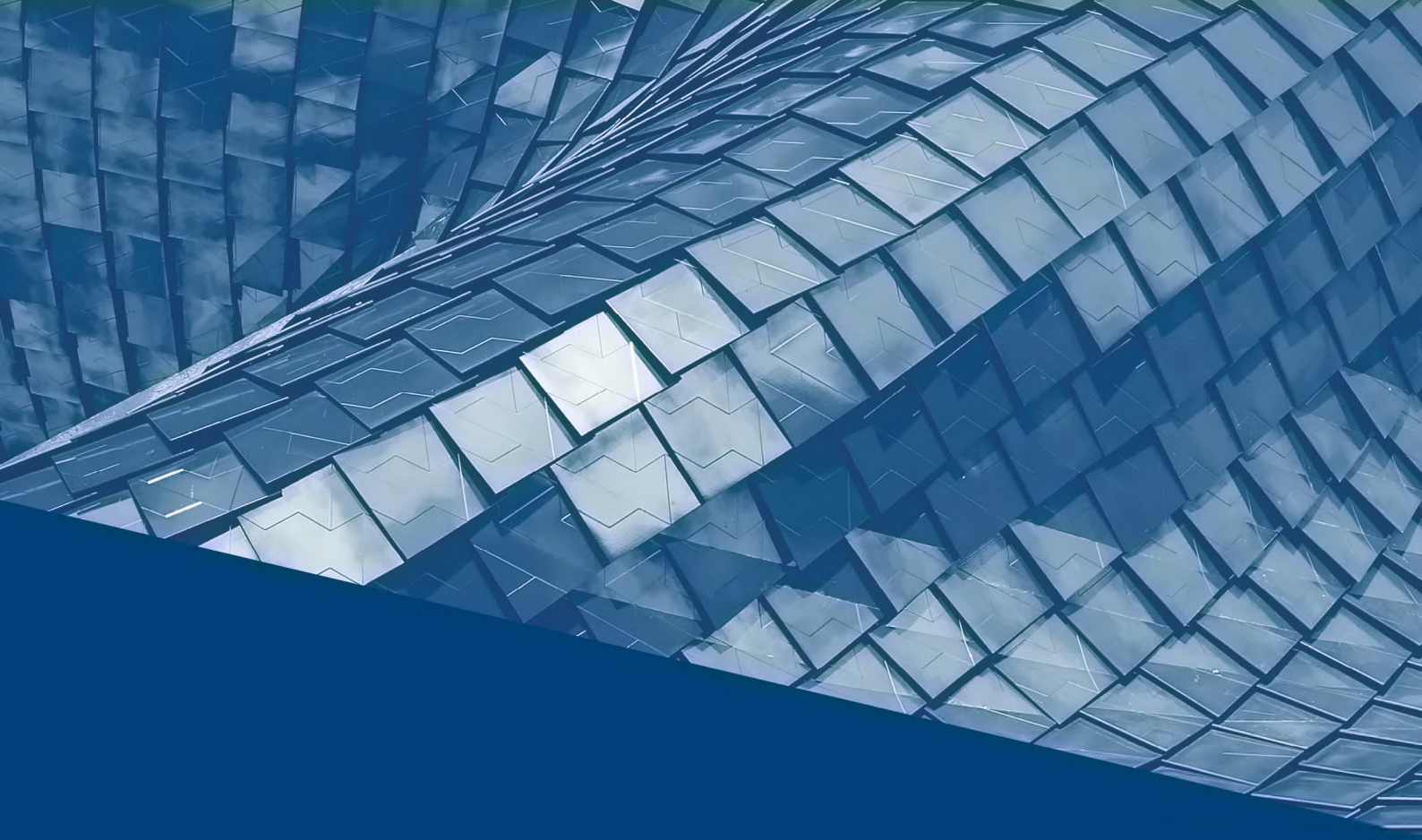

Hard lessons to learn: Managing COVID-19 and preparing for future oandemics

ACTU Submission on the COVID-19 Response Inquiry

ACTU Submission, 22 December 2023
ACTU D. 53/2023

ACTU
australian council of trade unions

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Introduction

About the ACTU

Since its formation in 1927, the ACTU has been the peak trade union body in Australia. It has played the leading role in advocating for, and winning the improvement of working conditions, including on almost every Commonwealth legislative measure concerning employment conditions and trade union regulation. The ACTU has also appeared regularly before the Fair Work Commission and its statutory predecessors, in numerous high-profile test cases, as well as annual national minimum and award wage reviews.

The ACTU is Australia's sole peak body of trade unions, consisting of affiliated unions and state and regional trades and labour councils. There are currently 43 ACTU affiliates who together have over 1.7 million members who are engaged across a broad spectrum of industries and occupations in the public and private sector.

The ACTU, along with our affiliates, fight to ensure the right of all workers to a safe and healthy working environment and has been a strong advocate throughout the pandemic for measures that protect and support Australian workers who may be exposed to COVID-19.

