

Submission to COVID-19 Response Inquiry

A Limb

Thank you for the opportunity to contribute to this inquiry. I am a small business owner with a child in primary school and elderly parents. I'm a public health advocate, having assisted a local school by educating staff on the measurement and improvement of ventilation. I am a member of COVID Safe Schools and Cleaner Air Collective. My submission focusses on advice to government, public health messaging, protecting patients and children.

ADVICE TO GOVERNMENT IS STILL FLAWED AND OUTDATED

Many individuals who have provided advice to the government during this ongoing pandemic do not keep up to date with new research on SARS-CoV-2, are biased in their advice and continue to make dangerous and misleading statements. There needs to be an immediate review of every member of AHPPC and ACSQHC including their advice provided to government, statements to the media and comments in social media. Those who are found to have misled the government or the public must be stood down immediately. Their failure to provide accurate information and unbiased advice to the government has resulted in many thousands of excess deaths and an ever-increasing number of people with post-acute sequelae including organ damage and long covid. This is creating a burden on individuals, society and the economy.

ATAGI must be held to account for their failures to protect the public. They continue to unreasonably limit vaccine eligibility and antiviral eligibility. There is a complete lack of vaccine boosters for children and no vaccines for under 5s. Children that were vaccinated when they were first available in Australia are now coming up to 2 years since their vaccination. We know that protection from vaccines starts to wane after only a few months. We also know that the older vaccines provide little/no protection for new variants. We also know that vaccines are safe. Other countries such as USA provide regular boosters for children. The federal government should provide minutes of meetings and copies of advice received, in regards to their delays in ordering vaccines and ordering of insufficient quantities.

PUBLIC HEALTH MESSAGING

It's beyond belief that as we are entering the fifth year of the coronavirus pandemic, most people don't know it's airborne or that 1 in 10 infections are disabling. This includes doctors and nurses. We urgently need public health campaigns like we have for HIV, smoking and drink driving.

The federal and state health departments could improve public health messaging by working together to create honest information campaigns and by requiring all staff including doctors, nurses and CHOs to keep up to date with new research about covid. With the exception of Victoria in recent times, every state and the federal Dept Health has neglected their duties. Even at the time of writing this submission in December 2023, Chief Health Officers in multiple states are repeating misinformation. They speak of hand washing and staying home when sick. Hand washing is only a little bit helpful for an airborne virus – cleaning the air via improved ventilation and HEPA filters along with respirators is most effective. Staying home when sick is important – but this completely ignores the facts of presymptomatic and asymptomatic transmission. Studies have shown that approximately 40% of people are asymptomatic with covid and we also know people are infectious for at least 48 hours before having symptoms – so giving people the impression that all they need to do to protect vulnerable family members and others is stay home when sick is very dangerous. Even worse, recently I have

heard multiple nurses state that they are confident they won't infect their patients as they stay home when sick – they don't believe masks are necessary – they clearly do not understand presymptomatic and asymptomatic transmission. An honest, ongoing, public health campaign would help to educate the health care professionals as well as the public. CHOs and members of ACSQHC are still saying that surgical masks are as good as N95s – it is very clear that an [N95 is required](#) to give proper protection from a virus spread via aerosols. Health Departments are also still advising people to cough into their elbows and clean their keyboards – by focussing on droplet and fomite transmission, they are continuing to deliberately mislead the public. An honest public health campaign is urgently required to save lives and prevent future disease and disability. This campaign must encompass the many potential serious outcomes of COVID as well as effective ways for people to protect themselves, such as improving ventilation, use of HEPA filters, vaccinations including boosters, N95/P2 masks, staying home when sick, testing when unwell and before visiting aged care.

MASKS IN HEALTHCARE & AGED CARE

N95 respirators must be made compulsory in healthcare settings during a pandemic of an airborne virus – in all areas of every hospital, in every pharmacy and in every GP office. These are not places that vulnerable people or indeed anyone can choose to avoid. The current lack of respirators is resulting in forced infections for many and death for some. Victoria is the only state that has captured data on nosocomial infections – in the space of just 10 months, there were at least 3200 people that had Healthcare Acquired Infection (HAI) of covid and more than 10% of these [died](#). Other states have failed to capture this data, however hiding the facts does not change the facts. Health care should be a safe place for all, not represent a high risk of HAI and subsequent death. The Chief Medical Officer commented in November 2023 that healthcare workers including his wife are [sick of wearing PPE](#) – this surely is not an excuse for endangering their patients? They may also tire of washing their hands before surgery, and we may tire of wearing seatbelts, but we continue as we know it saves lives.

