRAFT.docx

Hi s 22

Please find attached a copy of the DRAFT Heritage Gardens COVID 19 Ops meeting notes and action items as at 15 August 2020 for clearance.


** Please CC to s 22 for Sunday.

Regards s 22

s 22

Departmental Officer

COVID – 19 information is being updated daily, for current advice visit www.health.gov.au


Health Grants Network Division | Health State Network VIC TAS
Australian Government Department of Health | s 22
s 22
PO Box 9848, Melbourne, VIC 3001, Australia

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DRAFT Heritage Care Epping Gardens COVID Outbreak Meeting
Via Teleconference Saturday 15 August 2:00 PM- 2.30 PM

Message Stick - Dial In: s 22

Participants Code: 313500#

Attendees: Chair – s 22 – A/Assistant Director DoH

Epping Gardens: s 47F

ASPEN: Nil

ACQSC: s 47F

DHHS: nil

PHU Nil

DoH – s 22

Work Force – nil

Agenda

- Item 1 – Resident Update
 - Positive residents and staff
 - 97 +ve residents
 - 9+ve on site.
 - 19 residents on site
 - 2 transferred to hospital 15/08 not 000 calls – preventative x 1 and 1 x COVID like symptoms.
 - 64 staff +ve
 - All last results came back “not detected”
 - Testing: Sonic Testing on site on 16/08 and again on 19/08
 -
 - Action: s 22 DoH to confirm second testing date and confirm with Heritage care. results pending
 - Symptomatic residents
 - 1 x resident has been transferred to Hospital.
 - Significant clinical issues
 - No clinical issues 15/8
 - Item 2 – Update on action items
 - See Action List below.
 - Item 3 – Infection Prevention and Control
 - Entry points to Facility now close to 100% effective in screening procedures.

- Laundry issues are now under control
- RN's are on site each shift monitoring PPE practice and providing on site supervision.
- Director of Nursing has commenced a PPE breach tracking system
- Senior RN now able to resume full time duties as Infection Control Coordinator.
- High levels of cleaning on going specifically high touch points.
- The Nurse Advisor is supportive of all IPC actions being undertaken and has commented they are to a satisfactory level at this time.

• **Item 4 – Staffing update**

- Full course of staff for today and tomorrow, will look at filling a few gaps for Monday.
- Nurse Advisor indicated he was pleased the facility had good staffing numbers now, good supervisor and monitoring of all carers by RN's.
- Still awaiting response regarding correct procedures to follow for ongoing staff testing once they return to duty. s 47F (Nurse Advisor) would like a direct contact to communicate with in the PHU.

Action: CM (DoH) will ask for the PHU to contact s 47F directly – s 47F was last PHU Case manager, use 1300 number in the meantime. Designated contact at Epping Gardens is to be s 47F .

• **Item 5 – Communications update**

- Ongoing communication being undertaken, daily communication with all families is continuing.
- Hospital calls are being undertaken each day and following up with families once the Hospital has returned with a response to an enquiry.
- Daily staff member now allocated to do these tasks.

• **Item 6 – Cleaning, Laundry and Kitchen**

- Two collections of clinical waste yesterday, all waste is well managed and appropriately handles –no concerns noted by Nurse Advisor.
- Next waste collection next Tuesday.
- Kitchen – no issues noted.

Other issues:

- **Item 7 – Next meeting – Monday 17 August at 2pm**

COVID Outbreak Operations Meeting - Action List 15/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	6/08 Update 13/08	Planning for Staffing levels when residents start to return from hospital. s 22 to follow up with Provider	Ongoing discussion

DoH	13/08	Follow up with Melbourne Pathology whether its staff are being tested and not potentially risking the facility when it comes on site	In progress
DoH –Case Manager	15/08	Testing: Sonic Testing on site on 16/08 and again on 19/08 Action: s 22 / DoH to confirm second testing date and confirm with Heritage care.	In progress
DoH –Case Manager	10/08 13/08 Update 15/08	DoH to follow up on requirement for staff testing upon return. s 47F Still awaiting response Action: s 22 (DoH) will ask for the PHU to contact s 47F directly –s 47F was last PHU Case manager, use 1300 number in the meantime. Designated contact at Epping Gardens is to be s 47F	In progress

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From: s 22
Sent: Saturday, 8 August 2020 6:02 PM
To: s 22
Cc: s 22
Subject: For Clearance - Epping Gardens - Notes Saturday 8 August [SEC=OFFICIAL]
Attachments: 2020 08 08 Heritage Gardens Ops meeting - 8 August.docx


H s 22

For your clearance please – Epping Gardens – Saturday 8 August.

Once cleared, action items will be updated in the calendar entry.

Thanks

s 22



Health Grants Network Division | Corporate Operating Group
Streamlining Grants Branch
Australian Government Department of Health
Queensland Office, MDP 116, GPO Box 9848, Brisbane QLD 4001

s 22

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Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference Saturday 8 August 2:00 PM- 2.41 PM

Message Stick - Dial In: s 22

Participants Code: 313500#

Attendees: Chair – s 22

Epping Gardens: s 47F

ASPEN: Nil

ACQSC: s 47F

DHHS: Nil.

PHU

DoH – s 22

Agenda

- **Item 1 – Resident Update**
 - Positive residents and staff
 - Residents = 96 +ve residents (19 deaths)
 - 12+ve on site (one transferred to hospital last night @ 000) – no transfers today
 - Staff = 55 staff +ve (4 pending results). s 47F sought clarity on whether the +ve staff (i.e. 2 from Austin Health and 1 agency nurse) should be counted as part of the facility stats. Answer is "yes."
 - Testing
 - Next scheduled for 9/8 staff and residents
 - Close contact tracing completed and sent to PHU for follow up
 - Symptomatic residents
 - Nil symptomatic residents (symptomatic to hospital last night febrile)
 - Significant clinical issues
 - No clinical issues 8/8
- **Item 2 – Update on action items**
 - See Action List below.
- **Item 3 – Infection Prevention and Control**
 - s 47F advised – informal consultation held with Austin – comms sent to nurses in charge re detailed instruction on PPE and showering
 - Changes made to food handling
 - Clear written instructions on use of laundry bags (dissolvable bags)
 - Looked at staff rooms
 - Increased social distancing

- Linen has been relocated (to prevent cross contamination)
- Monitoring doors
- Additional resources to the front desk – entry screening
- Austin Infection control investigated the infected staff member – has reissued instruction on the use of the portable phone (use via speaker and not to the face)
- **Item 4 – Staffing update**
 - AM shift – 1 RN down, but Epping Gardens deployed a DoN and clinician to supervise the EN on the ground floor
 - PM shift – 2 RNs down. Facility is trying to replace those shifts now
 - Regular DoN returning to site on Monday 10/8 – reengaging back full time
 - 2 Heritage Care nurses block booked from Monday 10/8
 - 3 RNs block booked from next week
 - Facility would like to request another 2 nurses on shift – seeking assistance for the next 3-4 days (until their regular nurses come back) – Action: s 22 to put in a request to workforce team but advises continue to pursue internal options – liaise with s 47F to determine requirements
- **Item 5 – Communications update**
 - s 47F advised – comms is running well, no issues or risks, Families daily contact, and residents in hospital.
 - Daily email (includes OPAN info)
 - Facility using video calls
 - Has been in touch with OPAN, but limited contacted.
 - Heritage Care has deployed an offsite team to manage the cooms – has been working well.
 - Hospital contact (Bellbird and Peninsula Health) has now been resolved by the A/g DON – Action: s 47F to send through written advice to s 22
- **Item 6 – Cleaning, Laundry and Kitchen**
 - PPE and waste disposal have been sorted – nothing to report
 - Additional bins have been dropped off
 - Medical waste bins on site and next collection scheduled for Tuesday 11/8.

Other issues:

- s 47F asked – the Palliative care unit is self-contained and Epping Gardens is seeking clarity on when they can resume taking clients – Action: DoH to take offline to discuss with the PHU
- **Item 7 – Next meeting - Monday 10 August at 2pm**

COVID Outbreak Operations Meeting - Action List 8/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	28/07	Ongoing morning contact clearly identify how many total residents are COVID +ve, deceased, in hospital, left on site that are positive, left on site that are -ve	Ongoing Daily
Heritage Care Epping Gardens	29/07	Ongoing outbound comms - need clear up to date list with family contact details noting who has been transferred to hospital and who is deceased so mistakes are not made in contacting the families of these residents	Ongoing Daily
Heritage Care Epping Gardens	4/08	1 staff member who was on duty last Friday (31/07) has tested Covid 19 positive. Tracing currently underway, investigations on going, for update and action next meeting. Being followed up by HCEP	Completed
Heritage Care Epping Gardens	6/08	Planning for Staffing levels when residents start to return from hospital.	Ongoing discussion
Heritage Care Epping Gardens and DoH s 22	8/08	s 22 and Epping Gardens to have a conversation and determine staffing requirements for additional 2 nurses over the next few days	In progress
Heritage Care Epping Gardens – s 47F	8/08	Send through written advice that the issues with hospital communications (re residents) has now been resolved	In progress
DOH	8/08	Seek advice from PHU re when the palliative care unit can resume taking clients	In progress

From: s 22
Sent: Monday, 10 August 2020 6:31 PM
To: s 22
Cc: s 22
Subject: For Clearance - Heritage Care Epping Gardens COVID Operations meeting - 10 August 2020 DRAFT [SEC=OFFICIAL]
Attachments: DRAFT Heritage Gardens Ops meeting - 10 August -.docx

Hi s 22

Please find attached a copy of the notes and action items for Heritage Care Epping Gardens COVID Operations meeting - 10 August 2020 – For Clearance.