The ACTU welcomes the Commonwealth Government's decision to undertake an inquiry to review the Commonwealth's response to the COVID-19 pandemic and improve response measures in the event of future pandemics. It is critical that we learn from this experience in order to both better manage COVID-19 today but also prevent and minimise the impact of future pandemics.

Whilst we welcome the broad terms of reference of this inquiry the ACTU's submission will focus on the areas where we have greatest insight and expertise. These will specifically focus on the issues relating to work, work health and safety and the necessary income supports. In making these submissions we would also like to acknowledge the submissions made by our affiliates, including but not limited to the Australian Education Union and the Shop, Distributive and Allied Employees' Association as well as those made by the Public Health Association of Australia.

We thank the COVID-19 Response Inquiry Panel for the opportunity to make submissions on this important matter and would welcome future engagements on the issues we have raised.

Executive Summary

COVID-19 has exposed the frailties of our society. It has followed the contours of inequality in our labour market and exposed the inadequacies of our social safety net. Whether it is the insecure worker that was forced to choose between their health and their income or the essential worker who on a daily basis risked their lives just to keep the nation functioning, work was, and remains to this day, the most significant factor in a person's experience of the pandemic.

COVID-19 remains a serious public health and work health and safety issue. Total excess mortality for the first eight months of 2023 is 6,400 more than had the pandemic not happened, with slightly more than half (+3,500) directly attributable from deaths from COVID-19.[1] At more than twice the national road toll this remains both unacceptably high but also easily reduced with some simple workplace precautionary measures.

Now, as we approach the fourth anniversary of the arrival of COVID-19 the lessons of the pandemic are clear. An understanding of work is critical to ensuring that both COVID-19, as well as future pandemics, are managed to minimise the impact on health.

This submission will focus on three key areas:

1. Managing COVID-19 transmission in the workplace and the balance between Public Health Orders (PHOs) and a strengthened work health and safety regime
2. Insecure work and the increased risk of transmission for those that lack basic social protections such as sick leave, and
3. Income support for workers impacted by COVID-19.

In addition to these work-related aspects this submission will also provide recommendations to improve national coordination, sovereign manufacturing capability in relation to key medical supplies and PPE, as well as the vaccine rollout.

[1] Monthly report, Actuaries Institute, 31 August 2023. Accessible here

Recommendations

Recommendation 1

That a regulation on biological hazards is included in the model WHS laws that is linked to the national COVID-19 community protection framework. This regulation would be complemented by a Code of Practice outlining in practical terms how workplaces can identify and manage COVID-19 and future pandemic risks.

Recommendation 2

That a Ventilation Code of Practice is developed to support WHS Regulation 40 (e) which ensure that ventilation enables workers to carry out work without risk to health and safety. There are models to consider in the Irish Code of Practice for Indoor Air Quality and the approach outlined by OzSAGE.

Recommendation 3

That Safe Work Australia undertake a comprehensive review of the WHS framework to support workplaces to introduce effective measures to ensure the health and safety of workers and reduce the transmission of infectious disease. This should include consideration of mechanisms (Codes and Regulations) that can be enlivened when a pandemic is declared and/or when there is significant community transmission.

Recommendation 4

The Federal Government should introduce permanent measures to reduce the rate of insecure work to ensure that more workers are provided with the necessary social protections, such as sick leave, that allow them to safely isolate at home when ill. This includes passing the Closing Loopholes Bill currently before the Parliament and the important measures aimed at addressing insecure work.

Recommendation 5

That the government introduce a broad income support payment available to all workers, irrespective of employment type or residency status, which can be enlivened following a government direction such as a lockdown which causes a cessation of work.

Recommendation 6

That the NES be amended to include Paid Pandemic Leave that provides paid leave for all workers, irrespective of employment type or residency status, who contract the virus or who must isolate in accordance with public health orders.

Recommendation 7

The Federal Government must introduce a comprehensive program of support for those that experience Long COVID, regardless of visa status, including any dependents. This should include:

i. The provision of sufficient income support, to ensure that those that experience unemployment or underemployment as a result of Long COVID, do not experience financial insecurity.
ii. The introduction of a Long COVID Health Care Card.

Recommendation 8

The establishment of an Australian Centre for Disease Control (ACDC), as soon as possible to address problems seen in national management of the COVID-19 pandemic.[2]

Recommendation 9

The ACDC should be independent of government and overseen by members appointed by both the Commonwealth, state and territory governments, as well as unions and employers, to ensure that the specific risks associated with workplaces are incorporated in prevention measures.

Recommendation 10

As well as research into prevention of and response to infectious diseases, the ACDC should be tasked with analysing the nature and extent of misinformation and conspiracies, surrounding both COVID-19 itself and the vaccines made in response.

Recommendation 11

The ACDC to have a responsibility to examine and report annually to the Federal Government, on Australia's health related sovereign manufacturing capacity, including new forms of vaccines and all forms of necessary PPE.

