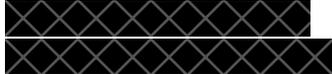




Australian Government
Department of Health

Ref No. MC21-002772

Mr Ben Veness



Dear Mr Veness

Thank you for your correspondence of 31 January 2021 to the Minister for Health and Aged Care, the Hon Greg Hunt MP, concerning the potential for a work health and safety authority for healthcare. The Minister has asked me to reply on his behalf.

I note your research study titled "Hearing the voices of Australian healthcare workers during the COVID-19 pandemic". The Australian Government appreciates and supports the critical work of frontline workers. I assure you that the health and safety of Australia's frontline workers is of paramount importance to the Government and the Infection Control Expert Group (ICEG). The ICEG is supportive of a transparent system of national reporting of health care worker infections.

I note also your proposal for the establishment of a work health and safety authority specifically for healthcare. You will be aware that Comcare is responsible as the national work health and safety authority. In regards to the COVID-19 response, as described in the National Health Security Agreement, state and territory governments have primary operational responsibility for emergency management and public health in their respective jurisdictions, including quarantine. State and territory governments' actions are based on the medical advice from their respective Chief Health Officers. You may wish to contact the relevant state bodies directly.

While it is not possible for the Federal Minister for Health to be responsible for state and territory response activities, both the federal and state/territory governments are committed to continuous quality improvement, so we can strengthen our capabilities and learn from the experience of COVID-19.

I also note your concerns regarding aerosolisation. Since the beginning of the COVID-19 pandemic, the ICEG has consistently recognised the potential for transmission of SARS-CoV-2 via aerosols in specific circumstances. ICEG advice recommending the use of particulate filter respirators for aerosol generating procedures performed on COVID-19 cases was first published on 5 March 2020.

ICEG has also recognised broader circumstances in which there may be potential for aerosol transmission in clinical care. This includes in the context of certain behaviours, such as shouting. Guidance relating to this was published on 30 July 2020. ICEG acknowledges the potential for aerosol transmission in these settings and notes the risk may be higher under certain conditions, such as poorly ventilated indoor crowded environments.

The Government's highest priority has been to ensure access to personal protective equipment (PPE) from the National Medical Stockpile (NMS) for frontline staff who may be in close contact with confirmed or suspected cases of COVID-19. The Government has made every possible effort to source new supplies of all kinds of PPE for the NMS as quickly as possible, including working with local industry to increase local production, and securing international supplies.

Thank you for bringing your collective concerns and health care worker research to my attention. If further discussions are appropriate at this time, the Department of Health will contact you directly.

Thank you for writing on this matter.

Yours Sincerely



Radha Khiani
Director
Office of Health Protection and Response
19 February 2021