



19 October 2021

NSW Legislative Council's Public Accountability Committee
NSW Government's Management of the COVID-19 Pandemic
NSW Parliament
Email: Public.Accountability@parliament.nsw.gov.au

Re: Answer to Question on Notice from Ms Randa Kattan, CEO Arab Council Australia from Virtual hearing via video conference on Friday 17 September 2021

QUESTION

Ms CATE FAEHRMANN: I think I have time for one more question. I will go to the other panellists and maybe Ms Kattan for this. I note that there has been another death this week, this time of a woman in her sixties, at home from COVID in south-west Sydney. Are you hearing of people who are being cared for at home who really feel like they should be cared for in hospital? Is there anything that you can tell the Committee about what you are hearing from the community in this regard?

ANSWER:

Further to the information provided at the hearing, one case, relevant to the question, brought to my attention is the following:

One of our staff at Arab Council Australia (ACA) was contacted by another organisation on Wednesday, 15 September 2021, with a referral of a family requiring support. This family was from an Arabic speaking background, and some members of the household had tested positive for COVID. The household is comprised of the father, mother and three children aged 14, 3 and 1. This family had no local family networks to rely on for support.

Prior to our staff engaging with the client, the 1-year-old had tested positive for COVID, but at the time the rest of the family returned a negative result. Soon after the return of the positive result for the 1-year-old, the father and the 14-year-old developed severe symptoms and were admitted to hospital with COVID. Eventually the mother developed symptoms and both her and the 1-year-old were quite unwell, but the 3-year-old remained symptom free.

Two days before ACA staff made contact with the mother, the father and the 14-year-old had been released from hospital, and though they were at home, they were still quite unwell. Following their discharge from hospital, Health contacted them once to follow up on the 14-year old's condition, but there was no further follow up beyond this.

When the mother began to feel unwell, she consulted her GP over the phone who advised that she definitely had COVID and to take over the counter pain relief medication to ease any symptoms and to rest. She had not officially returned a positive result at this point. Prior to our making contact with the family, the mother had contacted 000 and was seen by Ambulance Officers as she was having difficulty breathing. The Paramedics tested her oxygen levels, and they recommended that they take her to hospital. However, as there was no one able to care for her two younger children, she refused to go, and the Ambulance left. She still had not been tested for COVID at this stage.

On ACA contacting the family, the mother who answered the phone was obviously very ill and was struggling to breathe whilst talking. She advised that everyone in the household was feeling unwell, except for the 3-year-old who never developed any symptoms. The mother advised us that as she was quite ill in bed, she had no idea of what the 1- and 3-year-old were doing, or who was taking care of them. The 1-year-old would come to the mother for some breast milk, but her supply was quite low due to her condition and the 1-year-old was showing signs of lethargy. The mother had no idea if the 3-year-old was even eating. This had been the situation for at least two days before ACA made contact with the family.

Consequently, ACA staff organised for hot meals to be delivered to the family and contacted the Community Liaison Officer (CLO) from Bankstown Police to assess the situation, due to concern for the welfare of the children. The CLO made phone contact with the family and organised for an ambulance and for COVID tests for the mother and the 3-year-old. On attending, the ambulance again suggested that the mother be taken to hospital, but she once again refused as the father and the 14-year-old were still unwell and there would be no one to care for the younger children. The police arranged for Health to contact the family regularly to check up on their condition. Cooked meals continued to be delivered to the family, and ACA staff continued to follow up on any support needs with the family until they received clearance to end isolation and were able to leave the house.

This case illustrates deficiencies in a stretched health system; that at times COVID is being treated like the common flu by the GP, and that the ambulance service was unable to follow up from the initial visit to test and confirm that the mother had acquired the disease so as to be added to the health register of cases and receive the adequate care. Until the family came to the attention of community organisations there were no other triggers that the children were unattended or that the family needed urgent support. A severely ill mother was left to be responsible for all aspects of the household's recovery.