VICTORIAN ALLIED HEALTH PROFESSIONALS ASSOCIATION

VAHPA Response to the COVID-19 Inquiry

The Victorian Allied Health Professionals Association (VAHPA) is the only specialist allied health professionals trade union in Australia, representing nearly 6,000 allied health professionals in Victoria across all health and social sectors, including hospitals (public and private), Community Health Centres, disability providers, NDIS, private allied health providers, private radiology practices, private pathology companies and Residential Aged Care Facilities.

This submission is a summary of the failures of the Commonwealth Government in the management of the COVID-19 crisis. Several caveats need to be made before any analysis of Commonwealth Government's response to the COVID-19 pandemic is provided:

1. VAHPA has serious concerns about the legitimacy of this Inquiry. While touted as being run by an Independent Panel, it is being run out of the Department of the Prime Minister and Cabinet which undermines the independence of the panel. Also, some of the panel members have featured prominently throughout the pandemic in public media, expressing strong opinions on public health COVID-19 mitigations. That potentially creates a conflict of interest for them when assessing submissions that don't necessarily align with their recorded public commentary. This Inquiry really should be a Royal Commission with the powers and scrutiny that would carry.
2. The United Kingdom Inquiry into COVID-19 has been a revelation in exposing the serious failures of the UK government and identified not just bad governance but also serious incompetence. To quote the Lancet: "The level of criminal incompetence exposed by the recent witnesses to the United Kingdom COVID-19 Inquiry…has proven that many, if not most, of the 230,000 deaths were preventable" (see link: https://www.thelancet.com/issue/S0140-6736(23)X0045-2?dgcid=twitter_organic_cover23_lancet&utm_campaign=cover23&utm_source=twitter&utm_medium=social)
   To have a genuine impact on the current and future pandemics, the Australian COVID-19 Inquiry needs similar levels of scrutiny, preferably through a Royal Commission, especially given we have followed the UK lead on much of the pandemic response so far. (Of note, the findings of the UK Inquiry will also be pertinent to Australia given that "Criminal negligence" is part of English common law. Therefore, any judgement or determination of "criminal negligence" automatically sets a precedent which can be called upon in criminal proceedings in other common law countries such as Australia.)
3. The pandemic is still ongoing, despite government and business attempts to return to a business-as-usual model. COVID-19 is still having a serious impact on our members in the workplace and in the community through their children's schools and their elderly in care homes. Health professionals are still getting infected at work, and some are suffering Long COVID, limiting their capacity to return to work. The increased health burden, through COVID-19 directly and the depleted workforce, is exacerbating severe workload pressures. Any reference to the pandemic must reflect the active nature of the pandemic and avoid referring to the pandemic in the past tense. Despite a paucity of data and media to indicate this, as of December 2023, Australia is currently in the ninth wave of the pandemic. The health system and hospitals are still suffering severe, accumulative stress. Indicating the onset of this current wave, Victoria moved back up to Stage 2 COVID-19 Health Service Response in October 2023. What also must not be overlooked is the high base level of ongoing community infection and hospitalisations continuing between the peaks. This represents the "new normal" of the COVID-19 burden on a health system that was already under-resourced and over-stressed. While retrospective analysis of the pandemic

PO Box 58, Carlton South, Vic 3053 | **Ph** 1300 322 917 | **Fax** 03 9329 6468 | **Email** info@vahpa.asn.au | vahpa.asn.au ABN 38 106 461 384

response is important, our members need to know what the plan is to arrest the relentless waves of COVID-19 that are still smashing our healthcare system and building a burden of untenable health conditions and ongoing death and disablement.

4. The Commonwealth Government has not yet implemented any of the recommendations of the Long COVID Inquiry released in April 2023. It gives us no confidence of achieving any practical outcome going into this Inquiry knowing that the Commonwealth Government has failed to act on the recommendations of the last one.

Commonwealth Government COVID-19 response assessment:

1. From the outset, the Commonwealth Government failed to apply the precautionary principle at the emergence of the novel Coronavirus, eventually labelled SARS CoV-2, which is a first principle response to any new pathogen. This was even despite the early warnings coming out of China that this novel Coronavirus was airborne.
2. The closure of international travel (coupled with the closure of state borders) was instrumental in stemming the early influx of COVID-19 and undoubtedly saved thousands of lives and allowed some states to live essentially COVID free for much of 2020 and some of 2021. This effectively "flattened the curve" and saved our health systems from early failure and bought Australia considerable time to prepare for future waves. Unfortunately, this time was wasted because of a reliance on the promise of the coming vaccines and as a consequence no other long-term mitigations such as improving indoor air quality were implemented.
3. There needs to be established and enforced Ventilation and Indoor Air Quality Standards for all Commonwealth public buildings, specifically to maximise external air input, enhance filtration and ensure sufficient air changes to improve the indoor air quality.
4. The PPE stockpile, especially the P2/N95 respirators, was allowed to run very low prior to the pandemic and then the Black Summer fires of 2019-20 caused serious depletion of the existing supply of N95s. This was a failure in pandemic preparedness of the Commonwealth.
5. A heavy reliance on private pathology companies for the essential testing program, led to exorbitant fees that the Commonwealth public health budget had to carry. They also had limited capacity to upscale quickly.
6. Supply chains – the loss of onshore manufacturing over decades meant a reliance on imported goods that left us extremely vulnerable to supply chain failures and led to serious supply shortages of essential PPE.
7. Lessons from the 2003 SARS pandemic were not headed – specifically the need to apply a precautionary principle and that the SARS virus was spread via airborne transmission and led to serious and significant ongoing health implications for survivors, pre-empting Long COVID that occurs after SARS-CoV-2 infections.
8. Residential Aged Care Facilities (RACFs) under Commonwealth jurisdiction have suffered serious outbreaks of COVID repeatedly throughout the pandemic, leading to death and hospitalisations. RACFs are still suffering repeated outbreaks which is unacceptable given what we now know and the tools we have to mitigate the spread of COVID-19. There should have been and still needs to be a concerted drive to improve non-pharmaceutical interventions such as improved ventilation, Far-UVC and HEPA filters. The staff need better Infection Prevention and Control (IPC) training with enforcement of universal mask wearing, including N95s. There needs to be paid leave support for staff to isolate when infected until they repeatedly test negative. They should not be returning to work until they are testing negative. There needs to be a sustained, up-to-date vaccination booster program, providing on-site access for staff and residents. There needs to be mandatory mask wearing and screening for all visitors. This all needs to be supported by a multi-lingual, user-friendly education campaign.
9. The Disability Sector has often been overlooked in the pandemic response, creating confusion about IPC guidance and difficulty for carers and health professionals to access PPE. There was considerable confusion about whether settings for the COVID-19 response in health facilities

