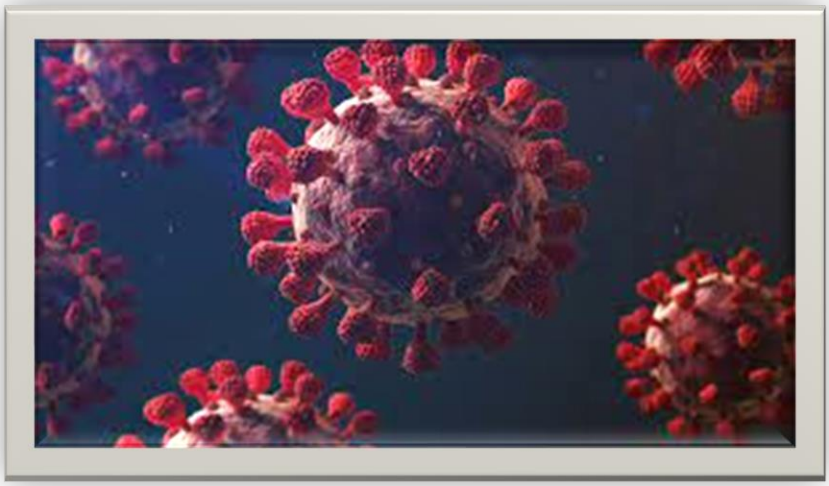
Final Report

"COVID19 - not just a health response"



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Crisis Management Australia

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Introduction

In preparation of this report, information has been reviewed from a range of sources. These sources include:

- South Australian State Emergency Management Plan
- Documents provided by SA Health.
- government reports on COVID 19 from United Kingdom, New Zealand, Canada, and Australia
- interviews with emergency managers from the United Kingdom, Canada, New Zealand and Europe
- interview with Detective Supt Damian Powell SAPOL
- commercial news and media sources.

Components of work undertaken include:

- reviewing reports on COVID 19 from the United Kingdom, New Zealand, Canada, and Australia to identify learnings
- reviewing COVID 19 documentation from SA Health, South Australia Public Sector Mobilisation Arrangements
- reviewing South Australia's deceased persons management capacity
- comparison of existing COVID plans against the arrangements of the State Emergency Management Plan.

A number of issues have been identified for consideration to ensure South Australia is adequately prepared to manage the ongoing COVID19 operation.

David Parsons

Director

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Executive Summary

South Australia has a well-established and frequently applied emergency management system. COVID19 may require the emergency management system to manage a state wide whole of society response and recovery operation over a sustained period.

Many factors will influence the effect of COVID19 on the South Australian community including vaccination rates, rate of community spread, vulnerability of individuals and the capacity of the health system. At this stage it is not possible to forecast when COVID 19 operations will end. Therefore, the emergency management system must prepare for a long duration event (possibly greater than 12 months).

It is assumed that opening the State's borders to double vaccinated persons will result in the arrival of COVID19. The scale of this incursion is difficult to forecast. Assuming tens of thousands of people could arrive into South Australia each day, it is reasonable to assume that there could be multiple COVID19 positive cases amongst the arrivals. It is therefore reasonable to assume that this could result in the commencement of multiple clusters of COVID19. With borders opening late November it is reasonable to assume that COVID19 cases will become evident before the commencement of the Christmas period.

Review of the documentation provided shows that:

Health Preparedness

SA Health has undertaken considerable planning for the arrival of COVID19. SA Health has learned lessons from other jurisdiction's experiences. SA Health recognises the importance and challenges of managing COVID19 in indigenous communities.

Emergency Management

South Australia's emergency management system is well practiced at the management of natural hazards e.g. bushfire, flood.

However, the stakeholders are different in a COVID19 response and may not be linked into the emergency management network. Without a comprehensive network diagram showing how the whole of state response is linked it is difficult to ascertain whether the existing structure comprehensively links with all organisations involved in managing a COVID19 response. An example would be disability service providers, Food Bank etc

Vulnerable community groups

Examples of factors influencing community vulnerability includes social disadvantage, education levels, attitudes and beliefs, physical and intellectual disabilities, availability of

public services, isolation, migrant/itinerant farm workers, care accommodation, social housing, boarding houses, backpackers accommodation, homeless, job security, access to leave, complex physical and mental health issues, disengagement from society, distrust in government, household structures, household density, levels of social capital etc.

