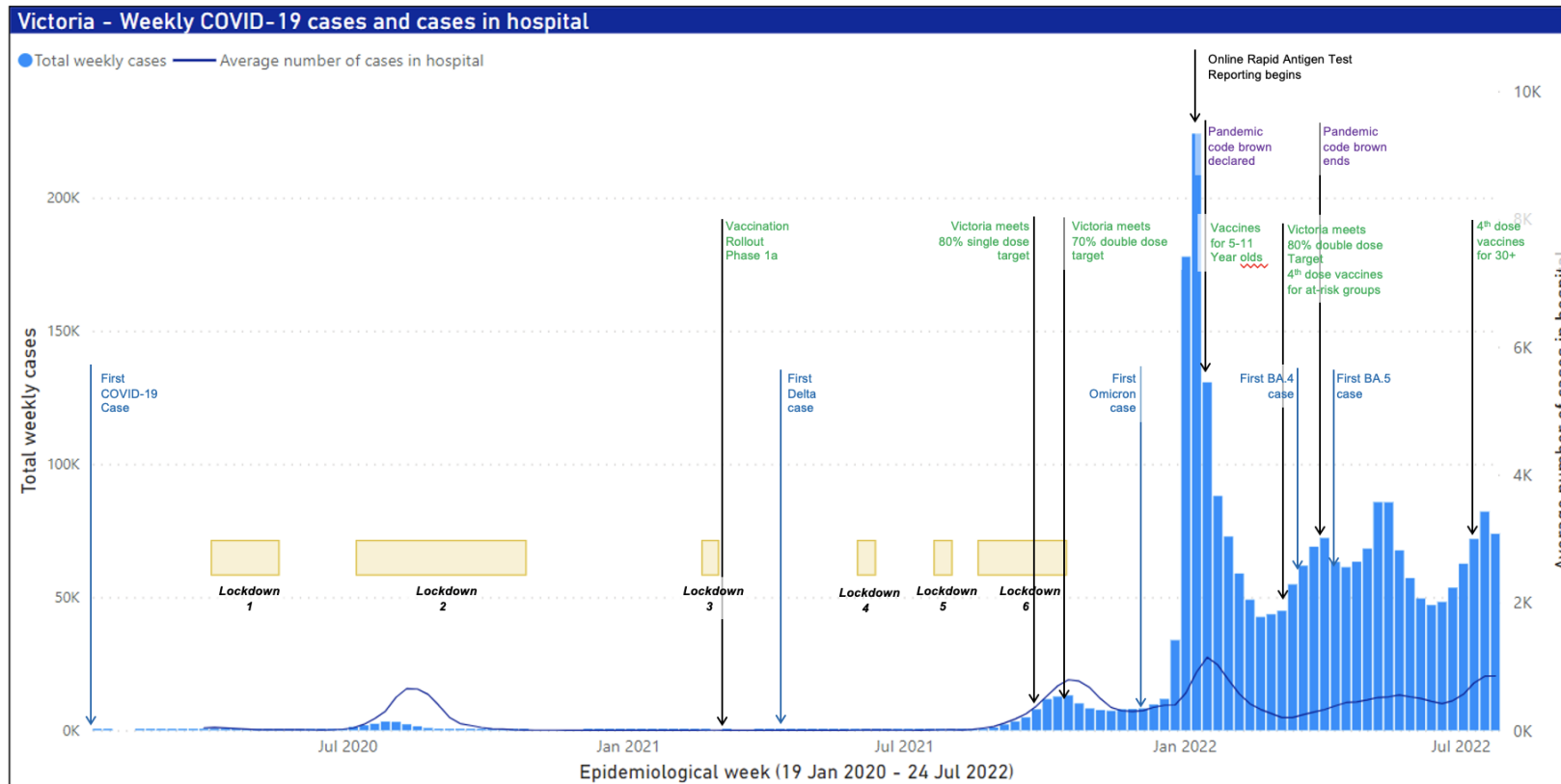


Employee Forum

October 2022



At start of the pandemic, role was to sound the alarm and minimise harms associated with COVID-19

Worked with considerable uncertainty, learned, developed evidenced based procedures, vaccinated to protect the community

Now vaccination programs have changed the harm profile – COVID-19 generally a milder disease in the vaccinated

Role now for us all is to support each other in a safe transition to something approximating pre-pandemic “normal”

This means continuing to stay home if unwell, test and promote vaccination

SEPHU COVID-19 Weekly Situation Report

24/10/2022

Includes epidemiological data on cases reported until 11:55PM on the day prior to the reporting day. Data are refreshed at 8:30AM on the reporting day and are subject to change.