Regards Simon.

s 22

Departmental Officer

COVID – 19 information is being updated daily, for current advice visit www.health.gov.au

Health Grants Network Division | Health State Network VIC TAS
Australian Government Department of Health | s 22

s 22

PO Box 9848, Melbourne, VIC 3001, Australia

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DRAFT Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference Monday 10 2:00 PM- 2.41 PM

Message Stick - Dial In: s 22

Participants Code: 313500#

Attendees: Chair – s 22

(A/State Manager Qld/NT)

Epping Gardens: s 47F

ASPEN: Nil

ACQSC: s 47F

DHHS: s 47F

PHU Nil

DoH – s 22

Work Force - s 47F

Agenda

- Item 1 – Resident Update
 - Positive residents and staff
 - Residents = 97 +ve residents
 - 24 +ve on site
 - 22 Residents deceased
 - 68 Residents in Hospital
 - Staff = 55 staff +ve (4 pending results).
 - Testing
 - Close contact tracing completed and sent to PHU for follow up
 - Symptomatic residents
 - Nil symptomatic residents
 - Significant clinical issues
 - No clinical issues 10/8
- Item 2 – Update on action items
 - See Action List below.
- Item 3 – Infection Prevention and Control
 - Laundry bag issue now resolved
 - Sign in process enhanced – implemented a physical barrier
 - Staff room has been increased
 - PPE issue updated
 - Portable phone usage updated
 - Meds and wound treatment equipment have been removed from trolleys and are now in resident rooms in ziplock back

- Repeat deep clean planned for 14/8 (secondary to what was done by Western Health)

- **Item 4 – Staffing update**

- Case manager advised a workforce request has been placed for RNs and other specialist staff
- **s 47F** advised that he has been exploring the possibility of flying in Heritage staff from interstate to provide assistance – will follow this up again. **s 22** advised that the Commonwealth is willing to provide financial support for this to occur.
- The facility has been encouraged to keep employing ‘creative staff incentives’
- The HR manager reiterated the requirement for RNs
- Workforce advises the RN request still hasn’t been filled.
- Unsure about requirements for testing upon staff returning to duty.

Action: DoH to follow up on requirement for staff testing upon return

- **Item 5 – Communications update**

- Comms running well
- Skype/video comms requests are being filled and is available to 100% of all residents and relatives – no issues

- **Item 6 – Cleaning, Laundry and Kitchen**

- No further updates.

Other issues:

- **Item 7 – Next meeting - Wednesday 12 August at 2pm**

COVID Outbreak Operations Meeting - Action List 10/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	6/08	Planning for Staffing levels when residents start to return from hospital.	Ongoing discussion
Heritage Care Epping Gardens and DoH (s 22)	8/08	s 22 and Epping Gardens to have a conversation and determine staffing requirements for additional 2 nurses over the next few days	Heritage Care Epping Gardens and DoH (s 22)
Heritage Care Epping Gardens – s 47F	8/08 10/08 UPDATE	Send through written advice that the issues with hospital communications (re residents) has now been resolved s 47F to follow up	In progress
DOH	8/08 10/08 UPDATE	Seek advice from PHU re when the palliative care unit can resume taking clients Case Manager DoH to follow up	In progress
Epping Gardens –	10/8	Follow up on the possibility of recruiting Heritage staff from interstate to help out	In progress

s 47F			
DoH –Case Manger	10/08	DoH to follow up on requirement for staff testing upon return.	In progress

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BY THE DEPARTMENT OF HEALTH

Subject: Heritage Care Epping Gardens COVID Outbreak Meetings 2PM - 2.30PM 2nd daily
[SEC=UNOFFICIAL]

Location: Dial in - s 22 Participant passcode - 313500#

Start: Mon 17/08/2020 2:00 PM

End: Mon 17/08/2020 2:30 PM

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: s 22

Required Attendees: s 22 ;
s 47F

THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH

s 47F

s 22

Compliance Centre East, s 22

Hi all,

Action plan as at 15/08.

- Please forward the meeting request on to others in you organisation if appropriate or left out.
- Also let me know if anyone needs to be removed for future invites

Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference Daily 2PM - 2:30PM

Message Stick - Dial In: s 22 Participants Code: 313500#

Agenda

- Item 1 – Resident Update

- Positive residents & staff
 - Testing
 - Symptomatic residents
 - Significant clinical issues
- Item 2 – Update on action items
- Item 3 – Infection Prevention and Control
 - Any issues for resolution
 - Any identified issue or risks
- Item 4 – Staffing update
 - Overview of staffing arrangements
 - Any issues or risks
- Item 5 – Communications update
 - Update on communications with families and staff
 - Any issues or risks
- Item 6 – Cleaning, Laundry and Kitchen
 - Overview of arrangements
 - Any issues or risks
- Item 7 – Next meeting

COVID Outbreak Operations Meeting - Action List 15/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	6/08 Update 13/08	Planning for Staffing levels when residents start to return from hospital. s 22 to follow up with Provider	Ongoing discussion
DoH	13/08	Follow up with Melbourne Pathology whether its staff are being tested and not potentially risking the facility when it comes on site	In progress
DoH –Case Manager	15/08	Testing: Sonic Testing on site on 16/08 and again on 19/08 Action: s 22 / DoH to confirm second testing date and confirm with Heritage care.	In progress
DoH –Case Manager	10/08 13/08 Update 15/08	DoH to follow up on requirement for staff testing upon return. s 22 Still awaiting response Action: CM (DoH) will ask for the PHU to contact John directly – s 47F was last PHU Case manager, use 1300 number in the meantime. Designated contact at Epping Gardens is to be s 47F .	In progress

From: s 22
Sent: Monday, 24 August 2020 9:16 AM
To: s 22
Subject: 2020 08 21 Heritage Epping Gardens Ops meeting - 21 August - final and cleared S Moros.docx [SEC=OFFICIAL]
Attachments: 2020 08 21 Heritage Epping Gardens Ops meeting - 21 August - final and cleared S Moros.docx

Good morning s 22

Copy of the last notes and actions items for Heritage Epping Gardens Ops meeting for your information.

Meeting today at 2pm.

Regards s 22

s 22

Departmental Officer

COVID – 19 information is being updated daily, for current advice visit www.health.gov.au

Health Grants Network Division | Health State Network VIC TAS
Australian Government Department of Health | s 22 |
s 22
PO Box 9848, Melbourne, VIC 3001, Australia

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.



Please consider the environment before printing this email.

s 22

From: s 22
Sent: Friday, 21 August 2020 9:35 AM
To: s 22

; s 47F

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s 22

; Compliance Centre East; s 22

Subject: Action items for 21/8 Epping Gardens Operations meeting Daily 1pm - Action Items @ 19/8 [SEC=UNOFFICIAL]

Hi all,

Action plan updated @ 19/8

- Please forward the meeting request on to others in you organisation if appropriate or left out.
- Also let me know if anyone needs to be removed for future invites

Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference Daily 2PM - 2:30PM

s 22

Agenda

- Item 1 – Resident Update
 - Positive residents & staff
 - Testing
 - Symptomatic residents
 - Significant clinical issues
- Item 2 – Update on action items
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 - Any issues for resolution
 - Any identified issue or risks

- Item 4 – Staffing update
 - Overview of staffing arrangements
 - Any issues or risks
- Item 5 – Communications update
 - Update on communications with families and staff
 - Any issues or risks
- Item 6 – Cleaning, Laundry and Kitchen
 - Overview of arrangements
 - Any issues or risks
- Item 7 – Next meeting

COVID Outbreak Operations Meeting - Action List @ 19/8

Responsible	Date	Action	Status
Heritage Care Epping Gardens	6/08 Update 13/08	Planning for Staffing levels when residents start to return from hospital. s 22 to follow up with Provider	Ongoing discussion
DoH	13/08 Update 19/8	Follow up with Melbourne Pathology whether its staff are being tested and not potentially risking the facility when it comes on site. Has been sent to Sonic waiting advise	In progress
DoH –Case Manager	10/08 13/08 15/08 Update 17/08	DoH to follow up on requirement for staff testing upon return, s 22 Still awaiting response Action: CM (DoH) will ask for the PHU to contact s 47F directly s 47F was last PHU Case manager, use 1300 number in the meantime. Designated contact at Epping Gardens is to be s 47F Response provided – Executive Management require a letter - Recommend Heritage email the PHU directly – can provide email address – CM will forward. Has been sent to PHU, advise has been received	Completed 19/8
Meeting	19/8 For discussion	Meetings currently scheduled for 2 nd daily. Next meetings currently arranged for Friday 21 and Sunday 23 August. For discussion –frequency of meetings going forward. Frequency of meetings can reduce, but would require an extraordinary meeting in the first instance, with PHU attendance for a longer duration would be warranted.	In progress

Case Manger DoH/PHU	19/8	<p>Provider is looking to bring residents back on site – seeking advice on the process inc. clearances. Last conversion was around 10/8 – if all tracks well, will be looking at being COVID free within 7 days, for return to site after that.</p> <p>Action: Case Managers to raise with PHU, including their attendance at the next meeting</p>	Urgent action for next meeting
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THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH

Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference Friday 21 August 2:00 PM- 2.24 PM

Reconvened @ 2.35-3.09 with PHU attendance

Message Stick - Dial In: s 22

Participants Code: 313500#

Attendees: Chair – s 22 – A/Director DoH

Epping Gardens: s 47F

ASPEN: Nil

ACQSC: s 47F

DHHS:

PHU: s 47F (DHHS) – at 2.35pm

VACRC: s 47F

DoH – s 22

Work Force – nil

Agenda

- **Item 1 – Resident Update**

Residents (@ 21/8):

- 97+ve residents total (unchanged)
- 34 deaths (1 increase from 19/8)
- 19 on site (9+ve)
- No transfers for today

Staff (@ 21/8):

- 65 staff +ve
- Testing:
 - Testing done 19/8 – results all negative
 - Next testing tomorrow 22/8
- Symptomatic residents
 - Nil
- Significant clinical issues

- **Item 2 – Update on action items**

- See Action List below.

