# Department of Health Webinar April 2, 2020 – summary notes

## Influenza vaccinations

* Not expecting influenza to arrive until June-September 2020
* Government recommending all people, but particularly important vaccinating of at-risk populations – want to avoid a doubling up of a COVID-19 pandemic and an influenza outbreak; has vaccine against influenza
* Need to ensure public doesn’t panic about getting influenzas vaccine, will be steading distribution – recommending ringing ahead to get appointment for vaccine
* Remain calm, support prioritisation of vaccination to those most at risk
* National immunisation provides free vaccination to all pregnant women, 65+, chronic conditions, Aboriginal and Torres Strait Islander people, and all children 6 months to 5 years
* Many people used to getting influenza through workplace but won’t be offered/available, so people will need to make their own arrangements
* Minister speaking about this 1.30pm today

## Telehealth items

* Thanked all for work to support telehealth
* From Monday, will have telehealth available to entire population delivered by all GPs, specialists and others
* Telehealth items currently only bulk billed but putting in place regulations to allow people to do private billing, but this is taking time; can’t yet privately bill and hove clients claim MBS rebate

## PPE

* Global shortage of masks, gloves and other PPE
* Australian Government acted early and continuing to do so through importation and ramp up of local manufacture
* Shortage remains so priorities still being applied – to practitioners working who people who have, or at suspicion of, COVID19 and people at high risk of exposure, e.g. ICU
* Encouraged otherwise judicious use of PPE
* PHNs distributing PPE as it becomes available to general practitioners and other primary care settings, if practice having difficulty getting access talk to PHN – department trying to ensure practitioners protected
* Government announced major package to support mental health of people of Australians, emphasised support for frontline workers in health care
* Resources being made available if practitioners feeling stressed, anxious or otherwise adversely impacted by current circumstances
* Encouraged people to make use of resources when needed

# Update on workforce

## Private hospitals

* There is guaranteed package designed to maintain service provision through private hospital system, all states and territories talking to private hospitals to establish how will sustain workforce and utilise as part of COVID 19 response
* Some of it will be about using some facilities for public patients, some for private, some for fever/respiratory clinics - keen to sustain private health system and jobs of all working in that system, which is being negotiated at state and territory level

## Expansion of workforce (surge capacity)

* AHPRA announced new pandemic register, to allow people whose registration has lapsed or translated to return to workforce
* In nursing, created a refresher program with college that allows nurses who have moved out of practice but are still registered to get a rapid refresher, encouraged to workforce
* 20,000 training places in critical care – online training – for existing registered nurses who want to upskill
* More broadly, across country work is going on to surge workforce, if existing practitioners looking for opportunities these will be available via states and territories

# Recent literature re ICU requirements

* Dr Nick Coatsworth directed viewers to a paper from MJA article regarding calculations underpinning ICU calculations.
* All parts of health system will be impacted, expansion capacity of 200-48,000 beds – potentially up to 60,000 beds under certain circumstances
* Working to procure ventilators, with some local production now occurring
* Link to article will be on webpage

# Questions

**Can you pls clarify what is considered essential allied health?**

* All allied health is essential, it’s absolutely essential that practitioners can continue to operate and provide services but recognise that some procedures that you may have which may not need to take place at this time, but some urgent and immediate procedures that need to happen; professional associations are providing advice regarding what might be essential just now
* Also noted that many patients with chronic conditions who rely on allied health practitioners will continue to have access to support of allied health to assist with recovery
* Requirement of telehealth provision that there be face to face availability when this is necessary, example of physio and whether initial appoint face to face with telehealth follow up

**Does government consider allied health, particularly physio, an essential service in residential aged care?**

* Some RACS getting anxious about protecting residents, some facilities are beginning to ask if external health visits going to increase risk?
* Someone from aged care will join next week’s webinar, doing everything possible to minimise risk of infection
* Maybe that there needs to be a cohort for aged care and a cohort for others
* Further responses to come for aged care
* Currently believe that work happening is essential but noted some may be possible via telehealth

