



19 August 2020

Premier of Victoria
The Hon Daniel Andrews
Office of the Premier
1 Treasury Place
Melbourne VIC 3002

By Email: daniel.andrews@parliament.vic.gov.au

Dear Premier Andrews,

Victorian Healthcare Worker COVID-19 infection rate disaster

Victoria's healthcare workers (**HCWs**) continue to contract COVID-19 at an unacceptable rate. Whilst the community rates of infection are thankfully trending down, we are still seeing a disproportionately high rate of infection amongst HCWs.

In the last 3 weeks alone, the rate of infection for HCWs has increased by 300%. There have been several days where infection numbers were well above 100 cases, representing more than 30% of Victoria's entire COVID infected population on those days.

Statistical analysis of the most recent 4-week period makes for disheartening reading—HCWs are between 2 and 4 times more likely to contract COVID-19 than the non-healthcare worker population. Victoria's performance in terms of protecting HCWs is unacceptable and clearly must become a priority for the department of health. We require swift and decisive action on your part.

PPE Guidelines Premised in Risk-Management Approach

We are now over 7-months into this pandemic and yet there is still confusion amongst HCWs on the safe and appropriate use of Personal Protective Equipment (**PPE**). The early guidelines were heavily influenced by the lack of PPE supplies and based on the premise that the most likely mode of infection was through droplet spread on contact surfaces. In the early stage of this pandemic, where the risk of infection was perceived to be low, unions officials were begrudgingly tolerant of a risk-management approach to PPE, recognising the

need to strike a balance between supply and demand over an unpredictable pandemic timeline.

Nonetheless, officials were clear in expressing their concerns around risk assessment in such a volatile environment; SARS-CoV-2 has proven to be an unpredictable and highly infectious pathogen for various reasons including its propensity for asymptomatic transmission and the speed at which it moves. It has long been known that the virus spreads via droplets and via airborne transmission and finally we are seeing recognition of this. The PPE guidance notes must now reflect this.

"It's all about making sure that the right equipment gets to the right places in the most timely way possible."

Premier Daniel Andrews

There is now no excuse for maintaining a conservative approach to PPE given that supplies are more secure and risk levels are elevated. It is time that the safety and wellbeing of HCWs is prioritised. The department has an obligation to issue new clear and concise PPE guidelines that find their logic in keeping HCW's safe and are applicable across all sectors.

Communications and Transparency

Communications at all levels are still breaking down. While the release of information to the unions is gradually improving, we are still finding out much of our information through social media, or via anecdotal sources.

Healthcare workers turn to their union for support and reassurance when things go wrong and we cannot adequately provide that support if we don't know what is going on in a workplace.

Union engagement

Throughout the pandemic, unions and our members have been very responsive and flexible to the changing COVID-19 situation. Now that HCWs are getting injured in the workplace at alarming rates, protecting HCWs needs to be an urgent priority for the government. Unions offer a wealth of knowledge, workplace experience and real-time feedback from members, and need to be included in the decision-making processes.

Co-ordination and oversight

The oversight and compliance of non-government healthcare providers and the variable response of the different hospital networks is an ongoing problem for unions, workers, and consequently the overall public health pandemic response. The ongoing Residential Aged Care disaster has highlighted that we are only as strong as the weakest link in our chain of defence against the virus. Health services including community health, disability, private radiology, primary care and private providers across all sectors are largely being left to fend for themselves, competing for PPE (leading to price gouging, shortages, and dubious quality), and interpreting and applying the government guidelines how they see fit. This fend-for-yourself approach to PPE sourcing of supplies and the subsequent distribution and implementation across such diverse health services is leaving workers exposed and creating risk to the community. There needs to be a unified, co-ordinated and implemented COVID response plan across the entire health sector to eliminate doubt, variable application and poor compliance.

“This is the biggest public health challenge we’ve faced in our lifetimes – that’s why it’s so important that we have the right tools at our disposal to minimise the impact of this virus.”

Minister for Health Jenny Mikakos

Recommendations

The following recommendations are provided in brief given the urgency. We recognise the need for the provision of further details and supporting documentation and we are happy to provide that where required.

