Australian Nursing And Midwifery Federation

SUBMISSION TO THE SENATE SELECT COMMITTEE ON COVID-19

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Australian Nursing & Midwifery Federation

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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 285,000 nurses, midwives, and carers across the country.[i]

2. Our members work in the public and private health, aged care, maternity, and disability sectors across a wide variety of urban, rural, and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. We welcome the opportunity to make this submission to the Parliament of Australia's Senate Select Committee on COVID-19 (the Committee) on behalf of our members working around the country to protect the community from infectious disease as well as morbidity and mortality both due to related and unrelated causes.

6. Nurses, midwives, and care workers are all integral to the effective operation of the Australian health, maternity, and aged care systems. During infectious disease outbreaks such as COVID-19, they are at the front line of response efforts and are integral to identifying, managing, and treating patients with confirmed or suspected COVID-19 infection as well as dealing with ongoing and everyday health, maternity, and aged care activities.

7. The COVID-19 pandemic has been unlike any previously anticipated outbreaks. While past research and planning had forecasted the potential for similar infectious disease outbreaks, these had focussed upon viral influenza and other diseases such as Ebola. As a novel virus with many still unknown factors, no specific treatment, and no vaccine, COVID-19 took many countries and health systems by surprise. Information about and responses to the virus has been and continues to be fast paced. This has demanded agility, responsiveness, and pragmatic, decisive action which the Australian Government has been seen to engage in admirably, particularly through its ongoing work through the National Cabinet, National Security Committee of Cabinet, Council of Australian Governments, National Crisis Committee, National COVID-19 Coordination Commission, and the Australian Parliament.

8. While this submission focuses mainly upon the Federal Government's response, the ANMF wishes to commend both the Federal and State/Territory Governments for their flexibility and agility as new information has become available regarding the COVID-19 pandemic. In many instances the government has listened to advice, responded to, and shown great respect for the knowledge and expertise of health professionals including nurses and midwives as well as

[i] In this submission we use the term "care workers" to refer to assistants in nursing, personal care workers, aged care workers, or staff otherwise titled.

to the health research community. This was clear on the many occasions throughout the outbreak where the government took advice from and delivered public messages in consultation and partnership with the Chief Medical Officer and Chief Nursing and Midwifery Officer and where decision making was clearly based upon the best up-to-date evidence from the health research community such as the COVID-19 modelling work of the Doherty Institute.[1]

9. In many cases the government has rightly taken the advice of health experts over concerns for the economy which has undoubtedly saved many lives had the pandemic been allowed to run unchecked or responses implemented too late as has sadly been observed in other jurisdictions around the world. Through swift, collaborative action and clear, frequent communication with the Australian public, the government has to date led the country to a position where the Australian COVID-19 outbreak can be described effectively contained with only six patients currently being cared for in intensive care units and 30 in hospital as of the 27th of May.[2]

10. As well as the government, the ANMF wishes to commend the wider Australian community for their significant efforts to minimise the spread of COVID-19. Supported by government and health department messaging, many Australians heeded calls to regularly practice hand sanitisation; one of the single most effective ways of preventing transmission and infection. Australians also rapidly acted upon calls to practice physical and social distancing, another known approach to minimising transmission risk between people. It is these and other areas where the Australian community pulled together to protect one another and particularly those most vulnerable to illness that has meant that our country can be proud of the successes we have achieved in containing the spread of COVID-19 in a way that many other nations have not. Lessons from the ways the government, the health and aged care sectors, and the wider Australian community responded to this pandemic will enable greater preparedness for future outbreaks of disease and ensure that Australia is well placed to handle both ongoing and future challenges to health and wellbeing.

11. The ANMF also wishes to commend the government for listening to and working co-operatively and productively with unions including the ANMF during the outbreak particularly with regard to the health sector and overall approach to the COVID-19 pandemic. Where the government could have improved its efforts to listen to and involve health experts, unions, and staff however has been the aged care sector. The ANMF wishes to note that unfortunately - aged care, particularly residential aged care - the area where people are most vulnerable to infection, illness, and death appears to have suffered from a lack of clear, consistent information regarding how best to respond to outbreaks as well as a lack of clear leadership and delegation of responsibility for ensuring the health and safety of older Australians, younger residents, and staff. The government did not consult effectively with unions and experts regarding their development of strategies for the aged care sector to manage the COVID-19 outbreak in Australian aged care facilities and services. Some government resources for aged care such as the Communicable Diseases Network Australia (CDNA) National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities also failed to provide clear, definitive information to support staff in nursing homes to respond to a COVID-19 outbreak.[4]