- **Item 3 – Infection Prevention and Control**
 - No issues
 - Heritage Care have commenced an extensive training program – consultant engaged for staff return to work
 - Practices being monitored
 - RN's working over the weekend also briefed on monitoring
- **Item 4 – Staffing update**
 - 32/33 shifts filled within the last 24 hours
 - 20 +ve staff members returned. 5-6 to return within the next week (some on Monday)
 - Working through +ve staff waiting on clearances
 - 2 offers made to RNs (orientation on Monday)
 - Extension of funding request for another 2 weeks submitted to Case Manager
s 22 – currently expires 22/8 – pending outcome
- **Item 5 – Communications update**
 - No updates 21/8 – everything running well
- **Item 6 – Cleaning, Laundry and Kitchen**
 - Nil to report 21/8

Other issues:

1. Facility has been seeking PHU attendance and advice on:
 - (1) allowing isolated residents (tested –ve 3 times) back to allow free-er access to the facility
 - (2) discontinuation of the cohorting of +ve residents last tested 19/8 as clear; and
 - (3) repatriation of residents from hospital back to the facility
2. s 47F (VACRC) dialled in and advised these questions should be directed to the PHU and will follow up with the PHU

Priority: urgent PHU meeting today 21/8 is required – SM to follow up with PHU and advise s 47F – it is requested that the Minutes reflect the difficulty in trying to engage the PHU.
Update: meeting to reconvened at 2.35 with PHU attendance – s 47F (DHHS).

PHU Action 1: s 47F will follow up with s 47F on the template completed and submitted by Epping Gardens for 7 residents re clearances

PHU Action 2: s 47F to send out information package via s 22

PHU Action 3: Following testing on 22/8, dependent on results, the PHU will provide further advice on next steps and the consideration/possibility of facility being able to go into Enhanced Surveillance

FOR CLARITY – responsibilities:

- ❖ VACRC – responsible for repatriation of residents from hospital
- ❖ PHU – responsible for clearance of site and residents

- **Item 7 – Next meeting – Action: to be rescheduled to Monday 24/8 – 2pm and then every 3rd day**

COVID Outbreak Operations Meeting - Action List 21/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	6/08 Update 13/08	Planning for Staffing levels when residents start to return from hospital. s 22 to follow up with Provider	Ongoing discussion
DoH	13/08 Update 19/8	Follow up with Melbourne Pathology whether its staff are being tested and not potentially risking the facility when it comes on site. Has been sent to Sonic waiting advise 21/8 – still pending response from Sonic	In progress
Meeting	19/8 For discussion	Meetings currently scheduled for 2 nd daily. Next meetings currently arranged for Friday 21 and Sunday 23 August. For discussion –frequency of meetings going forward. Frequency of meetings can reduce, but would require an extraordinary meeting in the first instance, with PHU attendance for a longer duration would be warranted.	In progress Completed 21/8 – will go to every 3rd day.
Case Manger DoH/PHU	19/8	Provider is looking to bring residents back on site – seeking advice on the process inc. clearances. Last conversion was around 10/8 – if all tracks well, will be looking at being COVID free within 7 days, for return to site after that. Action: Case Managers to raise with PHU, including their attendance at the next meeting 21/8 VACRC in attendance – will follow up queries with PHU pending PHU attendance. Meeting reconvened at 2.35 with PHU attendance	Completed 21/8
DOH Case Manager	21/8	Extension of funding request for another 2 weeks submitted to Case Manager s 22 – facility waiting on decision outcome	In progress
PHU	21/8	PHU Action 1: s 47F will follow up with s 47F on the template completed and submitted by Epping Gardens for 7 residents re clearances PHU Action 2: s 47F to send out information package via s 22 PHU Action 3: Following testing on 22/8, dependent on results, the PHU will provide further advice on next steps and the consideration/possibility of facility being able to go into Enhanced Surveillance	In progress

From: s 22
Sent: Monday, 24 August 2020 3:49 PM
To: s 22
Cc: s 22
Subject: For Clearance: 2020 08 24 Heritage Epping Gardens Ops meeting - 24 August - DRAFT.docx [SEC=OFFICIAL]
Attachments: 2020 08 24 Heritage Epping Gardens Ops meeting - 24 August - DRAFT.docx

Hi s 22

Please find attached a copy of the Heritage Epping Gardens COVID Operations Meeting Notes and Action Items - 24 August 2020 –DRAFT FOR CLEARANCE please.

Thanks s 22

s 22

Departmental Officer

COVID – 19 information is being updated daily, for current advice visit www.health.gov.au

Health Grants Network Division | Health State Network VIC TAS
Australian Government Department of Health | s 22
s 22
PO Box 9848, Melbourne, VIC 3001, Australia

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Please consider the environment before printing this email.

DRAFT Heritage Care Epping Gardens COVID Outbreak Meeting
Via Teleconference Monday 24 August 2:00 PM- 2.30PM

Message Stick - Dial In: s 22

Participants Code: 313500#

Attendees: Chair – s 22 (State Manager Qld/NT)

Epping Gardens: s 47F

ASPEN: Nil

ACQSC: s 47F

DHHS:

PHU:

VARC:

DoH – s 22

Work Force – nil

Agenda

- **Item 1 – Resident Update**

Residents (@ 24/8):

- 97+ve residents total (unchanged)
- 35 deaths total (1 increase from 23/8) inc 33 +ive
- 19 on site (9+ve)
- No transfers for today

Staff (@ 24/8):

- 65 staff +ve
- Testing:
 - Testing done 22/8 – results all negative
- Symptomatic residents
 - Nil
- Significant clinical issues

- **Item 2 – Update on action items**

- See Action List below.

- **Item 3 – Infection Prevention and Control**

- Working through monitor breaches with Laundry and contractor –working on this
- Undergoing mandatory training for all staff – PPE, hand washing, doffing/donning.
- All upstairs +ive residents have received clearances.

- **Item 4 – Staffing update**

- Able to cover all 33 shifts, fully rostered until 27 August 2020 –funding is going to run out for ongoing agency support, many gaps.
- 32 staff have returned, however a total of 73 staff have not come back. (10x terminated/resigned; 6 working at other homes, 3 have started early MAT leave, 6 to return late Sep/early Oct; other staff being contacted)
- Staffing is currently running on 3x as required for a RACF because it is currently being run as a COVID +ve unit.
- Are calling staff on a regular basis, trying to attract staff, have been advertising on SEEK –low response rate.
- s 47F in process to enable staff to come together via a Zoom meeting regarding PPE – most likely Thursday. s 47F will talk to s 47F works for Commission, they will assist.
- Human Force system being used (but only can be viewed by own staff) – also using a manual spreadsheet
- System used is similar to Google Rostering, also working on a manual spreadsheet.
- Action: Case Manager ND to follow up on who needs to be invited to Zoom meeting –s 47F ?
- ACTION: Discussion regarding Google Roster s 47F to forward link
- ACTION: Still need an answer on the funding extension, s 47F follow up

- **Item 5 – Communications update**

- Daily phone calls are being made by on site staff now, running well.

- **Item 6 – Cleaning, Laundry and Kitchen**

- No issues of concern.

Other issues:

24/8 SM Update on Enhanced Surveillance –

- s 47F has been talking to the relevant leads about moving to ES, including further discussion with the PHU Deputy Commander. Depending on how the discussions go, someone from PHU will be in touch with the Facility to provide an update on ES.
- s 47F should have some further information to share today.
- s 47F (DHHS/VACRC) – seeing PHU update on the clearances for repatriation back to the facility – to inform a planning process
- s 47F has received an email from s 47F that once clearances are in place, residents in isolation can come out of isolation, and future use of PPE – wants confirmation that this is place. Note: s 22 are not aware of the email, but will follow up with s 22
- Action: s 22 to follow up with s 47F, inc. clarity of use of PPE

- **Item 7 – Next meeting – Wednesday 26 August 2020 – 2pm**

COVID Outbreak Operations Meeting - Action List 24/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	24/08	Planning for Staffing levels when residents start to return from hospital.	Ongoing discussion
DoH	13/08 19/8	Follow up with Melbourne Pathology whether its staff are being tested and not potentially risking the facility when it comes on site. Has been sent to Sonic waiting advise 24/8 – still pending response from Sonic	In progress
DOH Case Manager	21/8 Update: 24/8	Extension of funding request for another 2 weeks submitted to Case Manager s 22 – facility waiting on decision outcome. Case Manager ACTION: Still need an answer on the funding extension. s 47F has sent to Work Force Team to follow up asap	In progress
PHU/Case Manager DoH/VARC.	21/8 Update: 24/8	PHU Action 1: s 47F will follow up with s 47F on the template completed and submitted by Epping Gardens for 7 residents re clearances - Completed PHU Action 2: s 47F to send out information package via s 47F – Completed last week PHU Action 3: Following testing on 22/8, dependent on results, the PHU will provide further advice on next steps and the consideration/possibility of facility being able to go into Enhanced Surveillance s 22 contacted s 47F – Informed the relevant Medical Lead has been notified, they are talking with the deputy public health commander today. s 47F has indicated she will be in contact with DoH later today. s 47F – has asked about the planning for the residents coming back, wants an update from PHU regarding a clearance. Waiting on the clearance for enhanced surveillance. Planning DRAFT being developed, waiting to hear when this can commence. Action: s 47F and Case Manager will follow up	In progress
Case Manager DoH/s 47F	24/8	Discussion regarding use of Google Roster and ability to link with “in time” Work Force Requests. Action: s 47F to forward link to s 47F – s 47F	In progress
Case Manager DoH/s 47F	24/08	s 47F in process to enable staff to come together via a Zoom meeting regarding PPE – most likely Thursday Action: Case Manager s 22 to follow up on who needs	

		to be invited to Zoom meeting – s 47F ?	
Case Manager/Nurse Advisor	24/08	s 47F has received an email from s 22 that once clearances are in place, residents in isolation can come of isolation, and future use of PPE – wants confirmation that this is place Action: s 22 to follow up with s 22, inc. clarity of use of PPE	In progress

THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH

Subject: Heritage Care Epping Gardens COVID Outbreak Meetings 2PM - 2.30PM 3rd day weekly [SEC=UNOFFICIAL]
Location: Dial in - s 22 Participant passcode - 313500#
Start: Wed 26/08/2020 2:00 PM
End: Wed 26/08/2020 2:30 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded

Organizer: s 22

Required Attendees: s 22

s 47F

s 47F

Care COVID Workforce; s 22

s 47F

s 47F

s 47F

Aged

s 47F

s 47F

s 22

East; s 22

Unit; s 22

s 47F

Seniors Ageing and Carers Covid

Hi all, action plan at 24/08.