These factors will affect the practicality, acceptance of, and compliance with COVID19 risk reduction measures. It is not possible to ascertain if all these have been considered.

A range of additional opportunities have been identified in the following section.

Opportunities

The following opportunities have been identified as important to South Australia's readiness to manage COVID19. These elements if not already in place should be considered.

Intelligence

The range of intelligence required to understand COVID19 risk and to develop realistic scenario projections is held by a range of organisations. Bringing together intelligence from multiple organisations is critical e.g. Health, Police, Disability Sector, Accommodation Sector, Multicultural Sector, WorkSafe, Tourism Sector etc. Having the integrated big picture is important to avoid unexpected outcomes.

Societal fault lines and fracture points

Every society has fault lines and fracture points within them. Fault lines and fracture points are the attributes that inhibit social cohesion, access to vaccination, acceptance of vaccination and individual vulnerability

Planners and decision makers need to recognise and appreciate these factors. Targeting of vaccination and support programs to these groups is essential.

Scenario Planning

For all agencies to proactively prepare for their role in support of COVID19 operations it is important that supporting organisations have a realistic understanding of the range of pathways ahead i.e. the best to worst case scenario rainbow. This enables effective proactive planning rather than reactive actions. This will be important for staffing and having adequate resources available when supply may be difficult in the Christmas to January period.

Staffing

All agencies (e.g. Local Government, SafeWork SA) that provide support functions in COVID19 should consider their requirement for staff availability to be able to scale up for an outbreak of COVID19 during the Christmas, New Year and January period.

Application of the Public Sector Mobilisation Policy may be impacted if required to be activated during the summer leave period. An assessment is required as to whether this would be an issue.

Coordination

The management of outbreaks in regional/rural/outback communities may require the establishment of decentralised coordination facilities. Consideration should be given to how this may occur and whether this will involve Zone Emergency Support Teams. If Zone Emergency Support Teams are to be utilised, have they been Planning for this to occur? Depending on the approach taken have staff from agencies required to work in these coordination locations been identified and trained.

Existing emergency management arrangements are heavily focused on coordination of government agencies. COVID19 requires an integrated partnership with business and community organisations. It is important that these network linkages are in place.

Leadership and Trust

Identification and partnering with trusted community leaders is an important factor in a successful COVID19 response. The identification of the community groups such as religious or cultural groups and their trusted leaders is an important factor for success.

Additional storage facilities for deceased persons

Should a significant number of COVID19 deaths occur there may be a requirement to increase temporary storage of deceased. The current plan assumes the availability of cold storage shipping containers. Currently there is a global shortage of shipping containers. Therefore, the availability of cold storage shipping containers should be verified.

Lessons identified - Intelligence

A review of international reports identified a range of lessons for the effective management of COVID19. These include:

Planning assumptions

It is important to develop realistic planning assumptions. The planning assumptions should be used to produce projection scenarios that range from best to worst case. Producing a spectrum of scenarios is more likely to identify the actual roadmap ahead. The continual updating of assumptions will enable the cone of possible pathways to be narrower and better focused.

Worst Case scenarios should be identified to assist in reducing optimism bias. House of Commons Report (2021) highlighted the risk of Group Think in formulating projection scenarios and the assumption science was right without questioning the validity of data and the assumptions underpinning modelling.

There are many health issues that can be predicted with the exiting data sets available on COVID. However, issues around community reaction, vulnerable persons, community risk fatigue may be more uncertain.

Projection scenarios need to consider the uncertainty created by the human element.

Intelligence function

Managing a COVID response requires good intelligence to enable effective foresight and decision making. The intelligence function within the COVID 19 Incident Management Team needs to be adequately resourced to provide a thorough understanding of the current situation, projected situation, resource availability, human, community characteristics, human behaviour, cultural practices, vulnerable persons, societal fault lines and fracture points.

An effective intelligence function needs to bring together data sets held across a multitude of agencies to develop realistic forecasts of COVID19 spread, vulnerable populations, trusted community leaders etc.

Societal fault lines and fracture points

Every society has fault lines and fracture points within them. Fault lines and fracture points are the attributes that inhibit social cohesion, access to vaccination, acceptance of vaccination and individual vulnerability. Examples of fault lines and fracture points include social disadvantage, education levels, attitudes and beliefs, physical and intellectual disabilities, availability of public services, isolation, migrant/itinerant farm workers, care

accommodation, social housing, boarding houses, backpackers accommodation, homeless, income sources, job security, access to leave, complex physical and mental health issues, disengagement from society, distrust in government, household structures, household density, levels of social capital etc.