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[2] Adapted from Public Health Management of the COVID-19 Pandemic in Australia: The Role of the Morrison Government, accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9407931/pdf/ijerph-19-10400.pdf

Recommendation 12

The Federal Government to develop a health-related sovereign manufacturing capacity strategy that ensures that Australia is able to respond to future pandemics.

Recommendation 13

The ACDC to plan to manage future pandemic vaccine rollouts, in coordination with the states and territories. Including the identification of sufficient numbers of mass vaccination centres in capital cities, suburbs, regional cities, their suburbs and remote communities whether Indigenous or not.

Recommendation 14

The ACDC to publish regular detailed vaccination statistics of vulnerable cohorts in designated priority vaccination groups, such as aged care residents and workers, and people with a disability. These statistics to include regular seasonal influenza vaccinations, as well as in pandemic circumstances.

Recommendation 15

The ACDC in coordination with the state and territory managed public health systems, to ensure that people in remote areas have equal access to both vaccines and the necessary medical treatment when they are sick with infectious diseases.

Managing Workplace COVID-19 Transmission

1. COVID-19 is a highly infectious disease that is transmitted from person to person by close contact with an infected person. Work and workplaces remain a key setting for transmission. Outside of the home work is where we gather, often in large numbers, and measures that are taken in workplaces can save lives and significantly reduce transmission.

2. Since the commencement of the pandemic public health units and specifically Public Health Orders (PHOs) have determined the safety measures that should be implemented to prevent transmission and work health and safety regulators have played at best a complementary role. These orders set out broad rules such as density limits, mask wearing and working from home orders and whilst these measures were blunt and were not tailored to specific settings or risk factors, they did offer clear guidance to workplaces when it came to managing COVID-19 risks.

3. However, as the pandemic continued these orders were progressively withdrawn and we failed to utilise our work health and safety (WHS) framework to identify, assess and control COVID-19 risks. Australia has a 'harmonised system' of work health and safety laws whereby each jurisdiction, except Victoria, has adopted the model work health and safety laws (model laws).[3] The model laws state that Persons Conducting a Business or Undertaking (PCBUs/Employers) have a duty to ensure the health and safety of workers and others so far as is reasonably practicable.

4. COVID-19 is a WHS risk. COVID-19 can cause serious illness and employers have a duty to ensure workers and others in the workplace are prevented from contracting the disease. There are three tiers to our model WHS laws:

    a. Act – sets out the duties of employers so far as is reasonably practicable.

    b. Regulations – legally enforceable obligations on employers to specifically identify certain hazards and implement hierarchy of specific proven control measures.

    c. Codes of Practice – practical guidance on how to manage certain risks that are legally enforceable in some jurisdictions.

5. The WHS Regulations apply a *hierarchy of control*, a sequential application of measures to control risk – elimination of risk, substitution of the hazard with a lesser risk, isolation

[3] Whilst not formally harmonised the Victorian OHS Act is substantially the same as the model Laws

of the hazard from workers using engineering controls, administrative procedures and training and finally, the lowest order control, the application of PPE.

6. The knowledge regarding managing biological hazards, such as COVID-19, are well established. Measures including, but not limited to the following are effective measures to manage COVID-19 risks:

    a. Supporting workers who are unwell (or suspected to be unwell) to isolate at home,

    b. Allowing working from home at times where there are outbreaks in the community or at the workplace,

    c. Improving ventilation and minimising density,

    d. Using PPE where distancing is not possible.

7. Since the start of the pandemic unions have identified the lack of enforceable guidance (Regulations and Codes of Practice) in relation to COVID-19 and biological hazards more broadly. The implementation of a Biological Hazard Regulation would be complementary to the duties set out in the WHS Act. It would require employers, in consultation with workers, to undertake local assessment of COVID-19 risks and implement a hierarchy of controls to minimise these risks. Not only does this framework offer far greater flexibility than the use of PHOs but it is far more likely to control risks and minimise transmission as it considers the local risk factors. It is also a more sustainable long-term approach to managing risks through a pandemic as it is workplace and context specific COVID control measures, rather than PHOs which are required to be implemented across states or regions where transmission is high.

8. A Biological Hazard Regulation can also be linked to the National COVID-19 Community Protection Framework for a COVIDSafe Australia. [4] This framework provides baseline settings for protection measures along with scaled up strategies when outbreaks increase. Appropriate cross referencing of this Framework in the Biological Hazard Regulation would provide clearer guidance to businesses about when scaled up strategies like mask wearing or density limits were necessary.

9. Workplaces need enforceable rules to minimise the transmission of the virus and to keep workers and others safe. A Biological Hazard Regulation is enforceable at the workplace

[4] National COVID Community Protection Framework. Accessible here

by Health and Safety Representatives (HSRs).[5] Effective management of the virus at work would also offer a significant opportunity to manage transmission in a setting where we spend anywhere from 25-50% of our lives.