PO Box 58, Carlton South, Vic 3053 | **Ph** 1300 322 917 | **Fax** 03 9329 6468 | **Email** info@vahpa.asn.au | vahpa.asn.au ABN 38 106 461 384

applied to the disability care sector. Similar nonpharmaceutical interventions and supports described for the RACFs (No.8 above) need to be implemented for the disability sector. Improving ventilation and air purification can significantly relieve the reliance on mask wearing, especially where compliance is low.

10. Primary Care and Community Health Centres were lacking access to a centralised PPE resource. As a consequence, many GP clinics were not adequately equipped to see patients with respiratory symptoms, forcing these patients into the already stressed acute hospital system.
11. The closure of Respiratory Clinics in 2023 while the pandemic is still ongoing was premature.
12. The closure of outdoor and walk-up PCR testing centres and the need for a GP referral to access PCR testing were serious mistakes, severely limiting access to testing.
13. Cessation of some telehealth Medicare items that were generated to facilitate remote access to doctors and allied health professionals was a mistake.
14. Lack of a Commonwealth Centre for Disease Control, such as seen in the USA and Europe has been a huge contributor to the absence of a co-ordinated and consistent response that was needed.
15. Lack of a relevant Commonwealth standard of IPC with statutory requirements that directs the states to facilitate a consistent application of airborne mitigations. https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019 directs you to ICEG who resisted accepting airborne spread of SARS-CoV-2 for much of the acute phase of the pandemic. The Commonwealth claims to have overseen a co-ordinated state effort, when in fact the states have all been pulling in different directions.
16. Public Health Messaging has been a failure – we needed consistent, clear, unambiguous promotion of basic preventative and mitigating strategies, such as: COVID-19 is airborne and hangs in the air like cigarette smoke and can travel across indoor spaces; well fitted masks (N95) are very effective at reducing infection; while outdoors is much safer it still carries risk; good ventilation helps reduce risk – open windows and doors and add air filters (HEPA) where possible; vaccines decrease the risk of death and serious disease but do not stop transmission; isolate when infectious, do not attend work while sick (with any infectious illness, not just COVID).
17. There needs to be a concerted education and awareness campaign that COVID-19 is primarily spread by airborne transmission, and not limited to close contact or droplet/fomite spread as was misleadingly promoted at the start of the pandemic and has become ingrained in IPC practice.
18. Vaccines – delayed procurement, limited access, limiting age groups, have all been serious problems and still there have been delays procuring and dispensing the new monovalent XBB.1.5 vaccines and updated Novavax. Much of Europe, Canada and the USA discarded the bivalent (BA4/BA5) vaccines that Australia continued to use (despite very poor efficacy against the XBB strains) and provided the updated monovalent Moderna and Pfizer XBB.1.5 vaccines and the new Novavax (NVX-CoV2601) options months before Australia.
19. Relying on a vaccine only strategy for the return to business-as-usual despite severely limiting access to ongoing vaccination and not procuring or releasing newer variant specific vaccines.
20. National Cabinet – lack of transparency of decisions and failures to align with the latest science.
21. Isolation – the reduction in isolation period requirements and eventual total abandonment of public isolation requirements – leading to further reduction of isolation periods for healthcare workers (e.g. 5 days in Victoria and 3 days in NSW) leading to infectious people returning to work.
22. Support payments for workers who don't have access to personal (sick) leave, to allow them to stay home and isolate until testing negative should be universally accessible.
23. The declaration that the pandemic is over was premature with devastating effects.
24. Encouraging the pursuit of "Herd Immunity" despite knowing the available vaccines did not block transmission and limiting access with select eligibility for age groups especially children and never allowing general access to the under five-year-olds was dangerous, misleading, and wrong.
25. Pursuing the false concept of "Hybrid Immunity" despite evidence that COVID-19 infection was disrupting and depleting immune systems and creating other ongoing significant health impacts (Long COVID) was dangerous and wrong.

PO Box 58, Carlton South, Vic 3053 | **Ph** 1300 322 917 | **Fax** 03 9329 6468 | **Email** info@vahpa.asn.au | vahpa.asn.au ABN 38 106 461 384