

The Hon Greg Hunt MP
Minister for Health and Aged Care
Parliament of Australia
Via email: Minister.Hunt@health.gov.au

31 January 2021

Dear Minister Hunt,

Hearing the voices of Australian healthcare workers during the COVID-19 pandemic

We write to share with you the research findings in our paper, 'Hearing the voices of Australian healthcare workers during the COVID-19 pandemic', which was published in the peer-reviewed academic journal *BMJ Leader* last month¹.

Our research was based on responses from Australian healthcare workers to the letter we sent you on 2 August 2020 with subject line, 'Expression of No Confidence in the Infection Control Expert Group', signed by 23 doctors from across Australia. In the letter we requested greater protection against aerosol spread of SARS-CoV-2 for all healthcare workers treating suspected and confirmed COVID-19 patients (in particular, fit-tested P2/N95 respirators), and major reform of the membership of the Infection Control Expert Group ("ICEG").

We acknowledge and congratulate you personally, the Australian Government, and the state and territory governments on relatively good outcomes to date from the COVID-19 pandemic. Making decisions such as to restrict travel into Australia must have required significant courage, especially early in the pandemic, and Australia has fared extraordinarily well compared to several high-income countries. Nonetheless, we have also had a very significant number of occupational exposures to COVID-19, particularly in Victorian health and aged care settings, and an unacceptable death toll particularly amongst residential aged care facility residents. These issues are linked by work health and safety deficiencies and thus the requests in our letter of 2 August 2020 stand, despite your written response (Ref No: MC20-031929). Since our last correspondence, the evidence supporting aerosol spread of SARS-CoV-2 has continued to grow and yet we see a persistent absence of the precautionary principle in ICEG's advice.

Our research findings are germane to this. By way of background, a copy of our letter of 2 August 2020 was shared online for other doctors and healthcare workers to support. Approximately 3,500 of our colleagues added their signatures, and many of them chose to explain why with a free text comment. We received 569 comments between 3 August and

¹ Ananda-Rajah M, Veness B, Berkovic D, Parker C, Kelly G, Ayton D. Hearing the voices of Australian healthcare workers during the COVID-19 pandemic. *BMJ Leader*. 2020 Dec 17:leader-2020. Accessible: <https://bmjleader.bmj.com/content/early/2020/12/16/leader-2020-000386>

26 October 2020 and used these as our dataset. The themes that emerged from a qualitative analysis were:

1. Unsatisfactory work health and safety standards in Australian healthcare settings;
2. Concerns about respiratory protection, including the lack of fit-testing of P2/N95 respirators;
3. Deficiencies in the availability, quality, appropriateness and training of personal protective equipment; and
4. A command-and-control culture in health workplaces that enabled bullying in response to safety concerns, resulting in self-reported COVID-19 infections and a loss of trust in leadership.

These themes represent ‘Swiss cheese’ failures that resulted in critical impacts at system, organisational and personal levels. Our study also revealed emerging mental health effects in healthcare workers, associated with an occupational moral injury that was and is preventable. Respondents were critical of leaders at every jurisdictional level and the loss of trust in leadership will likely take time to repair. Importantly, respondents cited better engagement between healthcare leaders and frontline workers as a possible solution.

Globally, there are few studies like ours, perhaps because healthcare workers are either sick, dead (>7,000 globally according to Amnesty International²), exhausted or have been silenced due to the politicisation of an occupational health issue. By sharing the lived experience of healthcare workers, we hope that this study provides helpful insights to our healthcare leaders.

Unless work health and safety standards are comprehensively improved, the Australian healthcare system will remain vulnerable to policy and implementation failures that imperil healthcare workers, our patients, health systems and the community – as we saw in 2020. Our highly skilled workforce is the backbone of Australia’s health system and deserves industry-level protections that are already enshrined in law but poorly implemented and seldom enforced on the ground. Had our pandemic response been enhanced by better work health and safety standards, we would not still be debating the need for fit-tested respirators or for improved ventilation, 12 months into an infectious disease pandemic driven largely by airborne transmission. As one respondent said,

“We don’t want to be heroes. We just want protection in line with OHS standards.”
– General Practitioner, Victoria

There is an opportunity now for lessons from 2020 to be translated into tangible improvements for the future. One option would be to establish a dedicated work health and safety authority for healthcare, which would complement any future Australian infectious diseases centre. The best minds in occupational health and safety, in collaboration with relevant stakeholders and supported by government, could help translate the occupational safety successes from our large industries like mining, to healthcare. A potential model is

² <https://www.amnesty.org/en/latest/news/2020/09/amnesty-analysis-7000-health-workers-have-died-from-covid19/> (accessed 31 January 2021).

the National Institute for Occupational Safety and Health (“NIOSH”) in the United States, but with a remit focused on healthcare. We suggest this would be a worthy goal deserving of your consideration during the post-pandemic period, as current measures have clearly proven inadequate in preventing major harm to healthcare workers, our patients and our communities.

May we please request an opportunity to meet with you to discuss our correspondence, paper (enclosed) and proposal in more detail? In the meantime, we kindly refer you back to our letter of 2 August 2020 regarding our immediate concerns about healthcare worker safety. Please consider these concerns to also extend to those working at Australia’s border and in the returned traveller quarantine programme. At time of writing, these are the workers at greatest risk of occupational exposure to COVID-19 in Australia, as today’s case in a hotel quarantine security guard in Perth shows.

Yours sincerely,



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Encl. 1

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