- Please forward the meeting request on to others in you organisation if appropriate or left out.
- Also let me know if anyone needs to be removed for future invites

Heritage Care Epping Gardens COVID Outbreak Meeting

Via Teleconference 3rd day weekly 2PM - 2:30PM

Message Stick - Dial In: s 22

Participants Code: 313500#

Agenda

- Item 1 – Resident Update
 - Positive residents & staff

- Testing
- Symptomatic residents
- Significant clinical issues
- Item 2 – Update on action items
- Item 3 – Infection Prevention and Control
 - Any issues for resolution
 - Any identified issue or risks
- Item 4 – Staffing update
 - Overview of staffing arrangements
 - Any issues or risks
- Item 5 – Communications update
 - Update on communications with families and staff
 - Any issues or risks
- Item 6 – Cleaning, Laundry and Kitchen
 - Overview of arrangements
 - Any issues or risks
- Item 7 – Next meeting

COVID Outbreak Operations Meeting - Action List 24/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	24/08	Planning for Staffing levels when residents start to return from hospital.	Ongoing discussion
DoH	13/08 19/8	Follow up with Melbourne Pathology whether its staff are being tested and not potentially risking the facility when it comes on site. Has been sent to Sonic waiting advise 24/8 – still pending response from Sonic	In progress
DOH Case Manager	21/8 Update: 24/8	Extension of funding request for another 2 weeks submitted to Case Manager ^{s 22} – facility waiting on decision outcome. Case Manager ACTION: Still need an answer on the funding extension. ^{s 22} has sent to Work Force Team to follow up asap	In progress
PHU/Case Manager DoH/VARC.	21/8 Update: 24/8	PHU Action 1: ^{s 47F} will follow up with Alex on the template completed and submitted by Epping Gardens for 7 residents re clearances - Completed PHU Action 2 ^{s 47F} to send out information package via ^{s 22} – Completed last week PHU Action 3: Following testing on 22/8, dependent on results, the PHU will provide further advice on next steps and the consideration/possibility of facility being able to go into Enhanced Surveillance ^{s 47F} contacted ^{s 47F} – Informed the relevant Medical Lead has been notified, they are	In progress

		<p>talking with the deputy public health commander today. s 47F has indicated she will be in contact with DoH later today.</p> <p>s 47F – has asked about the planning for the residents coming back, wants an update from PHU regarding a clearance.</p> <p>Waiting on the clearance for enhanced surveillance. Planning DRAFT being developed, waiting to hear when this can commence.</p> <p>Action: Heritage Epping and Case Manager will follow up</p>	
Case Manager DoH/s 47F	24/8	<p>Discussion regarding use of Google Roster and ability to link with “in time” Work Force Requests.</p> <p>Action: s 22 to forward link to s 47F s 47F</p>	In progress
Case Manager DoH/s 47F	24/08	<p>Kylie in process to enable staff to come together via a Zoom meeting regarding PPE – most likely Thursday</p> <p>Action: Case Manager s 22 to follow up on who needs to be invited to Zoom meeting – s 47F</p>	
Case Manager/Nurse Advisor	24/08	<p>s 22 has received an email from s 22 that once clearances are in place, residents in isolation can come of isolation, and future use of PPE – wants confirmation that this is place</p> <p>Action: s 22 to follow up with s 22 inc. clarity of use of PPE</p>	In progress

From: s 22
Sent: Wednesday, 26 August 2020 4:21 PM
To: s 22
Cc: s 22
Subject: For Clearance: 2020 08 26 Heritage Epping Gardens Ops meeting - 26 August - DRAFT.docx [SEC=OFFICIAL]
Attachments: 2020 08 26 Heritage Epping Gardens Ops meeting - 26 August - DRAFT.docx

Hi s 22

Please find attached a copy of the Heritage Epping Gardens COVID Operations Meeting Notes and Action Items - 26 August 2020 –DRAFT FOR CLEARANCE please.

Thank you

s 22

Departmental Officer

COVID – 19 information is being updated daily, for current advice visit www.health.gov.au

Health Grants Network Division | Health State Network VIC TAS
Australian Government Department of Health | s 22
s 22
PO Box 9848, Melbourne, VIC 3001, Australia

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Please consider the environment before printing this email.

DRAFT Heritage Care Epping Gardens COVID Outbreak Meeting
Via Teleconference Wednesday 26 August 2:00 PM- 2.23 PM

Message Stick - Dial In: s 22

Participants Code: 313500#

Attendees: Chair – s 22 (State Manager Qld/NT)

Epping Gardens: s 47F

ASPEN: Nil

ACQSC: s 47F

DHHS:

PHU:

VARC:

DoH – s 22

Work Force

Agenda

- **Item 1 – Resident Update**

Residents (@ 24/8):

- 97+ve residents total (unchanged)
- 35 deaths total
- 19 on site (9 cleared by DHHS 23/8 inc 33 +ive.
- 21 –ive residents
- 5 Residents discharged home, 1 is temporary

Staff (@ 24/8):

- 65 staff +ve
- Testing:
 - Testing done 22/8 – results all negative
- Symptomatic residents
- Significant clinical issues

- **Item 2 – Update on action items**

- See Action List below.

- **Item 3 – Infection Prevention and Control**

- Monitored and managed on site, all Staff have been through training and credentialing
- All PPE orders are in

- Credentialing almost completed
- Introduced eye protection on site
- **Item 4 – Staffing update**
 - Able to cover all 32 out of 33 shifts,
 - Zoom meeting arranged for Friday 5pm, s 47F the GM will chair
 - Staff are returning, recruiting more RN's
 - SEEK ads not attracting many applicants
 - 2 new RN's commenced this week
- **Item 5 – Communications update**
 - Families are requesting we don't call as often
 - All systems are running well.
 - Provider is undertaking all comms.
- **Item 6 – Cleaning, Laundry and Kitchen**
 - No issues of concern.

Other issues:

Transitional Care Residents –can they come back into the service? s 47F (DHHS) has advised s 47F and s 47F at the moment its best to concentrate on existing Residents returning in order to settle.

Notice to Agree is in place – probably not able to admit TCP Residents –When settled – need to apply. Northern Health are pushing for access.

- **Item 7 – Next meeting – Monday 31 August 2020 – 2pm**

COVID Outbreak Operations Meeting - Action List 26/08

Responsible	Date	Action	Status
Heritage Care Epping Gardens	24/08 Update: 26/08	Planning for Staffing levels when residents start to return from hospital. s 47F working on post COVID –need to recruit more RN's for Service.	Ongoing discussion
DoH	13/08 19/8 Update: 26/08	Follow up with Melbourne Pathology whether its staff are being tested and not potentially risking the facility when it comes on site. Has been sent to Sonic waiting advise 24/8 – still pending response from Sonic s 47F provided feedback - Staff have access to peace of mind testing, are testing weekly, no incidences of staff being found +ive across the sector so far amongst Sonic Workers.	Completed To be removed for next meeting
DOH Case Manager	21/8	Extension of funding request for another 2 weeks submitted to Case Manager s 22 – facility waiting on decision outcome.	Completed

	26/08	s 22 – Facility would need to move to Enhanced Surveillance before staff can care without PPE. Clearance process is by the Deputy Commander of DHHS –they are reviewing Epping Gardens this at the moment. Timeframe is uncertain at the moment, hopefully not too much longer.	
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THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH

s 22

From: s 22
Sent: Thursday, 3 September 2020 2:57 PM
To: s 22
Cc: s 22
Subject: For Clearance: Heritage Care Epping Gardens - Repatriation/ops meeting - 3 September [SEC=OFFICIAL]
Attachments: 2020.09.03 - VicTas - Notes - Heritage Care Epping Gardens Care COVID 19 Repatriation Ops meeting - Draft 1.docx

Hi s 22

Draft notes for **Heritage Care Epping Gardens** Repatriation/ops meeting – 3 September – for your review and clearance please.

Thanks

s 22



Health Grants Network Division | Corporate Operating Group
Streamlining Grants Branch
Australian Government Department of Health
Queensland Office, MDP 116, GPO Box 9848, Brisbane QLD 4001

s 22

THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH

DRAFT Heritage Care Epping Gardens COVID Repatriation/Operations Meeting

Via Teleconference – Thursday 3 September 2020 2pm to 2.23pm

Message Stick - Dial In: s 22

Participants Code: 125004#

Attendees: Chair – s 22

Epping Gardens: s 47F

ACQSC: s 47F

VACRC: s 47F

Concierge: s 47F

DoH: s 22

Work Force:

Agenda

This meeting is to discuss the repatriation approach for Epping Gardens to discuss the plan to support this process.

- **Item 1 - Supports**

Concierge role:

- Provide an independent person to check in with residents and families for individual requirements and preferences;
- work with residents and families to give them a pathway and support to work through that
- Manage the transportation and coordination of the repatriation of residents NOTE: Epping Gardens contact person is s 47F (DoN)

Current processes in place by Epping Gardens:

- Planned repatriation rate – 1 per day up to 7 per week – ready to commence repatriation tomorrow 4/9
- **Action: DoH/VACRC to liaise with ACQSC to ensure it is ok for the repatriation process to commence**
- Staffing arrangements have been reviewed, and staffing is in place
- Epping Gardens manager has good rapport with all residents and families and been making contact with them
- Clinical care coordinator has been allocated solely to the repatriation process.
- Resident Liaison Officer is assisting and the Admissions Officer at Epping Gardens and the Comms team are contacting the Hospital and Residents, a number are waiting for clearance certificates, a couple are still under going treatment.

