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I am a registered nurse and have been an Infection Control Consultant since 1995. When I started nursing decades ago, we had no personal protective equipment, no gloves, masks, or impermeable gowns. I have been in contact with patients with TB, HIV/AIDS, diarrhoea, vomiting, flu, and every known infectious disease. I never caught anything.

██████████ said in one interview that 'if you are in the same room as someone with HIV/AIDS, you can catch it.' This is outrageous nonsense.

I, like thousands of other nurses around the country, am not permitted to work in a clinical setting because I am unvaxxed. Why? I'm not sick!

I will focus my comments on the following points from the Terms of Reference:

- **Key health response measures COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging.**

a) **Informed Consent**

How did nurses gain consent from each patient before they jabbed them? Where did they get information about Covid and the possible side effects of the vaxx? What questions did they ask each patient about their own medical history and whether they had any allergies? They didn't!

b) **Vaccinations**

Watching nurses injecting people in clinics, sports stadiums and the like was sickening. I have given many hundreds of intramuscular injections into the arm...into the muscle. The correct way to do it is to insert the needle into the muscle, then aspirate the plunger to make sure the needle is not in a blood vessel, then inject the solution.

Not one nurse, that I watched, aspirated the plunger! We have no idea how many people received the vaxx straight into a blood vessel and whether that caused blood clots, heart attacks or instant death?

Some nurses gave the injections high up in the arm/shoulder/close to bone. I have no idea how many patients have damage to the bone.

Some nurses pinched up the skin then inserted the needle. Doing this may have prevented the vaxx from entering the muscle. The vaxx may have gone into the subcutaneous tissue instead.

c) **Personal protective equipment**

Personal protective equipment (PPE) was an expensive, and unnecessary, waste of time. You do not need a gown that covers your knees! If you are sticking your head inside a car window to put a swab inside somebody's nose and they sneeze, the area that is going to get sprayed is the nurse's hair, face, and neck. These areas were rarely fully covered.

The potential for nurses to take 'bugs' home on your hair, then hug your children, shaking bugs all over them then hopping into bed with your partner, spreading millions of bugs on the pillow and breathing it all in was, it seems, never considered.

Regarding putting a swab inside somebody's nose why on earth are the swabs so long? As an Infection Control Consultant, I swabbed many patients' noses (staff as well) and wounds, with short swab sticks and I only inserted the swab just inside the nostril.

I am told that nurses taking 'Covid swabs' were told to push the swab up to the back of the nose as far as possible and when they met resistance, to push further. I have heard that this practice may have caused brain abscesses. So utterly dangerous and not evidence-based. There is no science behind that practice.

Please do not make staff in hospitals and aged care wear masks. The masks are hell to wear while you work and will not prevent 'bugs' passing through them. Also, they need to be changed every 20 mins...at least that used to be a recommendation. Do not make children in school wear them! Read the microbiology reports of bacteria that grow inside masks making children sick.

d) **Public health messaging**

Messaging from journalists was wrong and out of place. They are not qualified to promote vaxxs. Telling my grandchildren to get vaxxed to protect me is the most unscientific reason I have heard.

Not being allowed to watch my [REDACTED] play soccer....out in the fresh air was ludicrous.

Keeping families apart was cruel.

I have so much more to add but it is exhausting.

When are you going to reinstate the 5,000 or so nurses in NSW. That could make a huge difference to workload and safety in hospitals, and it may ease the load on the ambulance service.

Sincerely

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