

16 August 2020

The Hon. Jill Hennessy MP
Attorney-General
Minister for Workplace Safety
Minister for the Coordination of Justice and Community Safety: COVID-19
Parliament of Victoria
Via email: Attorney-General@justice.vic.gov.au; jill.hennessy@parliament.vic.gov.au

Dear Minister Hennessy,

Occupational safety of Victorian healthcare workers (HCWs) during the COVID-19 pandemic

In light of the escalating COVID-19 infections among Victorian HCWs (1,164 active infections from 2,343 total cases¹), we respectfully request improvement of respiratory protection measures for Victorian HCWs to meet Australian Standards, and greater consultation of HCWs at the health service level on matters relating to their safety.

On 2 August 2020, we and 20 other doctors from across Australia sent Federal Minister for Health, The Hon. Greg Hunt MP, a letter expressing no confidence in the Infection Control Expert Group (ICEG). This national group sets infection control policies that affect the states and territories. Please find enclosed a copy of this letter.

We subsequently invited Australian HCWs to sign an open letter supporting our correspondence to Minister Hunt. This open letter has garnered over 3,000 signatures thus far. With this open letter we captured the voices of HCWs regarding their occupational safety, and also present to you approximately 200 stories from Victorian HCWs (enclosed).

These stories make human the reason for our concern. The emerging themes are about access to PPE and its appropriateness; concerns over occupational health and safety and policies; fit testing and training; fear for self and others; bullying; a lack of precaution and a loss of trust and faith in the system to protect them.

The Victorian resurgence of COVID-19 and rising HCW infections saw individual health services and then the Department of Health and Human Services (DHHS) expand access to P2/N95 respirators for HCWs in July, but significant gaps remain in implementation. We request:

1. Fit testing of all HCWs who may be required to wear a respirator, to ensure they work. Failure rates of the respirator without fit testing can be up to 40%^{2,3} (potentially higher in women and non-Caucasians) because the quick fit-check advocated by Victorian health services does not reliably ensure an appropriate fit or seal. Fit testing ensures that a respirator provides the protection required by AS/NZS 1715:2009 within a respiratory

¹ <https://www.dhhs.vic.gov.au/coronavirus-update-victoria-16-august-2020> (accessed 16 August 2020)

² Danyluk, "Health Care Workers and Respiratory Protection: Is the User Seal Check a Surrogate for Respirator Fit-Testing?", *Journal of Occupational and Environmental Hygiene*, pp. 267-270, 2011.

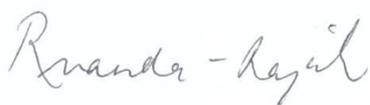
³ Derrick, "Predictive value of the user seal check in determining half-face respirator fit", *Journal of Hospital Infection*, pp. 152-155, 2004.

protection program, a practice that is standard in industries such as mining and construction. In Victoria, fit testing has been performed ad hoc mostly by anaesthetists, but its wider roll-out has been resisted at Victorian and Commonwealth levels due to concerns about respirator supply, logistics or cost (though not prohibitive at \$50-100 per test);

2. Greater consultation with frontline HCWs by health services (i.e. hospitals) on matters relating to their safety. The stories we have collected reveal disempowerment among HCWs who have been told to follow flawed guidelines that compromise their safety. This cognitive dissonance has resulted in psychological distress and in some cases infection when their own calls for higher grade PPE went unheeded. Many are too afraid to speak up and are reluctant to pursue matters through an enforcement agency like WorkSafe. We also note legislative amendments in Western Australia that provide a presumption of work-related injury for HCWs who contract COVID-19 and claim workers' compensation, and request similar legislation be adopted in Victoria⁴; and
3. Transparent reporting of HCW infections adjudicated by an independent panel separate to health services and the DHHS. We believe that WorkSafe should be chairing the audit of HCW infections in order to avoid conflicts of interest, progress a culture of work safety in health services and restore faith among Victorian HCWs.

Some of our HCW respondents may be willing to go on record; please advise us if this would be beneficial. We would be grateful for an opportunity to discuss with you a way forward, and remain at your service to complement the government's efforts to keep HCWs safe at work.

Yours sincerely,



Michelle Ananda-Rajah MBBS(Hons) FRACP PhD
Infectious Diseases and General Medicine Physician
Melbourne



Benjamin Veness BAcc MBBS MPH MP
Psychiatry Registrar
Melbourne



Lorraine Baker MBBS Dip. RANZCOG Grad. Dip.
Women's Health
General Practitioner
Melbourne

Encl. 2

cc: Mr Gordon Cooper, Director, Enforcement Group, WorkSafe Victoria,
Gordon_Cooper@worksafe.vic.gov.au

⁴ <https://www.mediastatements.wa.gov.au/Pages/McGowan/2020/06/COVID-19-Response-Bill-to-support-health-care-workers.aspx> (accessed 14 August 2020)