10. In addition to a Biological Hazard Regulation, stronger rules are needed when it comes to ventilation indoors. The COVID-19 pandemic has changed the paradigm through which indoor ventilation is seen. Respiratory aerosols from breathing and talking that transmit the virus accumulate in indoor spaces and increase risk over time. We can no longer design buildings only for thermal comfort and ignore the importance of indoor ventilation in managing the risks associated with biological hazards. Ventilation is critical and urban design needs to consider airflow that will minimise infection risks. Again, our WHS Reguations do provide a basis upon which improvements can be advanced. Specically Regulation 40 (e) sets out obligations on employers to ensure that ventilation enables work to be carried out without risk to health and safety. Standards and a WHS Code of Practice need to be considered that require all aspects of ventilation including minimum airflow and mechanical ventilation (air conditioning). These, along with other mitigation measures will substantially reduce the risk of transmission.

Recommendation 1

That a regulation on biological hazards is included in the model WHS laws that is linked to the national COVID-19 community protection framework. This regulation would be complemented by a Code of Practice outlining in practical terms how workplaces can identify and manage COVID-19 and future pandemic risks.

Recommendation 2

That a Ventilation Code of Practice is developed to support WHS Regulation 40 (e) which ensure that ventilation enables workers to carry out work without risk to health and safety. There are models to consider in the Irish Code of Practice for Indoor Air Quality and the approach outlined by OzSAGE.

[5] Health and Safety Representatives (HSRs) are elected worker representatives and have powers to issue improvement notices that require employers to comply with legal obligations such as a Biological Hazard Regulation or Code of Practice.

Recommendation 3

That Safe Work Australia undertake a comprehensive review of the WHS framework to support workplaces to introduce effective measures to ensure the health and safety of workers and reduce the transmission of infectious disease. This should include consideration of mechanisms (Codes and Regulations) that can be enlivened when a pandemic is declared and/or when there is significant community transmission.

Insecure work and increased risk of transmission

11. Insecure work became one of the great vectors of the pandemic. As we watched the virus enter Australia on the back (or up the noses) of Australia's wealthy returning home from their ski trips in the northern hemisphere it was in working class communities where our greatest weakness lay. Whilst it may have been the rich that brought COVID-19 to our shores, it was working people, and the communities where insecure work predominated, where COVID-19 wreaked its greatest havoc.

12. Sick leave is our greatest protection against COVID-19. The mere act of staying home whilst sick is the most important thing we can do to stop the spread of the virus. It is important in not only protecting our workmates but in protecting the community. With more than one-third of workers in some form of insecure work Australia has some of the highest levels of casualisation in the OECD. That is more than 4.1 million Australians that do not have the basic social protection afforded by sick leave. This particularly Australian problem has meant that we were vulnerable when COVID-19 arrived on our shores.

13. Workers throughout the early days of the pandemic were forced to make choices every time they got a sniffle: test and isolate and suffer the financial consequences of missed shifts or run the gauntlet and hope that it's not COVID-19. Whilst this issue was self-evident for casual and insecure workers it also applied to permanent and part-time workers who may have worried about the ongoing threat to sick leave balances that test and isolate policies would have.

14. The trade union movement identified this fault line early in the pandemic and quickly mobilised in many workplaces to organise paid pandemic leave for all workers. As of June 2020, the ACTU estimated that unions had organised and won Paid Pandemic Leave in workplaces and across industries covering more than 1.4 million workers. This was an amazing achievement for unions who worked hard to ensure that every worker had the right to stay home whilst unwell or potentially infectious. This was not only an important measure to support workers it was a critical weapon in the fight against the spread of the virus.

    From this achievement pressure continued to build on governments to ensure that universal basic social protection was afforded to everyone. It was only after months of pressure and clear evidence as to how the pandemic was tearing through insecure

workers that the Morrison Government finally relented in providing Paid Pandemic Leave for all workers *on 3 August 2020.* Paid Pandemic Leave was a major step forward in the fight against the virus. Whilst this policy was welcomed it should be noted that there were unnecessary exclusions, which are outlined later in this submission, that again left workers out.

15. Whilst this social protection was critical in the fight against the virus policies such as these should not be expected to shoulder all of the load. Insecure work should not be as prevalent as it is today in Australia. More effort must be taken to reduce the incidence of insecure work and provide opportunities for permanent employment. The Federal Government's Closing Loopholes Legislation begins to tackle the scourge of insecure work by addressing a number of key factors that give rise to it such as:

    a. Ending the labour hire loophole that allows employers to engage labour hire workers on less pay and with inferior conditions to those that are contained in their own collective bargaining agreements. This loophole has accelerated the number of workers in labour hire arrangements as employers are motivated to outsource the work to labour hire providers. These workers do not have sick leave and would be highly vulnerable in the event of a future pandemic.

    b. Strengthening the definition of casual to ensure that there are objective tests to define casual work and provide genuine opportunities for workers engaged on regular and systematic rosters to convert to permanent.

    c. Regulating gig work and allowing the Fair Work Commission to set standards for gig work. These standards could include matters to deal with sick leave and other measures that will provide greater social protection to gig workers and reduce the insecure work risk factors when it comes to future pandemics.

