

# NSW Government's management of the COVID-19 Pandemic

Thursday 7 May 2020 Hearing

## QUESTIONS ON NOTICE

### QUESTION 1

**The Hon. ROBERT BORSAK:** Are you aware of reports from St George Hospital that doctors and nurses have been exposed to risk of catching COVID-19 due to a shortage of PPE?

**Mr BRAD HAZZARD:** That is not true. Where is that story from?

**The Hon. ROBERT BORSAK:** Sorry, you missed the start of that. I was addressing it to Dr Chant before I was a muted. I apologise.

**Mr BRAD HAZZARD:** Yes, but I am actually asking you where did you get that report from, that people were exposed to COVID?

**The Hon. ROBERT BORSAK:** I am asking the questions here. If your answer is no, then it is no. If it is yes, it is yes.

**Mr BRAD HAZZARD:** I will repeat again, what is the source of your information?

**The Hon. ROBERT BORSAK:** And I am telling you that I am asking you a question I would like you to answer, please. If you do not know the answer, tell me so.

**The CHAIR:** Well, Minister—

**Mr BRAD HAZZARD:** The questions have to be based in substance, Mr Borsak. I am asking you where that came from.

**The Hon. ROBERT BORSAK:** You are obviously not going to answer the question.

**Mr BRAD HAZZARD:** We will take it on notice since you do not want to give us any details on it. What is the next one?

**The Hon. ROBERT BORSAK:** The detail is in the question.

**Mr BRAD HAZZARD:** As I said, we will take it on notice. What is the next question?

### ANSWER

The South Eastern Sydney Local Health District has confirmed that no doctors or nurses at St George Hospital have been exposed to a risk of catching COVID-19 due to a shortage of PPE. Personal Protective Equipment has been available and used in line with the recommendations issued by NSW Health.

### QUESTION 2

**The Hon. PENNY SHARPE:** I am sorry, can I just stop you there. Why did it take you so long before testing of the staff occurred, given that the first case was on 11 April? Let's not forget that after all of the Dorothy Henderson matters and the tragedies—there were six deaths there and 18 cases—a month later it hits Newmarch and we have seen the tragedy unfold there. Why did it take so long for testing of the staff to occur? And secondly—and this is a question for you, Minister—why at any point had you decided not to exercise your powers under the Public Health Act to try to get the situation under control?

**Dr CHANT:** Just to clarify, staff were tested earlier on and that was certainly the advice provided. What we are doing is ensuring that we are repeating the testing of staff. So there was a process in place for staff to be screened but that has been strengthened to ensure that prior to their coming on shift they were screened—

**The Hon. PENNY SHARPE:** That does not mean that it is a COVID test.

**The CHAIR:** Sorry, Ms Sharpe, first of all, can we allow the witness to answer and, secondly, the Opposition's time has expired. We will allow the witness to conclude and then we will move on to the crossbench.

**Dr CHANT:** I can provide details to the Committee offline about the number of staff that were screened earlier but the staff have been getting screened throughout the process. It really was a further strengthening of the staff screening whereby prior to going on shift they were actually swabbed as they entered the facility. That was done on a couple of days and then that would be regularly repeated in a sort of regular interval, that swabbing of all staff. So it is a reduced frequency of the swabbing and this is all being informed by the infectious disease specialist in consultation with other experts that have been involved.

**Mr BRAD HAZZARD:** Aspen Medical was running it, which you have mentioned.

**Dr CHANT:** Just to be clear also, Aspen Medical had also been providing medical and clinic nursing staff into the facility.

## ANSWER

The first case of COVID-19 at Newmarch House was identified on 10 April 2020. Between 10 April 2020 and 3 May 2020 a total of 184 staff were swabbed and tested. This identified a total of 28 staff cases of COVID-19.

From 3 May 2020 regular swabbing and testing of all staff at Newmarch House was undertaken regardless of symptoms. This identified 6 further cases (2 cases in staff who were asymptomatic and 4 cases in staff who presented with symptoms).

A total of 34 cases of COVID-19 have been confirmed in staff at Newmarch House as at 5 June.

## QUESTION 3

**The CHAIR:** Minister, you left it 22 days between the first infection at Newmarch being detected and the institution of daily testing for the Newmarch staff. You could have used the Public Health Act to require them to institute daily testing much earlier and you did not. That was a conscious choice by you. Why did you not act earlier?

**Mr BRAD HAZZARD:** You know what? I have seen your press releases. Fortuitously, other Labor parties around the country have not behaved like you have. You have been extremely political and have not actually sought really to do what you said you wanted to do: to be bipartisan.

**The Hon. ADAM SEARLE:** (Inaudible)

**The CHAIR:** Sorry, Mr Searle and Minister, I think the Minister is answering. We would love the answers to be directly relevant to the question, Minister, but we cannot talk over each other. We will have to let the Minister conclude.

**Mr BRAD HAZZARD:** And once he has finished I can answer the way I wish to answer. You said you would be bipartisan and you have not taken that same view. In fact, most of the press releases you have issued have been, to say the least, with scant understanding of anything to do with the health system or the complexity of dealing with this virus—quite scant actually. So the advice that any Minister right around the country, in Labor or Liberal jurisdictions, takes is the advice of their chief health officers and other frontline health staff. Anything I have done has been on that basis. In order to give you rather than your political opportunism, I will get some substantive responses from Dr Chant as to the history. Dr Chant?