These factors will affect the practicality, acceptance of, and compliance with COVID19 risk reduction measures.

Planners and decision makers need to recognise and appreciate these factors. Targeting of vaccination and support programs to these groups is essential.

Communicable disease patterns

Understanding the normal spread vectors for other diseases can be a useful indicator of COVID19 spread vectors. The spread of STD's in itinerant farm workers in Ontario was replicated by COVID19.

Lessons Identified – Leadership

A review of international reports identified a range of lessons for the effective management of COVID19. These include:

Response Coordination

Effective response to COVID19 requires effective integration of multiple layers of activity. These layers of activity include:

- Australian Government
- State Government
- Local Government
- NGOs
- Community Groups
- Emergent Groups
- Business / Workplaces
- Trusted Community Leaders
- Families
- Individuals

Recognition of, and engagement with all of these participants is critical for success. It is critical that messaging is consistent across all layers of activity. People will turn to their trusted information source for information and guidance and this will vary from person to person.

Many jurisdictions have found that their emergency management central coordination body was not reflective of society or the community and commercial organisations involved in COVID19 response. Groups with previous trusted connections into communities have often not been included in the emergency management central coordination body. As a result, in many cases new networks had to be formed and linkages established within the emergency management central coordination body involving groups not previously worked with.

Jurisdictions that created new coordination structures that replaced existing emergency management structures experienced high levels of confusion and dysfunction.

Emergency management arrangements

The utilisation of emergency management powers was essential in many cases to overcome administrative arrangements, rules and regulations in the first few months of response. Examples cited including:

- Emergency powers used to overcome local govt street structure regulations
- Emergency powers used to change road utilization

- Emergency powers used to support public health interventions while COVID19 legislation was drafted and enacted.

Information sharing

There are many government, and non-government organisations involved in responding to the various consequences arising from COVID19. Processes for information sharing on forward projections in an appropriate way need to be in place. This will enable organisations to be proactively planning and preparing for cycles in COVID19 response and control measures rather than being in a constant reactive mode.

For example, is the estimated time required to put in place capacity for mortuary surge in South Australia is three weeks. Therefore, projections play a key role in establishing capacity in a timely manner.

Leadership and trust

Trust in leadership is a consistent theme arising from interviews and reports. Important factors include:

- Science based decisions (Noting the majority but not all sectors of the community accept the science)
- High profile authoritative science-based leaders
- Leaders who follow the rules they impose on society
- Consistent interpretation of policies across all government agencies
- Decisions being implemented after consultation with stakeholders to understand the consequences on those the rules affect.

Trusted leaders who can articulate a clear set of objectives for the COVID19 response is an imperative.

Scientific analysis vs requirement for decisions

Health specialists will utilise data driven assessments to make decisions. Collection, collation and analysis of data can be a time-consuming task. Obtaining the quality of data to make decisions in a risk adverse health industry culture may be challenging in a rapidly changing operating environment. Challenges can occur balancing the need for health - based data processes and action decisions.

The House of Commons Report (2021) raised the important issue of decision makers being clear on the validity of data underpinning scientific advice. The Report emphasised the importance of appropriately questioning Scientific Advice to avoid Group Think

Policies, restrictions and rationale

There will be a range of policies and restrictions applied to reduce COVID19 risk. The compliance with policies and restrictions might be higher if the rationale for the policy or restriction is communicated to those required to implement it. If the policy or restriction is effective it should be possible to demonstrate the effectiveness of the policy or restriction. Communicating the effectiveness of the policy or restriction to those impacted by the policy or control may increase commitment to it.

Community engagement and leadership

There are sections of the community who for a range of reasons do not:

- Trust government
- Monitor free to air TV and radio
- Monitor or trust Government social media
- Are socially segregated from mainstream society

Examples may include specific cultural groups, criminal elements, illegal migrants, indigenous groups, communication disabled, homeless etc.

It is imperative that ongoing engagement occur with these groups through communication channels and persons they trust.

Emergency Coordination Centre campaign staffing

Emergency Coordination Centres will require staffing for a sustained period over many months. The ability to staff Emergency Coordination Centres at a State, Zone, Local and agency level will require the utilisation of a broad base of personnel. Many of these people may have no previous training for these roles. Pre-identification and training of people to staff Emergency Coordination Centres can be completed in the pre-breakout phase.

