



The Victorian journey of the pandemic

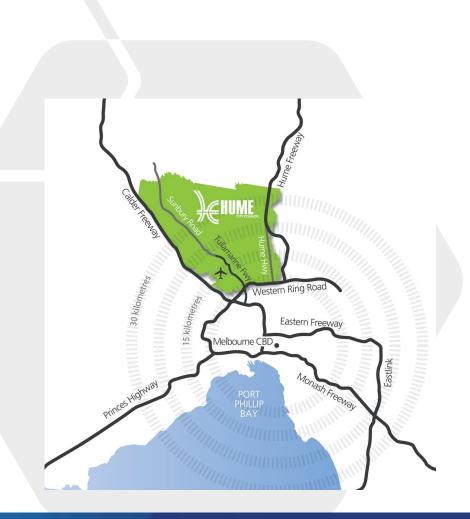
Hume experience

Karen Gates



About HUME

- Hume City Council is one of Australia's fastestgrowing and culturally diverse communities
- Large Interface Council in the Northern Region
- 20 MCH centres with 40 consultation rooms, an additional 4 multi centres to be completed in next 3 years
- 83 staff
- 2021/22 3962 birth notifications and new enrolments
- At the height of the COVID-19 pandemic Hume City Council was classified as one of six local government areas identified as coronavirus hotspots with some of the State's highest COVID-19 case numbers.





KEY EVENTS

Lockdown 1 Mar 30 – May 12 2020

Lockdown 2 July 8 – Oct 27 2020

Lockdown 3 12 Feb – 17 Feb 2021

Lockdown 4 27 May – 10 June 2021

Lockdown 5 15 July – 27 July 2021

Lockdown 6 5 Aug – 21 Oct 2021

MCH COVID 19 Surge Response 28 Jan – 11 Mar 2022

4 sqm rule

TIMELINE MCH SERVICE DELIVERY DURING COVID-19 PANDEMIC 2020-2022

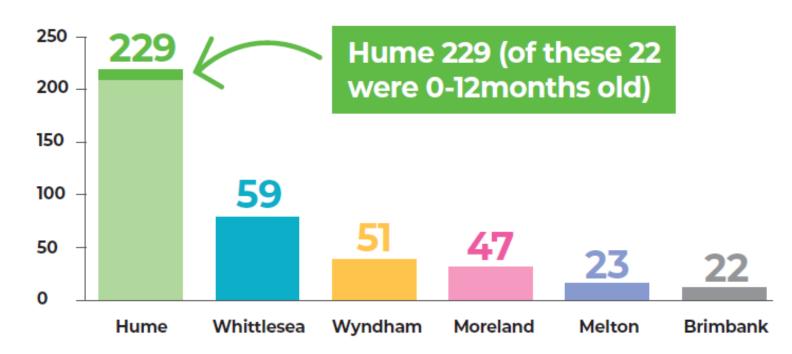
0	 Wave 1 State of Emergency declared Telehealth introduced Online consultations First Time Parent Groups online PPE shortages reduces F2F consultations 		 Regional/Rural resume standard length consults all age groups Metro All infants 0-8 weeks and priority groups – short F2F consultations gradual move to resumption for all mid October with easing restrictions 		 Circuit Breaker COVID 19 – Code Red All infants 0-8 weeks and priority groups – short F2F consultations F2F – COVID screening Schools closed Eye protection added to PPE Respiratory Protection Program commenced for MCH 		Code Brown for health services Leave cancelled, redeployment of staff to meet critical need Prioritised service in Metro MCH All infants 0-8 weeks and priority groups Some MCH nurses redeployed to some Maternity services LGA to LGA MCH service support		
1	March 2020	July 2020	Sept 2020	Feb 2021	May 2021		August 2021	Jan 2022	March 2022
		Wave 2 • All infants 0-8 v priority groups consultations • Differences in sacross Metro a Regional/Rural • Tier 1 PPE requ • Groups limited	– short F2F service delivery nd areas	_	r all others		Omicron Wave COVID 19 Pea All infants 0-8 priority group consultations Restricted F2F COVID Respor Staff shortage curfews in pla	weeks and s – short F2F FPCG & child hse teams	New Normal • Most MCH services return to full-service delivery • PPE & screening requirements remain

Groups online



COVID - 19 came ... and never went away

COVID-19 cases daily reported cases for 19 September 2021²

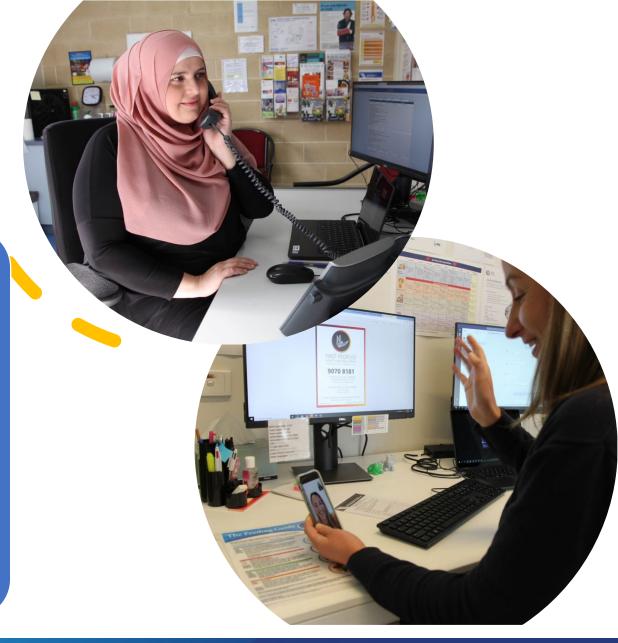




MCH Clinical practice during COVID

Our commitment to care does not change during the COVID-19 pandemic. We must continue to:

- Be responsive to and respectful of clients' needs and circumstances
- Ensure our clients and staff are safe and experience no harm
- Provide the right care, in the right way, with the best possible outcomes





COVID-19 Response Team (CRT)

April 2020

- 10 staff self nominated for CRT
- Training
 - I. COVID e-learning
 - II. Infection Control e-learning
 - III. Donning/Doffing PPE e-learning
- PPE supplies & waste management
- Standard Operating Procedures & Risk Assessments
- Daily Attestations and QR codes



August 2021 Maternal and Child Health and Early Parenting Centres Guidelines

COVID 19 Maternal and Child Health and Early Parenting Centres

best possible outcomes

- 1		
- 1	+	

Key Information	Statewide - Designated MCH COVID-19 response team – guidance
exposure, MCH services are advised to implement designated MCH COVID-19 teams from a small pool of staff to undertake essential home visits to households with suspected or confirmed COVID-19 or Tier 1 or Tier 2 or interstate exposure	 Implement MCH COVID-19 response team in conjunction with organisational COVID safe plans Attend daily attestations as per COVID Response Guidance - COVID Active Utilise MCH nurses who are fully vaccinated for COVID-19 MCH nurses undertake short home visits and telehealth appointments only – they do not attend F2F appointments/home visits with COVID negative clients during a working week. Utilise Tier 3 PPE as per COVID Response Guidance - COVID Active Staff required to wear P2 or N95 masks must fit check with each wear and have undertaken fit testing as part of a respiratory protection program Are confident in donning and doffing PPE Staff undertake precautionary asymptomatic COVID-19 and get tested immediately at the slightest of symptoms Staff undertake precautionary asymptomatic COVID-19 testing at the end of the working week and continue weekly until 2 weeks have passed from when the last home visit was undertaken
Our commitment to care does not change during the COVID-19 pandemic. We must continue to: Be responsive to and respectful of clients'	 Restrict interaction with family to only essential family members at the short home visit, i.e. mother/primary carer and infant/child only All adult clients to wear a surgical face mask at home visits unless they have a lawful reason for not wearing a face mask Use a well-ventilated space in the residence Take and use only the essential equipment required to appropriately assess and manage client care Wear PPE until completion of each visit and outside the home. Remove PPE as per correct doffing procedur and apply new PPE for equipment cleaning. Tier 2 PPE is suitable for equipment cleaning.



COVID-19 Response Team (CRT)

August 2021

- 12 staff self nominated for CRT
- Training completed annually including PPE practical session (Hume and MAV)
- Fit testing/Fit checking
- COVID-19 vaccinations
- Precautionary asymptomatic COVID-19 testing
- COVID Risk Screening Questions and Management Plan
- COVID-19 Response Team Outreach Home Visiting



Information and data

Public Health information/Data

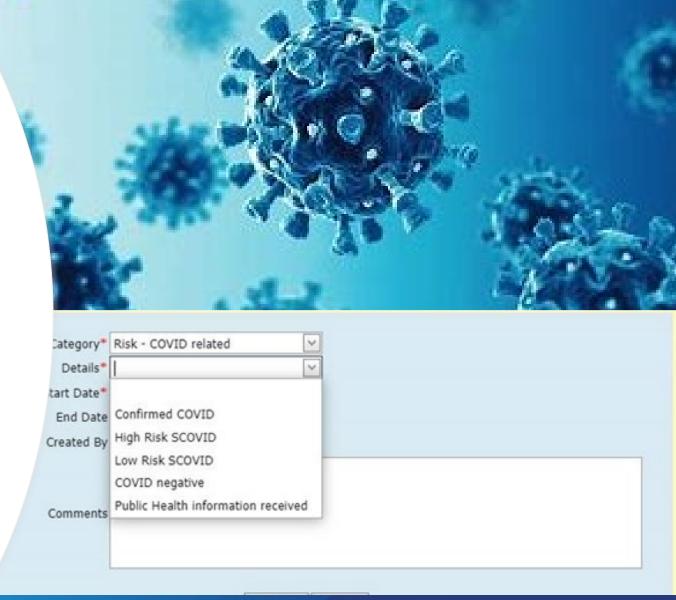
- Confirmed COVID 0-12m
- Primary & Secondary Close contacts 0-12m

CRT Referrals

MCHCOVIDreferrals@hume.vic.gov.au

CDIS Risk Flag – COVID related

Daily triage and planning meeting





COVID-19 Response Team

- Confirmation and Planning of CRT outreach HV
- Undertaking CRT outreach HV
- Completion of CRT Outreach HV









Staff Experience

"It provided me with a boost as a professional to be able to actually contribute positively and in person to families when we were otherwise only on the phone. I felt like I was actually making a difference to them! It was a clinical challenge as much as a professional and personal one. I loved it."

"Being part of the CRT was a privilege. It was so humbling to be able to see families in isolation and support and reassure them. The families we were extremely grateful for us coming to their homes and for our service to continue."







On reflection – what have we learnt

- Supporting staff to feel safe, leading by example, having a calm approach and supporting the acquisition of the required skills and resources to undertake this work was key to the success of the CRT at Hume
- MCH is an essential service for infants and families
- MCH is essential to supporting vulnerable families
- MCH is essential to supporting the Victorian Healthcare systems and services
- Partnerships were developed to support in home care of at risk infants and families
- Profile of MCH was enhanced