The COVID-19 pandemic

12. COVID-19 (from 'severe acute respiratory syndrome coronavirus 2' (or 'SARS-CoV-2') is a newly discovered (novel) coronavirus first identified in Wuhan, Hubei province, China in 2019 as the cause of a cluster of pneumonia cases.[5] Coronaviruses are similar to a number of human and animal pathogens including some of those which cause the common cold as well as more serious illnesses including severe acute respiratory syndrome (SARS/ SARS-CoV-1) and Middle East respiratory syndrome (MERS). Since discovery, COVID-19 has spread to many countries and was declared a pandemic by the World Health Organization (WHO) on 30 January 2020.[6]

13. Clear, coherent communication is always difficult in a rapidly changing situation, and there are still multiple unknowns about SARS-CoV-2/COVID-19 five months after the first cases. This means advice and precautions have varied based on evolving best practice recommendations, which the government has handled well by ensuring that advice from health and disease experts has been taken on board and acted upon.

14. The first Australian cases of COVID-19 appear to have been recorded on January 25, two days after biosecurity officials had begun to screen passengers on flights between Wuhan and Sydney. By the end of January, nine cases had been recorded and 14 additional cases were recorded in February.

15. The first of March sadly marked Australia's first death associated with COVID-19. Seventy-eight-year-old Perth man, James Kwan was aboard the Diamond Princess cruise ship that was quarantined in Japan. Before diagnosis he was relocated back to the Northern Territory and then transported to a Perth hospital where he sadly passed away.

16. Case numbers during March steadily climbed, with the 28th of March being the height of newly recorded cases at 460 new cases Australia-wide. From this point, new case numbers began to rapidly drop throughout April and by the end of the month and beginning of May, new cases reported daily did not rise over 27. By early May, some states and territories had begun to record multi-day streaks with no new cases, and the outbreak in Australia had appeared to be largely controlled with the exception being a few isolated clusters in aged care (Newmarch House, New South Wales), and the community (Cedar Meats and McDonald's, Victoria).

17. As of the 27th of May there have been 7,139 cases of COVID-19 infection recorded in Australia, 470 people remain as currently active infection status. Sadly, there have been 103 recorded deaths due to COVID-19. COVID-19 emerged in the community, healthcare, and aged care sectors with 67 residents in nursing homes/residential aged care becoming infected (27 deaths), and 31 in the community/in-home aged care sector (3 deaths).

The Australian Government's response to the COVID-19 pandemic

18. The ANMF wishes to commend the Australian Federal and State and Territory governments for their effective response to the unfolding COVID-19 pandemic. While at the time of writing, State and Territory Governments have begun to relax restrictions put in place following the National Cabinet's three-step plan launched on the 8th of May, early signs of containment of the outbreak have been promising and suggest that the combination of timely, effective, and appropriate risk mitigation, decision making, coordination, and planning at different levels of government as well as community member and health and aged care worker responses to

directives and guidance have largely resulted in effective infection control and harm minimisation.

19. Morbidity and mortality resulting from the COVID-19 pandemic in Australia appears to have been successfully minimised in most settings, however this does not diminish the loss felt by those whose loved ones have died. At the time of writing, and likely for some time, we face the very real threat of new community outbreaks and a 'second wave' of infections; a risk potentially heightened by the relaxation of the necessary restrictions implemented in response to the initial outbreak. It is for this reason that the phased approach taken by the Commonwealth and state/territory governments is and will be so vital. Careful, controlled, and monitored relaxation of the restrictions with potential slowing or even reversal of relaxation measures based on ongoing assessments of impact and risk are critical to ensuring the health and safety of the community and the sustainability of our health, maternity, and aged care systems.

20. The COVIDSafe contact tracing application (app) for smartphones is one of the tools that the government has implemented in order to more efficiently and effectively identify and trace potential transmission of the virus in the community. The ANMF has supported the government's implementation and promotion of the app as an adjunct existing contact tracing processes to improve the efficiency and effectiveness of contact tracing – work that is often undertaken by nurses.

21. Some state and territory governments are currently bringing forward relaxations to local restrictions due to the lack of new cases. This is testament to both government and community response efforts. It is important however to recognise that continued community, health and aged sector, and government vigilance is needed to ensure that if new cases do arise, a response can be swift and effective. As the government has so clearly communicated throughout talks regarding relaxation of restrictions and from consultation with experts; we cannot afford to be complacent and new outbreaks may very well reverse all the good work done to date.

