



ANMF Submission: Australian Government Department of the Prime Minister and Cabinet – COVID-19 Response Inquiry

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial, and political interests of more than 320,000 nurses, midwives, and care workers across the country.¹
2. Our members work in the public and private health, aged care, and disability sectors across a wide variety of urban, rural, and remote locations. We work with them to improve their ability to deliver safe, best practice care in each of these settings, fulfil their professional goals and achieve a healthy work/life balance. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
3. The ANMF thanks the Australian Government Department of the Prime Minister and Cabinet for the opportunity to provide feedback to the COVID-19 Response Inquiry and hopes to work with Government and wider stakeholders to enhance the country's ability to prepare, respond, and recover from COVID-19 and future pandemics.

Governance

4. Nurses, midwives, and carer workers were and remain at the front line of the pandemic response and will be fundamental to preparations, planning, response, and recovery for future infectious disease outbreaks. The ANMF was pleased to work with Government and other stakeholders via a range of governance mechanisms put in place during the pandemic and would like to see this collaboration continue and strengthen. Due to the size, distribution, and diverse expertise of our professions and workforce, peak bodies for nursing, midwifery, and care workers must be central to the governance structures underpinning preparedness for future pandemics impacting the Australian community. Preparedness must be driven by clear and consistent communication and implementation must be underpinned by agreed communication principles. State/Territory-based 'pandemic response committee' delegates should be identified to enable efficient preparedness and response at the outset of any infectious illness outbreak with epidemic/pandemic potential.
5. Both the clinical expertise of healthcare professionals and work health and safety requirements necessary to keep staff, clients, and the community safe must be thoroughly considered and carefully balanced to ensure optimum safety for all stakeholders involved. Workplace health and safety must be a priority, with a particular focus on protecting frontline healthcare staff who are at high risk of infection and harm due to their repeated exposure to those who carry infectious diseases. During the pandemic, enforcement of infection prevention and control work health and safety requirements was substandard in many contexts, particularly aged care. Confusing, non-evidence-based, and contradictory guidance, which prioritised last line of defence methods and led to over-reliance on the use of personal protective equipment over more effective forms of protection such as ventilation and ensuring that infected and non-infected workers and patients were not placed in roles side by side. This caused vulnerable individuals to be exposed to otherwise avoidable infection and harm. Australia's regulation of biological and infectious hazards, particularly the provision of infection prevention and control and work health and safety standards in health and aged care contexts, must be improved. Further, the reliance on insecurely employed and unregulated surge workforces particularly in residential aged care to shore up insufficient and depleted staffing levels via online agency platforms put workers and residents/clients at higher risk of harm due to these staff being unfamiliar with aged care environments and infection prevention and control procedures.

¹ The term 'care worker' also refers to 'assistants in nursing', 'personal care workers' etc. (however titled).

Key health response measures

6. The ANMF highlights that while the health response and impact of the pandemic on the Australian community was relatively better than many international jurisdictions, there are many examples of failure (i.e., protecting aged care and disability care recipients and other vulnerable groups), lack of adequate preparation and availability of resources including appropriate PPE, inequitable and inefficient access to testing and vaccines (i.e., unreasonable wait times), unclear, inaccessible (i.e., for culturally and linguistically diverse/CALD audiences), or confusing vaccine and public health messaging (e.g., 'essential' versus 'non-essential' service definitions), and a lack of advice communicated with healthcare workers and providers in relation to infection prevention and control. While the ANMF recognises that the pandemic was and is characterised by rapidly changing and often conflicting scenarios, evidence, and conditions, many factors could have been mitigated or improved and much avoidable harm could have been forestalled with greater emphasis on protecting vulnerable community members and healthcare staff.

7. One key element of effective pandemic preparation is ensuring that the workforce across health, aged care, disability, maternity care, mental health, and associated sectors are properly supported to work safely and effectively to full scope of practice, and is of an appropriate size, skills mix, education level, and professional proficiency. Insecure work and insufficient remuneration, particularly for low paid and casual workers, embedded a significant risk for many workers, patients, and clients – particularly in aged care- where workers had to choose between paying their bills or exposing themselves, their colleagues, and those they care for to risk of infection. Prior to the pandemic, there were already many examples of where the nursing, midwifery, and care worker workforces were strained, struggling, and experiencing dangerous and, too often fatal, challenges to provide the right care at the right time in the right place to support the health, safety, and wellbeing of the Australian community. The Royal Commission into Aged Care Quality and Safety's interim report drew on a significant volume of evidence prior to the pandemic that starkly highlighted how a sector, in this case aged care, was already dangerously vulnerable to infectious disease outbreaks due to years of government inaction and provider ambivalence despite numerous reports and inquiries. The hospital and primary health sectors were likewise under pre-existing strain, with many emergency departments struggling to care for patients effectively and efficiently due to bed blocking and lack of sufficient staffing. Ensuring that Australia's nursing, midwifery, and care workforce are optimally supported, kept safe, and utilised during non-pandemic/outbreak times would be one highly effective approach for preparing for future crises. Here, the ANMF is concerned that the government is now softening expectations on aged care providers to comply with recent important reforms regarding mandated registered nurse staffing and minimum direct care time for residents as well as enabling aged care providers to reduce their employment of enrolled nurses who are critical members of many aged care teams. If the implementation, compliance, and oversight of these and other significant reforms are degraded, and aged care is not acknowledged as a context of health care, the quality and safety of care provided in aged care will suffer, the workforce will continue to be challenging to attract and retain, and the sector will continue to be more vulnerable to the ongoing impacts of the pandemic.