16. In addition to tackling the levels of insecure work we must also ensure that there are appropriate supports for workers in genuinely casual work. The government should ensure that workers who are COVID-19 positive or suspect they may be positive have paid leave to isolate, test and recover. This is important not only for the welfare of those workers but for the protection of their colleagues and the broader community.

Recommendation 4

The Federal Government should introduce permanent measures to reduce the rate of insecure work to ensure that more workers are provided with the necessary social protections, such as sick leave, that allow them to safely isolate at home when ill. This includes passing the Closing Loopholes Bill currently before the Parliament and the important measures aimed at addressing insecure work.

Supporting workers impacted by COVID-19

17. When the pandemic arrived Australians were nervous. We saw the restrictions implemented in the northern hemisphere to protect the community as the virus spread and the impact that it had on lives and livelihoods. With only one-third of workers in Australia able to do some or all of their work from home, similar restrictions were likely to have a devastating impact on lives and incomes.

18. In March of 2020 as lockdowns became considered unions immediately urged government to ensure that income support be provided to workers and businesses who would be forced to close or reduce operations to ensure that people were able to meet their most basic needs. At first this was refused by the Morrison Government only to be reversed a week later, at the end of March 2020, when the government announced the introduction of JobKeeper and JobSeeker payments.[6]

19. These payments immediately eased the strain on businesses and workers who were able to manage restrictions whilst also meeting their basic needs. It showed the power of government intervention as millions were lifted out of poverty with increased JobSeeker payments and it provided important confidence to the community that restrictions could be followed without creating a financial burden on individuals. Importantly it showed that we were all in this together and provided the financial security to Australians that would support them to undertake the difficult, but necessary, measures to slow the spread of the virus.

20. Whilst the income support interventions, such as JobKeeper and JobSeeker, should be applauded it should also be noted that whilst its coverage was broad it, like other measures introduced, arbitrarily excluded key groups including casuals and migrant workers. Narrowing the coverage to permanent workers and regular and systematic casuals with at least 12 months service meant that many workers failed to qualify. This led to numerous disputes in workplaces and industries including but not limited to, retail and hospitality where, due to the prevalence of insecure work, were excluded from coverage. In the case of non-residents this exclusion was particularly punitive as on one hand we had closed Australia's borders and told migrant workers they could no longer

[6] Crikey, 31 March 2020. Access here

leave, and on the other hand had determined they were not worthy of government support. This shameful experience continues to cost Australia in the form of reduced reputation amongst migrants who felt betrayed by the government. It also created perverse and counterproductive situations in workplaces as migrant workers, ineligible for income support, were denied shifts in favour of permanent residents who were in receipt of income support.

21. Throughout the pandemic there were a number of industries and occupations that were at significant increased risk of exposure to COVID-19. These included health workers in COVID-19 wards treating sick patients right through to frontline workers in retail, who, at the height of community transmission would be regularly exposed to the virus at work.

22. Workers who are injured or become ill in the course of their employment are entitled to make claim for workers compensation. These largely state based compensation schemes provide for both income support and payments for medical treatment. In periods of social distancing and stay at home orders the only contact that worker had with others was at work and it was, more than likely, the reason for exposure. Despite this our workers compensation system was inadequate in providing the support for these workers that clearly contracted the virus at work. It was only in NSW where presumption was afforded to frontline workers where some of these barriers were removed.

23. In addition to becoming ill many workers were close contacts of people who were positive were then subject to isolation orders that prevented them from attending work. These orders were important public health measures to slow the spread of the virus but left many without access to paid leave. Whilst we have already outlined concerns with insecure work and the availability of sick leave many permanent were workers also impacted due to gaps in our personal leave arrangements. Personal leave is available to workers who are unwell and unable to work, however it is not available for workers who are otherwise well but are required to isolate due to being a close contact. This gap in our statutory personal leave entitlements presented a significant challenge to worker who were required, sometimes on multiple occasions, to isolate at home. The National Employment Standards (NES) should be amended to include a broad right to paid leave on each occasion a worker is unwell due to a pandemic illness or is required to isolate because of a PHO or direction.

24. Further gaps exist in our social protection framework when we consider the incidence of Long COVID and the ACTU has previously made submissions to improve the support that sufferers of Long COVID receive.[7] Long COVID is the persistence of symptoms for a period of three months or more. In 2022 as part of the Federal Parliament's inquiry into Long COVID Victorian Government submitted that as much as 0.6% of the population have suffered the effects of Long COVID. Other studies have ranged from as low as 5% of those that have had COVID up to as high as 30%.[8]

25. The persistence over time of COVID symptoms will leave many thousands of workers unable to work. Not only will this have lasting health impacts on individuals it will have long term financial implications for workers who lose income and employment is reduced. Those with Long COVID may need considerable periods off work or with reduced working hours. The National Employment Standard (NES) provides just 10 days each year for a full-time employees and pro rata for part-time employees. In addition to this, Section 352 of the Fair Work Act (**FW Act**) provides protection against termination for workers with illness and injury for three months.[9] Those who experience Long COVID will not only quickly draw down any personal leave accruals, but they will also be at risk of complete loss of employment.

