**TRANSCRIPT**

Reasonable and Necessary with Dr George: Making Sense of the NDIS podcast

**Series 4 – Staying safe during COVID-19**

**EPISODE 2: 14 APRIL 2020**

Q: Hi, listeners, and welcome to our special coronavirus series of Reasonable & Necessary.

I’m your host, Dr George Taleporos, and on today’s episode, we’re talking to Professor Anne Kavanagh about the coronavirus, how to avoid it and what the government needs to do to help people with disabilities stay safe.

We had a great reaction to our first podcast last week.

Thanks so much, everyone, for your support that’s been coming through on social media.

On today’s episode, we want to go deeper into understanding the coronavirus.

We know that people with disabilities are at a higher risk than most, so let’s talk about why and what we can all do about it, but please remember, we’re not here to provide medical advice.

Talk to your doctor for that or call the coronavirus info line on 1800 020 080.

Q: Joining me now is Anne Kavanagh, Professor of Disability and Health at the University of Melbourne. She has a disability herself and a family member with a disability. Hello Anne, thanks for joining us.

A: Hi George, a pleasure to join you.

Q: Anne, I want to start with understanding the coronavirus itself, can you tell us what is this virus and how do you pass it on from person to person?

A: Okay, well, COVID-19 is just the name of the virus which is the same kind of virus that causes the common cold, it’s called a coronavirus, but we’ve never had this virus in our community before, so people haven’t got any immunity to it and it’s a virus that causes some quite nasty symptoms and sometimes death. And you get it through being in contact with someone who’s already got the virus, although they may not be showing symptoms at that time, or if someone sneezes or coughs in to your face, which is why you need to be about 1.5 metres distance from that person, or if you touch things, objects or surfaces like door knobs or tables, where someone else has coughed or sneezed on them and what we call droplets are on them, those are just the fluids that people project when they cough or sneeze, and then if you touch those surfaces and then touch your mouth or your face, then you can also be infected.

So, the things I guess that you can do to prevent transmission of the infection are really, really important. So if someone coughs or sneezes, making sure that you sneeze in to an elbow or a tissue rather than your hand and you just put those tissues straight in to a bin, washing your hands with soap and water for at least 20 seconds or sing Happy Birthday twice, including before and after you eat, or if you can’t do that for some reason using an alcohol based sanitiser. Try not to touch your eyes, nose or mouth and to make sure you clean surfaces such as bench tops, desks, door knobs and really importantly, I think people forget this, but also to clean mobile phones and keys, wallets and so forth, objects like remote controls that you do touch frequently or other people in your house might touch.

Q: Yeah, you almost need to be a bit of a private investigator, don’t you and think about what are all the things that I’ve touched since I entered the room and then think, how do I not touch my face and all that kind of thing can be a bit overwhelming sometimes, but it’s very important that we wash our hands very frequently and think about what have I touched since I washed my hands and think about it that way.

A: Yeah, someone said, think about the fact that you’re at any time at risk of getting the infection or of transmitting the infection to someone else and if you behave with those two things in mind, then you’ll remember to do all those things, but it is hard, it is very hard.

Q: It is hard and it can help by putting signs up on the wall to remind ourselves, you can have an alarm on your phone that goes off every 2 hours to remind you to clean your hands, so there are different strategies that people can implement to help them and I think that if you need that support, then you should definitely receive it in terms of the prompting and that sort of thing.

A: Yeah, absolutely.

Q: Now I’d like to just talk a bit about disability and the virus. We know that people with disabilities are going to be affected quite seriously, but people with different disabilities face different challenges when it comes to dealing with the coronavirus and you’ve written about this. Can you tell us a bit more about how different disabilities are affected differently?

A: Yeah, so I guess there are people who might have say, a physical disability and perhaps an underlying health condition associated with it, that that puts them at particular risk. People I’m thinking about here are people with high spinal cord injuries and some people with cerebral palsy who have difficulties with breathing, so if there’s an issue where they get a respiratory virus that affects their lungs, then they’re at significantly much higher risk than the rest of the community of that being very serious.

There are also issues around people with intellectual and cognitive disabilities who are just trying to understand the kind of information that’s given, making sure it’s accessible and making sure that health practitioners don’t discriminate against them and this I guess relates to all people with disabilities in accessing treatment, testing and care, particularly in the hospital setting.

So I think that discrimination’s really important, but the other issue that places people with disabilities at risk are people who have high support needs and that includes people with physical disabilities and people with intellectual disabilities and potentially mental health problems who require people to come in to the home to assist them with daily living tasks. And that means they can be more exposed to the infection because they might have multiple workers coming in and those workers mightn’t have access to equipment that would help prevent transmission, so they’re basically not able to do what the government asks us to do, which is to distance oneself as much as possible from people who don’t live in our homes.

 We’ve had that issue in our situation where we’re still continuing to have support workers in the home and trying to work out ways that we can protect ourselves as much as possible, but that’s tricky.

Q: It is tricky, I know that your son has a disability, have you implemented some strategies around that?

A: Well, yes, being who I am, I wrote a hygiene protocol for everyone who comes in to our household including us, but anyone who comes in around, as soon as they come in, what they have to do in terms of washing their hands, what we expect in terms of cleaning any surfaces they touch, also a regime at home in terms of trying to clean commonly touched objects. The hardest thing with my son is helping him understand or actually getting him to implement just basic hygiene strategies like washing his hands frequently, not touching his face, not maybe licking something that he shouldn’t lick, those kinds of things. One thing that’s fortunate for us is he does like alcohol hand sanitisers, but the problem is that that’s in short supply, so we keep trying to source more hand sanitisers so he can regularly use it on his hands.