Broader health supports for people impacted by COVID-19 and/or lockdowns

8. The ANMF highlights the significant and ongoing impact that the pandemic had and continues to have on the broader community as well as the healthcare workforce. While public health responses including lockdowns, border closures, and strict visitation regulations in health were important, especially at the outset of the pandemic, there have been and continue to be many detrimental mental health and social impacts that continue to be acutely felt by many people, particularly those from vulnerable communities. School and university closures and strict visitation rules resulted in many negative and often traumatic experiences among vulnerable populations. Many critical services were also negatively impacted with potentially long-term results, such as access to breast cancer screening services and face to face mental health services for particularly vulnerable groups. There must be greater consistency in access to healthcare and related services (i.e., maternity and disability services) from the outset of a pandemic, especially access to face-to-face nursing, midwifery, psychology, medical services, and essential diagnostic services. Here, pre planning and identification of vital services needed to maintain effective support to vulnerable people must be considered. There also needs to be an easy referral process, including self-referral and friend/family/professional referral pathways. The ANMF highlights the need to ensure that both the community (particularly those who are most vulnerable) and the health workforce have access to effective, diverse, and equitable supports for the broader impacts of COVID-19 and that public health measures that have been implemented continue to mitigate harm. While a three-page submission cannot provide much in the way of recommendations regarding what worked or did not work and what should be implemented in the future, the ANMF urges the Government to undertake careful research and

evaluation of local, national, and international approaches to develop evidence-based, best practice future strategies that balance the safety, health, and wellbeing of workers with the delivery of healthcare services.

Financial supports for individuals

9. The ANMF highlights the importance of pandemic payments to ensure the health and wellbeing of community members dealing with the widespread impacts of a pandemic. Paid pandemic leave is vital for all workers, especially those working in essential services who provide care to vulnerable populations. This leave needs to be available from the start of the pandemic, and workers should not have to exhaust their leave entitlements in adhering to mandatory distancing measures. Likewise, all government income support payments must be maintained, and easy access to clear information about financial supports must be available in many different formats and languages to ensure accessibility by all communities.

Mechanisms to better target future responses to the needs of particular populations

10. The ANMF is particularly concerned that the most vulnerable Australians, including older people, people with a disability, Aboriginal and Torres Strait Islander peoples, and CALD people, continue to be the most detrimentally impacted by the ongoing effects of the pandemic, including newly circulating variants, due to the persistent strain on the healthcare sector and its staff. The ANMF urges the Government to affirm its commitment to supporting the health and wellbeing of all Australians and communities by ensuring that future responses and initiatives to address COVID-19 and wider pandemic-related factors (e.g., health system burden) are effective, appropriate, sustained, and delivered in a way that ensures equity of access, safety, and outcomes. The Government must work with vulnerable communities in genuine partnership to ensure their voices, needs, and preferences are heard and inform future response planning and implementation.
11. The impact of the pandemic has been devastating for many CALD communities particularly newer arrivals. CALD communities often faced harsher local restrictions, with notable differences in policing of public health measures in certain regions with greater CALD populations. Many people, especially those in already insecure and low-paying jobs, lost employment and were unable to pay rent or bills and therefore were unexpectedly made homeless. Limited and inaccessible support services created further difficulties for many communities, leaving CALD communities more vulnerable than they were prior to the pandemic. Asylum seekers, international students, and migrants on temporary visas were excluded from JobKeeper and JobSeeker payments, leaving pockets of the communities without financial support. Racism was also heightened during the pandemic with CALD communities, including healthcare workers, reporting verbal attacks, refusal of services, death threats, public shaming, and violence. For example, media coverage of the second outbreak in Melbourne unjustly blamed CALD communities which perpetuated prejudice and threats towards CALD communities. Community groups (including CALD and geographic specific groups) should be closely consulted and involved in responses of effective pandemic response at all stages, including planning, implementation, and review processes. The ANMF recommends engaging in genuine partnership with trusted cultural and geographically based leaders and organisations to assist in ensuring responses and communication is culturally and geographically appropriate. This is vital in ensuring trust is maintained in the interface between Government, health and aged care, social services, and the community.

Supplementary evidence from relevant COVID-19-related ANMF submissions:

- [Submission to the Fair Work Commission \(Part A\)](#)
- [Submission to the Australian Government Consultation on the role and function of an Australian Centre of Disease Control \(CDC\)](#)
- [Submission to the House of Representatives Standing Committee on Health, Aged Care and Sport Inquiry into Long COVID and Repeated COVID Infections](#)
- [Submission to the Industry Code for Visiting Residential Aged Care Homes during COVID-19](#)
- [Submission to the Royal Commission into Aged Care Quality and Safety - Response to Counsel Assisting's Submissions on Sydney Hearing 2: The Response to COVID-19 in Aged Care](#)
- [Further Submission to the Royal Commission into Aged Care Quality and Safety - in Relation to the Impact of COVID-19 in Aged Care](#)
- [Submission to the Royal Commission into Aged Care Quality and Safety - in Relation to the Impact of COVID-19 in Aged Care](#)
- [Submission to the Senate Select Committee on COVID-19](#)