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23 September 2021

Brett Adie
AEAV Secretary
United Workers Union
PO Box 327
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By Email: Brett.Adie@unitedworkers.org.au
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Dear Brett

RE: COVID-19 Positive Patient Information

I refer to your correspondence dated 13 September 2021 regarding the CAD based warning system for staff attending premises with a known COVID-19 positive patient present.

As you are aware, as set out in the recent announcement by the Executive Director Operational Communications, Ambulance Victoria (**AV**) recently developed a solution to provide frontline operational staff up-to-date scene safety information by automating the display of COVID positive patient information within the CAD and on the MDT/pager. We previously advised that once the automation process was deemed embedded and robust, we would remove the COVID screening question. However, after further investigations with Department of Health (**DH**), we have discovered that isolating patient data is not captured and cannot be provided. Therefore, AV will not be removing the COVID screening questions at this stage.

The above measure is another element of a suite of protections for our frontline operational staff, along with other control mechanisms we currently have in place to ensure a safe workplace and minimise risk. Wearing the necessary PPE remains our best defence to avoid transmission of COVID-19; during times of COVID peak risk levels, AV is taking an aggressive PPE posture. Good vaccination rates, adequate and appropriate PPE usage, sound and early questioning by the practitioner and good compliance with other infection control measures by the practitioner all form essential elements to hierarchy of control in risk.

Other significant protective factors have been in place during the COVID-19 pandemic, including proactively seeking early access to COVID-19 vaccination and partnering with the Victorian Government to access priority vaccination programs; regular, clear and targeted messaging, communications and education to the workforce; strong liaison with **DH** and public health; development of specific CPGs; development of specialist advice for crews; listings of hotel quarantine sites; and also early usage of protocol 36 and a CAD infectious disease surveillance tool.

In response to your specific questions, AV provides the following:

1.   How will relevant information regarding known COVID positive patients be sourced?

The data on known COVID-19 positive patients is sourced from de-identified DH records of COVID positive persons.

2.   How often will the database be updated?

DH update their database daily and provide to AV via a secure and encrypted pathway to protect and maintain data security and privacy.

3.   Will the system also record known close contacts and those required to isolate?

No, DH do not collect or maintain a reliable data set for this cohort of patients. AV has been provided this advice in recent times and hence will not be exploring further. Subsequently, as noted above, it has been decided that the Call Taker screening question will remain to ensure we capture this cohort.

4.   What process is in place to remove warnings from patients and premises?

DH now provide daily 'end date' data to AV, and COVID positive warnings are removed accordingly.

5.   Are additional staff being allocated to maintain the system?

The automation process development is well underway and should be implemented within the next 3-4 weeks.

I trust the above addresses your questions and concerns. If you have any further questions, please contact me via email or on 0411 130 528.

Yours sincerely

Sarah Crema
Acting Workplace Relations Strategy Lead