



COVID-19 Response Report



A Message From Our CEO

The COVID-19 pandemic has led to unprecedented challenges to public health, food systems and the way we work globally. The economic and social disruption caused by this pandemic for many countries has been devastating: loss of lives, occupations and millions of people at risk of falling into extreme poverty across the globe.

Here in Victoria, the impact has been felt across the state, with a second wave of infections greater than the first wave, slowly diminishing after a significant three-month effort by all Victorians across Metropolitan, Regional and Rural areas at the time of writing this (October 2020).

Across the last six months, the public health system suspended many clinical activities, reallocated funds to purchase medical supplies and equipment, bring new hospital beds and ventilators online and increased the health workforce in areas of containment and detection.

We were involved in suppression strategies, buying time and minimizing the movement of this highly infectious pathogen across our communities.

Border closures, trade restrictions and confinement measures have been enacted across the country, but has come at a cost thus far that no one has been spared some impact from in their day to day lives. Be it the absence of arts, culture and sports that has taken away critical avenues for people to connect with each other, their culture and their community. Or through a number of key industry sectors that had been shut down by the necessary public health response such as construction, hospitality, international education, and tourism.

Spending on retail, hospitality and personal services, travel and tourism has slowed, leading to a number of closures and online shopping and online food delivery services are slowly taking their place. But the hardest for many has been the inability to visit their families and friends, to pop in on the way home from work or celebrate a birthday together as a family, the hardest toll for many.

And whilst at this point we are not yet out of the woods, we thought it prudent to take the opportunity to capture some of this unique time for prosperity.

Developed by Cohuna District Health Quality Unit, the Annual Quality Report is traditionally a review of what we have been able to do and achieve, usually with a strong focus on engagement and community / social based activities. However, this year, the report seeks to record for posterity the unprecedented events in 2020 relating to the worldwide COVID -19 Pandemic and the actions and response by Cohuna District Hospital (CDH) to manage the National, State, Regional and local risk associated with the outbreak. A time capsule if you will, but also a celebration of the efforts, the rigor and also recognizing the stress that our workforce and our community have gone through in trying to maintain services and keep people safe and well in their own community.

The wellbeing impact is still emerging of this pandemic, with increases in family and domestic violence, homelessness and youth unemployment. Ongoing unemployment is exacerbating these concerns alongside mental health impacts and alcohol and drug use. Impacts are most severe for vulnerable and disadvantaged groups and here at CDH, we stand prepared for what the next six to twelve months brings.

Hopefully, it's a vaccine and a return to a new life of normalcy.

For now, we continue diligently maintaining the standards that we believed to be best practice at the time in protecting our staff and our community whilst enabling care, and trust that those reading this now and into the future derive some insight and also some comfort from what those that choose to practice in a health system can achieve when pushed.

We are all proud of our achievement here at CDH as a small rural health service in what we have been able to achieve in being prepared for the worst, and grateful at this time for our community's support.

Take care,

Ben Maw

CEO



About COVID-19

COVID-19 is the most recently discovered Coronavirus; a large family of viruses which may cause illness in animals or humans.

In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

The 2019 novel coronavirus (COVID-19) was confirmed as the causative agent of a respiratory outbreak first diagnosed in Wuhan City, Hubei Province, China in December 2019.

Global Impact

On March 11th 2020 the World Health Organisation (WHO) declared COVID-19 as a worldwide Pandemic, the first pandemic in history caused by a coronavirus. A WHO survey of 155 countries conducted in May 2020 evidenced severe disruption to services for noncommunicable diseases and worldwide countries were experiencing drastic fiscal impact to their economies. The impact on Australia was no less brutal.

By September 30th 2020: Globally almost 35 million persons had been infected with COVID-19 with in excess of 1 million deaths recorded worldwide.