Event duration and fatigue

At this point there is no indication of when the COVID19 operation will conclude. Planning should assume this event will continue for no less than 18 months. The structures and systems established to manage COVID19 must be sustainable. Staff fatigue is a significant issue. Establishing business as usual arrangements for rosters and systems is essential.

Logistics operations

The logistics required to support underpinning a COVID19 response is considerable in scale and complex in nature. Logistics can include provision of adequate relief supplies for quarantined persons, adequate PPE, transport, accommodation etc.

Logistics will operate across government, across NGO and by locality. Wholistic logistics support will be a resource intensive activity.

Clinically vulnerable

There are a range of groups within the community that are more vulnerable to COVID19. Vulnerable groups may include elderly, specific cultural groups, physical and intellectually disabled, and those with pre-existing medical conditions for example. The support required to reduce the hospitalisation and death of these groups requires a wholistic approach involving many agencies and groups including care operators, care givers, shelter in place support etc.

The United Kingdom identified a high death rate amongst intellectually disabled persons and the problem of hospitalization with isolation from the disabled person's advocate. In many cases disabled persons were inappropriately marked "Do Not Attempt CPR". In application of control measures consideration needs to be given to special groups. Generalised application of strict control measures may increase the risk to vulnerable persons. Consideration needs to be given to the ethical issues raised by control measures for vulnerable persons.

Lessons Identified – Consequence Management

Decision ripples

The response to COVID19 involves making decisions that have ripple effects across the complex systems of society. Many decisions will be experimental and require a Learning Organisation mindset. This involves implementing a decision, quickly assess effectiveness and success of the decision and modifying the decision where necessary. Monitoring the consequential ripples of decisions is required with a preparedness to adapt and modify decisions as required.

Societal business continuity

There are many services provided to a society by government, business and NGOs that can be disrupted with no immediate impact on societal functioning. Business continuity planning typically focuses on short term high impact critical business functions. However, the effect of longer-term disruption is not necessarily well understood.

An example would be stopping driver testing for truck licences. A disruption of two weeks may have little impact. However, a disruption of 6 months has a significant impact on the availability of drivers and supply chains logistics.

As the period of disruption extends the cumulative consequences of disruptions must be assessed. This role of monitoring these cumulative disruption risks should be clearly identified within the emergency management structure.

Response workforce availability

The incorporation of workforce issues into ongoing planning is critical. Factors that could reduce the available workforce should be considered. These factors include:

- Quarantine
- COVID19 infection
- Vaccine hesitancy
- Christmas and New Year holidays
- School holidays
- Long COVID19

It should be noted that the workforce may already be experiencing reduced personal resilience due to mental and physical COVID19 fatigue.

Health systems in many jurisdictions have boosted their staff capacity by integrating recently retired staff and final year health students into the health care workforce.

Many jurisdictions have effectively deployed resources between agencies to support COVID19 operations.

COVID19 response as a line of business

At some point the response to COVID19 becomes a normalised background issue with hospitalisations and deaths occurring at a rate which is tolerable to the community. At this point organisations may operate with a COVID19 team who are no longer considered to be an emergency response team but a business unit established as a function of doing business. This enables emergency management staff to focus on all hazards risk management.

Existing in two worlds for Health Sector workers

The Health Sector will experience a long duration surge of COVID19 patients. Health sector workers will be under stress and pressure in the workplace. However, the rest of society will return to a new sense of normality. This conflict creates additional stress for health care workers.

In many provinces in Canada antivaccination protesters have harassed health care workers outside of health care facilities. This has resulted in additional stressors. Quebec has introduced laws banning protests outside health care facilities. In a number of provinces health care workers in medium-high density housing have been harassed by other residents for fear of cross infection.

Anti-vaccination protestors in Quebec.

Disaster health capacity

Contingency planning for the availability of health care capacity for a simultaneous disaster is a compounding issue. This could include increased casualties and deaths from a heat wave, transport accident or significant bushfire event. Worst case planning for such an event should occur even though the health system may experience an already overwhelming COVID19 event.

Lessons Identified – The Long Haul

Contact tracing

An some point detailed contact tracing for each COVID19 case may exceed surge capacity. Consideration should be given to what this trigger point for the implementation of an alternate strategy. The alternate strategy should be planned for.