VICTORIA

2,639,152

Total cases

32,620

Ever hospitalised

6,045

Deaths

7,267

New cases last 7 days

27,694

Aged care resident cases

2,757

Aged care resident deaths

SEPHU

714,210

Total cases

8,811

Ever hospitalised

1,566

Deaths

1,903

New cases last 7 days

8,262

Aged care resident cases

768

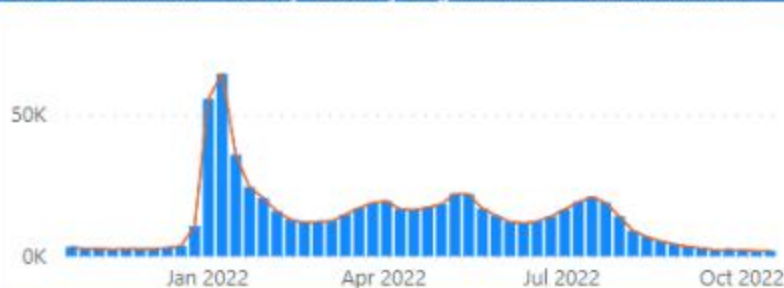
Aged care resident deaths

Omicron BA.5 descendent lineages continue to be dominant but with increased notifications of BA.5 sub lineages (BQ.1 and BQ.1.1) and BA.2 and BA.2.75 sub lineages.

Although SEPHU's weekly hospitalisations by admission date continue to trend down, Victoria reported 174 people in hospital today (24/10). This is higher than last week's average.

All data is reported for the week ending Saturday prior to the reporting day. Case data uses Victoria's COVID-19 surveillance system data. 2020 Population data uses 2016 census ERP.