22. The ANMF commends the government on its efficient and effective handling of the implementation of necessary restrictions to contain the initial outbreak and subsequent limitations to the spread of COVID-19 in Australia. These measures saved lives and meant that the healthcare system had valuable and necessary time to prepare for what could have potentially become a public health catastrophe with the potential to devastate Australia's health system. While some delay occurred right at the beginning of the outbreak before large numbers of cases appeared in Australia largely due to returning travellers and the arrival of the Ruby Princess cruise liner, the government's actions were largely efficient and effective in minimising local outbreaks.

23. The ANMF also points to the health sector and community's significant efforts to respond to government advice and to assist in controlling outbreaks. They did this as they were informed about the virus with transparent information about Australia's cases, preparation, and information regarding what they should do if they thought they may be at risk or potentially infected. The Australian government engaged in open discussion and debate about the actions Australia should take and listened to and conveyed the advice and guidance of multidisciplinary experts including nurses.

Supporting the health care sector

24. The COVID-19 outbreak in Australia was largely contained via efficient and effective collaboration and communication between the Federal and State/Territory Governments, heath experts and the health sector, as well as the broader community.

25. Health emergencies put health systems and their ability to deliver health, maternity, mental health, and social care services under strain. During the COVID-19 pandemic, care services around the globe, including in Australia, have been confronted with increased demand generated by the COVID-19 pandemic. Nurses, midwives, and care workers all have a critical role to play in the response to the COVID-19 outbreak both in terms of caring for people who have been confirmed or suspected cases as well as in caring for patients, mothers, and community members with non-related conditions, injuries, or illnesses.

26. On the 31st of March, the Federal Government announced the Private Hospital Viability and Capacity Guarantee to support private and public hospitals to work together on a coordinated Australian emergency response to the COVID-19 pandemic, with the Federal Government agreeing to fund 50/50 of generated activity with the states and territories and underwrite the gap between revenue received and private hospitals' fixed costs.[7] This partnership enabled 657 private hospitals across Australia, 30,000 beds, including ICU beds and ventilators to be dedicated to fighting the COVID-19 pandemic. Importantly, this guaranteed partnership retained 105,000 health care workers employed in these hospitals to be an available resource to provide care for those contracting COVID-19 and those with non-related health conditions, injuries and illnesses. While the outbreak in Australia has not resulted in the need to overflow patients into private hospitals for care, this partnership remains vital to the national response to the outbreak.

27. In accordance with World Health Organization recommendations,[8] an effective COVID-19 response by health systems requires transparent decisions, based on the best available evidence about which health and social care services are essential and which may be postponed, deferred or delivered through different modalities to free up resources:

    - That can be used for the COVID-19 response, and;
    - To ensure essential services continue to be safely delivered during the COVID-19 outbreak.

28. The ANMF developed of a series of nursing workforce surge strategies, including plans for the redeployment of nurses and midwives from their usual area of work or workplace to a different area of work or workplace.[9,10]

29. The ANMF commends the government for its support and request from Australia's Health Ministers to enable more health practitioners to quickly return to practice allowing the Australian Health Practitioner Regulation Agency (AHPRA), the Medical Board of Australia, the Nursing and Midwifery Board of Australia (NMBA) and the Pharmacy Board of Australia to establish, as the first tranche, a short-term pandemic response sub-register for the next 12 months. The NMBA sub-register came into effect on the 6th of April 2020, enabling qualified, competent, and suitable nurses and midwives who previously held general or specialist registration and left the Register of practitioners or moved to non-practising registration in the past three years to return to practice.

30. As of the 12th of May 2020, there were 35,276 doctors, nurses, midwives, pharmacists, diagnostic radiographers, physiotherapists and psychologists on the pandemic response sub-register. This sub-register has predominantly been made up of nurses (21,997), medical practitioners (3,402), and midwives (2,987), with members of other professions making up the remainder.

31. The Australian COVID-19 outbreak did not eventuate in an unmanageable surge of patients necessitating use of these experienced health practitioners as an emergency workforce in the health sector due to the country's quick and effective response measures. However, many health practitioners on the sub-register could have been and could yet be utilised effectively within Australia's aged care sector.

