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COVID in children

The Hon. COURTNEY HOUSSOS: Yes, it is quite a juggle, particularly for primary-school-aged students. Do you have a number of children that are currently under the age of 19 in New South Wales who have COVID?

Dr CHANT: We certainly could provide that; we collate those statistics. But the feature of the case numbers is the vast majority—probably 70 per cent of cases—are under 40; so a very young age profile. As I have said, it reflects in part the age profile but also the fact that within households transmission with Delta is so effective that invariably it does transmit to the children and hence our settings of not having face-to-face schooling at this time.

The Hon. COURTNEY HOUSSOS: Dr Chant, are you seeing worse health outcomes for children? Are you able to give us a figure on the number of children who are currently in hospital?

Dr CHANT: I can do that. Some children are in hospital for reasons—if family members are unable to care for them. But I would certainly be prepared to take that on notice and give you that information around hospitalisations in children. And I would like to acknowledge that our Sydney Children's Hospitals Network is doing a lot of good work in supporting children with COVID in the community.

ANSWER:

Between 15 June 2021 and 1 September 2021, 6,522 people aged 18 years or less have contracted COVID-19 in NSW, and 51 cases were in hospital as at 8.00pm on 1 September 2021.

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Aboriginal children and Pfizer vaccines

The Hon. COURTNEY HOUSSOS: Dr Chant, you did mention that Aboriginal children and at-risk children are eligible now for the Pfizer vaccine if they are aged 12 to 15. Are you able to tell us how many Aboriginal and how many at-risk children have received one dose of that vaccine?

Dr CHANT: That was just recently made available. Certainly for Aboriginal children it has been in for a while. We would have to approach the Commonwealth to ascertain that and I would just have to check about the robustness of the Aboriginal [audio malfunction]. There are some complexities because we do not know [disorder] exactly segregating cases by underlying disease versus Aboriginality. So notwithstanding those technical issues, we will be happy to provide you with whatever appropriate data we can to answer that question.

ANSWER:

The Australian Government Department of Health is responsible for the publication of statistics relating to the Australian Immunisation Register.

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COVID-19 Delta variant and children

Ms CATE FAEHRMANN: I too want to just say my thanks on behalf of The Greens for all the work that Dr Chant, you and your team have done during this time. I just cannot imagine the stress that you all must be under and I just want to acknowledge that in terms of very stressful times. I did just want to pick up on the issue of kids and children. You are talking about the vulnerable kids in terms of getting vaccinated. What research or evidence does the department have around the symptoms or effects of catching the Delta variant particularly on kids?

Mr BRAD HAZZARD: Dr Chant, can you answer that?

Dr CHANT: We are monitoring the hospitalisation rate and data and generating that ourselves, because obviously we are in a situation where our population is naive to the Delta variant and has not had much COVID. So we are working closely with the National Centre for Immunisation Research to look at whether we are seeing any increased severity in children. I would be happy to provide that data to you on notice. We certainly are seeing increased hospitalisations in other age groups, and that reflects the advice of ATAGI in terms of lowering the age for its recommendations for vaccines. We would be happy to provide that to you.

Ms CATE FAEHRMANN: You are looking at overseas data, though, are you, Dr Chant, in terms of what is happening in the United States and in the United Kingdom—just evidence from around the world?

Dr CHANT: Yes, we are, and we are working closely with our National Centre for Immunisation Research, which sits very much in our children's hospital network. It is a national centre and they have been doing some work for us in collating the evidence for the impact on children. Clearly Mr Secord indicated that we certainly are seeing a lot more transmission and cases in children and we have seen some younger cases also require admission—younger adults—in the intensive care unit [ICU] than we have previously seen as well.

Ms CATE FAEHRMANN: What is the international evidence saying in terms of the symptoms in children, though—the long-term impacts? Because there is evidence coming out of the United Kingdom and the United States of the health impacts long term so far for kids who have caught the Delta variant. That is correct, is it not, Dr Chant?

Dr CHANT: To be fair I would prefer to take that on notice because I think it really is important that we give parents the best possible understanding at this point in time. So I would prefer that I provide that in writing in terms of the evidence review around the impact on children. I think it is very critical that parents get the most factual information I can provide.