Summer complacency

COVID19 unlike a normal winter flu has demonstrated the ability to spread during summer. Many members of the community may not expect this to be the case. Summer complacency is a significant risk. Community education should address this risk.

First line of defence

The Health Care system is the last line of defence against COVID19. Physical distancing, masks, fresh air flows, hygiene, community behaviour and workplace practices are the first line of defence. Vaccination provides a second line of defence. Keeping the community focused on the first line of defence as life returns to a new normal is paramount. The risk is community understanding of the importance of the first line of defence will soften with high vaccination rates and a new normal.

Managing community spread

Approaches to managing community spread of COVID19 have included:

- Wearing masks and social distancing
- Workplace controls e.g. work from home, workplace testing
- Notification of possible COVID19 spread hotspots supported with testing and isolation requirements
- School or classroom closure based on the percentage of students fully vaccinated
- Targeted lockdowns to reduce surges in specific communities

Community awareness that these measures may be an ongoing requirement is important.

Booster shots

The requirement to implement booster shots for high-risk groups and the community generally will be ongoing at the same time hospitals may have significant numbers of COVID19 cases. The requirement to staff both another round of vaccination and significant hospital cases is will be an ongoing issue.

COVID19 cases and death information

Daily press conference detailing COVID19 case and death numbers had concluded in many jurisdictions with information shared purely through websites e.g. https://covid-19.ontario.ca/data/hospitalizations

This enabled formal press conference to be utilised when there was a requirement to escalate concerns about a particular issue.

COVID19 and schools

Controls applied in schools have included:

- Vaccination
- Masks
- Distancing
- Ventilation
- Filtration
- CO_2 monitoring
- Student bubbles / segregation
- Closing a classroom for deep cleaning where there is single or in some jurisdictions multiple confirmed cases in one classroom

Aged care facilities

Aged care facilities continue to be a high risk of COVID19 infection. Factors influencing this include workforce factors, poor formation of antibodies in older persons and visitors. Aged care facilities will continue to be a high risk setting.

Vaccine passport and discrimination

Vaccine passports may contribute to the identification of specific sectors of the community e.g. a cultural group or socio-economic group. Consideration should be given to who these groups may be and how the stigma will be addressed.

Density restrictions in shops

In shops in Germany an effective approach used to restrict density of shoppers in shops was to have a set number of shopping baskets for a shop. The shopping baskets would be handed out at the door to the store after cleaning by a staff member. Shoppers could quickly see if shopping baskets were available for a store or if they needed to come back later.

Impact on young persons

Data is increasingly available demonstrating that young persons have been significantly impacted by COVID19 and that this impact will be ongoing for a long time. Impacts on young people include psychological issues such as anxiety and depression, increasing self-harm, reduced educational outcomes, disengagement from education with severe life impacts, loss of social networks etc.

This issue will receive increasing public focus and requires an integrated whole of society response.

Self-harm and suicide statistics are apparent in all jurisdiction, with cases declining significantly during lockdown, but increasing very rapidly some weeks after social controls are lifted, more normal living conditions return, the demands of COVID19 life increase, social support diminishes and access to services is either re-established or made more difficult. Something to be very aware of as this pandemic continues and eventually dissipates.

Business workforce

Not only has hospitalisation of COVID19 sufferers been significant marker of the impact of the disease on communities and health systems, but absenteeism from workplaces has been a significant feature of this pandemic, for a wide range of reasons:

- Illness from COVID19
- Caring for family who are sick with COVID19 or other conditions not able to be supported otherwise
- Avoiding work in fear of exposure to COVID19
- Attending funerals of victims of COVID19
- Staff resignations

Protracted or permanent loss of key staff will have serious impacts on some businesses and services, including critical infrastructure, food, fuel, and emergency services. As is being seen in the UK with heavy truck drivers, the loss of key personal will have significant flow-on effects for communities and economies.

The impact of COVID19 and the responses to it have significantly impacted on the labour market. Labour supply has been impacted by disruption to international travel affecting visa holders, restrictions on travel within Australia and disruption to training and certification programs. The lack of foreign workers, usually relatively skilled, will have impacts on health and aged care services, tourism and hospitality, agriculture and horticulture, and construction well into 2022.

Many international professionals have, or are returning to their country of origin. It is estimated that one million Australians will resign from their current job in the next 6 months to pursue a career or lifestyle change triggered by COVID19.