- **Item 2 – Resident Update**

- Cleared residents

- Total number of residents remaining in hospital
 - 31
- Number of residents wishing to return Epping Gardens
 - 21 confirmed
 - 5-6 still deciding
- Number of residents returned to Epping Gardens@ 3/9
 - 1
- Number of residents seeking alternative placement
 - 5
 - 1 permanently placed in another facility and then to QLD.
- **Item 3 – Update on action items**
- **Item 4 – Staffing update**
See item 1
- **Item 5– Communications update**
 - Email updates have been sent
 - 1:1 contact is being made and bespoke for purpose
 - Facility to continue working with residents and families regarding repatriation. The concierge service will not replace this task, it will support it.
 - **Action: VACRC – to send through spiel for inclusion in the facility newsletter.**
- **Item 6– Next meeting - Monday 7 September – 2.00PM-2.30PM**

Meeting - Action List – 03/09

Responsible	Date	Action	Status
DoH Case Manager	3/9	Provide list of residents in hospital and contact details to the Concierge team	In progress
VACRC	3/9	Provide script describing the concierge service to facility for inclusion in its newsletter update	In progress
DoH VACRC	3/9	Action: DoH/VACRC to liaise with ACQSC to ensure it is ok for the repatriation process to commence DoH/VACRC to follow up with ACQSC offline and advise facility if it is cleared to repatriate	In progress - priority

Heritage Care Epping Gardens COVID Repatriation/Operations Meeting

Via Teleconference – Thursday 3 September 2020 2pm to 2.23pm

Message Stick - Dial In: s 22

Participants Code: 125004#

Attendees: Chair – s 22

Epping Gardens: s 47F

ACQSC: s 47F

VACRC: s 47F

Concierge: s 47F

DoH: s 22

Work Force:

Agenda

This meeting is to discuss the repatriation approach for Epping Gardens to discuss the plan to support this process.

- **Item 1 - Supports**

Concierge role:

- Provide an independent person to check in with residents and families for individual requirements and preferences;
- work with residents and families to give them a pathway and support to work through that
- Manage the transportation and coordination of the repatriation of residents NOTE: Epping Gardens contact person is s 47F (DoN)

Current processes in place by Epping Gardens:

- Planned repatriation rate – 1 per day up to 7 per week – ready to commence repatriation tomorrow 4/9
- **Action: DoH/VACRC to liaise with ACQSC to ensure it is ok for the repatriation process to commence**
- Staffing arrangements have been reviewed, and staffing is in place
- Epping Gardens manager has good rapport with all residents and families and been making contact with them
- Clinical care coordinator has been allocated solely to the repatriation process.
- Resident Liaison Officer is assisting and the Admissions Officer at Epping Gardens and the Comms team are contacting the Hospital and Residents, a number are waiting for clearance certificates, a couple are still under going treatment.

- **Item 2 – Resident Update**

- Cleared residents

- Total number of residents remaining in hospital
 - 31
- Number of residents wishing to return Epping Gardens
 - 21 confirmed
 - 5-6 still deciding
- Number of residents returned to Epping Gardens@ 3/9
 - 1
- Number of residents seeking alternative placement
 - 5
 - 1 permanently placed in another facility and then to QLD.
- **Item 3 – Update on action items**
- **Item 4 – Staffing update**
See item 1
- **Item 5– Communications update**
 - Email updates have been sent
 - 1:1 contact is being made and bespoke for purpose
 - Facility to continue working with residents and families regarding repatriation. The concierge service will not replace this task, it will support it.
 - **Action: VACRC – to send through spiel for inclusion in the facility newsletter.**
- **Item 6– Next meeting - Monday 7 September – 2.00PM-2.30PM**

Meeting - Action List – 03/09

Responsible	Date	Action	Status
DoH Case Manager	3/9	Provide list of residents in hospital and contact details to the Concierge team	In progress
VACRC	3/9	Provide script describing the concierge service to facility for inclusion in its newsletter update	In progress
DoH VACRC	3/9	Action: DoH/VACRC to liaise with ACQSC to ensure it is ok for the repatriation process to commence DoH/VACRC to follow up with ACQSC offline and advise facility if it is cleared to repatriate	In progress - priority

s 22

From: s 22
Sent: Monday, 7 September 2020 2:54 PM
To: s 22
Cc: s 22
Subject: For Clearance: 2020.09.07 - VicTas - Notes - Heritage Care Epping Gardens Care COVID 19 Repatriation Ops meeting - DRAFT.docx [SEC=OFFICIAL]
Attachments: 2020.09.07 - VicTas - Notes - Heritage Care Epping Gardens Care COVID 19 Repatriation Ops meeting - DRAFT.docx

H s 22

Please find attached a copy of the Heritage Care Epping Gardens Repatriation Meeting Notes and Action Items – 07 September 2020 –DRAFT FOR CLEARANCE please.

Thank you s 22

s 22

Departmental Officer

COVID – 19 information is being updated daily, for current advice visit www.health.gov.au

Health Grants Network Division | Health State Network VIC TAS

Australian Government Department of Health | s 22

s 22

PO Box 9848, Melbourne, VIC 3001, Australia

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Please consider the environment before printing this email.

DRAFT Heritage Care Epping Gardens COVID Repatriation/Operations Meeting

Via Teleconference – Monday 7 September 2020 2pm to 2.23pm

Message Stick - Dial In: s 22

Participants Code: 125004#

Attendees: Chair – s 22 - Director West Metro Hub

Epping Gardens: s 47F

ACQSC: s 47F

DHHS: s 47F

VACRC:

Concierge: s 47F

DoH: s 22

Work Force:

PHU:

Agenda

This meeting is to discuss the repatriation approach for Epping Gardens to discuss the plan to support this process.

- **Item 1 - Supports**

Concierge role:

- Some families are asking lots of questions regarding what options they have, Concierge staff have spoken to a number of families
- Epping Gardens have done a great job of notifying families about the service.
- Contact has been made with a resident's family who is already on site.
- Looking at a specific process to help residents and families
- The liaison person at Peninsula Hospital has been very helpful.
- It's understood that this needs to be an orderly process
- Families are concerned about inability to visit residents on site it's restricted, families are keen to have residents home first. John advised that the resident would need to isolate for 14 days when they come back from being with family. Families will be advised of this.
- Waiting on lists of key people /contacts at Hospitals.

Current processes in place by Epping Gardens:

- s 47F has advised its ok to adapt the processes to meet specific needs of families.

- **Item 2 – Resident Update**

- Cleared residents

- Total number of residents remaining in hospital
 - 56
- Number of residents wishing to return Epping Gardens
 - 24 confirmed
 - 5-6 still deciding
- Number of residents returned to Epping Gardens@ 7/9
 - 1 and improving
- Number of residents seeking alternative placement
 - 0
 - 1 permanently placed in another facility and then to QLD.
- **Item 3 – Update on action items**
- **Item 4 – Staffing update**
Requested an extension of the Mabel Team – CM needs more specific information regarding this – will talk with s 47F
- **Item 5– Communications update**
 - s 47F was called by 2 family members, one is in the Facility have encouraged a case conference
 - Communications have been very positive.
- **Item 6– Next meeting - Monday 14 September – 2.00PM-2.30PM**

Other: Discussion regarding the frequency of meetings, and the agenda for the meetings.
Meetings to be weekly to touch base any issues – focus on repatriation.

ACTION: Case Manager to provide Operations Secretariat (s 22) with Agenda and contact list.

Meeting - Action List – 03/09

Responsible	Date	Action	Status
DoH Case Manager	3/9	Provide list of residents in hospital and contact details to the Concierge team Completed – list provided	Completed to be removed next meeting
VACRC	3/9	Provide script describing the concierge service to facility for inclusion in its newsletter update Completed	Completed to be removed next meeting
DoH VACRC	3/9	Action: DoH/VACRC to liaise with ACQSC to ensure it is ok for the repatriation process to commence DoH/VACRC to follow up with ACQSC offline and advise facility if it is cleared to repatriate Has occurred –able to proceed	Completed to be removed next meeting

Case Manager -DoH	07/09	<p>Discussion regarding the frequency of meetings, and the agenda for the meetings. Meetings to be weekly to touch base, any issues – focus on repatriation.</p> <p>ACTION: Case Manager to provide Operations Secretariat (§ 22) with Agenda and contact list.</p>	In progress
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THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH

From: s 47F
Sent: Tuesday, 21 July 2020 12:46 PM
To: s 22
Subject: Epping Gardens - Phone call to s 47F 21 July 2020 at 1033 and 1143 hours
 s 47F [SEC=OFFICIAL:Sensitive]

Epping Gardens - Phone call to s 47F 21 July 2020 at 1033 and 1143 - 1205 hours - s 47F
 Tuesday, 21 July 2020
 9:33 AM

s 47F

5 minute conversation with s 47F at 1033:

- Aspen CFR s 47F onsite *might have been the outbreak squad*
- resident in Northern Hospital has tested positive
- staff member called this morning to advise they had tested positive.

Phone call to s 47F at 1143 who provided the following information:

- s 47F (DON) had gone for testing as had a sore throat
- 7 staff down last night - staff who had worked with the staff case plus others - staff hours extended to 12 hours shifts - staff will burn out
- These staff are isolating until test results known
- Today's numbers not known - difficulty sourcing staff as agencies also depleted
- Staff morale - staff anxious
- Staff case also works at the Little Sisters of the Poor - last date worked not known
 - Little Sisters of the Poor St Joseph's Home NAPS 2169
 - 51 places
 - 112b St Georges Road NORTHCOTE VIC 3070
 - AP: Little Sisters of the Poor Aged Care Ltd NAPS 3086

VC discussed the following:

- Sonic arranged for Thursday 23/7 at 1400 - beneficial to capture as many staff as possible
- Re: staff whose test results are pending - need to be guided by PHU re return to work and further testing
- Media release - consider having this prepared in the event of media attention
- Roster - need to plan ahead with regard to rostering - at least a few weeks
- Re: Mable request, need to exhaust all possible alternatives for sourcing staff
- Referred to the Department's *Staff Retention Bonus* - s 47F had already been looking at this
- Case Manager for this case: s 22, Acting Assistant Director.

Created with Microsoft OneNote 2016.