26. Long COVID again highlights a significant problem in Australia with regards to lengthy, but temporary, periods of illness and impairment and the consequential burden that falls on those that are ill. The Disability Support Pension (DSP) is a scheme designed only to support those with permanent and significant impairment. In order to be eligible you must be expected to be unwell for a period greater than 2 years and suffer a condition that meets an impairment rating of greater than 20 points. Both the duration and thresholds for impairment effectively exclude sufferers of Long COVID, and many other significant temporary conditions, from any income support.

27. JobSeeker requires recipients to satisfy requirements such as actively searching for work. For those with chronic fatigue, brain fog, immune, neurological, or psychiatric sequelae it is likely people will have limited capacity to meet the eligibility tests for JobSeeker. For

[7] Minimising the incidence of Long COVID, ACTU submission to HR Standing Committee on Health, Aged Care and Sport – Inquiry into Long COVID. Access here
[8] The experience of COVID-19 in Australia, including Long COVID, ANU, August 2022. Access here
[9] Fair Work Act Section 352

many sufferers looking after children including accessing childcare services, is difficult. Equally, transport presents a particular trouble for some people experiencing Long COVID. The fatigue can make driving dangerous, public transport is often not available and if it is, carries the fear of re-infection.

28. The combination of these factors, and the inadequate support provided, will likely push those who experience Long COVID to the fringes of the labour market and have a lasting negative financial impact. Commonwealth agencies have recognised that our systems can be impediments to workforce participation for those with health conditions. This also applies to those with temporary incapacity with an undefined timeline or known clinical course. Since 2017 a national collaboration of public, private and not-for-profit sectors has been conducting research to understand workforce participation for those with a health condition – temporary or permanent.[10] Reports authored by investigators from Monash and Melbourne University for the Collaborative partnership highlights the deficiencies in our systems of income support for those with health conditions.[11] The findings included:

- *Participants were financially distressed. More than half of the survey respondents reported a period of no income which lasted on average somewhere between 7 and 15 months.*

- *Before accessing each income support system, the majority were receiving income from paid work, and health impacting work was the main reason for seeking income support. Across the survey less than half reported being able to return to work (RTW) at any time, and for those who did report RTW it was common to have attempted multiple times. Employment agencies were described as not genuinely taking into account a person's limitations when putting forward job roles.*

29. Across each of the systems, paid employment was the most common income source in the month prior and being unable to work due to ill health was the most common reason for moving to an income support system. The research was conducted before the impact of COVID-19 but clearly demonstrates the shortcomings of our income support systems. For those with Long COVID the outlook may be even bleaker. Whilst more knowledge is

[10] https://www.comcare.gov.au/collaborativepartnership/about_us
[11] https://www.comcare.gov.au/__data/assets/pdf_file/0020/365015/cp-pillar-one-report-snapshot.pdf

emerging, there is a genuine lack of understanding about the extent or duration of Long COVID and consequently an inability to predict a return to the workforce either in full or part time positions.

30. Workers with Long COVID need access to proper income support to make ends meet until they recover. Our current income support systems are not designed for a health condition that has a recovery process that is poorly characterised, especially as many have significant trouble accessing treatment and support.

31. To alleviate some of the financial pressures strong consideration must be given to:

    - Income support for those with acute COVID who have exhausted their sick leave provisions.
    - Assisting workers to make a workers' compensation claim where there is a link to work or particular occupations.
    - Special COVID income support payment during recovery.

32. Consideration should also be given to the introduction of a Long COVID Health Care Card, as access to the Health Care card is limited to those on specific payments from Services Australia.[12] A Long COVID Health Care card would allow government agencies/departments to synchronise support services to support people experiencing critical medical issues, such as:
    - Access to reduced rate medication,
    - Discount on essential service bills, and
    - Local council home and community-based support programs.

33. A Long COVID Health Care card could also be used as a means of identifying access to other services.

34. Additionally, providing taxi vouchers to people experiencing Long COVID and are unable to drive would assist them to attend medical and other support services safely. Alternatively,

[12] Services Australia, March 2022 https://www.servicesaustralia.gov.au/who-can-get-health-care-card?context=21981

agreement could be made to allow people with Long COVID to access taxi transport subsidy schemes e.g. the Victorian Multi-purpose Taxi Program.

35. Finally, additional funding is needed for social work support, legal support, and financial counsellors to help people who are still struggling with the impact of COVID on their physical, mental and financial wellbeing.