**Dr CHANT:** I just want to clarify the question from Ms Sharpe in relation to the *Ruby Princess*. Is the assertion that the deaths on board the ship were related to the decision to disembark the ship?

**Mr BRAD HAZZARD:** I think that might be the assertion.

**Dr CHANT:** I just wanted to clarify that the passengers of the *Ruby Princess* acquired their infection whilst on the *Ruby Princess*. The decision around disembarkation, which is the subject of the commission's finding—and he is also looking at, presumably, the issues as well as the acquisition on the cruise ship—the issues around the disembarkation relate to secondary cases where those individuals who disembarked could have passed the infection more broadly, but the deaths associated with the *Ruby Princess*, the people that developed those illnesses, acquired that infection on the *Ruby Princess*. I just wanted to clarify that point. But I am pleased to engage in the commission led by Bret Walker into that matter as Health's position always is that we want to learn from any of our decisions and have them openly and transparently reviewed.

Just in terms of the Newmarch cluster, perhaps if I just indicate that the screening of staff and testing of staff occurred throughout the response. For instance, there was a staff member on 10 April that was identified, there was a staff member on 12 April, there were four staff identified on 13 April, there were four staff identified on 14 April, there were an additional three staff identified on 17 April, there was one staff member—

**The Hon. PENNY SHARPE:** Thank you, that is actually very good but providing it in that context is very hard for us to understand. Would you be able to provide to the Committee—I am particularly interested in the testing regime—the difference between staff that were screened and then the staff that were tested and then the staff and the residents who were then proved positive? I assume you have got that with you. I do not need you to read it out now but I would really appreciate getting it in that format because the interchange between the use of screening and testing and when people are found positive makes it difficult to understand exactly what the regime was in place there, and that is what we are seeking to understand.

**Dr CHANT:** We would certainly be happy to provide that to the Committee.

## ANSWER

Health screening means asking people about their health and any risk factors for COVID-19 to identify if they may need testing. Testing is used to diagnose someone with COVID-19 and involves a swab.

Following notification of the case of COVID-19 in a staff member at Newmarch House, all staff with symptoms were tested for COVID-19. In addition, all staff entering the facility at the start of their shift had health screening which included symptom and temperature checking.

From 3 May 2020 a program of swabbing commenced to test all staff for COVID-19 regardless of their symptoms. For further information please see the response to Question 2.

## QUESTION 4

**The Hon. ADAM SEARLE:** Minister, your office has confirmed that NSW Health has provided health services to those in Newmarch, including through the Hospital in the Home program. Minister, are you aware of concerns held by relatives of residents about the shortcomings of that program, in particular that in Newmarch there are no X-ray machines and apparently no monitors for heart rates or oxygen saturation in blood, which are necessary to provide medical care? What are you doing to ensure the residents in Newmarch are getting the full suite of medical care they need?

**Mr BRAD HAZZARD:** I will ask Dr Chant to answer that.

**Dr CHANT:** I would have to refer to the advice of the infectious disease specialist who is providing care. Can I just acknowledge the infectious disease specialist who has been in that facility. We will follow up after this Committee to see if there are any concerns around adequacy of equipment to adequately monitor patients in the facility.

**The Hon. ADAM SEARLE:** Minister, are you also aware that with those who have been in Newmarch who have passed, there are some concerns that they might not have received the full suite of end-of-life care, including pain relief? Are you aware of those concerns held by some relatives of residents at Newmarch and what are you doing to address them?

**Mr BRAD HAZZARD:** I will refer that to Dr Chant.

**Dr CHANT:** I believe that Nepean Blue Mountains also have in place a geriatric and palliative care team available. There was also the role of the general practitioners. Again, I would be concerned if anyone did not receive appropriate end-of-life care. I think it is such an essential part of health care. If you would like to raise any of those concerns, we can follow up with the team to see if the referral was made and if there was a plan put in place to support end-of-life care. I understand that there were advanced care directions in place for the large number of residents there. Again, I would be happy to investigate any circumstances you would like to raise.

**The Hon. ADAM SEARLE:** I certainly will follow up on those things. Minister, to be clear, you are not aware of those concerns? They have not been raised with you and you are not aware of them?

## **ANSWER**

The Commonwealth Government has full funding and policy responsibility for aged care. In the event of an outbreak, the Commonwealth has responsibly to support the capacity of a residential aged care facility to manage the outbreak, including by providing funding to assist the management of the outbreak, facilitating access to a surge workforce where required, and personal protective equipment.

Nepean Blue Mountains Local Health District (the District) has confirmed that Newmarch House has pulse oximeters that measure both heart rate and oxygenation available to each resident, as a tool that enables the regular monitoring of their vital signs. Transfer to hospital has also been available to residents who required more complex hospital-level care for COVID-19, or for any non-COVID-19 related conditions. A number of residents have been transferred to hospital for further care.

The District has been providing medical support at Newmarch House to support residents and staff, with a nurse practitioner undertaking regular reviews of resident's health status and vital signs, remotely from Nepean Hospital.

A specialist team of doctors and nurses have provided medical review and medical interventions via the Hospital in the Home program. Specialist geriatric and supportive and palliative care is provided face to face through the Virtual Aged Care Service.

The team has worked together with Newmarch House to provide assessment and advice for end of life care. District staff clinicians have also provided assistance to residents with their Advance Care Directives.