Telehealth and E-Health

32. As the COVID-19 pandemic meant that many typically face-to-face health and maternity care activities had to be stopped, the government's investment and support for the implementation of telehealth services around Australia was an important step to ensure that patients, pregnant and postnatal women, and community members were still able to access appropriate and effective services via alternative pathways. The ANMF commends the government's development of a number of new temporary Medicare Benefits Schedule (MBS) telehealth services in response to the COVID-19 pandemic. These numbers are available to GPs, medical practitioners, nurse practitioners, participating midwives, allied health providers and dental practitioners in the practice of oral and maxillofacial surgery. The availability of these additional telehealth services has helped reduce the risk of community transmission of COVID-19 and provide protection for both patients and health practitioners. It is also important that as of the 30th of March 2020, these items have become general in nature and have no relation to diagnosing, treating or suspecting COVID-19. This recognises that the community must have ongoing access to non-COVID-19 related health, maternity and aged care services. The ability to bulk bill these items to eligible individuals, including people listed as vulnerable to COVID-19, is also an important way of ensuring that people are not limited in their access to services due to an inability to pay.

33. Due to the expected surge in demand resulting from COVID-19 the Australian Government, on the 2nd of April 2020, sponsored Medcast and Critical Care Education Services to provide access to SURGE – Critical Care courses. The ANMF welcomed this Government strategy to provide additional training for registered nurses. Funding of $4.1 million dollars was provided for up to 20,000online education places, fully subscribed in a matter of weeks. These courses enabled registered nurses already working in acute care areas to quickly and efficiently upskill to work in critical care areas. Courses addressed the minimum knowledge and skills registered nurses require to work in high dependency or critical care settings, such as intensive care units. This initiative maximised the capacity of experienced registered nurses and prepared them to boost the intensive care nursing workforce as needed to deal with the unfolding pandemic. Now well-equipped, these nurses stand ready to deliver critical support to the health and aged care systems if they should be placed under increasing demand.

34. While refresher programs were previously available from a wide number of providers, including the ANMF, universities, health care networks, and state and territory governments, many of these were suspended during the pandemic. The ANMF Victorian Branch continued to offer a small number of free face-to-face refresher programs for registered nurses throughout March and April 2020. On the 25th of March, the Australian Government provided

$1 million dollars to the Australian College of Nursing to provide an online refresher program to 1,000 eligible registered nurses. This 36-hour program enabled currently registered nurses wishing to return to clinical practice from non-clinical nursing roles, or to work in a more acute setting, to quickly and efficiently update their knowledge and skills. The funded program was quickly fully subscribed and a further 500 funded refresher program places were then provided for enrolled nurses.

Personal protective equipment (PPE)

35. One area in which many jurisdictions around the world experienced numerous and ongoing challenges has been access to and use of appropriate personal protective equipment (PPE). From the beginning of the pandemic, the ANMF has advocated for healthcare staff to have ready access to effective and appropriate PPE to ensure risk of transmission and infection to themselves and others are minimised.

36. The ANMF has received countless inquiries from members in relation to the proper use, provision and quality of PPE. For example, members report not being provided with adequate PPE, being required to reuse single-use equipment, not being trained in its use or being provided with sub-standard PPE or even been told that PPE is not available at all. In terms of maintaining worker safety, the Government has a key ongoing role in ensuring the following:

- The national stockpile of PPE is adequate to meet the needs of all health and aged care services across the country, including regional and remote areas and local manufacturing can be rapidly upscaled to meet increased demand.
- Access to PPE is appropriate and determined on evidence-based health and safety standards.
- PPE is manufactured to the appropriate standard and tested to ensure standards are met.
- Correct use is promoted through training and funding for training.

37. Personal protective equipment is one part of a variety of measures used particularly by health, maternity and aged care staff to minimise transmission, contamination, and infection risks.[11] Australian (State and Territory) and international guidelines including those from the World Health Organization (WHO), United States Centers of Disease Control and Prevention (CDC), and the European Centre for Disease Prevention and Control (ECDC), current Australian State-/Territory and National Health Departments recommend the use of personal protective equipment (PPE) and urges precautions for droplet and contact transmission and airborne precautions with respirators (minimum P2 or N95) in settings when aerosols may be generated.[12-16] While generally sound in relation to the evidence and broadly comparable with most international guidance, Australian guidance was not always consistent and may have been a source of confusion and worry among many health and aged care staff as they compared and contrasted national guidance with local and employer-guidance with state/territory guidance as well as international guidance. These inconsistencies could be mitigated in the future by ensuring evidence-based and consistent guidance from one single reputable source.

