

## NSW Government's management of the COVID-19 pandemic

### Questions on Notice

Hearing – 17/09/2021

#### QUESTION 1 – Page 25

**The Hon. PENNY SHARPE:** I realise that the local health district that I am particularly concerned about and we had evidence this morning about was not your local health district. Would you be able to take on notice and provide information to the Committee in relation to the Minister's and the local members' involvement in the establishment, or not, of the hubs in Penrith and Blacktown?

**Ms LARKIN:** Of course.

#### ANSWER

NSW Health has established around 100 vaccination clinics across the state comprising mass vaccination centres, as well as a mix of both permanent and temporary clinics, including mobile outreach, walk-in and pop-up locations, to respond to the COVID-19 pandemic and ensure as many people as possible are vaccinated as quickly as possible.

Nepean Blue Mountains Local Health District opens and locates COVID-19 vaccination clinics based on clinical need and the suitability of a venue to safely operate a mass vaccination clinic.

The decision about the location of vaccine clinics was made in consultation with the State Health Emergency Operations Centre, public health, population health, local Members of Parliament, local councils, community leaders, and the Department of Communities and Justice, to identify gaps and make vaccines available to vulnerable people.

The clinic's operation, including its location and physical layout, must comply with the NSW Health Policy Directive PD2021\_036 – Standard Operating Procedure for Administration of COVID-19 Vaccines in NSW Vaccination Clinics, and the Australian Government Pfizer Vaccine Hub Requirements.

#### QUESTION 2 – Page 27

**The Hon. JOHN GRAHAM:** I will just stop you there. Why is the Committee getting evidence—and I have heard other cases—where COVID positive patients in south-west Sydney, some with other conditions as well that would move them up that vulnerability curve, are not being contacted? This morning, one case, 22 days without contact. How is that occurring?

**Ms LARKIN:** As we have worked through that patient flow portal moving everyone over to it, some cases they in that period of time may not have been contacted but we have gone back and

done an audit of everyone to make sure those people have been followed up and been contacted. These are big volumes of cases and so over that period—

**The Hon. JOHN GRAHAM:** How many people?

**Ms LARKIN:** Over that period of time, our cases—

**The Hon. JOHN GRAHAM:** How many—I will just stop you there, Ms Larkin.

**Ms LARKIN:** Sorry.

**The Hon. JOHN GRAHAM:** How many people were not receiving daily phone calls in the south west? [Inaudible].

**Ms LARKIN:** Yes. I need to take that on notice.

**The Hon. JOHN GRAHAM:** As you were stretched. How big a problem was this [inaudible].

**Ms LARKIN:** Look, I will have to take the actual number on notice, but in relation to the volume that we have had, there have been some calls that we have not been able to make, but I would have to take the number on notice.

## ANSWER

On 25 August 2021, the Patient Flow Portal indicated that 1,684 COVID-19 positive patients were registered to the COVID-19 Community Care Team and were receiving follow up phone calls. This number only refers to patients over the age of 16, as those under 16 are managed by the Sydney Children's Hospitals Network.

COVID-19 positive patients in the community are directly registered to the Electronic Medical Record from the Notifiable Conditions Information Management System (NCIMS) database. This ensures all patients that are COVID-19 positive are identified early and registered under the care of the Community Care Team. They receive phone calls within 24 hours of their results linking to NCIMS. COVID-19 positive patients are risk assessed on the initial call, which determines the number of calls they will receive throughout the duration of their isolation period (especially daily or other).

## QUESTION 3 – Page 29

**Ms CATE FAEHRMANN:** Can I check that because my next question was in fact PPE? So in regard to airborne-grade PPE and the fit-tested P2/N95 masks, which are fit tested, as well as, obviously, the eyewear—

**Ms LARKIN:** Yes.

**Ms CATE FAEHRMANN:** —how many staff, or what percentage of healthcare workers, have been fit tested for their masks? Do you have that figure?

**Ms LARKIN:** Can I take that on notice? I cannot give you that exact figure.

## ANSWER

As at 10 September 2021, a total of 7,399 staff working in South West Sydney Local Health District (SWSLHD) have been fit tested.