SEPHU catchment - Weekly cases by diagnosis date - Last 12 months



1,903

Last 7 days

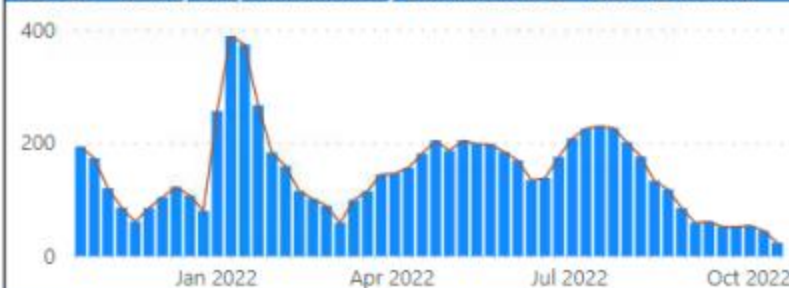
1,842

Prev 7 days

3.3%

% Weekly change

SEPHU - Weekly hospitalisations by admission date - Last 12 months



24

Last 7 days

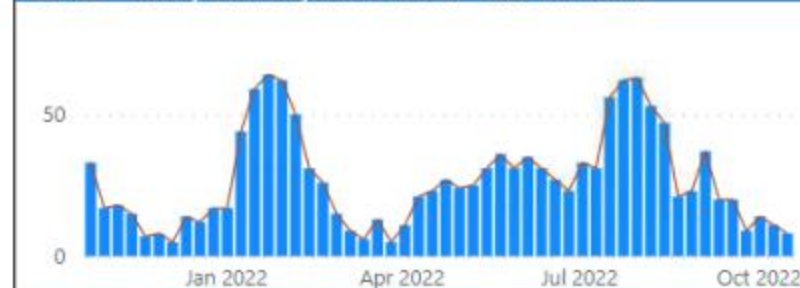
45

Prev 7 days

-46.7%

% Weekly change

SEPHU - Weekly deaths by date of death - Last 12 months



8

Last 7 days

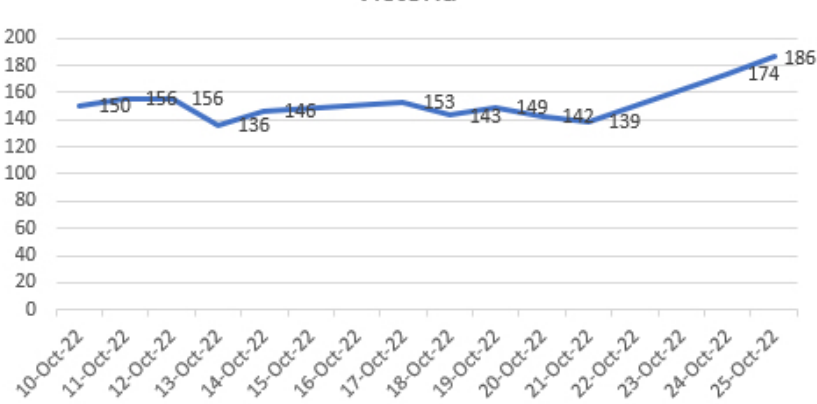
11

Prev 7 days

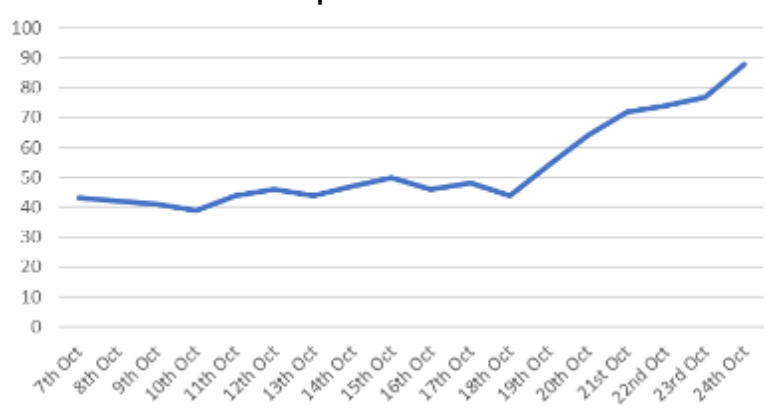
-27.3%

% Weekly change

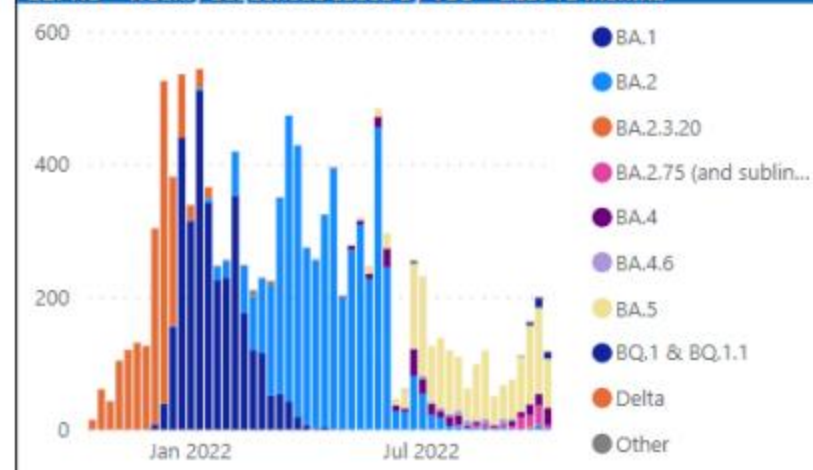
Number of people in hospital with COVID-19, Victoria