ANSWER:

Most evidence on COVID-19 in children and adolescents is from studies prior to the dominance of the Delta variant; new studies are continuously emerging on the impact of the Delta variant.

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NSW Health closely monitors emerging evidence on the impact of the delta strain on children and adolescents and refers to evidence reviews produced by research centres to support the response to COVID-19 in NSW.

The Murdoch Children's Research Institute COVID-19 and Child and Adolescent health Research Brief (<https://www.mcri.edu.au/sites/default/files/media/documents/covid-19-and-child-and-adolescent-health-140921.pdf>) provides a comprehensive summary of current evidence on the impact of COVID-19 in children and adolescents.

Specific surveillance for multisystem inflammatory syndrome (MIS-C) and serious outcomes of COVID-19 (including ICU admission) in children up to 16 years of age is being undertaken by the PAEDS network (www.paeds.org.au). This involves active daily surveillance with detailed clinical information obtained from paediatric cases in 8 hospitals across Australia.

Active prospective surveillance of COVID-19 in schools and ECECs (and associated households) is being undertaken in NSW by the National Centre for Immunisation Research and Surveillance (NCIRS) in conjunction with the Ministry of Health and Department of Education.

The NCIRS is in the process of developing a frequently asked questions paper (FAQ) for the public.

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Endometriosis and Pfizer vaccines

The Hon. EMMA HURST: Thanks for that. There has also been a little bit of confusion about whether women under 40 with endometriosis are eligible for Pfizer. I have heard that some women were able to get Pfizer as part of phase 1b because it is considered a chronic inflammatory condition, while other women with endometriosis in that age group have been refused. Are you able to provide any advice or clarity for endometriosis or adenomyosis and for women in that age group?

Mr BRAD HAZZARD: Yes, I will ask Dr Chant for her views on that question.

Dr CHANT: I think the issue becomes moot at the moment because, as I understand, the Commonwealth Government announced opening up the vaccination age range. So I think it is more important to look at who is eligible with the current age range. I would just have to correct myself and I am looking at Ms Pearce, but I understand they made an announcement about opening up the age range.

Mr BRAD HAZZARD: We might have to take that one on notice because there has been some evolving advice around pregnancy, people who want to get pregnant, breastfeeding, of course, endometriosis and some other particular aspects. So how about we take that one on notice and we will get an answer for you the best we can? I will ask Dr Chant to provide that in the next couple of weeks to you. Okay?

ANSWER:

From 13 September 2021, COVID-19 vaccination is available to all people aged 12 years and over.

Due to the current outbreak of COVID-19 in NSW, everyone aged 12 years and over is strongly encouraged to get vaccinated as soon as possible with any available COVID-19 vaccine, noting that the AstraZeneca (Vaxzevria) COVID-19 vaccine is licenced for use in people aged 18 years and over and the Pfizer (Comirnaty) COVID-19 vaccine is licensed for use in people aged 12 years and over.

Endometriosis and adenomyosis are not contraindications to receiving a COVID-19 vaccine. Women with these conditions should speak with their general practitioner or relevant health professional about the best choice for them.

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COVID-19 outbreaks in hospitals

The Hon. COURTNEY HOUSSOS: Thanks very much, Ms Pearce. Can I go back to Dr Chant? Can you confirm how many hospitals have been confirmed as COVID exposure sites or have had outbreaks?

Dr CHANT: I think that is a matter that we would have to take on notice. I have not got that data before me, but it is something that we could provide to you in due course.

The Hon. COURTNEY HOUSSOS: Do you think it would be possible—I know we have done this in the past—to report back? I understand you need to leave at 11, but perhaps we could get someone else to report back on that later in the hearing?

Dr CHANT: I think that probably would be impossible.

Mr BRAD HAZZARD: It would be pushing it, Courtney. It would be pushing it today, because everybody is flat out, the whole Health team.

The Hon. COURTNEY HOUSSOS: Okay.

Mr BRAD HAZZARD: But we will get the details for you. If it had been last year we could have told you probably off the top of our head because it was not as bad. But now, because of the Delta variant, quite a few hospitals have had—as you would be aware, Nepean, St George, Liverpool, Westmead, quite a few of them had, obviously, issues. We will need to come back to you and that means going out to update the information from the 15 different local health districts as well. So it is quite a big task and, if you do not mind, because the Health team is working under massive pressure at the moment, please just understand we do not want to—we are not hiding it, it is just a case of making sure the team is not exhausted, because they already are. But we will get the information for you as soon as possible.