Lessons Identified Information Sources

National Audit Office, London, Initial Learning from the Government's Response to the COVID19 Pandemic, May 2021.
https://www.nao.org.uk/report/initial-learning-from-the-governments-response-to-the-covid-19-pandemic/

New Zealand Government, Rapid Review of Initial Operating Model and Organisational Arrangements for the National Response to COVID19, Wellington, April 2020.
https://covid19.govt.nz/assets/resources/22-Mar-21-Proactive-Release/Second-rapid-review-of-the-COVID-19-all-of-goverment-response.pdf

New Zealand Government, Second Rapid Review of the COVID19 All-of-government Response, Wellington, April 2020.
https://covid19.govt.nz/assets/resources/22-Mar-21-Proactive-Release/Second-rapid-review-of-the-COVID-19-all-of-goverment-response.pdf

Office of the Auditor General, Toronto, COVID19 Preparedness and Management– Special Report on Outbreak Planning and Decision Making, November 2020.
https://auditor.on.ca/en/content/specialreports/specialreports/COVID-19_ch2outbreakplanning_en20.pdf

Office of the Auditor General, Toronto, COVID19 Preparedness and Management – Special Report on Emergency Management in Ontario – Pandemic Response, November 2020.
https://auditor.on.ca/en/content/specialreports/specialreports/COVID-19_ch1EMO_en20.pdf

UK House of Commons, Coronavirus: lessons learned to date
https://committees.parliament.uk/publications/7496/documents/78687/default/

Lessons from the COVID19 Pandemic NSW Dept of Education
https://education.nsw.gov.au/covid-19/lessons-from-the-covid-19-pandemic

Rapid Evidence and Policy Brief: COVID-19 Youth Recovery Plan 2020-2022
https://www.hpa.org.nz/sites/default/files/Rapid%20Evidence%20and%20Covid-19%20Youth%20Recovery%20Plan%202020-2022.pdf

Alarming new stats on youth mental health and COVID-19
https://www.rnz.co.nz/national/programmes/ninetonoon/audio/2018749868/alarming-new-stats-on-youth-mental-health-and-covid-19

New Zealand children falling ill in high numbers due to Covid 'immunity debt'
https://www.theguardian.com/world/2021/jul/08/new-zealand-children-falling-ill-in-high-numbers-due-to-covid-immunity-debt

Here comes the Great Resignation. Why millions of employees could quit their jobs post-pandemic
https://www.abc.net.au/news/2021-09-24/the-great-resignation-post-pandemic-work-life-balance/100478866

Why is England doing worse against COVID19 than its European neighbours?
https://www.theguardian.com/commentisfree/2021/oct/07/england-vaccine-just-plus-europe-covid?CMP=fb_gu&utm_medium=Social&utm_source=Facebook#Echobox=1633619315

San Francisco Schools Have Had No COVID-19 Outbreaks Since Classes Began Last Month
https://www.npr.org/2021/09/10/1035885306/san-francisco-children-schools-vaccinated-covid-outbreaks-none-pediatric

Covid: Disabled people account for six in 10 deaths in England last year – Office of National Statistics
https://www.bbc.com/news/uk-56033813

Interviews conducted with emergency managers in Canada – Ontario and Alberta, United Kingdom, New Zealand and Australia

Document Review

All of the documents listed in the Table of Contents were reviewed from an independent perspective looking for:

- interdependencies between documents
- consideration of surge capacity
- comparison to approaches being reported in other jurisdictions
- consideration of community spread phase "Living with COVID19"

In general, the documents show:

- learning has occurred based on the experiences of other jurisdictions
- learning has occurred based on local experience
- extensive planning has been undertaken to manage the expected demands for surge capacity on the health care system

Comments for reflection have been raised in regards to a small number of documents.

South Australian Public Sector Mobilisation Policy

- Policy sets out clear responsibilities for implementation of the policy in a catastrophic disaster.
- *The development of the Public Sector Mobilisation Procedures when completed will aid in the implementation of the Policy.*
- *The response to COVID19 in Ontario and the Equine Influenza outbreak in NSW showed that one factor inhibiting the deployment of staff between agencies was inadequate business continuity planning by agencies. As a result, agencies were unclear what critical business functions they had to maintain and what areas staff could be released from. Therefore, this Policy has an interdependency with the Business Continuity Planning process across South Australian Government.*
- *It is noted that the Kangaroo Island Fire Report highlights staffing shortages as a critical issue. Therefore, the concern is whether this Policy has been trialled through exercises or actual events. (Lessons from the Island: An independent review of the fires that burnt across Kangaroo Island during December 2019 - February 2020). If the Policy is not understood by agency leaders the ability to implement the policy may be hampered.*

COVID19 Governance 24 Aug2021#2

- Clear functional structure.