Recommendation 5

That the government introduce a broad income support payment available to all workers, irrespective of employment type or residency status, which can be enlivened following a government direction such as a lockdown which causes a cessation of work.

Recommendation 6

That the NES be amended to include Paid Pandemic Leave that provides paid leave for all workers, irrespective of employment type or residency status, who contract the virus or who must isolate in accordance with public health orders.

Recommendation 7

The Federal Government must introduce a comprehensive program of support for those that experience Long COVID, regardless of visa status, including any dependents. This should include:

iii. The provision of sufficient income support, to ensure that those that experience unemployment or underemployment as a result of Long COVID, do not experience financial insecurity.

iv. The introduction of a Long COVID Health Care Card.

National coordination of public health advice – An Australian Centre for Disease Control (ACDC)

36. The COVID-19 pandemic highlighted the need for a single national coordinating mechanism to ensure both strong coordination across jurisdictions and Commonwealth agencies but also as an independent, trusted public health advisory body to advise both government and the public.

37. Australia is the only OECD country without a CDC, or equivalent organisation.[13] The ACTU welcomes the decision by the Commonwealth to establish an Australian Centre for Disease Control and that its early focus be on communicable diseases. As we have stated in previous submissions, we believe the ACDC is an important institution for providing public health advice and that it is critical it be independent of government to provide transparent, evidence-based health advice to guide effective public health intervention.[14]

38. Even at this stage, in late 2023, RMIT researchers have found Australia lacking in...*availability of trustworthy public health information*, with respect to Long COVID. In a broader sense a new study has confirmed the experience of workers and their unions that confused health messaging in the pandemic, *'led to sometimes confusing government messaging, which often generated mistrust and suspicion of public health policies'.*[15]

39. This lack of a clear source of COVID-19 advice was, as previously mentioned, worsened by the WHS Regulators hands off approach to PCBU education and compliance, with many suspending visits to workplaces and PCBUs altogether. These factors fed mistrust in the public health response and gave rise to far-right actors that have continued to foster mistrust in public institutions.

40. COVID-19 further highlighted the failure of health policy makers to understand the impact of work, which underscores the significant opportunity for a ACDC to include work and work-related illness in its scope, purpose and functions. As has previously been outlined,

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[13] Role and Function of a CDC – Consultation Paper-Health Department. Access here
[14] ACTU submission on Role and Function of an ACDC ACTU D No. 52/2022.
[15] "I do not consent": political legitimacy, misinformation and the compliance challenge in Australia's COVID-19 policy response (2023) by Melissa-Ellen Dowling and Tim Legrand, Policy and Society. Accessed at https://doi.org/10.1093/polsoc/puad018

throughout the pandemic policy makers have played catch up with workplace practices that have traditionally been the domain of work health and safety policy makers and regulators. Whether it be the delayed and limited introduction of Pandemic Leave to address the aforementioned issue of insecure work and isolation, through to the development of blunt, confusing public health orders around workplace safety, or even the fraught efforts to implement vaccine mandates, there has been a consistent misunderstanding of the world of work that has stifled and impeded the response to the pandemic.

41. Even today unions remain concerned that with the removal of PHOs workplaces are without clear enforceable guidance when it comes to managing transmission at work. Effective workplace transmission control measures are critical to not only keeping workplaces safe but, given that work is a key setting for human contact, it is a critical place for managing and minimising transmission of the virus and reducing future waves.

42. Given all of these concerns it is not surprising that, given the lack of understanding and focus on work and workplaces, that in the first year of the pandemic there were almost 4 times as many deaths due to COVID-19 among people from the lowest socioeconomic group compared with the highest group, and age standardised mortality rates were 2.6 times as high.[16] This 'work blind spot' in our response is partly due to the disconnect between "public health" and "work-related health". There are very limited connections between those health agencies dealing with infectious disease and work health and safety policy. There is a lack of information and data sharing, as well as approaches to infection control relevant to work. If a future ACDC is going to effectively prevent and manage future pandemics a strong link to work is critical. For these reasons and others, the ACTU submits that an ACDC should include representatives of social partners (unions and employer organisations) to ensure that work related matters are understood when considering public health interventions to manage communicable diseases.

Recommendation 8

[16] AIHW 2021. The first year of COVID-19 in Australia: direct and indirect health effects. Cat. no. PHE 287. Canberra: AIHW. https://www.aihw.gov.au/getmedia/a69ee08a-857f-412b-b617-a29acb66a475/aihw-phe-287.pdf.aspx?inline=true

The establishment of an Australian Centre for Disease Control (ACDC), as soon as possible to address problems seen in national management of the COVID-19 pandemic.[17]

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The ACDC should be independent of government and overseen by members appointed by both the Commonwealth, state and territory governments, as well as unions and employers, to ensure that the specific risks associated with workplaces are incorporated in prevention measures.

Recommendation 10

As well as research into prevention of and response to infectious diseases, the ACDC should be tasked with analysing the nature and extent of misinformation and conspiracies, surrounding both COVID-19 itself and the vaccines made in response.