*Infection Control Regime

1. The precautionary principle must underpin the entire infection control regime: the maximum possible level of protection must be provided, until such time as level one evidence indicates it can be scaled back.
2. Occupational hygienists should be auditing COVID-19 operational plans and processes in workplaces.

*PPE Guidelines

1. Must be clear and consistent;
2. Must find their logic in the notion of protecting HCWs and their patients;



3. Must stipulate that surgical masks are not adequate protection when dealing with any confirmed positive or suspected COVID-19 patients;
4. Must stipulate that N95 or P2 masks must be used for any interactions with positive or suspected COVID-19 patients;
5. Make available Powered Air Purifying Respirators (PAPR) for any staff who have prolonged exposure to COVID-19 patients.
6. Make available surgical masks, gowns, disposable gloves, hair covers and the choice between face shields or goggles in all clinical settings.

***HCW Training**

1. Thorough hands-on training in the use of all PPE;
2. Fit testing of N95/P2 respirators for all HCWs required to use them;

***Communication and Transparency**

1. The government has been relying on a top-down messaging approach and this has been failing. The unions can offer bottom-up messaging to bridge the gap. Genuinely engage with unions;
2. Notification to the unions when the guidance notes change and the reason for such change (although changes must be kept to a bare minimum and must only be made where there is a compelling reason to do so);
3. Transparency about where or how healthcare worker infections are occurring;
4. Breakdown of the numbers and disciplines of HCWs infected;
5. Transparency and clear communication with unions around stockpiles and usage of PPE;

***Administrative Controls**

1. PPE 'Spotters' to be used to ensure accurate donning and doffing for HCWs entering and leaving COVID-19 environments;
2. Roster 'Marshals' with OHS training to ensure good social distancing of staff, hand hygiene compliance, etc.;
3. Dedicated and separated donning and doffing areas created and enforced;
4. HCWs need to be provided laundered scrubs;
5. Access to showers so that workers are going home clean;



6. Separation of staff during shift change overs;
7. Rosters adjusted to reduce overlapping of shifts;
8. Shift lengths reduced without loss of pay to compensate for the loss of breaks. (This practice has become routine in a bid to avoid the use of more PPE and to keep staff physically distant in break rooms.);
9. Alternative spaces for meal breaks need to be explored to allow social distancing;
10. Better access to work from home wherever possible;
11. Confidential reporting line for all bullying of staff in relation to PPE and other infection control measures;
12. Mental health support for all HCWs in quarantine or infected;
13. Return to work process to acknowledge psychological stress of having been infected;
14. No fault compensation for all HCWs infected with COVID-19;
15. Set zero HCW infection target for all health services as part of COVID response plans;
16. Audit ventilation systems in all healthcare facilities.

We look forward to working with your office and the Department of Health and Human Services in a greater capacity in the urgent fight to drive down the rates of injuries to healthcare workers and also the COVID-19 infections across the community.

We, the undersigned collective of health unions are calling on you, the Victorian Premier, along with the Victorian Health Minister, the Victorian Chief Health Officer, the Minister for Workplace Safety & Minister for Coordination of Justice and Community Safety: COVID-19, the Minister for Mental Health and the Minister for Emergency Services to ensure that the above actions are implemented immediately to protect all healthcare workers in Victoria from COVID-19.



Yours sincerely,

Andrew Hewat
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Joint statement of endorsement by the following health unions.

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| Craig McGregor | Secretary Victorian Allied Professionals Association - VAHPA |
| Danny Hill | General Secretary Victorian Ambulance Union - VAU |
| David Eden | Assistant Secretary Health Workers Union - HWU |
| Paul Healey | Secretary Health and Community Services Union - HACSU |
| Paul Elliott | Secretary Health Services Union Vic No 4 – MSAV, VPA & AHP |
| Brett Adie | Secretary Ambulance Employees Australia -Victoria - UWU |
| Grant Forsyth | Chief Executive Officer Australian Salaried Medical Officers' Federation Victoria |