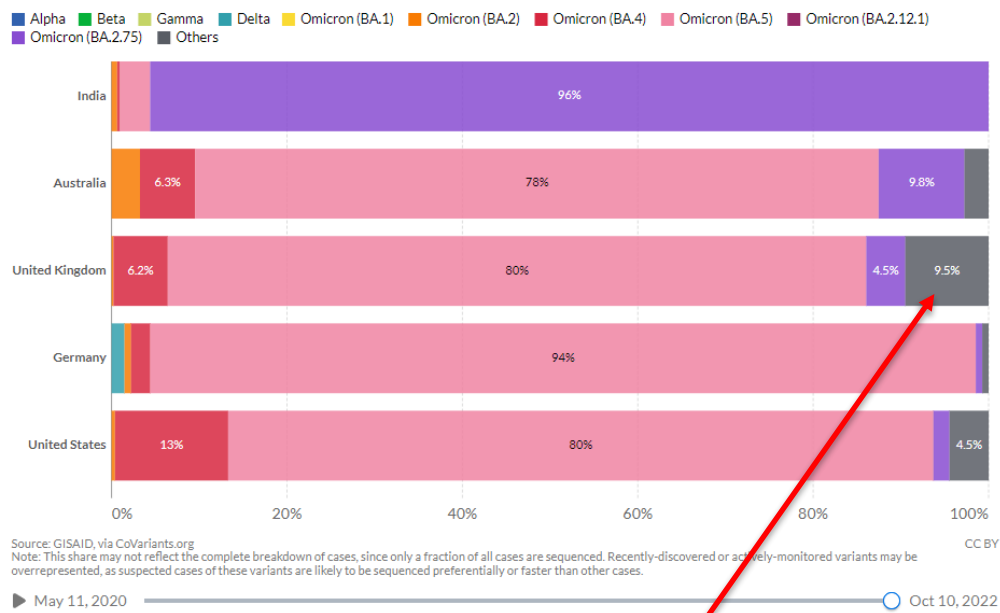
Monash positive HCWs



SEPHU - Weekly sequenced cases by VOC - Last 12 months

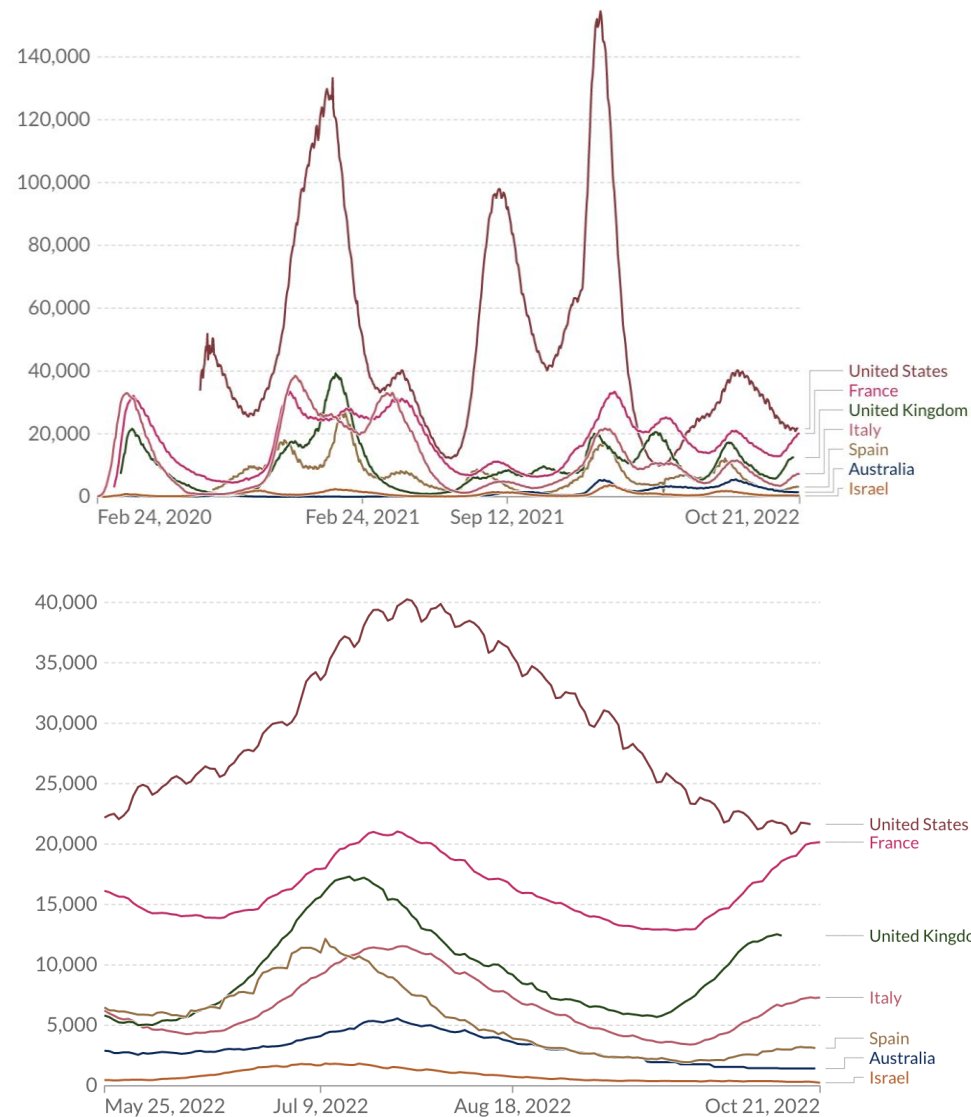


Worldwide data



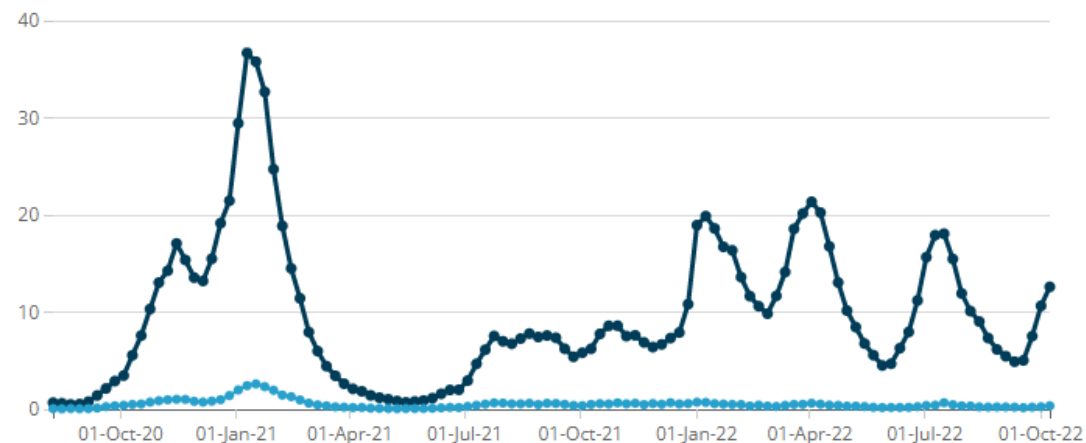
New Omicron variants
 Increased transmissibility
 Appearing around the globe (including now in Australia)
 Includes BQ.1, BQ1.1, BQ.X, XBB, BF.7, etc
 Leading to new waves