Q: And not in his mouth.

A: Yeah.

Q: And it is a good way to improve yourself on a Friday night!

A: Yeah, he does like the smell of it, that’s for sure.

Q: So Anne, I’m thinking also about people who have an acquired brain injury and they may have some issues around impulse control or around memory, these things can be quite challenging.

A: Absolutely, I think that’s why in that situation people around need to be able to as much as possible implement those strategies around them, but it is incredibly difficult. One of the things that we’ve been worried about is for some people, for all of us, it’s really hard this massive disruption of routines, but even more so for some people with say behaviours of concern or other issues where physical activity or being outside is really important part of them regulating themselves and coping with the enormity of life and now suddenly, we’re all having to live close together and that can feel really overwhelming. I guess we’ve been a little bit worried about while, we understand to some extent that policing, but we really do worry about that this isn’t directed at people for whom some of these social distancing behaviours might be more difficult and we don’t want to see adverse effects of that policing as we have many times among our people, particularly with intellectual disabilities and behaviours of concern.

Q: Yes, that’s definitely something that we need to advocate on and make sure people aren’t discriminated against or treated badly.

A: Yes, absolutely.

Q: I’m interested in the advocacy work that you’ve been doing, I know that Melbourne University has taken a very active role in your centre in particular, what are you calling on the government to do? What are some of the key things that you think the health system and the government needs to be doing right now?

A: Well, I’ll just take one step back from that George, and just say now more than ever, what we’ve seen is the fact that the disability sector and the health sector don’t work very well together and this has been one of the tricky things that I think sets us aside from the aged care sector where there is more collaboration of the health system.

So really, what we’re trying to do is upskill the health system in disability and the disability system in health, so what sorts of things would I like government to do? There are so many things, but in terms of thinking about the disability services at the moment, so calling on organisations like the National Disability Insurance Agency and the National Quality and Safe Guarding Commission is I think we need to ensure that services don’t start to withdraw care and there are some examples of that happening already where services are withdrawing care for people who have relatively high support needs because they don’t want to place their staff at risk.

I think we need to make sure that as much as possible, personal protective equipment, that’s gloves and masks, are delivered to the workforce so that they don’t either catch the virus or pass it on. I think we need to make sure that from the government’s perspective that disability care services are considered essential services - they’re not currently listed in many of the state governments’ essential services. I choose to believe that’s an oversight because it’s being done on the run, but we need to make sure that they are listed as essential services and don’t suddenly shut down. And I think we need to develop some standby capacity in the workforce should we need it if the workforce becomes sick for some reason or has to care for their own children in the home, we need to have readily available some workers like allied health workers who could step up and do that work if need be.

In terms of the health workforce, we really need to ensure accessibility at all levels, that’s from the kind of information we give in Easy Read, making sure Auslan interpreters are available at press conferences and so forth, but we also need to make sure that health services themselves are available if people are going for testing, that they’re accessible to go to testing. I think it’s really important now for health care workers to follow some guidelines developed by the sector and with people with skills and health professionals who work with people with disabilities, so guidelines can be given at every point from if someone rings up asking for information or recommendations for prevention, to treatment and to guide decision-making in the hospital system.

One of the things that we’ve asked government to think about is to develop what we are calling COVID-19 plans which would look at the COVID-19 pathway from prevention to testing and treatment for people who have intellectual and developmental disabilities and/or some sort of physical disability or other that puts them in a situation where they have high support needs or comorbid conditions that mean that they are at risk if they become infected.

So from that, that would start from how do we make sure we can protect you from being infected as much as possible? What happens if you think you’ve got symptoms and need to be tested and there are ways in which you can test in the home and that’s coming up with new skin prick tests and so forth that are likely to be rolled out, through to what happens if you need to go to hospital and are needing treatment.

So I think developing those plans so they’re well worked out before anything happens I think would be really critical, so we’ve recommended that to government, but I think probably almost the most important thing of all is to make sure that we have a voice of people with disabilities, of people who are health care professionals who work with people with disabilities, potentially academics and advocates to work very closely with the Australian Health Protection Principle Committee which reports to the National Cabinet, the National Cabinet being the Prime Minister and all the Premiers of each of the states, and that means that we can then make sure at every point along the government’s pathways and decisions that the concerns and voices of people with disabilities are not just heard, but policy is rapidly made to make sure that they are not at undue risk in this pandemic.

Q: These are incredibly important things that you’ve raised, thank you, Anne, for doing what you’re doing. Please keep up the fantastic work.

A: Yeah, thank you. It’s lovely to talk to you, George.

Q: That’s all we have time for on today’s episode of Reasonable and Necessary, brought to you by the Summer Foundation.

Check out our Facebook page for all previous podcasts and transcripts.

We also love hearing from you, so please leave your comments and suggestions for future episodes.

Remember for the most up-to-date info on the Coronavirus, call the Coronavirus helpline on 1800 020 080 or visit health.gov.au

Stay tuned for our next episode when we head live to New York city to learn from a disability activist about what it’s like to live with a disability in the centre of the Coronavirus pandemic.

In the meantime, stay safe and please remember to wash your hands.

END OF TRANSCRIPT