The Hon. COURTNEY HOUSSOS: Okay, and perhaps you can tell us how many staff and patients have been infected. If you are going to go out and seek that information, if you could just give us a breakdown then of how many staff and patients have been infected at each hospital?

Mr BRAD HAZZARD: It would have to be a point in time, because it is just—

The Hon. COURTNEY HOUSSOS: Yes, that is fine. Today.

Mr BRAD HAZZARD: —constantly changing, constantly changing.

The Hon. COURTNEY HOUSSOS: I understand that. I will pass to my colleague for some further questions.

Mr BRAD HAZZARD: I mean, can I say, Courtney, the reason why it is so challenging? I was in a meeting—I think last week—with all the private health and public health teams, talking about introducing mandatory vaccinations. It was highlighted by one of the private health groups there, that operates nationally, that in Victoria last year during their challenges they had more than 10,000 health staff taken off action, taken offline, because of being either close contacts, casual contacts or actually getting COVID. So what you are asking for is a huge task which is going to take a lot of time. I am just saying it might take us a little time to get it for you, but we will get it.

ANSWER:

NSW Health data indicates that between 16 June 2021 and 2 September 2021, 27 private or public hospitals have either been COVID-19 exposure sites or COVID-19 transmission has occurred within the facility. As at 8pm on 2 September 2021, 51 patients and 30 staff have been diagnosed with COVID-19 since 16 June 2021.

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COVID-19 and ventilation

Ms CATE FAEHRMANN: Okay, so you are comfortable—Dr Chant, maybe—with the level of advice at the moment from NSW Health? If I look at the advice that was circulated for people to protect themselves from COVID on 14 August—this is on NSW Health's Twitter stream—that does not mention ventilation, it does not mention air filtration, it does not mention making sure potentially that if you are driving somebody you should have your windows down in the car.

Mr BRAD HAZZARD: Cate, can I just say, as someone who has stood up at about 500 press conferences, the number of times this has been mentioned publicly is in the hundreds. I just cannot believe, actually, that you are suggesting that this has not been put out there. I will tell you what, instead of just giving the good doctor and Dr Chant a lesson in what you think should be done, they will take it on notice. They have indicated they will and they will look at those issues. So can we move on with another question, please?

ANSWER:

NSW Health's COVID-19 guidance on ventilation is publicly available on the NSW Government website: <https://www.nsw.gov.au/covid-19/getting-back-to-work-a-covid-safe-way/ventilation-guidance>

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ICU beds at Dubbo Hospital

The Hon. WALT SECORD: To give context, when you say there are 13 patients in Dubbo hospital in ICU, how many ICU beds would there be at Dubbo? How does that equate, in context, to demand?

Ms KOFF: I cannot tell you, but I did say 13 patients in Dubbo hospital, Mr Secord; I did not say ICU. I do not know the exact number. I will take it on notice.

ANSWER:

As part of the COVID-19 response, Dubbo Hospital has a COVID-19 ICU in addition to the non-COVID-19 ICU. The first phase of the pandemic plan is to provide six ventilated beds with capacity to extend to 12 ventilated beds.

As at 2 September 2021, Dubbo Hospital had four ventilated ICU COVID-19 patients and no ventilated non-COVID-19 patients.

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COVID-19 in Wilcannia

Mr DAVID SHOEBRIDGE: Yes, indeed. Minister, did I understand that there were 19 cases in Wilcannia in the last 24 hours? Was that the evidence?

Mr BRAD HAZZARD: I would have to ask the secretary that. Do you have those up-to-date figures?

Ms KOFF: Yes, I do. Yes, that is correct, Mr Shoebridge: 19 positive cases reported overnight in Wilcannia.

Mr DAVID SHOEBRIDGE: And that adds to more than a dozen on Sunday? Do you not have the cumulative total in Wilcannia now?

Ms KOFF: Not at my fingertips. I get the twice-daily update, which gives progression on what the update is, but we can take that on notice.

Mr DAVID SHOEBRIDGE: What Aboriginal-controlled health organisations are you working with on the ground in Wilcannia to respond to this emerging crisis in the community, and what resources have you given them?