All SWSLHD staff working in high-risk areas, including Emergency Departments, Intensive Care Units and COVID-19 Wards have been fit tested in line with the Clinical Excellence Commission, COVID-19 and Staff Safety recommendations.

#### QUESTION 4 – Page 30

**The CHAIR:** Ms Larkin, your position that everything is fine is strongly dissonant with the evidence we received, particularly from the mayors of Penrith and Canterbury Bankstown who said that there were members particularly of the culturally and linguistically diverse [CALD] community who, after a period of 14 or more days, still did not have the information from NSW Health about how they could go out, how they could mix with family and they were still concerned about being potentially infectious because they are not being given the information they need in a way that they can fully digest. What information are you giving to patients about when they are coming out of their quarantine period with COVID?

**Ms LARKIN:** At the point when they get to the end of their 14 days, they get a release letter from the health service and that is now being automated to be provided on a regular basis. I think there were some issues when those large volumes of patients increased quickly. I think we have improved our systems significantly over the last couple of weeks to make sure though that those release letters are coming effectively and that there is good information back to the community about it. So we did have some issues. I have been quite honest and up-front with you around that. But we have improved that to make sure that is very clear for people at the end of their quarantine period.

**The CHAIR:** Can you provide us with a standardised copy of the release letter?

**Ms LARKIN:** Yes. Can I take that on notice and I will get that to you?

**The CHAIR:** If you could provide it as soon as possible, that would be useful.

**The CHAIR:** Is the whole letter in other languages?

**Ms LARKIN:** Yes.

**The CHAIR:** Are you saying that if someone is Vietnamese speaking, they get the letter in Vietnamese?

**Ms LARKIN:** I would like to take it on notice and just confirm that. But my understanding is, yes, it has been translated into other languages.

#### ANSWER

##### Process for receiving information at the completion of home isolation:

- Clinicians discuss de-isolation with patients, including explaining issues of leaving the home and vaccination. In circumstances where a patient speaks a language other than English, this assessment is facilitated by a Health and Language Interpreter.
- Patients are issued with written information including a medical clearance certificate which was standardised on 22 September 2021. From 22 September 2021 a standardised medical clearance certificate is used across the state and can be issued from a local health district electronic medical record system (see Attachment 1). A release and recovery factsheet is also provided and is available at <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/recovery.aspx>. Recently made updates of this factsheet are being translated.

#### QUESTION 5 – Page 32-33

**The Hon. JOHN GRAHAM:** Thank you, Chair. I might return, Ms Larkin, to you. I welcome the fact that you have acknowledged that there have been some issues. What I was attempting to ask you before and I do not think you have answered is: What is the scale of those issues? If I have COVID in your local health district, the Premier is saying I will get a daily call. You have said that should be happening, but we know it was not. You have taken the detail on notice, but

give us some sense of how long this problem has been going on, how many people were not receiving calls and how many of these daily calls have been missed.

**Ms LARKIN:** In terms of the actual numbers you are talking about, I need to take that on notice. Right now there is a comprehensive follow-up of people who are receiving daily calls and that is very firmly in place.

**The Hon. JOHN GRAHAM:** So as of today I will get a daily call if I have got COVID in your local health district?

**Ms LARKIN:** You will.

**The Hon. JOHN GRAHAM:** You are confident of that?

**Ms LARKIN:** Yes.

**The Hon. JOHN GRAHAM:** For how long was this a problem? You must have some sense of that.

**Ms LARKIN:** Well, when the numbers started to increase significantly and we changed the model. So there would have been a period probably of about 10 days. Yes, but I would have to look into it.

**The Hon. JOHN GRAHAM:** About 10 days?

**Ms LARKIN:** Yes, but I would have to look into it.

**The Hon. JOHN GRAHAM:** Yes, understood.

**Ms LARKIN:** I would take it on notice in terms of what that period was.

**The Hon. JOHN GRAHAM:** Yes, but I presume you were monitoring this closely? It is a major problem. How many patients did you have with COVID in the community over those 10 days that you are talking about?

**Ms LARKIN:** I need to take that on notice in terms of what that number would be.

**The Hon. JOHN GRAHAM:** Give us some sense of how many patients you have had in your local health district over that period.

