

## **Future proofing Australia's unprotected, at risk healthcare workforce now: an investment against future pandemics**

My name is Suzanne Jennings, co-founder of the grassroots advocacy group Cleaner Air Collective. I also have had the recent lived experience of four at risk [REDACTED] needing to attend three different Victorian hospitals in May, July-August, October-November and late December 2023. On every occasion, all three hospitals (two Melbourne based and one in Ballarat) had mask requirements in place; this meant that all staff and visitors and most patients were masked. Some patients were unable to mask but remained protected by everyone else wearing masks.

I note that in November 2023 the local Ballarat Courier newspaper reported that an “exponential increase of Covid hit Ballarat” but there were “no significant outbreaks within Ballarat’s St John of God hospital” despite the high community transmission<sup>2</sup>. The hospital had a mask mandate throughout October and November whenever I visited [REDACTED], which clearly protected patients, staff and visitors alike.

However, I am aware that these Victorian hospital mask requirements are the exception in Australia, not the rule. The anecdotal experiences I hear from friends in every other state and territory is uniform regarding the lack of masking in healthcare facilities. This is a serious mistake with a cascade of multifaceted consequences, not only for vulnerable patients, but for healthcare workers (HCWs) and the future of the Australian health system. Studies show a significantly increased risk of COVID-19 infection among frontline HCWs compared to the general community, and this is especially the case if PPE is inadequate.<sup>5</sup>

Protecting Australia's healthcare workforce from repeated COVID-19 infections in the workplace is imperative; accordingly, it is crucial to ensure the use of appropriate airborne PPE, specifically N95/P2 respirators, across the nation. This is a health standard so vital it should not be left up to state or territory politicians to set. It is unimaginable that states and territories would have inconsistent Hand Hygiene standards, and this should also apply for airborne PPE protocols.

In general, our current infection control settings are outdated and inappropriate. It's well established that COVID-19, a level-3 biohazard, is airborne as are many other infectious threats. It is time to take urgent action to set national standards for Mask Hygiene in all hospitals, both in preparation for ongoing and future airborne pandemics, and to prioritise the ongoing safety and wellbeing of one of our greatest and most essential assets - our healthcare workforce. Far from being a “restriction”, it is a vital workplace protection standard. Anything less is a catastrophic failure of risk assessment.

Additionally, there are many HCWs whose vaccinations have waned, but who are not eligible for an additional booster. This is another myopic dereliction of protection for a constantly exposed, essential workforce. Brazilian researchers have found that while reinfection is a major risk factor for long COVID in HCWs, maintenance of immunity via regular vaccination is highly protective.<sup>6</sup> HCWs must be given access to vaccine boosters every six months as a valuable layer of protection against their dangerous workplace.

The current prevalence of sick leave absences highlights the urgency of safeguarding healthcare workers. Adequate PPE, such as N95/P2 respirators, provides a frontline defence, reducing the probability of virus transmission within healthcare settings – as demonstrated in the Ballarat experience. This not only protects individual workers, but also ensures the continuity of healthcare services by minimising disruptions due to illness-caused staff shortages. Indeed, St John of God Hospital Ballarat's acting chief executive [REDACTED] said at the time that only “a small

number of nursing staff in the oncology department contracted COVID several weeks ago but it did not disrupt normal operations.”<sup>2</sup>

Labourforce shortages are also exacerbated by healthcare workers becoming chronically ill, and this, in turn, poses a serious threat to the country's ability to respond to health crises. The risk of long COVID among healthcare workers underscores the need for stringent protective measures. Long COVID can result in persistent symptoms affecting physical and mental health, potentially leading to prolonged sick leave and diminished workforce efficiency.

Around the world, healthcare worker long COVID statistics are significant and worrying. The World Health Organisation found that more than half (59.3%) of the healthcare workers they studied in Jordan reported post-COVID-19 syndrome,<sup>9</sup> while a US study reported that the impact of long COVID has already worsened healthcare's severe workforce shortage: 2% of nurses did not return to work after developing COVID-19, and about 25% of those filing COVID-related workers compensation claims for lost time at work were HCWs (more than any other industry).<sup>7</sup>

Also in the US, a union survey revealed 18% of 2,825 nurses polled nationwide were still reporting long COVID symptoms after 12 months; as well, 60% took time off to recover, 3% were unable to return, and 38% reported that long COVID continues to affect their work. A union spokesperson noted the union's concern that “every time you are reinfected, it increases the likelihood of more severe symptoms of long COVID. This is a profession that works with COVID daily. The fact that we are no longer testing patients puts nurses at more risk”.<sup>8</sup>

Evidence from the UK is even more concerning, with HCWs (using inadequate or no PPE) seven times more likely than other workers to have had severe COVID-19, and at least 199,000 NHS workers currently living with long COVID.<sup>10</sup> The UK's Office for National Statistics states: “as a proportion of the UK population, prevalence of self-reported long COVID was greatest in ... those working in health care.”<sup>11</sup> As well, a British Medical Association survey of doctors revealed almost one in five respondents were unable to work due to their post-acute Covid ill-health and 77% believed they were infected in the workplace. Only 11% of respondents had access to an FFP2 respirator at the time they contracted COVID-19.<sup>3</sup>

Moreover, the cognitive damage associated with COVID-19 infections emphasises the importance of preventing workplace exposure. In a Canadian study, one third of non-hospitalized healthcare workers with post-COVID condition reported persistent cognitive impairment, psychological distress and fatigue, a concerning outcome which could have critical implications for quality healthcare delivery during and after the pandemic.<sup>4</sup> By enforcing N95/P2 respirator requirements, Australia can shield its healthcare workforce from the potential neurological consequences of the virus, thereby preserving the mental acuity necessary for timely, complex decision making and safe, effective patient care.

It is clear and well known that Australia is already experiencing a serious shortage of HCWs. Projecting into the next three years, Health Workforce Australia has reported an expected shortage of more than 100,000 nurses and more than 2,700 doctors. Additionally, the Committee for Economic Development of Australia has predicted that the skills shortage in aged care could reach 110,000 or more in the next decade and well over 400,000 by 2050.<sup>12</sup> The lingering effect of the COVID-19 pandemic – which includes long COVID – is acknowledged as an important factor affecting the Australian healthcare staffing crisis.<sup>13</sup> We cannot afford to continue to lose healthcare workers to the long-term effects of COVID-19; a significant loss to an essential, skilled and difficult to replace workforce just as potential new pandemic threats arise would be catastrophic. We must do all we can to protect the ability of the Australian health system to meet patient demand and ensure safe care, both now and moving into the future.

## Recommendations for sustainable Healthcare Workplace Protection:

- Australian Commission on Safety and Quality in Healthcare (ACSQHC) to create new National Standard for Masked Care, requiring ongoing use of N95/P2 respirators for all HCWs in healthcare settings
- ACSQHC to create Masked Care is Safer Care education campaign for HCWs
- Government provision of fit-tested respirators for all HCWs
- Auditing and compliance by ACSQHC, as per existing hand hygiene protocols
- Automatic access to vaccine boosters every six months for all frontline HCWs.

The multifaceted repercussions of HCW infections, ranging from long COVID and cognitive damage to sick leave absences and chronic staff shortages, underscore the urgency of implementing comprehensive measures to safeguard those on the frontlines. By doing so, Australia not only preserves the health and well-being of its valued healthcare professionals, but also fortifies a resilient healthcare system, capable of handling the challenges of the future and the next pandemic.

Thank you for your consideration. I would be very interested to participate in further stakeholder engagement with you this year.

## References

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