[17] Adapted from Public Health Management of the COVID-19 Pandemic in Australia: The Role of the Morrison Government, accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9407931/pdf/ijerph-19-10400.pdf

Sovereign Capability and Vaccine Rollout

43. Decades of offshoring of manufacturing capacity left Australia critically short of supply of key COVID-19 risk controls such as ventilators, N95 respirators, surgical gowns and hand sanitiser when overseas manufacturing supply chains were either shut down, or supply was diverted within the overseas manufacturing jurisdiction. This left workers, and in particular frontline workers, in the early days of the pandemic highly vulnerable to infection and hampered the early attempts to control the spread of the virus. Key infectious disease risk controls must be accessible for future pandemics and Australia should ensure that there are appropriate stockpiles of key medical supplies maintained along with domestic supply chains in the event of border closures or transport disruptions.

44. In addition to key medical supplies the lack of vaccine manufacturing capacity delayed the rollout. This, combined with a failure from the government to secure multiple vaccines meant that far from being at the 'front of the queue' Australia lagged the world in the race to vaccination. These failures not only increased the length of lockdowns but saw Australia having to source supply from overseas, making it more difficult for low and middle income countries to supply their populations with vaccines.

45. The vaccine rollout staging was announced by the Prime Minister on 7 January 2021 and included five stages. Critically Stage 1a included quarantine and border workers, frontline health care workers, aged care and disability care staff, and aged care and disability care residents (estimated 678,000 people). This was immediately ignored especially with respect to the aged care residents and disability sufferers, with catastrophic consequences for these cohorts.[18]

46. A low prevalence of infection, coupled with the wish to claim credit, led the Commonwealth to eschew vaccine distribution by state governments. Instead, it prioritised distribution through channels it funded directly - vaccines were to be primarily distributed through general practices and pharmacies. This approach unravelled when supply shortages meant that commitments to general practices to deliver a specific

[18] Duckett, S, August 2022: *Public Health Management of the COVID-19 Pandemic in Australia: The Role of the Morrison Government*. Access here

quantity of vaccines were not met, causing anger and frustration over cancelled appointments, and further undermining confidence in the availability of vaccines.

47. There was very little reporting of progress in vaccinating people in the designated priority groups, such as aged care residents and workers, and people with a disability. As a result, low vaccination rates in these sectors were not identified early enough to take corrective action.

48. Data was not routinely published by location of those vaccinated either, so gaps in vaccination coverage for low-income populations were also missed, and nothing was done to increase uptake in those groups. This exacerbated the inequitable adverse socio-economic impact of the pandemic.

Recommendation 11

The ACDC to have a responsibility to examine and report annually to the Federal Government, on Australia's health related sovereign manufacturing capacity, including new forms of vaccines and all forms of necessary PPE.

Recommendation 12

The Federal Government to develop a health-related sovereign manufacturing capacity strategy that ensures that Australia is able to respond to future pandemics.

Recommendation 13

The ACDC to plan to manage future pandemic vaccine rollouts, in coordination with the states and territories. Including the identification of sufficient numbers of mass vaccination centres in capital cities, suburbs, regional cities, their suburbs and remote communities whether Indigenous or not.

Recommendation 14

The ACDC to publish regular detailed vaccination statistics of vulnerable cohorts in designated priority vaccination groups, such as aged care residents and workers, and people with a disability. These statistics to include regular seasonal influenza vaccinations, as well as in pandemic circumstances.

Recommendation 15

The ACDC in coordination with the state and territory managed public health systems, to ensure that people in remote areas have equal access to both vaccines and the necessary medical treatment when they are sick with infectious diseases.

Conclusion

By global comparison Australia was fortunate in the early days of the pandemic. Tucked away at the bottom of the globe surrounded by water our borders were more difficult than others for the virus to penetrate. However, this comparative advantage was squandered. We failed to observe the way the virus was moving and disrupting life and society in other parts of the world and take the necessary action protect and support Australians. Critical to these failures was our inability to understand the dynamic nature of work and workplaces.

At times of lockdown and social distancing these important locations were ground zero for transmission. A focus on work and workplaces is critical in preparing for future pandemics. Not only are they locations for transmission where protections measures are needed, they are sources of income for millions of Australians. Our response must recognise the unique threats posed to work and workplaces and ensure that policies support keeping them COVID safe.

This requires significant reform to how our labour market operates and how work is organised. We must address the scourge of insecure work which has been proven to accelerate the spread of infectious diseases due to the lack of social protection (sick leave) provided to workers. We must ensure that we have appropriate broad income supports that can be enlivened when workers are unable to work due to lockdowns, illness or health orders. We also must liberate the work health and safety framework which can adapt to the specific risks posed in workplaces and ensure controls are effective and appropriate.

Finally, we must have a trusted national voice and coordinating mechanism. The case for an Australian CDC is clear. It must have a broad advisory body including unions and employers and be independent of government.

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