Impact in Australia

MARCH

Australia banned mass gatherings, brought in social distancing, restricted access to Aged Care facilities and enforced 14-day self-isolation of arrivals from overseas. Pubs, clubs, casinos, churches, gyms, cinemas closed; sport including football ceased. The Australian border closed with exceptions for returning residents and citizen who were required to self-isolate for 14 days. State borders closed with the exception of the border between Victoria and New South Wales. Restrictions limited numbers attending weddings and funerals, beauty salons and other services closed. Schools closed and home schooling began. Economic stimulus, Job Seeker and Job Keeper packages, additional money for telehealth and mental health services were introduced. Unemployment grew. High risk groups – people over 70 (or 60 with pre-existing conditions urged to stay home.

MAY

Staged 3 step for easing restrictions announced. Staged return to performing elective surgery commenced. Increased funding for public hospitals over 5 years announced. Early Childhood Education and Care packages released to support the industry and those essential workers still needing the service to perform their roles and aged care visiting restrictions relaxed.

JULY-SEPT

State borders were closed across Australia. Although the Victoria-NSW border remained open, this too was eventually closed when the 2nd wave hit Victoria. During August and September many states returned to a 'COVID normal' way of life with resumption of many re-COVID activities. By 30th September borders remained closed to Victorians who were still grappling with the second wave.

APRIL

Gathering for Easter worship and Anzac Day was restricted, with many presenting at the end of their driveways in an attempt to convey their respects Anzac morning. No marches were held. The crippled airline industry was financially supported, elective surgery ceased. COVID-19 testing increased. The COVIDSafe app was introduced to assist tracking infection. Working from Home commenced for many as a directive from the state government. For those classed in higher risk categories, this became mandatory.

JUNE

Mass protest rallies across Australia held in protest of Black deaths in custody place Australia's success in limiting COVID-19 infection rate at risk and jeopardise further relaxing of restrictions. Further economic measures released to boost jobs and economy. Australia is in recession.



Impact in Victoria

All State leaders regularly met with the Federal government where consensus to restrictions, economic measures and management was agreed although, to some extent, State governments imposed their own determined measures within their own timelines. Victoria was no exception: for example, Victorian schools did not close until after some other states, relaxing of restrictions in Victoria was slower

than other states. Nevertheless, whilst other Australian states seemed to have managed COVID-19 well with little to none active infections, by July 2020 Victoria was in the grips of a second wave of COVID-19 which was shown to be largely due to mismanagement of mandatory 14-day hotel quarantine of travelers returning from overseas. An inquiry into this was commenced in July 2020.

JULY

A second wave of resurgence forms, with outbreaks occurring in multiple locations across Melbourne and pushing the state back into Stage 3 and lockdowns. By the end of July, wearing of face masks was mandatory in virtually all aspects of life. In an unprecedented move public housing towers in Melbourne inner suburbs were locked down as the virus spread rapidly through these dense housing buildings. On July 8th Stage 3 lockdown restrictions were introduced across the Melbourne metropolitan area and Mitchell Shire. This progressed to a Stage 4 lockdown across these areas and a curfew from 8pm to 6am was introduced as the Victorian Government declared both a State of Emergency and a State of Disaster. Defense Forces, police and other emergency services personnel became responsible for ensuring the movement of people in the lockdown areas was restricted and entry into areas was limited. Recently re-opened pubs and cafes were again closed putting proprietors and staff out of work once more. On July 14th the government conceded that, had the hotel quarantine of returning overseas travelers been managed correctly, Victoria would not be in the grips of a second COVID-19 wave. Sadly, Victoria recorded high numbers of new coronavirus cases with daily numbers ranging from this 200's to 723 on July 29th. Health care workers were becoming infected and the death toll in aged care facilities was rising. State borders were closed across Australia.

AUGUST

On August 2nd wearing a face covering (mask) became mandatory across Victoria. The State's highest daily new cases peaked at a record 725 on August 5th. Sadly, the metropolitan Aged Care sector continued to be badly impacted with COVID -19; the death toll grew in number particularly in private residential aged care services. Strict Stage 4 lockdown restrictions continued in the Metropolitan area, a curfew from 8pm to 6am was enforced and regional Victoria was in Stage 3 restrictions. Whilst most in the metropolitan area adhered to the restrictions 'freedom' protesters took to the streets resulting in many fines issued as Police tolerance waned. Many were frustrated by the protesters actions as the decline in new cases proved stubborn and slow. By late August new cases averaged around 104 new cases daily. The AFL moved to Queensland with plans for a first time ever Queensland Grand Final.