Mr BRAD HAZZARD: The Aboriginal medical services are Federal Government sponsored, Mr Shoebridge; they are not ours, but we are working with them. For example, last week I had three or four conversations with a number of people, including, particularly, the Walgett Aboriginal Medical Service. It is a very large medical service; it is actually the biggest medical service by a long shot for many, many miles—many kilometres. I do not think you were here before morning tea, were you? Have you just come in?

Mr DAVID SHOEBRIDGE: I was, thank you, Minister. I do not need an update on that. I was asking what resources the State Government has given to Aboriginal-controlled health organisations in Wilcannia to help them deal with this crisis. I think the answer I am getting from you is nothing. Is that right?

Mr BRAD HAZZARD: Actually, David, I did not say that. I would thank you, yet again, not to put words in my mouth or the health officials who are working very hard. I do not know why you insist on having such an obstructive way of asking questions. Ms Koff, would you like to follow up, yet again, with what you have already said because he apparently did not hear it before?

Ms KOFF: Our government agencies are working collaboratively with Maari Ma, in particular, and all the Aboriginal medical services to deliver the services prioritised for those communities.

Mr DAVID SHOEBRIDGE: What additional accommodation has the State Government provided to people needing to isolate in Wilcannia, given how crowded the housing conditions are, especially amongst First Nation peoples? [Inaudible].

Mr BRAD HAZZARD: I will take that on notice, Mr Shoebridge. I am told by the local health officials that they have been working in a very limited circumstance, a very challenged circumstance, to establish some sort of alternative accommodation arrangements for them. Having said that, it is a collaborative, whole-of-government—including Federal Government—approach, and I remind you again that the principal and primary responsibility for Aboriginal people is the Federal Government, but we are certainly doing everything on the ground that the New South Wales Government can do.

ANSWER:

NSW Health established community support accommodation in Wilcannia to further assist the close contacts of people with COVID-19 to isolate safely and effectively if they cannot do so at home.

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On 6 September 2021, a community of 30 motorhomes was deployed to the council-owned campervan site in Wilcannia, which already has access to power, water, and waste disposal services.

Initial consultations were held with key members of the Wilcannia Community regarding the deployment of motorhomes and it was positively received.

A COVID Community Response Team has been established to ensure the continual monitoring and evaluation of isolated patients to provide a safe and timely coordinated health and welfare response.

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COVID-19 and release of inmates from prison

Mr DAVID SHOEBRIDGE: Minister, what arrangements are you doing through the Justice Health portfolio to ensure that there are not people being released from prison—in this case someone was released from Bathurst jail who eventually was COVID positive and then went into remote and regional New South Wales. What arrangements are you working on with Justice Health to ensure that does not happen again?

Mr BRAD HAZZARD: Justice Health has actually reviewed that situation and is working with the prisons authorities to ensure that, where possible, inmates are—particularly in that situation because the particular inmate that I think you are referring to was only in there for two days, so they have taken some steps to try to address those particular concerns.

Mr DAVID SHOEBRIDGE: Minister, what are those steps? On my understanding, that inmate was tested for COVID on Saturday and then was released on Monday, and the community still does not know if Justice Health was aware of the COVID-positive nature before the release or, if after, when Justice Health became aware of the COVID positive. Can you provide any insight into that?

Mr BRAD HAZZARD: My understanding is you are right insofar as there was not a result, but the justice system—there is intersection between, if you like, Health and the civil liberties that we should all respect. The person was allowed to leave. There was some discussion about [inaudible] health orders should somehow be involved in the proceedings. In the end the decisions from both Prisons and Justice, more broadly, and Health was that the justice system should not be impinged by keeping people locked up longer than they should be, so they were taking some steps to try to look at alternative measures and making sure that people are tested and supported in ways that would not necessarily have them disappearing off to—[inaudible]—heading back to their own communities before those results were in place. I will get the details for you, if you would like that, in due course from the people on the ground.

Mr DAVID SHOEBRIDGE: Yes, Minister, it would be good if you could provide that on notice, thank you. But can you answer this question: Was Corrective Services or Justice Health aware of the COVID-positive test before that inmate was released?

Mr BRAD HAZZARD: Not to my knowledge, no, but again I will find out for you.