The [Australian Charter of Healthcare Rights](#) states that a patient has the right to be cared for in an environment that is safe. During an airborne virus pandemic in particular, this means breathing clean air and not being infected by pre or asymptomatic healthcare staff.

Aged care residents cannot be expected to protect themselves from staff and visitors during an airborne virus pandemic. Until there is a transmission blocking vaccine, staff and visitors should be protecting the residents by wearing N95 respirators.

CLEAN AIR IN SCHOOLS

Schools often have crowded classrooms, most learning is indoors and they are not optional to attend. Failing to provide clean air in schools means failing their duty of care to children and failing to provide a safe workplace for teachers. The risks are not limited to children and teachers – their families and the wider community are affected by high rates of virus transmission in schools. The federal and state governments have failed to educate principals, teachers, education assistants and parents/caregivers about how COVID spreads, why it is important to avoid infection and what they can do to reduce transmission. Most parents have been deceived by the government, believing that COVID is only a mild illness for children and they are unaware that each COVID reinfection increases the [cumulative risk](#) of hospitalisation and long-term severe health outcomes including damage to children's immune system, heart, lungs and autoimmune disease. Teachers are unaware they are among the highest risk occupation for Long Covid and also unaware that opening classroom windows and wearing an N95 is the best way to protect themselves. School staff and

families must be provided with the facts about SARS-CoV-2 so they can contribute to reducing transmission and protect the health of children.

There is clear [evidence](#) that improving indoor air quality reduces transmission in schools. Western Australia and Victoria provided HEPA filters to public schools, however did not give clear guidance on why these were important and how to use them correctly. There was no follow up from the Dept Education or random inspections to confirm that the HEPA filters were plugged in, turned on and operated at the correct setting. In many cases, the HEPA filters have been set to 'automatic' which is not effective for removing virus particles from the air, or they are not actually used at all. One CO2 monitor was also provided to each public school in WA but principals were told using them was optional.

There were some 'ventilation assessments' undertaken in some states, however this did not include taking CO2 readings and it did not result in all teachers actually opening windows.

Ventilation and proper use of HEPA filters in schools must be made a priority for the current pandemic. Making these changes now will also reduce other airborne viruses such as influenza and RSV as well as prepare us for the next pandemic.

SUMMARY - IMPROVING AUSTRALIA'S RESPONSE TO THE CURRENT PANDEMIC AND PREPAREDNESS FOR FUTURE PANDEMICS

- We urgently need widespread public health education about airborne disease prevention for this current SARS-CoV-2 pandemic and future airborne virus pandemics.
- Those appointed to give advice to government should be required to keep up to date with all research about 1) the effect of the virus on health and 2) how to stop transmission of the virus.
- N95 respirators must be made compulsory in healthcare settings for the duration of the current pandemic and all future pandemics of an airborne virus – in all areas of every hospital, in every pharmacy, dentist and in every GP office.
- Aged care staff and visitors should be required to protect residents by wearing N95 respirators at all times whilst indoors.
- Everyone including children should have access to vaccines including regular boosters. The government should purchase sufficient quantities and place orders in a timely manner.
- We need readily available PCR testing for everyone now, with a focus on drive through PCR clinics, without requiring a GP referral. If this pandemic ends, they can be closed then re-opened when the next pandemic begins.
- Governments should provide free, high quality RATs regularly to every adult and child. Additional free RATs should be available at schools, libraries, GP offices.
- We need a national regulatory group now, to prepare mandatory Indoor Air Quality Standards for schools, daycares, public transport, private charter vehicles, all government buildings and all private businesses. Spot checks and penalties must be a part of this.
- Paid sick leave should be available to all employees including casual and contract.
- All schools, daycares, aged care facilities and healthcare settings should be provided with education, training and funding for HEPA filters.
- A range of respirators including child size should be provided free to schools and available to staff, children and caregivers. They should also be free for anyone on a low income.
- Fit testing once a year should be free for any member of the public who wants it, including children.
- Healthcare professionals must be educated to help control the current pandemic and prepare for future pandemics: 1) aerosol spread of viruses and how to reduce transmission should be mandatory learning as part of CPD every year 2) this information should also be taught in each year of study of medicine and nursing.