38. In the context of COVID-19, precautions for contact, droplet, and airborne transmission are relevant depending upon the situation. Health, maternity, and aged care staff must have access to appropriate PPE resources and receive information and training regarding how to correctly put on (don), wear/use, take off (doff), and dispose of PPE in different situations.[17]

Correct size, fit, use, and disposal of PPE is essential to safe, effective infection prevention and control activities in the context of responding to COVID-19.[18] Currently, many jurisdictions both nationally and globally are facing limitations in terms of access to suitable types and sizes of PPE, so correct, rational use is vital.[18] While the number of infections in Australia remained relatively low in comparison to many other jurisdictions around the world, there were many reports from health and especially aged care contexts where PPE supplies were low, inadequate, or inappropriate (i.e. wrong type or wrong sizes of PPE to be useful) around Australia – particularly in New South Wales and from our members.

39. Aerosolised mucus and saliva particles <5µm can be produced by coughing, sneezing, and talking as well as during clinical aerosol generating procedures including respiratory sample collection which may lead to potential infection and contamination risks.[12,19] Aerosolised particles may travel several metres and potentially remain in the air for up to three hours, however the viability and infection risk of such particles is not yet known.[20] Correct respirator use is a vital component of infection control and maintenance of staff and patient safety, as incorrect use (e.g. incorrect doffing process) has been found to be a primary cause of contamination when removing PPE.[21] On this point, the ANMF advocates for more consistent and nationally standardised guidance regarding the use of PPE, as inconsistent and differing guidance is likely to be a risk factor for incorrect use of PPE and therefore greater likelihood of contamination, transmission, and infection.

40. Consistent with many international guidelines including current Australian recommendations, the WHO recommends rational use of PPE and urges precautions for droplet and contact transmission in the setting of caring for people with COVID-19 and airborne precautions in settings when aerosols may be generated.[12] Recommendations are however not completely consistent across all jurisdictions. The CDC and the ECDC recommend airborne precautions for any situation involving the care of COVID-19 patients, but also consider the use of medical masks as an acceptable option in case of respirator shortages.[16,22]

41. To work safely and effectively all PPE, including respirators, must be the correct size and fit for each individual health or aged care worker.[23] In a number of jurisdictions in Australia, there have been debates regarding the necessity of particularly fit testing which in its most practical sense, means testing to ensure that staff are able to select the kind (make/model, size) of respirator that provides the best fit.

42. Manufactures of respirators recommend that both fit tests and checks be conducted and highlight that fit testing is the responsibility of the employer while fit checking is the responsibility of the worker.[24] In Australia, the Commonwealth Department of Health, National Health and Medical Research Council, and the Australian Commission of Healthcare Safety and Quality recommend that both fit testing and fit checking are required for both P2 and N95 respirators.[25] This is also supported by State-based bodies including the New South Wales Government and Clinical Excellence Commission in the context of COVID-19.[26]

43. Respirator fit testing is a component of an overall respiratory protection program and provides health and aged care workers with guidance for choosing the brand, model, and size of respirator which provides the best fit for each individual employee, as well as instructions for proper use.[27,28] Fit testing can be conducted using quantitative and qualitative approaches. Fit testing should occur each time a new brand, model, or size of respirator is used by an individual to ensure adequate fit.[29,30]

44. Respirator fit checking is another component of respiratory protection programs and involves the health or aged care worker checking to ensure that a proper seal has been achieved on the face each time a respirator has been donned.[27] This includes correcting positioning the respirator and straps, forming the nose bridge/clip of the respirator, and ensuring that facial hair is not present to interfere with the seal. Training in fit checking has been found to result in staff achieving a better seal when they use respirators and should be performed each time a respirator is put on.[31]

45. An incorrectly sized or fitted respirator may not provide a sufficient seal on the person's face.[32,33] This allows entry of particles around the sides of the respirator which may then contaminate the inner surface of the mask or face or be inhaled. Both exposures may cause infection. A respirator which does not fit properly due to incorrect size or fit may also lead to otherwise avoidable adjustments and touching of the respirator – potential contamination and infection risks during respirator use.