SEPTEMBER

Victoria remained under strict restrictions with the State of Emergency and Disaster continuing and the metropolitan Stage 4 extended on 6th when the Premier released 4-step Roadmaps out of COVID for metropolitan and regional Victoria. Regional Victoria with low case numbers and no new cases being recorded daily advanced to the second step and were further rewarded with advancement to Step 3 on September 17th. Hospitality could now reopen for outdoor service and patron caps, other businesses could reopen with COVID-Safe Plans in place, travel within regional Victoria became unrestricted and the number of people at outdoor gatherings increased. By September 30th, the number confirmed Victorian COVID-19 cases reached 20,169, a daily increase of 13 was recorded. 44 were in hospital, with 6 in ICU. 798 deaths had been recorded in Victoria; many of the deaths were aged care residents. Melburnians remained in strict lockdown, many businesses across the State remained closed. There is growing public unrest about the impost of restrictions and small business closures. State of Emergency is still in place.

Impact On Our Community

During the first wave of infection supermarket shelves were emptied of basics including toilet paper, tissues, paper towel and staples including sugar, flour, pasta, rice and canned goods.

Limits were applied to purchases of these items and of frozen food. Stock soon came back to near normal once the first restrictions were lifted. However, during the second wave a number of COVID-19 affected meat works and food distribution centres began to cause concerns of food shortages again.

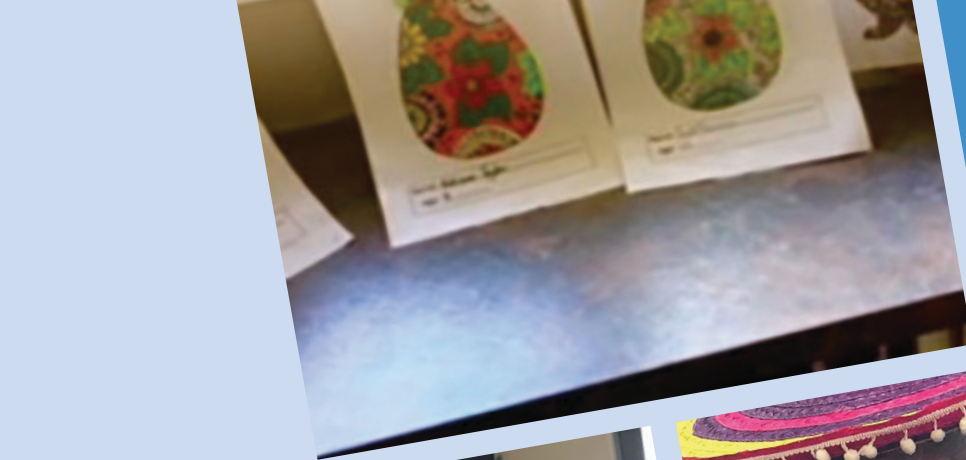
Northern District Community Health was the designated COVID-19 testing facility. Medical centre care changed as telehealth gained momentum with many consultations occurring electronically. Stage 3 restrictions were re-introduced on August 6th in response to the second wave.

Cohuna District Hospital also had to change the way it provided a number of its services. Particularly affected were our aged care services whose consumers were at increased risk of COVID-19 adverse outcomes. The Social Support Group (SSG), providing day activities for community consumers, closed its doors and clientele received visits and welfare checks from staff.

Measures were implemented to ensure District Nursing staff were protected when visiting community members requiring care. Residential Aged Care was also impacted. Visiting ceased or restricted the number of visitors allowed and the amount of time permitted for the visit. Children were excluded from visiting. Those who could visit were screened at entry and asked to wear Personal Protective Equipment (PPE) to protect consumers.

All staff were temperature screened on arrival. The Hospital doors were deactivated with seats provided at the hospital entrance





Many groups and events were cancelled; Social Support Group (SSG) and weekly bingo to name a few. SSG staff commenced visiting consumers at home to ensure their well-being in isolation and newsletters were sent out.