ANSWER:

The Justice Health and Forensic Mental Health Network (the Network) is working with Corrective Services NSW to ensure all persons identified as positive COVID-19 or a close contact are released with an appropriate COVID-19 safe plan in place. This is done in collaboration with the appropriate local health district public health team

The Network has introduced rapid antigen screening for people new to custody to provide an early indication, within 15 minutes, of their COVID-19 status. This does not replace standard sentinel testing and regardless of the results of the rapid antigen screening, all new custodies continue to have standard sentinel testing as a confirmatory test.

The Network has established a dedicated position to work with a public health doctor to assess the individual circumstances of each person being released from custody where their COVID-19 test result is positive or unknown and / or the person has not completed the required 14 days of quarantine upon entering custody. This may require organising suitable isolation accommodation where a person's usual place of residence is not appropriate due to shared services such as hostel accommodation or inability to isolate from other family members in the family home.

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COVID-19 vaccination rates for age cohorts

The Hon. EMMA HURST: I want to ask about the efforts to encourage people over 60 who have not been vaccinated. What steps, if any, are being taken to further encourage older age groups to go out and get vaccinated?

Mr BRAD HAZZARD: Secretary Koff will answer that one.

Ms KOFF: I think it is important to reflect back on the journey of the vaccine rollout. We actually started with priority groupings of professions and then shifted to an age-based cohort. Based on the experience of COVID with good old Alpha, it was the older age groups that were the most seriously impacted health wise, so we started on decreasing decades going through down the age cohorts, and we worked through those age groups. As it stands at the moment, our older citizens in those age groups do have very, very high vaccination rates in comparison to the younger cohorts because we only opened it up to the 16- to 39-year-olds when we got the additional supply, but we publish the vaccination rates of each of the age cohorts and I am happy to provide that to you.

ANSWER:

I refer the Member to the response provided at LC 7019 and LA 5851.

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Vaccination centres – Missing records

The Hon. WALT SECORD: Minister, are you aware of reports this morning that vaccination records have gone missing from the Sydney Olympic Park, RPA vaccination centre, Sydney Airport vaccination centre and Canterbury Hospital vaccination centre?

Mr BRAD HAZZARD: No.

The Hon. WALT SECORD: Are any of the health officials there aware of this?

Mr BRAD HAZZARD: Does anybody know anything about it?

Dr McANULTY: No.

Ms KOFF: No, sorry.

The Hon. WALT SECORD: Will you take it on notice?

Ms KOFF: Certainly.

The Hon. WALT SECORD: Minister, how does removing—

Mr BRAD HAZZARD: Can I just say: With vaccination details, mostly they are, in any case, entered into a software system that then gets uplifted to air, which is the Federal system. I do not quite know whether you are talking about paper copies or what you are talking about. We will find out because if there is something that has occurred on that front, obviously we need to know about it. But we do not know; none of us know anything about it.

ANSWER:

The clinics referred to have a system in place which captures the record of all vaccinations administered, a vast majority of which are automatically accepted by the Australian Immunisation Register within hours of a completed vaccination.

In some cases, if the information entered by an individual when booking an appointment differs to their Medicare details, it will not upload into the Australian Immunisation Register and will need to be manually corrected.

The clinics referred to have a list of such records that require manual correction and are addressing these daily as a priority.

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Rouse Hill Hospital

The Hon. WALT SECORD: Actually, I would like to take the opportunity—I noticed that Ms Wark is here from Health Infrastructure. I was wondering if I could ask a question about Rouse Hill hospital, since this is budget estimates as well as taking information on COVID. What is the status? Is Rouse Hill hospital on track?

Mr BRAD HAZZARD: Ms Wark is the person who does the construction and what have you. I think it would be difficult for her to give you any detail on that, so could I take that one on notice?

The Hon. WALT SECORD: Well, I would expect that she would in fact have that information readily available, since she is Health Infrastructure.

Mr BRAD HAZZARD: But there are sensitive contractual aspects that we need to actually take on notice.

The Hon. WALT SECORD: I am not asking about sensitive contractual arrangements. I am asking about information that the community would like to know in the city's north-west. For example, what does low-risk birthing mean? These are publicly available documents. They want to know about the progress of the hospital. For example, it says the hospital will have low-risk birthing. What does that mean?