**What is time limit for treatment with patients – is limit 30 mins face to face?**

* No specific time limit, one should keep direct contact to minimum possible – try where possible to maintain social distancing - depends on social distancing/type of work you do; emphasis around hand hygiene, cough etiquette, etc.
* PPE is part of a hierarchy of protections, there are earlier steps along that hierarchy - general principles of ensuring patients call ahead, several steps before engagement to assess if any risk
* Acknowledged potential for asymptomatic shedding of virus; thing to remember that at the moment, community-level transmissions are very small so chance of seeing someone who is asymptomatic, and attends your room, virus transmits, and with appropriate hand hygiene prepared, the risk is low
* Monitoring constantly regarding when PPE recommendations should change

**Guidance on home visits?**

* Essential that home visits are still able to take place, particularly to frail elderly people and people with disability
* No restrictions on home visits by essential health care providers, but needs to be scrupulous infection control
* Working with peak organisations in developing guidelines to support work you are doing
* If measures for physical distancing and self-isolation continue for some time, may be increased demand for home visits
* If existing resources can be located, they will be loaded on web site

**Telehealth – specific guidance re platforms being used and privacy issues?**

* Guidance being developed in consultation with peak organisations (some already have org specific guidance)
* If you go to Australian College of Rural and Remote medicine, there are resources there regarding telehealth but also very important we all consider issues of privacy
* If consulting with a patient, ensure you know who is in the room and are they happy

**What support available to keep allied health practices afloat?**

* Australian Government measures announced to support small businesses – may be eligible for some of those
* Working with peak bodies and allied health alliance, to look at what is happening across nation and how doors kept open

**Mandatory bulk billing – will this change?**

* Expected to be lifted over days ahead; complex process involving changes in regulation and a number of lines of approval
* Are aware people will need to privately bill patients, as soon as requirement to bulk bill is lifted can move back to regular billing practices
* Implore services are affordable for people who absolutely need them - many families really struggling due to unemployment, may impact capacity to fund care, try to do what we can

**Is remedial massage allowed if treatment is at client’s private home?**

* Laws about different therapies are different from state to state - need to know rules relevant to own state and territory. Think it will be ok if provided by registered practitioner but will check with AHPRA and put advice on line
* Recognise that there are different approaches to this, noted outbreaks differing between states and hence restrictions tightening in some where epidemic more progressed

**Speech pathology – how should treatment be approached if COVID-19 positive or under investigation?**

* Also applies to other allied health colleagues working on supporting people’s respiratory systems
* Noted there are a lot of organisations and acronyms people are learning about
* Communicable Diseases Network of Australia – national guidelines, criteria for suspected case of COVID-19 - very first port of call to make thorough risk assessment
* Considered advice is that if you are performing on a patient with respiratory tract infection you would need to use PPE but first step before - assess whether it is essential to perform now, is patient likely to have COVID-19

**Practitioners with immunocompromised and/or aged (70+, 60+ also at high risk) – should we continue to provide face to face care?**

* Recommend against working face to face if possible, last week announced measures for people who were vulnerable to do telehealth in advance of everyone
* Do not put yourself at increased risk, use telehealth item numbers and reach out to colleagues as potential opportunity to provide face to face consultations
* If decision made to provide care, take appropriate precautions: Droplet PPE (eye protection, surgical gown, and gloves….

**What are recommendations regarding continuation of student placements in allied health?**

* Have reached out to deans of faculties across countries, if we receive any specific statements these will be posted on website
* General view is placements may continue, if students not exposed to inappropriate risks etc. but will follow up further
* Nursing – chief nursing officers looking to support continued placements, as need to have graduates at end of year – may need placements, timing of graduations etc. changed
* Principles – need to ensure principles are well when they go on clinical placements; that they fully understand required protections

**Private health insurance**

Not allowing rebates for telehealth – Department will follow up with private health insurance today, noted it has been a rapid stand up in context of national emergency, will post any available advice on web.

Closed by thanking practitioners working to ensure health of Australians, both through COVID-19 response and broader range of health needs.