From: s 22
Sent: Tuesday, 21 July 2020 7:42 PM
To: s 47F
Subject: Call received from s 47F HR manager at Epping Gardens [SEC=OFFICIAL:Sensitive]

Call received from s 47F HR manager at Epping Gardens

Tuesday, 21 July 2020
7:26 PM

Hi s 47F

Contact from s 47F Surname not recorded HR Manager Epping Gardens M: s 47F

s 47F advised that the AP has recently finished a recruiting drive however none of the staff recruited will work in a COVID positive environment.

Staff are currently working 12 hour shifts however, more staff are becoming symptomatic and calling in sick and seeking independent testing.

Some staff have refuse to work because they are afraid they may infect their children

Pregnant staff members fear for the impact on their unborn child

A number of close contact are also isolating.

s 47F estimated a 60% reduction in the organisation potential workforce.

s 47F advised that she would prefer staff who are able to work 12 hour shift but is flexible. She advised that the service will email a plan for approximately 2 weeks staffing. s 47F stated that she would try to get the staffing plan to us this evening or in the morning.

I advised s 47F that they should continue to pursue their own avenues in relation to staffing because the Vic staffing pool was significantly reduced and whilst every endeavour would be made to fill shifts no promises could be made.

I advised s 47F that testing was scheduled for Thursday afternoon and it was important that all staff and residents are tested. Close contacts can be tested via drive through arrangement.

I have also requested the completion of staff and residents testing lists. This will need to be followed up tomorrow.

Regards

s 22

From: s 22
Sent: Wednesday, 22 July 2020 10:05 AM
To: s 22
Subject: FW: Epping Gardens - phone call to s 47F 22 July 2020
 [SEC=OFFICIAL:Sensitive]

s 22

I just spoke with s 47F, HRM, who advised the following:

- Staffing: measures to date include using casual staff, extending shifts to 12 hours
- Staff who were set to commence on Monday have advised they will not work in COVID service
- Staff asked to work exclusively at one service have opted for other Heritage services
- Clinical Services Manager putting together a plan – staffing etc.
- Will send email to us re staffing needs – floor plan also requested
- Will check if PPE pack received - Will send email to s 22 and s 22 re staffing needs

s 47F had some queries re Mable re funding – I said it may be best it she spoke with you.

I asked that she forward the Staff MPS list to us ASAP and we would forward to Sonic.
 Virve

From: s 22
Sent: Wednesday, 22 July 2020 9:37 AM
To: s 22
Subject: Epping Gardens - phone call to s 47F 22 July 2020 [SEC=OFFICIAL:Sensitive]

Epping Gardens - phone call to s 47F 22
 July 2020

Wednesday, 22 July 2020
 8:50 AM

s 47F

Brief call to s 47F just now - discussion points – will ask about PPE pack when I call s 47F presently:

- MPS lists critical: s 47F HR - has completed resident list; staff list pending
- s 47F has just sent resident list through and will send staff list when completed
- GP details pending - service uses GP from Northern Hospital - will ask them and send through
- s 47F (DoN) tested 21/7 - reports not feeling any worse
- PHU - contact tracing critical
- Staffing needs - numbers - VC to call s 47F
- CFR - returning today
- Outbreak squad - today
- Confirmed Sonic Thursday 1400 hours
- Requested floor plan - Alistair to send through
- Nil updates today re condition of positive resident in Northern Hospital
- 3 more staff positive = 5 in total - PHU advised - s 47F preparing report for PHU.

s 22

Departmental Officer

Health Grants Network Division | Health State Network VIC
Australian Government Department of Health

s 22

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From: s 22
Sent: Monday, 27 July 2020 4:51 PM
To: s 22
Cc: s 22
Subject: EG Heritage Ops 27/7 [SEC=OFFICIAL]

My notes from this afternoon (for what they're worth).

Cheers,

s 22

EG Heritage Ops 27/7

Monday, 27 July 2020
4:23 PM

Onsite:

Leadership team inc CEO, Clinical Coord, IPC, CEO and s 47F

HR

Workforce:

- 2 x PCW denied entry on 27/7 due to no flu vax. s 47F DHHS advised no longer required.
- Roster from 7pm 27/7

	PCW	RN	Heritage	DHHS sourcing
27/7			2 (12 hour) Nil designation	
PM	9 RCSA	1 RCSA 2 E4 Agency (from 3pm - awaiting shift duration confirmation - NC)	Nil	TBC
28/7				
7AM	4 RCSA	1 Mable	Nil - WHS issues	TBC
7PM		<i>Noted to be 'quite good' - nil further details</i>		
29/7				

- Reception and admin support to be onsite from 9am 28/7
- NH staff being sought/confirmed by DHHS

Resident Update:

- 61 positive residents; notification of resident death (total 2 death for EG?)
- In-reach doctor assessment to identify 5-10 most clinically critical residents for transfer to private hospital. Resident details to go to CmwltH CM ASAP
- 22 positive staff

Communications:

- Scripts - edits encouraged
- Inbound call assist by DoH onsite 9am 28/7

PPE:

- 1 x delivery confirmed
- 1 x delivery expected 5pm 27/7

Created with Microsoft OneNote 2016.

s 22

A/g Assistant Director

COVID-19 information is being updated daily, for current advice visit health.gov.au

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BY THE DEPARTMENT OF HEALTH

s 22

From: s 22
Sent: Monday, 27 July 2020 12:58 PM
To: s 47F
Cc: s 47F ; Executive Team; Quality Team; s 22 s 22 ; s 47F
Subject: RE: Staffing Crisis [SEC=OFFICIAL]

s 47F

As mentioned, I am working with DHHS on workforce options for the Epping Gardens site urgently. The Clinical First Responder on site (s 47F) will be the key contact point for Northern Health on workforce surge.

As advised multiple times, transfers to hospital will not be the default position. Each resident will need to have their clinical needs assessed and decanting, if agreed would need to happen in a planned way that is safe for the care recipients and prioritises those at highest need. These assessments will be prioritised by Northern Health. Any movement of a care recipient is disruptive, and your service has single rooms with ensuites and with the right workforce, should be able to care for residents on site unless they are clinically unwell. The Cth and State are urgently seeking to support the service with workforce.

However, the service remains responsible for the care and safety of these residents and your cooperation is sought to allow the above planning to occur safely.

Kind regards

s 22
State Manager – QLD and NT


Health Grants and Network Division
Australian Government Department of Health

s 22

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From: s 47F
Sent: Monday, 27 July 2020 12:13 PM
To: s 22 s 47F
Cc: s 47F
Subject: Re: Staffing Crisis [SEC=OFFICIAL]

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Thank you

Get [Outlook for iOS](#)

From: s 22
Sent: Monday, July 27, 2020 12:10:10 PM
To: s 47F

Subject: RE: Staffing Crisis [SEC=OFFICIAL]

We will reschedule to 4pm as proposed.

Kind regards

s 22

State Manager – QLD and NT

Health Grants and Network Division
Australian Government Department of Health

s 22

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From: s 47F

Sent: Monday, 27 July 2020 12:09 PM

To: s 47F

s 22

Cc: s 47F

Subject: RE: Staffing Crisis [SEC=No Protective Marking]

REMINDER : Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi again all,

Just spoke with s 47F

I will run reports 30,31,57,58,112,117 and 200 for EG residential and complete progress note audit.

From: s 47F

Sent: Monday, 27 July 2020 11:50 AM

To: s 22

Cc: s 47F

Subject: FW: Staffing Crisis

Importance: High

Hi s 22

As per s 47F request below, is it possible for the meeting to be rescheduled for 4pm today?

Thank you for your consideration.

Kind regards,



s 47F

Quality Manager

p: s 47F

a: Level 1, Suite 103, 1113 – 1121 High St. Armadale VIC 3143

w: <http://www.heritagecare.com.au>

From: s 47F

Sent: Monday, 27 July 2020 11:34 AM

To: s 22

Cc: s 47F

Subject: RE: Staffing Crisis

Additional information:

Can I recommend we reschedule the meeting for 4:00 pm as we still wish to continue our engagement with you and work collaboratively. Please don't interpret in any other way as we value and need your support moving forward.

Myself and the quality Manager are leaving for Epping Gardens now, as we have been informed we only have the staffing capacity to care for approximately 30 residents, not 104.

On another matter we have also seeking support form another approved provider and awaiting their response.

Residents first has always and continues to be our intent!

Kind Regards,



s 47F

Chief Executive Officer

a: 1118 – 1120 High St. Armadale VIC 3143

w: <http://www.heritagecare.com.au>

From: s 47F

Sent: Monday, 27 July 2020 11:15 AM

To: s 22

Cc: s 47F

Subject: Staffing Crisis

Dear s 22

We formally advise that we are in a situation that was both predictable and of which the department were made aware last week. We have insufficient staffing to meet the care and services our residents are entitled at no fault of ours.

We have directed COVID positive cases to be transferred to Northern Health for care and support based on the learnings of previous outbreaks, in that the chance of recovery is far greater in an acute setting.

Again , we seek, your superiors support ensuring this can be delivered today and we will naturally assist with the transition.

Our meeting of today will require postponement as we are attending Epping Gardens to assist where we can.

I again remind you that we do understand it is our primary obligation, and have ben attempting to deliver on that obligation for days, however the strategy imposed by the public health Unit and other state and federal departments has not allowed what we recommended.

We must recalibrate and send the residents to Northern Health in order to preserve life.