Mr BRAD HAZZARD: That is right. That is not something for the Health Infrastructure person. She builds hospitals. That is a matter for the health team and I am afraid nobody here—we were not advised that those sorts of issues would be raised today, so we need to actually take that on notice.

The Hon. WALT SECORD: When you are taking that on notice, could you also take on notice questions about the emergency department? The publicly available documents show that it will be only taking level four and five patients. Maybe Dr McAnulty could explain what level four and five triage cases or patients are?

Mr BRAD HAZZARD: No. We will take that on notice too, please, Mr Secord.

The Hon. WALT SECORD: In fact, if you are taking it on notice, I would like to know what the level of the emergency department will be.

Mr BRAD HAZZARD: On notice.

The Hon. WALT SECORD: If you are also taking it on notice, I would also like to know the number of surgery beds that will be in the hospital.

Mr BRAD HAZZARD: On notice.

The Hon. WALT SECORD: I would also like to know: What does Health Infrastructure mean when it says that it will be "a digital hospital with non-tertiary services"?

Mr BRAD HAZZARD: On notice.

The Hon. WALT SECORD: Thank you. If you are taking something else on notice, I would like to know, for future expansion of expansion of the hospital, how would that occur? Because the documents show that the only expansion of the hospital could be vertical.

Mr BRAD HAZZARD: Again, on notice.

ANSWER:

Clinical services planning for Rouse Hill Hospital is underway. This planning will inform the nature of services provided at the new hospital.

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ICU beds across NSW

Ms CATE FAEHRMANN: In relation to ICU beds available in the State, I just wanted to confirm that the State has 844 staffed ICU beds available and 608 of them are currently occupied. Is that correct? I am not too sure who I am directing that question to, but I would be grateful if someone—

Mr BRAD HAZZARD: The advice, Cate, that I have had in the past—not in the last few weeks—was that we surged up last year to ensure that we have 2,000 ventilators, and that determines what might be available in the event of any major needs. But I understand that Dr Nhi Nguyen was talking today at a press conference about some of those issues, so I think we will have to update you by getting some of those figures later. I think the point Dr Nhi Nguyen from that press conference was highlighting—I did not hear all of it, but I heard a little bit of it—is just the fact that there are a lot of staff working, and with the qualifications, to do the job. We are obviously hopeful that we will not get anywhere near the capacity that we currently have, but I will get you the details.

Ms CATE FAEHRMANN: In terms of the modelling, though, it is a critical thing, of course. I am sure NSW Health has done it. In terms of what the modelling is saying could happen, for example, a doubling of case numbers within, say, a fortnight, which is very possible, what does that mean for the State's ICU capacity, particularly the ability for the staff to be at those ICU beds—of course adequately trained ICU staff? Do we have them?

Mr BRAD HAZZARD: As I said to you, Cate, we will take it on notice. The modelling has to be also taken carefully. Last year when I sat in meetings in March and April, the modelling was that we would have 25,000 deaths by the end of last year. We actually had just over 50 people, which for each one of those families was terrible and for each one of those people was terrible. Again I express my sympathies to those families because I could not think of anything worse than having a close loved one pass away in any situation, but the pandemic— anyway. The issue then is that if the modelling can be so far out, I think we need to look at how we are going in terms of structure at the moment. There have been no concerns raised with me at this point that our ICU capacity is in risk or at any major challenge at the moment. We will see what we have got, and if there is something I can give you then I will happily give it to you.

ANSWER:

Since March 2020, the NSW Government has committed to help transform our healthcare system to increase its capacity and ensure it is well placed to manage the ongoing impacts of COVID-19.

As part of its comprehensive pandemic response planning, NSW Health has the capacity to surge to 1550 ICU beds if required. There are ventilators available for each of these ICU beds.

Local health districts and speciality health networks have developed workforce surge and demand management plans to ensure there is sufficient capacity across NSW to manage both non-COVID-19 patients and patients with COVID-19.

Activity and capacity are being monitored in NSW hospitals and coordinated centrally in real time to ensure there is sufficient capacity, with the ability to activate additional beds to manage patients with COVID-19 as required, to meet the demand across NSW. Information about NSW's ICU and demand modelling is available on the NSW Government website at https://www.nsw.gov.au/sites/default/files/2021-09/Intensive_Care_Capacity.pdf