**Ms LARKIN:** I am sorry, just ask your question again.

**The Hon. JOHN GRAHAM:** Over that 10-day period, roughly how many patients would you have had in the community? Just give us some sense of the scale.

**Ms LARKIN:** Well, you think about we were having—the increases went from about, you know, 250. They have increased over that period of time. So I have to go back and have a look at those numbers, when that time occurred and what those numbers would have been. But I need to take it on notice. I feel I have said that to you.

## ANSWER

On 6 September 2021, 3,883 COVID-19 positive patients were registered to the COVID-19 Community Care Team and assigned a risk category. The Community Care Team then contacted patients based on this risk assessment.

## QUESTION 6 – Page 33-34

**The Hon. COURTNEY HOUSSOS:** Ms Larkin, I might just continue with some more questions on this. How many nurses, how many doctors, are working on the Hospital in the Home [HITH] program?

**Ms LARKIN:** Can I take it on notice in terms of definitive numbers? I can give you probably only some estimates. But could I take that on notice?

**The Hon. COURTNEY HOUSSOS:** If you could take it on notice for the specifics. Can you give us an indication? Are they working exclusively on Hospital in the Home or are they also working within the health service?

**Ms LARKIN:** The nurses and the general staff who are working on the Hospital in the Home program are working on that program. They may have some other roles. I would have to have a look and see that in detail. The medical staff or the medical wraparound model for the program, those consultants have other roles and are doing this as part of a broader role that they have. They have got lots of different roles.

**The Hon. COURTNEY HOUSSOS:** So those nurses who are conducting them, can you give us a rough idea of how many are working on the Hospital in the Home program?

**Ms LARKIN:** No. As I have said to you, I would like to take it on notice.

## ANSWER

The SWSLHD surge plan outlines workforce strategies for responding to the COVID-19 Pandemic. In line with this, the Hospital in the Home (HITH) service or COVID-19 Community Care Team for COVID-19 positive patients in home isolation has been scaled over time.

As at 29 September 2021, the HITH service workforce structure includes 144.9 full-time equivalent staff.

## QUESTION 7 – Page 34

**The Hon. COURTNEY HOUSSOS:** Can you tell us how many patients as of today are being treated in your local health district with the Hospital in the Home program?

**Ms LARKIN:** Yes. Today we have 3,700.

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**The Hon. COURTNEY HOUSSOS:** Can you tell us of those 3,700 how many are aged under 16 years of age?

**Ms LARKIN:** No. I would need to take that on notice.

## ANSWER

COVID-19 positive patients under the age of 16 years receive clinical care through the Sydney Children's Hospitals Network.

The SWSLHD COVID-19 Community Care Team do not provide direct care to children under the age of 16. However, the COVID-19 Community Care Team checks on the welfare of all household members, including children, as a part of their daily calls.

## QUESTION 8 – Page 36-37

**Ms CATE FAEHRMANN:** When people have had COVID, what is the policy in the LHD for them then getting a COVID vaccination? Do they have to wait a certain amount of months and does their having COVID provide them the same access to various venues and stuff, if you like, as a COVID passport? Have you been part of those discussions with NSW Health?

**Ms LARKIN:** Can I say, I have been part of those discussions but that is quite a clinical question that you are asking. Can I take that on notice? There has been a lot of debate—not debate, but discussion around it and what the evidence is saying. I would prefer today to take that on notice and come back with a formal answer to you on that one.

**Ms CATE FAEHRMANN:** Can I just check, because I actually put two questions in there. I just wanted to maybe just simplify it to the first, which is—because you have a lot of people in your

LHD who have had COVID—when are they able to receive a COVID vaccine or have they been told that they do not require one for a few months? What is the official policy?

**Ms LARKIN:** I cannot tell you the official policy. That is what I am concerned about in relation to giving you an answer. Can I take that on notice and I will give that to you formally?

**Ms CATE FAEHRMANN:** Do you know whether there is a policy on this?

**Ms LARKIN:** My understanding is that it is six months, can I say to you. But I would like to take that on notice and come back to you.