Kind Regards,



s 47F

Chief Executive Officer

a: 1118 – 1120 High St. Armadale VIC 3143

w: <http://www.heritagecare.com.au>

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s 22

From: s 22
Sent: Thursday, 30 July 2020 7:26 AM
To: s 22
Subject: FW: FYI : Warringal nurses feedback re Epping [SEC=OFFICIAL]

FYI

s 22

State Manager QLD NT
Department of Health

s 22

Sent with BlackBerry Work
(www.blackberry.com)

From: s 47F
Date: Thursday, 30 Jul 2020, 7:23 am
To: s 47F
Cc: s 22
Compliance Centre East <ComplianceEast@agedcarequality.gov.au>
Subject: FYI : Warringal nurses feedback re Epping [SEC=OFFICIAL]

Hello^s
47F

Good morning . Please note some of the feedback provided by the Warringal Nurses:

Some feedback from the team on the night duty, am and pm shifts today from Epping Heritage Gardens

Number of nursing staff for patients adequate and care now being delivered (mainly hygiene, pressure care and fluids)

- Communication poor to staff from admin area (night duty, am and pm staff)
 - No handover / orientation
 - Not knowing where patients are going
 - Unable to answer relative queries
- Infection control practices poor (PM staff member)
 - PCA's and cleaners PPE lacking education
 - Positive and non COVID patients mixing
 - Cleanliness of facility appears lacking
 - No facilities for staff to store bags or meals etc.
- Catering (this afternoon)
 - No lunches arrived for patients – sandwiches delivered at 1630
 - Dinner not arrived at 1830
 - No milk or tea/coffee service provision

Can you please address these issues as a priority and let^{s 22} and^{s 47F} know in today's meeting of your actions.

^{s 47F} , Can you also please dial in to the 2pm meeting two minutes in advance and reduce noise in the background and assist in running the meeting smoothly.

Thank you in advance.

Regards

s
47F

s 47F

Director
Compliance Centre East
Aged Care Quality and Safety Commission
s 47F

I W: www.agedcarequality.gov.au



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From: s 22
Sent: Tuesday, 28 July 2020 2:49 PM
To: s 22
Subject: FW: Urgent Outbound Call: Heritage Care Epping Garden -COVID-19 situation. [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

FYI and record keeping

s 22

A/g Assistant Director

COVID-19 information is being updated daily, for current advice visit health.gov.au

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Australian Government Department of Health
s 22
PO Box 9848, Melbourne, VIC 3001, Australia

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From: s 22
Sent: Tuesday, 28 July 2020 2:33 PM
To: s 22
Cc: s 22
Subject: RE: Urgent Outbound Call: Heritage Care Epping Garden -COVID-19 situation. [SEC=OFFICIAL]

Hi s 22 nothing from the facility the resident is s 47F, she is on our list for transfer to John Fawcner private, she may have already gone but we are really struggling to get information.

F24 Warun s 47F Daughter s 47F

Kind regards

s 22
State Manager – QLD and NT

Health Grants and Network Division
Australian Government Department of Health
s 22

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From: s 22
Sent: Tuesday, 28 July 2020 2:27 PM
To: s 22

Cc: s 22

Subject: FW: Urgent Outbound Call: Heritage Care Epping Garden -COVID-19 situation. [SEC=OFFICIAL]

Hi s 22

Have you had any luck getting the details for the below resident from Epping Gardens?

Regards

s 22

From: Minister Colbeck <Minister.Colbeck@health.gov.au>

Sent: Tuesday, 28 July 2020 9:15 AM

To: MPS <MPS@health.gov.au>; Aged Care COVID Liaison <AgedCareCOVIDLiaison@health.gov.au>

Cc: s 22

Subject: Urgent Outbound Call: Heritage Care Epping Garden -COVID-19 situation. [SEC=OFFICIAL]

Urgent Outbound call for ACRCDC – due by COB today 28/7

Kind regards

s 22

Department Liaison Officer

Office of Senator the Hon Richard Colbeck
Minister for Aged Care and Senior Australians
Minister for Youth and Sport

s 22 | E: s 22

From: s 47F

Sent: Tuesday, 28 July 2020 8:55 AM

To: Minister Colbeck <Minister.Colbeck@health.gov.au>

Subject: FW: Heritage Care Epping Garden -COVID-19 situation. [SEC=No Protective Marking]

Good Morning Team

For your information and response.

Thanks and regards

s 47F

s 47F

Electorate Officer

Office of Senator the Hon Richard Colbeck
Minister for Aged Care and Senior Australians
Minister for Youth and Sport
Liberal Senator for Tasmania

5-7 Best Street (PO Box 603) Devonport Tas 7310

s 47F

Parliament House Office – 02 6277.3855



From: s 47F

Sent: Tuesday, 28 July 2020 7:55 AM

To: s 47F

contact@richardcolbeck.com.au; minister.hunt@health.gov.au

Subject: FW: Heritage Care Epping Garden -COVID-19 situation.

s 47F

Please, we need this understaffing issue at this facility sorted out immediately.

Regards

s 47F

Ph: s 47F

From: s 47F

Sent: Monday, 27 July 2020 8:02 AM

To: s 47F

Subject: Fwd: Heritage Care Epping Garden -COVID-19 situation.

Sent from my iPhone

Begin forwarded message:

From: s 47F

Date: 23 July 2020 at 2:01:12 pm AEST

To: daniel.andrews@parliament.vic.gov.au

Cc: jenny.mikakos@parliament.vic.gov.au, luke.donnellan@parliament.vic.gov.au

Subject: Heritage Care Epping Garden -COVID-19 situation.

s 47F

Regards s 47F
Ph s 47F

Sent from my iPhone

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Frequently Asked Questions

KEY CONTACTS

Epping Gardens Aged Care Facility	03 9219 8800	alerts@heritagecare.com.au heritagecare.com.au
My Aged Care	1800 200 422	myagedcare.gov.au
Australian Centre for Grief and Bereavement	03 9265 2100	grief.gov.au
Grief Line	1300 846 745	
Older Persons Advocacy Network	1800 237 981	opan.com.au

RESIDENT SPECIFIC

Q: When our relative is free of COVID-19 will they be able to go back to Epping Gardens?

A: Once it is safe to do so, residents will return to Epping Gardens. It is their home.

Q: How will I know Epping Gardens is safe for my relative's return?

A: Epping Gardens will call the primary contact of each resident directly and arrange individually. The facility will follow up with an email or postal mail to all residents advising when the environment is safe.

Q: What options do we have if we don't want our relatives to go back to Epping Gardens after they recover?

A: Once there is no clinical need for residents to be in hospital, no resident will be forced to go back to Epping Gardens against their will. As is always the case, residents together with their families will make the best choice of where they would like to reside. They can choose which service they go to. This depends, of course, on availability of places of other services – and whether another service is the right one for their needs. If residents or families wish to explore other options they can go to My Aged Care website for information about how to choose a provider or call My Aged Care on 1800 200 422.

Q: How do we collect resident's belongings from Epping Gardens?

A: The collection of resident's personal belongings can be arranged directly with Epping Gardens. Please call Epping Gardens reception on (03) 9219 8800 for assistance with these arrangements.

Q: How can families receive updates on resident's welfare?

A: Families will be receiving daily updates via phone / email from Epping Gardens. Families can also request a call-back from one of the Epping Gardens staff by contacting reception on (03) 9219 8800.

Q: How can we make direct telephone contact with loved ones?

A: The nursing home staff at Epping Gardens are facilitating both phone calls and video calls for residents in the home. If your loved one has been transferred to a hospital, you should contact the relevant hospital as staff there will help facilitate contact.

Q: Will there be follow-up testing for residents that have tested positive with no symptoms, if so when?

A: No, repeat testing is not required for residents that have tested positive.

Q: Where family members have submitted an intent for release to their care, when will this transfer of care occur?

A: The decision to transfer residents from the nursing home will be made based on the advice of doctors and the individual circumstances of the resident.

Q: Are the residents still at the facility at risk of the virus being spread via the air conditioning?

A: No. There are a number of examples of COVID positive residents being successfully and well cared for in aged care homes as well as in the hospital environment.

Q: What psychological support will be available to residents and families after this ordeal?

A: Each family will have different needs and there are a variety of services available depending on the kind of support required.

Families are able to seek support at health.gov.au to find services that meet their specific needs.

The Australian Centre for Grief and Bereavement is available to support families with older people in aged care, contact (03) 9265 2100.

Grief Line offers free counselling services and support to anyone experiencing grief, loss and or trauma, call 1300 846 745.

Q: Will there be reimbursement for medical fees?

A: The Commonwealth Government will pay for resident's stay in a private hospital and the Victorian Government has made arrangements to ensure ambulance transfers to hospital are free.

Q: Will Epping Gardens still be taking payment from resident's accounts while they are in hospital care?

A: Heritage Care have stated that no resident who has been transferred to hospital will be charged their Accommodation Payment or Daily Accommodation Contribution from the date of hospitalisation until the date of their safe return.

Q: If home care is needed, will there be priority given for funding and if so, is funding sufficient to cover nursing care?

A: The government is developing options to provide emergency short term support through the Commonwealth Home Support program for people who need to return home. The Older Person's Advocacy Network has also agreed to assist clients in emergency situations to connect with a Home Support provider that may be able to speed up the process.

The government expects to have Home Support providers available to assist families soon. Families need to be aware that home care does not provide the same amount of clinical care that a resident can access in a facility. Quarantine arrangements for everyone in the family home may also come into effect if a family were to choose to have a COVID-19 positive loved one live with them as well as wearing personal protective equipment.

Q: Can a list of the nursing contacts at the private hospitals be circulated to the families?

A: The primary contact of residents will receive a call from the hospital to provide updates and information. A list of key hospitals and contact details are provided in this document.

Q: What resources are being put in place to help with residents who do not speak English?

Every effort is being made for interpreters to be deployed to nursing homes either in person or via the telephone for residents who do not speak English.

NURSING HOME SPECIFIC

Q: What are the communications / information resources in place at Epping Gardens?

A: Epping Gardens have expanded their information team to ensure that all calls are answered quickly, including:

- A communications team manager and 10 staff.
- Reception staff available 24 hours a day, 7 days a week to take enquiries and record callback requests.
- Registered nurses will follow up enquiries related to clinical care.
- The outbound team will call a representative of each Epping Gardens resident, each day, working from 8am to 9pm. They will also return call-back requests.
- Admin staff are onsite dedicated to facilitating video and telephone calls with residents.

Onsite clinical staff are also liaising with the care team to access information about residents, so that the Epping Gardens team can follow up any questions that may arise.

Epping Gardens is also sending frequent updates via email, and the website: [heritagecare.com.au](https://www.heritagecare.com.au)

Q: Was a lack of crisis preparedness and crisis management the reason for the current situation at Epping Gardens?