Visiting arrangements were amended in both the Hospital and Aged Care to protect our most vulnerable and our residents settled into their new isolation (ISO) way of life.

In late July and August visiting to the Hospital and Aged Care was not permitted in an effort to ensure the health and safety of our service consumers.

Changes were communicated via Social Media and we are indebted to our community for their cooperation and understanding during the months of Pandemic upheaval.

ANZAC Day

Other important dates were observed in a very different, but very Australian way, particularly ANZAC Day 2020 with people across the nation standing in their driveways at dawn on a cool Saturday morning in April.





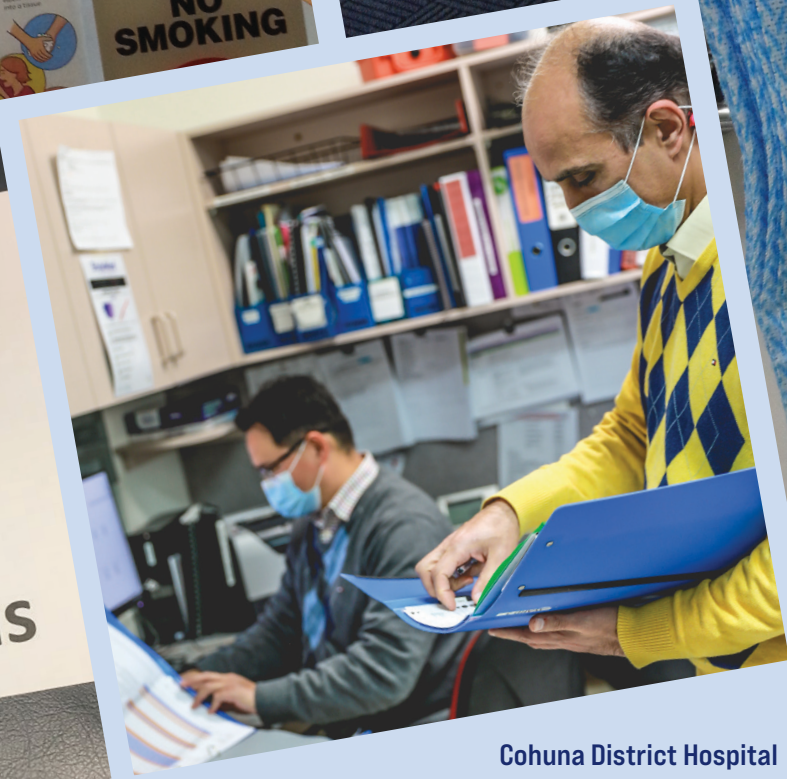
Our Response

Key Hospital personnel met in March 2020 to develop a plan to locally manage COVID-19, some of the initiatives included:

- Novel Coronavirus Policy, assessment checklists and Action Plan developed
- Pandemic Policy developed
- Regional Pandemic Response Plan developed
- Outbreak Management Policy revised
- COVID added as an organisational risk
- COVID email established enabling staff queries
- Information displayed on passage notice board, External Hospital and Aged Care door
- Aged Care families informed of requirements, including changes to visiting hours and number of visitors
- CDH website and Facebook utilised to communicate with the community
- Daily DHHS Reports and Health Alerts emailed to all staff