 As testing in community is low, best marker of community disease is hospital admissions

Number of COVID-19 patients in hospital



Overall hospital admissions and Intensive care unit (ICU) and high dependency unit (HDU) admissions

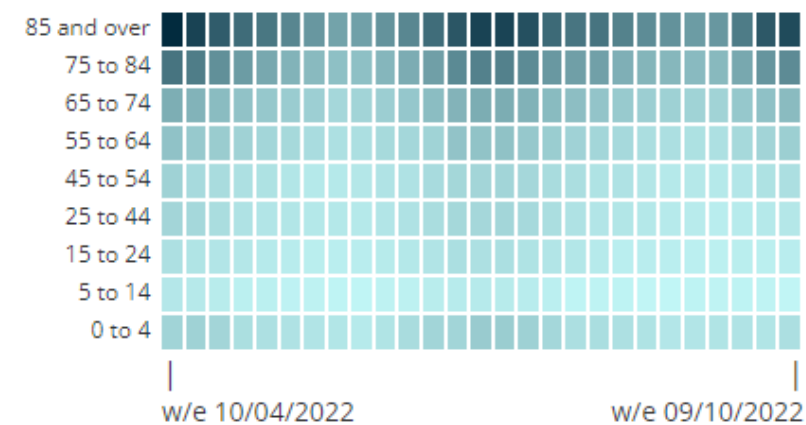
Weekly overall COVID-19 positive hospital admission rates and ICU/HDU admission rates per 100,000 people