## ANSWER

The Australian Technical Advisory Group on Immunisation currently recommends that people who have had confirmed COVID-19 can be vaccinated as soon as they have recovered from their acute illness or can defer vaccination for **up to** six months after onset of the SARS-CoV-2 infection.

Some NSW Public Health Orders require certain people to be vaccinated. From 21 October 2021, all people who have recovered from COVID-19 and have received a medical clearance notice are exempt from COVID-19 vaccination requirements under any NSW Public Health Order, for six weeks from the date of medical clearance.

If a person who has recovered from COVID-19 is required to produce vaccination evidence under a NSW Public Health Order, their medical clearance notice can be used as evidence of a temporary exemption for up to six weeks from the date of medical clearance.

If a person chooses to defer COVID-19 vaccination following recent infection, they can obtain evidence of a further temporary exemption to COVID-19 vaccination for **up to** six months from their GP or usual immunisation provider using the Australian Immunisation Register immunisation medical exemption form: <https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/im011>

## QUESTION 9 – Page 37-38

**The CHAIR:** Ms Larkin, I was asking you questions earlier about the clarity of advice being given to COVID-positive patients. I am troubled that when we ask you a very specific question, which is, how long do COVID-positive patients have to wait until they can be vaccinated, you are not even able to give us a comprehensive answer. Is this the same kind of lack of information that is being provided to patients?

**Ms LARKIN:** Could I qualify my response? The question I received was a very clinical question and as the virus has evolved and developed, and especially even over the last six to 12 months, the evidence has changed. I want to be sure to be able to give the Committee a definitive answer. That is why I said I would take it on notice and come back very clearly with what is the current position from our clinicians around that.

**The CHAIR:** Mayor Asfour from Canterbury Bankstown says that he got a very clear statement from the Premier in relation to people who are COVID positive that they would be given an exemption for six months from the requirement to be vaccinated and the benefits of vaccinated people for those six months. Is that your understanding of the NSW Health policy?

**Ms LARKIN:** The response I gave earlier on when I was asked was six months, but I did say that I would like to clarify that and take it on notice and be sure that is the current evidence and the current understanding around this particular variant.

**The CHAIR:** Obviously one of the key questions that tens of thousands of people in western and south-western Sydney who have been COVID positive are asking right now is if they cannot get



a vaccine because they have been COVID positive, will they have the same kinds of freedoms as doubly vaccinated people will have, given their high antibody rates? I think they deserve an answer. Are you in a position to give them an answer now?

**Ms LARKIN:** No. I said I would take it on notice—and I have said that now a few times—in relation to what is the current clinical evidence around it and what is the position of NSW Health

**ANSWER**

See response to Question 8.

## ATTACHMENT 1: NSW Health Medical Clearance Notice

### Medical Clearance Notice under the *Public Health (COVID-19 Self-Isolation) Order (No 3) 2021* [NSW]

Dear <<Insert Patient Name>>, <<Insert date of birth>> of <<Insert address, suburb, postcode>>

This notice confirms that you were required to self-isolate from <<Insert Symptom Onset Date>> to <<Insert De-isolation date>> under the *Public Health (COVID-19 Self-Isolation) Order (No 3) 2021* [NSW], or an order that remakes that order, (the Order) to prevent transmission of COVID-19.

This notice confirms that you have been assessed as no longer infectious for COVID-19 by a medical practitioner or registered nurse, and are medically cleared under the Order.

Please note that for **six weeks from** <<Insert De-isolation date >> you do not need to be vaccinated for COVID-19 under any NSW public health order. This letter or the QR code on the first page of this letter may be used as evidence to show that you are exempt for this period of time.

Vaccination is strongly recommended for people 12 years of age and over. There is no need to delay vaccination once you have fully recovered from COVID-19.

Please keep this notice as you may need to show it to NSW Health, your employer, a premises or NSW Police to demonstrate that you have had COVID-19 and have been released from isolation.

For further details, about this medical clearance notice, as well as testing and vaccination after COVID-19 please see <https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/recovery.pdf>

Yours sincerely

<<Insert name of staff who de-isolated in PFP>>

<<Insert Medical Officer / Registered Nurse>>

DATE: <<Insert Date SMS sent>>