A: Heritage Care undertook two recent independent COVID-19 preparedness audits by both the Aged Care Quality and Safety Commission (ACQSC) and the Public Health Unit (PHU). No issues were identified with their processes in either case. Personal protective equipment was available at the home and all staff were wearing face masks prior to the outbreak.

Heritage Care will be reviewing all events relating to this outbreak in detail once the immediate work at Epping Gardens has been completed. Their highest priority is ensuring Epping Gardens is a stable and safe environment.

Q: What is the management structure in place at Epping Gardens?

A: Epping Gardens is owned and operated by Heritage Care. More information about Heritage Care, including contact details, can be found at: <https://www.heritagecare.com.au/>

Epping Gardens is managed by General Manager (GM) who is responsible for operations at the home.

The GM is supported by the Director of Nursing (DON) who is responsible for clinical management and care needs of the residents. The Nursing staff include Registered Nurses (RN), Enrolled Nurses (EN), Personal Care Workers (PCW) and Lifestyle officers (LO) who are managed by the DON. In addition, Epping Gardens has other staff including maintenance and administration who report to the General Manager. Epping Gardens outsources catering, cleaning, and laundry to an external provider. Epping Gardens is also supported by the Heritage Care support office providing quality control, human resources, financial management, IT services, admissions, and marketing.

Q: Was management aware of the party held by staff at Epping Gardens? Were any positive cases at the home related to the party?

A: Heritage Care has acknowledged that a small number of staff chose to have a private function at Epping Gardens. All staff members involved were stood down immediately when Heritage Care was alerted. Heritage Care did not endorse this activity, nor was the organisation aware that the event had been organised. Heritage Gardens consider this to be an extremely serious breach of expectations. Staff attending this event were later found to have worked in the areas where positive cases were detected. Due to the high volume of movement of both staff and residents in the home prior to in-room isolation, we cannot determine with certainty the source of all transmissions.

Q: Were staff still allowed to work while waiting for COVID-19 test results?

A: Staff who were symptomatic and identified during contact tracing of the first confirmed case went for direct testing external to Epping Gardens and immediately self-isolated for 14 days. Staff who completed routine testing at Epping Gardens continued to work if not symptomatic until test results came back, as per Department of Health guidelines.

Q: Did Epping Gardens receive any government support prior to the outbreak to help them prepare for COVID-19?

A: From the start of this pandemic, the Commonwealth Government has provided considerable online resources and training including infection control. Personal protective equipment (PPE) has also been provided for staff, and training and resources are available on how to use PPE appropriately.

Q: How can we be confident that the culture from management and staff will change following this?

A: That is a matter for the owner and operator of Epping Gardens, Heritage Care. The Aged Care Quality and Safety Commission monitors safety and quality in aged care services to ensure obligations are being met under the Aged Care Act.

Heritage Care will engage an independent suitably qualified and skilled organisation to assess workplace culture, deliver findings and make recommendations which will be actioned where applicable.

The Heritage Care internal review will include feedback from residents and representatives, staff and other stakeholders to ensure the Epping Gardens community is included and informed.

Q: In order to increase transparency of care, can the daily staff-to-resident ratios be made available?

A: Yes, Epping Gardens can provide staff-to-resident ratios during daily calls, or information can be request by emailing alerts@heritagecare.com.au.

GENERAL

Q: What were the lessons learnt from the NSW aged care facility Newmarch? Are these being applied?

A: COVID-19 is a new virus and learnings concerning the virus are being implemented as information, outcomes and solutions are resolved. The Australian Government has commissioned an independent review of the outbreak at Newmarch House, a report will be received soon and actions implemented accordingly.

Q: Will there be a Royal Commission into the crisis preparedness and crisis management of these private providers?

A: An ongoing feature of the Australian Government's aged care reforms has been encouraging consumer and provider feedback on improvements and new initiatives.

Q: The Aged Care Quality and Safety Commission are required by law to conduct inspections, when and how often are these inspections conducted?

A: The Aged Care Quality and Safety Commission monitors safety and quality in aged care services. It has taken regulatory action against providers for not meeting their obligations under the Aged Care Act and has also issued regulatory notices to Residential Aged Care Providers as severe and immediate risk to residents has been determined. The provider must appoint an adviser and they must follow the adviser's directions.

Q: Why doesn't the Commonwealth Government mandate nurse-to-patient ratios?

A: Nurse to patient ratios are the responsibility of the private operators.

HOSPITAL CONTACTS

Austin Health	03 9496 5000	austin.org.au
Bellbird Private Hospital	03 9845 2333	bellbirdprivatehospital.com.au
Cabrini (including Cabrini Hopetoun)	03 9508 1222	cabrini.com.au
Epworth Private	03 9506 3000	epworth.org.au
Epworth Richmond	03 9426 6666	epworth.org.au
John Fawcner Private Hospital	03 9385 2500	johnfawcnerprivatehospital.com.au
Knox Private Hospital	03 9210 7000	knoxprivatehospital.com.au
Northern Hospital Epping	03 8405 8000	nh.org.au
Peninsula Private Hospital	03 9788 0000	peninsulaph.com.au
Royal Melbourne Hospital	03 9342 7000	thermh.org.au
St Vincent's Private Hospital Melbourne	03 9411 7111	svphm.org.au
Sunshine Hospital	03 8345 1333	westernhealth.org.au

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UNDER THE
FREEDOM OF INFORMATION ACT 1982 (FOI)

s 22

From: s 22
Sent: Sunday, 2 August 2020 1:15 PM
To: s 22
Subject: FW: Epping Gardens QA [SEC=OFFICIAL]
Attachments: Epping-Gardens-QA-VACRC-Final.docx

Hi s 22

Finalised QA attached, sent to s 47F at Epping Gardens earlier (apologies should have cced).

As per email below, s 47F has confirmed these will be sent to all families via email tonight and published on the Heritage Care website.

You might like to pick up during this afternoon's meeting.

Cheers
s 22

From: s 47F
Sent: Sunday, 2 August 2020 12:25 PM
To: s 22
Subject: RE: Epping Gardens QA [SEC=OFFICIAL]

REMINDER : Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s 22

I will send this along with our daily update this evening and confirm afterwards.

Thanks,

s 47F

From: s 22
Sent: Sunday, 2 August 2020 12:23 PM
To: s 47F
Subject: Epping Gardens QA [SEC=OFFICIAL]

Hi s 47F

Please find attached the final copy of the QA with VACRC branding in word and pdf format.

Can you please ensure this document is disseminated to all residents and families associated with the Epping Gardens facility via your regular email update and website?

Could you please confirm with me once this is done?

Please let me know if you have any questions

Cheers
s 22

s 22

Australian Government Department of Health

s 22

MDP 115, GPO Box 9848, Melbourne VIC 3001

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

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BY THE DEPARTMENT OF HEALTH

From: s 22
Sent: Thursday, 30 July 2020 12:53 PM
To: s 22
Cc: s 22
Subject: FW: Epping Gardens info session [SEC=OFFICIAL]

FYI

s 22

A/g Assistant Director

COVID-19 information is being updated daily, for current advice visit health.gov.au

Health Grants Network Division | Health State Network VIC TAS
Australian Government Department of Health

s 22

PO Box 9848, Melbourne, VIC 3001, Australia

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From: s 22
Sent: Thursday, 30 July 2020 12:52 PM
To: s 22
Cc: s 22
Subject: Epping Gardens info session [SEC=OFFICIAL]

Hi s 22

Thanks for sending through s 47F contact details.

The information for tonight's zoom meeting with Epping Gardens families is:

Today: Thursday 30 July, 6:30pm

Please find the details to login or call below.

Topic: Epping Gardens Information Session

Time: Jul 30, 2020 06:30 PM Canberra, Melbourne, Sydney

s 22

s 22

I will send you the agenda once I have it.

Thanks

s 22

Australian Government Department of Health

s 22

MDP 115, GPO Box 9848, Melbourne VIC 3001

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BY THE DEPARTMENT OF HEALTH

From: s 22
Sent: Monday, 24 August 2020 1:48 PM
To: s 22
Subject: FW: Zoom meeting details - Epping Gardens and Florence AC [SEC=OFFICIAL]
Categories: Filed to TRIM

From: s 22
Sent: Monday, 24 August 2020 12:49 PM
To: s 22
Subject: Zoom meeting details - Epping Gardens and Florence AC [SEC=UNOFFICIAL]

Hi s 22

Each session takes about 50 minutes. The provider books the Zoom for either 5 pm or 6 pm. They invite their staff, and myself.

Here is the outline:

Provider introduces the session using the below:

Information for staff

- I would like to clarify for everyone the current management arrangements at XXXX
- Managing an aged care service with a COVID outbreak is very complex and challenging.
- Both Commonwealth and State Governments are doing all they can to assist XXXXX to provide safe quality care to residents and staff.
- In order to ensure the best care for residents and staff, XXXXXX is being assisted to manage the outbreak by the YYYY. The Commonwealth Department of Health is providing additional support.
- We want to provide you with information to support your safe return to work

We are joined tonight by specialists from the Victorian Aged Care Response team. s 47F are here to share their knowledge on safe infection control practices and to answer all your questions.

VARC Speakers

s 47F

s 47F is the Executive Director of the COVID-19 Taskforce at the Aged Care Quality and Safety Commission. s 47F has worked with numbers of services with COVID-19 outbreaks in NSW, Victoria and Tasmania and has extensive experience in the regulation of aged care services.

s 47F

s 47F is an Infectious Diseases physician and credentialed Infection Control practitioner. s 47F has previously been a Director of Eastern Health Infectious Diseases & Infection Prevention and Control Service and has extensive experience in managing outbreaks in residential aged care facilities.

s 47F

s 47F is an infectious diseases physician at Eastern Health and has qualifications in epidemiology. s 47F is a highly experienced physician in infectious diseases and infection prevention and control.

s 47F

s 47F is a geriatrician and medical director of Continuing Care at Austin Health. He is a clinician with significant experience in geriatrics and with residential aged care services. He has supported a number of facilities through COVID-19 outbreaks.

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