- Functional structure represents key areas of COVID19 risk mitigation activities.
- Clear allocation of responsibilities.
- *Function – COVID19 Safe Planning and Compliance Monitoring is a key element of the Community Spread Phase. The Support Role is vacant. Should the SA Govt agency responsible for industry/business be listed as a partner in this role?*
- *In the Planning for Vulnerable Groups Section the persons responsible for CALD and Homeless groups have not been appointed.*
- *It would be good to see how this chart integrates with the Whole of Government structure.*

South Australian COVID-19 Strategy for Residential Aged Care Facilities (RACF)

- Detailed flow chart clearly sets out the required actions to be taken by various organisations at the start of the document.
- Document sets out detailed actions to prevent and manage a COVID19 outbreak in a Residential Aged Care Facility.

COVID-19 Integrated Response Framework for the Management of Multiple Outbreaks in Residential Aged Care Facilities in South Australia

- *Section 24 states: The integrated response framework is regularly stress-tested through simulation exercises to:*
    - *a) identify gaps*
    - *b) improve systems, and*
    - *c) understand 'critical points of potential failure' which need resolution.*
- *Is there any evidence that this is occurring and that lessons are being learned?*

Joint Protocol: Management of COVID-19 Outbreaks in South Australia Residential Aged Care Facilities

- Joint Protocol clearly sets out the structure and responsibilities of organisations.
- *It is noted that the response to the Victorian Aged Care Outbreak in 2020 integrated the significant private RACF providers into the Aged Care Coordination Centre. This document refers to individual RACF sites. Are there major providers in South Australia who because of the scale of their operations may add value from having a Liaison Officer embedded into the RACF structure?*

Agenda COVID-19 Safe Planning and Compliance Monitoring Workstream Group

- Structured meeting agendas being utilised.
- *If the group is imposing regulation and oversight of business should the group have a representative with an understanding of business such as someone from the Office of*

the Small Business Commissioner and or Business South Australia? This could help with understanding the ripples of actions taken.

DHW Leadership Team COVID Safe Planning and Compliance Monitoring Workstream

- Graphical representation of data being used to assess progress.
- Clear record of actions.

Department for Health and Wellbeing Leadership Team Decision Request.

- Documentation was concise supporting rapid decision making in an operational mode.
- Action request was important for verification of a significant risk control measure.

Communications Plan

- Document sets out risk control complacency.

COVID19 Compliance Management Framework

- Document shifts compliance monitoring from an emergency management mode to a Business-as-Usual role using existing compliance monitoring approaches. Shifting to a Business-as-Usual approach creates a more sustainable approach.
- Document establishes the many ways that the community reports non-compliance issues.
- *Consideration should be given, as to whether a surge in community reporting is expected when COVID19 hospitalisations and deaths grow after community spread and the capacity to manage these.*
- *Is it expected that the current system will be robust for this development?*

COVID 19 Compliance Team Enforcement Framework

- Established a risk-based approach to regulatory action.
- Graded enforcement action.

Issues Paper 1 – Enforcing Face Masks in Public Places

- Sets out the issue and options with enforcing mask wearing.
- Sets out the action being taken by other jurisdictions.

SA COVID Management Committee Terms of Reference

- Sets out the terms of reference for the committee.

Issues Paper 6 – Authorised Workers

- Sets out the issue and options with authorised workers.
- Sets out the action being taken by other jurisdictions.

Authorised workers discussion

- Sets out discussion around authorised workers.

ACT Public Health (Lockdown Restrictions) Emergency Direction 2021 (No 6)

- Noted.

NSW COVID-19 vaccination for workers

- Noted.

Qld Revoked - Restrictions for Locked Down Areas (Cairns and Yarrabah) Direction

- Noted.

Resourcing COVI-19 Compliance of health protection and licensing services

- Established specialist team compliance team.
- Establishes intelligence function within the team.