I stayed at work
for you
& you
stay home for us



Effect On Day-To-Day Business

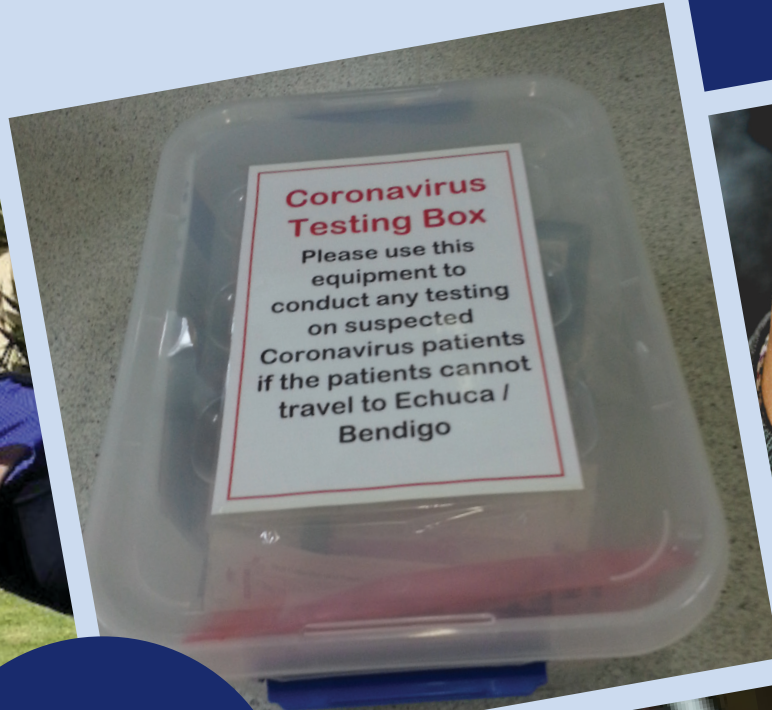
- Our automatic entry doors were deactivated and access to the health service was restricted
- Presentations to Urgent Care Centre (UCC) had to remain outside and ring for staff attendance. A COVID Clinical Screening Assessment Tool was used to assess the health of those coming to CDH for urgent care
- Temperature checking mandatory for all staff attending for work, Hospital and Aged Care visitors and UCC
- Increased focus on staff well-being with extra information provided around Family Violence and Mental Health and Coronacare initiative strengthened the services of the Employee Assistance Program (EAP) provider
- Additional education was provided to all staff including COVID-19 topics, correct application and removal of Personal Protective Equipment (PPE) with focus on currency of Hand Hygiene education
- The passage noticeboard featured COVID-19 information
- Arrangements were made to locally accommodate any staff testing positive to the virus to protect their families and the community
- Staff were provided regular advice and updates on all things COVID – Restrictions, isolation, testing, etc.
- Increased utilisation of telehealth by visiting GPs
- Increased reporting requirements were implemented by the Department of Health and the Victorian Hospital Acquired Infection Surveillance System (VICNISS) for COVID-19 and Influenza vaccination rates
- Bendigo Radiology on site service was suspended for a time
- CDH surgical services were also suspended in line with government directions however resumption of services began in September
- Nationally, all accreditation was suspended. CDH postponed our annual Food Safety Audit for 6 months. However in August a decision was made to go ahead with the Audit
- Infection Prevention Strategies included increased cleaning, the implementation of an on-call cleaning team and staff were advised to perform regular cleaning of their work areas.
- Compulsory wearing of face masks for all staff implemented and the wearing of face shields for front line clinical staff was introduced.
- All CDH staff were swabbed for COVID-19 in April 2020.
- Staff who could work from home worked off site. For staff for whom this was not practical, social distancing became the norm. Initially, organisational meetings utilised social distancing as a means of staying safe then meetings were conducted electronically using the ZOOM platform.

Influenza Program Targeted

Staff uptake of Flu vaccination is normally very good and 2020 was no exception. 100% of 104 staff had the Flu shot, all aged care residents were vaccinated along with many volunteers and contractors.



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COVID Testing

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A COVID Clinical Screening Assessment Tool was used to assess the health of those coming to CDH for urgent care