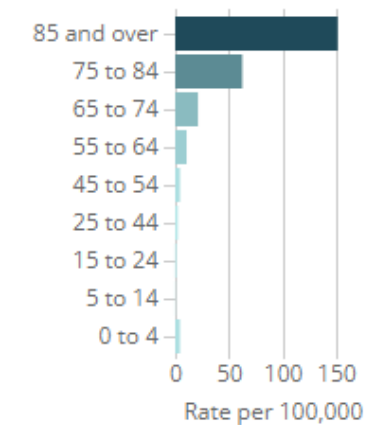
Source: UK Health Security Agency

Overall hospital admissions

Weekly COVID-19 positive hospital admission rates per 100,000 people, England

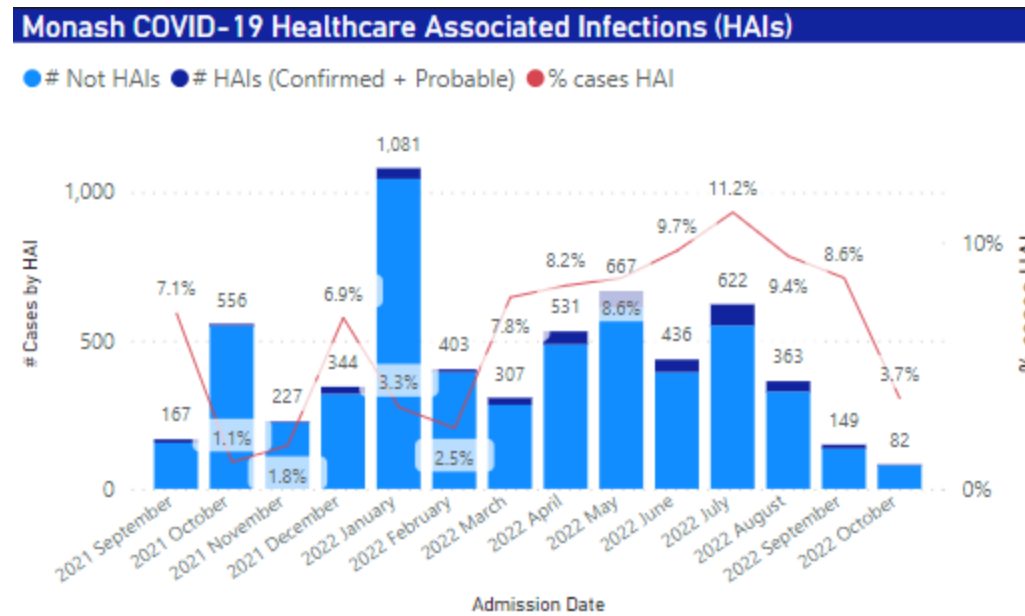


Latest week



Recent Changes

- 12/10: Move from N95 in clinical areas to surgical masks unless patient in airborne precautions
- 12/10: Move from Tier 3 PPE for COVID to N95 plus standard precautions
- Feedback on wards positive
- No change to outbreaks/exposures



New: Masks in Public Areas

New Monash guidance – masks no longer required in public facing areas

Where:

Public non-patient facing areas – retail, cafes, corridors etc

Risk:

Transmission from public to staff/patients in these areas is low risk (compared to outside hospital setting)
Currently already happening in eating areas

Control:

Entry screening point continues to prevent positive and symptomatic visitors entering
Masks required in clinical areas – includes wards, diagnostic areas, outpatient clinics, community visits

Operations:

Masks given at entrance – asked to don when entering clinical area
Mask stations continue in wards

Residential Facilities Meal Preparation

Prior to COVID-19 many programs across Monash Health had communal kitchens for patients to cook their own and group meals.

As we aim to return to business as usual and reimplement patient's own meal preparations the following Infection Prevention principles are recommended:

Good hand hygiene practice with product easily available.

Regular cleaning of all food preparation areas.

Clean kitchen utensils/equipment post every use (dishwasher or hot soapy water).

No shared food – e.g. bowl of chips, lolly bowls

Staff COVID Vaccinations for the next 5 weeks*

	Monday	Tuesday	Wednesday	Thursday	Friday
	24	25	26	27	28
October	Casey Hospital H: 0900 – 1600	Monash Scoresby H: 1000 - 1600		Dandenong Hospital H: 0900 – 1600	Kingston Centre H: 0900 – 1600
	31	1	2	3	4
Oct/Nov	Moorabbin Hospital H: 0900 – 1600	Bus not operational Public Holiday		Kingston Centre H: 0900 – 1600	Cranbourne Integrated Care Centre H: 1000 - 1600
	7	8	9	10	11
November	Monash Community Centre Springvale H: 0900 - 1500			Casey Hospital H: 0900 – 1600	Dandenong Hospital H: 0900 – 1600
	14	15	16	17	18
	Kingston Centre H: 0900 – 1600	Moorabbin Hospital H: 0900 – 1600		Monash Community Health Centre Pakenham H: 1000 - 1600	
	21	22	23	24	25
	Casey Hospital H: 0900 – 1600			Dandenong Hospital H: 0900 – 1600	Monash Community Dental Centre, Dandenong H: 0900 - 1500

*MMC: M –F 0830 – 1545, Suite I, Level 2 main Building