Decision to note update on SCCH Planning Readiness

- Sets out a range of specialist plans.
- In particular the occurrence of COVID19 in an aboriginal context.
- *An exercise was to be conducted to test the readiness to respond to a COVID-19 positive within an Aboriginal community or major regional population. The complexity of aboriginal health care, the importance of being on country for aboriginal people, and the importance of the extended family connections can create complexity. The outcomes of this exercise would be very important.*

SCCH Document Tracker

- Tracks status of policy documents and procedures.

Management of Deceased during a Pandemic Sub-Plan

- Sets out process and issues for managing deceased.
- Sets out supply chain responsibilities.
- Sets out burial capacity.
- *The option of refrigerated containers is listed. Due to the global container shortage the availability of containers should be verified.*
- *The time frame required to establish significant temporary capacity including installing equipment and training staff in Adelaide is estimated at up to three weeks. (Supt. Powell)*
- *To be effective the Sub Plan needs to be activated with adequate lead time. The triggers in the plan state when "**Mortuary capacity is exceeded**". **This is too late**.*

COVID-19 Aboriginal Health Priority Update

- Sets out learnings from Western NSW Outbreak.
- Sets out initiatives to improve aboriginal vaccination rates.
- Acknowledges importance of country to aboriginal people and issues in implementing standard controls in aboriginal communities.

COVID-19 Positive Action Plan – Aboriginal Communities

- Sets out detailed procedures for a COVID19 infection in an aboriginal community.

COVID-19 Community Response Plan Gerard Community

- Sets out local community planning.
- Demonstrates engagement with local community.
- Establishes local issues.

COVID-19 Community Response Plan PUKATJA: APY LANDS

- Sets out local community planning.
- Demonstrates engagement with local community.
- Establishes local issues.

COVID-19 Community Response Plan Yalata

- Sets out local community planning.
- Demonstrates engagement with local community.
- Establishes local issues.
- Identifies issue with mobile community leadership which will need to be accommodated.

Vaccination Program Resource Pack Index

- Sets out detailed arrangements for vaccination program.

Quarantine and Isolation Workstream

- Sets out detailed arrangements for quarantine and isolation.
- Covers the shift to recovery.

COVID-19 Strategic Community Testing Plan

- Sets out detailed rationale and approach to COVID19 testing.
- Identifies the staffing constraint on the ability to handle high levels of testing on a sustained basis.
- Identifies a surge strategy for test analysis involving transporting samples to interstate laboratories. *This strategy could be constrained by flight availability and a number of states competing for the same capacity.*

Operational Summary of the COVID-19 Strategic Community Testing Plan

- Sets out detailed rationale and approach to COVID19 testing.

Flowchart opening and closing testing sites

- Sets out action sequence.
- H*owever, does not set out responsibility for each action*.

Contact Tracing and Outbreak Management Strategy for South Australia

- Document is forward looking setting long term strategy beyond the current phase of the pandemic.
- Establishes risk-based methodology for prioritising resources.
- Recognises staff constraints and surge staffing approach.

SA Health COVID-19 Contact Tracing and Outbreak Investigation Workstream

- Details work underway to be prepared for further phases of pandemic and developments. Including altering wastewater testing regimes, RAT testing, engagement with industry etc.
- Demonstrates a forward-looking approach to future requirements.

Leadership team paper - COVID 19 Contact Tracing and Outbreak Management Strategy for South Australia

- Document is forward looking setting long term strategy beyond the current phase of the pandemic.
- Establishes risk-based methodology for prioritising resources.
- Recognises staff constraints and surge staffing approach.

SA Health COVID-19 Contact Tracing and Outbreak Investigation Workstream Terms of Reference

- Document establishes Terms of Reference for the Work Stream.

DHW Leadership Team Contact Tracing and Outbreak Investigations Workstream

- Document recognises high risk settings such as Aboriginal populations, commercial maritime vessels, hospitals, custodial facilities and aged care facilities and prioritises work accordingly.
- Document is forward looking and explores post 80% vaccination.
- Training programs to build surge tracing capacity in place.
- Situation Reports show systematic and structured approach to tracing.
- Cases highlight the importance of road transport to and through South Australia and the ongoing risk from this vector.

COVID 19 Border Integrity Update

- Work stream have highlighted the need to plan for the next phases of the pandemic.

Acute Health Care Readiness Workstream

- Recognising need to plan for border openings and living with COVID19.
- Data being tracked from NSW and Victoria to inform decision making.
- Details pharmacy resource capacity.
- Details strategy for Hospitals to cope with a COVID19 surge.
- Extensive planning for capacity management in the hospital system.