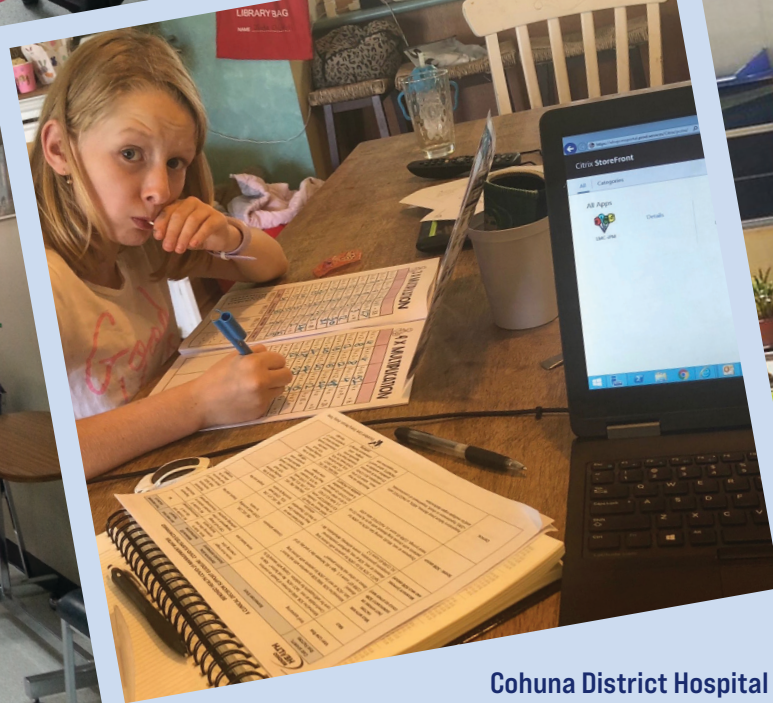
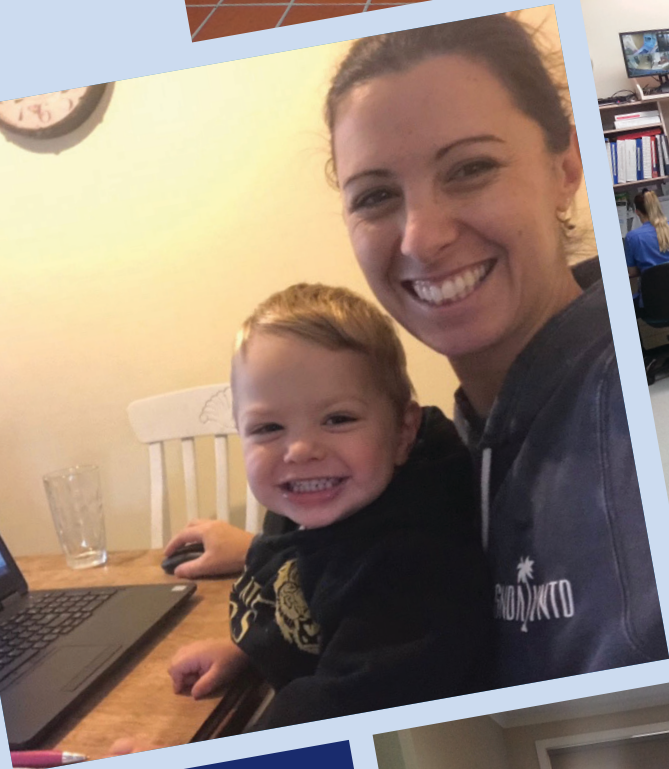
Social Distancing

Staff were on board with the social distancing message. Changes were implemented across the hospital, from theatre staff to our service users. Everyone embraced the “new normal”

Home schooling began for the local kids, and parents helped out with video calling into classrooms.

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Highlights

Despite COVID-19, there were highlights in 2020 including:

Dr Peter Barker received the Order of Australian Medal - Medical Service award in June 2020 and was duly presented with a celebratory cake and wishes from staff.



The Maternal Antenatal Clinic commenced with our midwives providing antenatal care.

Administration staff – our CEO, Corporate, Support Services and Finance/ Admin Managers did a little dance for TikTok



Highlights



A welcome donation was received from the Bridge To Bridge Committee



New flooring was installed in the hospital.

