

CORONAVIRUS — INTENSIVE CARE UNITS — REGIONS

**1214. Hon MARTIN ALDRIDGE to the minister representing the Minister for Health:**

I refer to the state government's commitment to "make every day count" between now and the reopening of the state border on 5 February.

- (1) How many additional negative pressure rooms will the state government provide to regional hospitals between now and 5 February?
- (2) How many additional intensive care unit beds will the state government provide to regional hospitals between now and 5 February?
- (3) Will the state government establish any additional permanent mass vaccination clinics in the low vaccination uptake areas of the Pilbara, the Kimberley or the goldfields between now and 5 February?
- (4) Will the minister please detail any other new regional health measures the state government will implement to make every day count between now and 5 February?

**Hon MATTHEW SWINBOURN replied:**

I thank the member for some notice of the question. On behalf of the minister representing the Minister for Health, I provide the following answer based on information provided to me by the Minister for Health.

- (1)–(2) The McGowan government has invested a further \$1.28 billion in the health and mental health systems in the 2021–22 midyear review. Combined with the \$1.9 billion investment at the time of the budget, this has delivered a record \$3.2 billion boost to Western Australia's health system. This additional funding includes an additional 270 hospital beds and associated staff. Some regional hospitals have an existing negative pressure room and there is also the ability to deploy portable anterooms, which can be attached to an existing doorway and become a negative pressure room.
- (3) There are fixed clinics in the larger towns, including Broome, Kununurra, South Hedland, Karratha, Kalgoorlie and Esperance, and in-reach clinics in the smaller towns and remote Aboriginal communities as well as smaller pop-up clinics at locations that are more accessible to vulnerable populations, including soup kitchens and facilities that provide breakfast for the homeless.
- (4) These measures include ongoing service continuity preparation related to living with COVID, the deployment of patient-care equipment—for example, filters and hoods—statewide home monitoring, remote community transport and Chief Health Officer-led accommodation preparation. Targeted vaccination programs in the regions remains the priority.