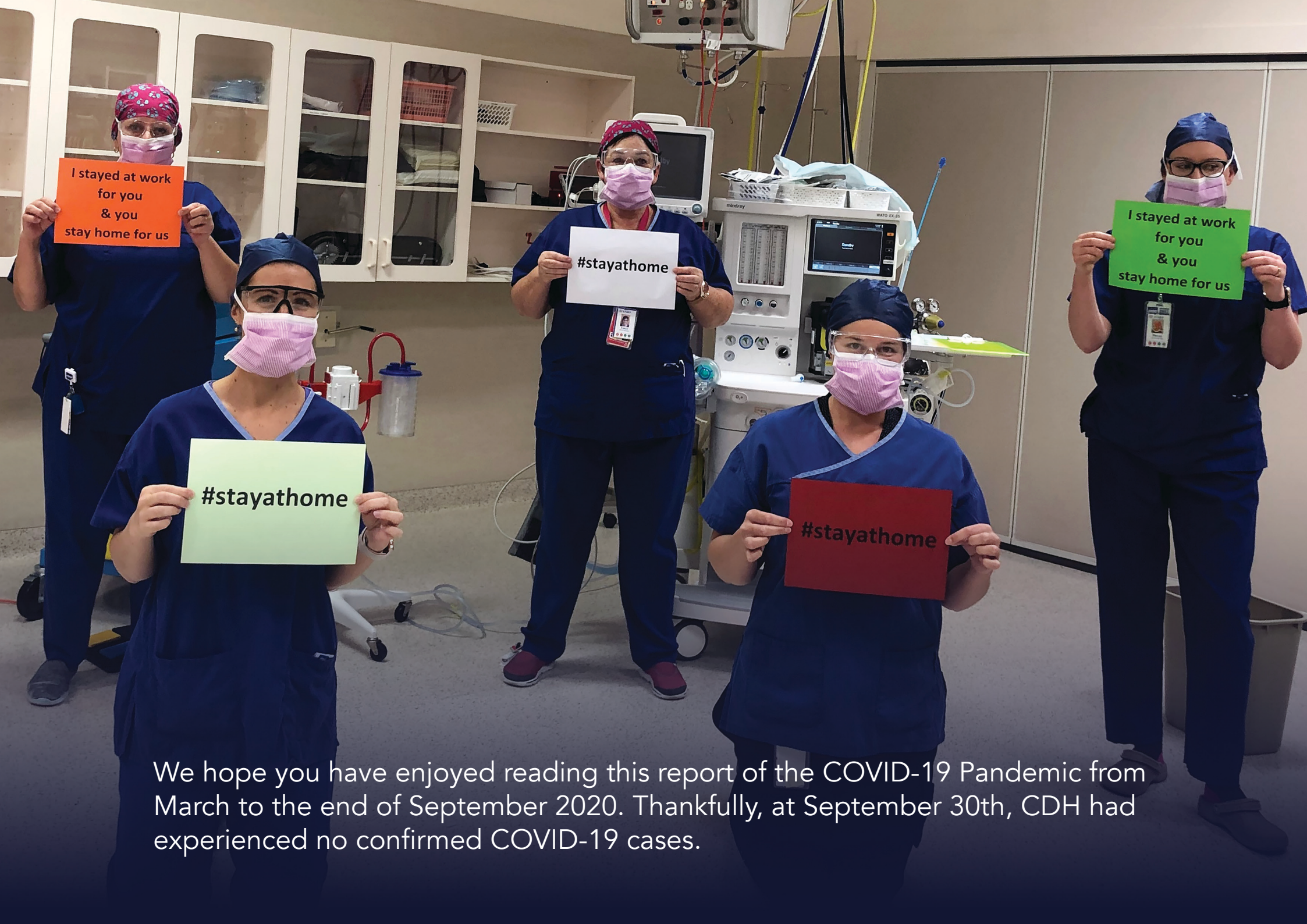


Car Parking at CDH was upgraded to add bays for Parent/Child and Disabled parking

Highlights

In July, in the midst of the COVID-19 Pandemic, CDH was able to deliver our retired anaesthetic and humidicrib equipment to a very grateful Werribee Open Range Zoo. Acknowledging our community's ongoing generosity to support state of the art equipment for CDH, our CEO said it was a fantastic way to pay that kindness forward by re-purposing the equipment to assist provision of essential care to our furry and feathered friends. Delivery was made possible by the generous loan of a horse float from Blue Poppy Equine.





I stayed at work
for you
& you
stay home for us

#stayathome

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We hope you have enjoyed reading this report of the COVID-19 Pandemic from March to the end of September 2020. Thankfully, at September 30th, CDH had experienced no confirmed COVID-19 cases.