46. While training in the proper use of respirators is vital, fit testing may be associated with additional time and costs.[34] Some have argued that fit tests for respirators should not be conducted due to associated additional time and cost, arguing that the user fit check adequately ensures an effective face seal. More recent evidence however suggests that lack of fit testing results in apparent reductions in the number staff able to achieve an effective seal.[35] Fit testing as part of a respiratory protection program is often effective in ensuring that almost all workers are able to identify a suitably fitting mask from the existing available range of respirators.[36]

47. Performing a fit test alone may not always be sufficient for ensuring an effective fit each time a respirator is used, with some findings that subsequent fit checking may be necessary despite passing a previous fit test.[33] Further, it appears that multiple fit tests (i.e. performing a fit test with multiple types/models/sizes of respirator increase the chance of selecting a mask with an appropriate fit for the individual.[29,30] This also highlights the importance of providing training to perform fit tests and ensuring availability of a range of respirators for staff to select from and perform fit tests.[30] It is important to note that because each individual has a different sized and shaped face, even when a number of different respirators are available, some individuals may not successfully identify an adequately fitting selection.[30,32]

    Adequate supply, fit testing, and fit checking is thus important to ensure that all staff have optimum access and the best chance of identifying and correctly fitting a suitable, safe, effective respirator.

48. In the context of COVID-19 where many jurisdictions may face shortages of appropriate PPE including respirators,[18,37] rational use is critical to avoid wastage. Among the WHO's recommended approaches for minimising PPE use, ensuring that staff correctly don, use, doff, and dispose of appropriate PPE is suggested.[18] Because using incorrectly sized or fitting respirators can be classified as incorrect use/inappropriate PPE, ensuring that staff have access to correctly sized and fitting respirators is a rational and effective approach for avoiding wastage and supporting staff and patient safety.

Screening and testing

49. Effective and efficient identification of individuals with potential COVID-19 infection has been a cornerstone of Australia's overall response to the outbreak. In many settings screening and testing was rapidly rolled out with early limitations on the number of available testing kits quickly resolved. Health and aged care staff are a key group that must have ready access to screening and testing interventions to enable rapid identification of risk. These staff must also be provided with their results as quickly as possible, both to ensure that further transmission does not occur and to enable a rapid return to work when healthy. Coupled with paid pandemic leave, screening and testing for health and aged care staff ensures the availability of the workforce. Further, as restrictions are relaxed and people begin to re-enter workplaces and move about the community and country more, ongoing capacity to screen and test individuals is going to be necessary to ensure individual cases and small community outbreaks to not result in a second wave of infection.

Funding investments and support for the national COVID-19 response

50. Throughout the COVID-19 outbreak in Australia to date, the Federal Government has announced many funding support packages that demonstrate a genuine and necessary investment in the country's capacity to respond to and recover from the pandemic. This section outlines a number of the support packages the ANMF has been especially pleased to see announced. Many of them are for activities and areas that the ANMF would be keen to see investment and support continue well beyond the end of the COVID-19 outbreak, as they have wider and longer-term benefits for the community's health and wellbeing.

Healthcare sector funding and Federal, State/Territory partnership

51. On the 6th of March the Federal Government announced a 50/50 shared health funding deal with the States and Territories. This was followed on the 11th of March by an announcement of funding of $2.4bn to support the delivery of healthcare in Australia. The ANMF has long campaigned for increased healthcare funding and this investment during the COVID-19 was much needed. Ongoing investment from the Federal Government into the health sector, as well as sustained collaboration between State and Territory Governments and Federal Government should continue to ensure that as the COVID-19 pandemic subsides, the sector is adequately and fairly funded to support ongoing health and wellbeing for all Australians.

Evidence-based healthcare

52. On April 4, the Federal Government announced $1.5m in support for clinicians to ensure they are given the best advice on managing COVID-19 patients.[ii] Evidence-based healthcare is imperative particularly when responding to a novel infectious disease where health care professionals and staff have often only a limited time to upskill to care for patients and clients. As a cornerstone of best practice, the ANMF is keen to see ongoing government investment to ensure that Australia's health and aged care sector remains supported by the best available evidence across all fields and specialities. Nursing, midwifery, and aged care are all areas where further investment in research and capacity building to support evidence-based practice would be rewarded by better health, wellbeing, and system-level outcomes such as reduced length of stay, lower morbidity and mortality, and cost savings.

[ii] https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/15-million-to-support-clinical-management-of-covid-19

Telehealth, domestic violence, mental health, emergency relief

53. On the 4th of April the Federal Government announced a $1.1Bn package that will largely focus on support and expansion of telehealth subsidies, domestic violence support ($32.5m for frontline services), mental health and emergency relief to vulnerable people.[iii] During the pandemic, the government was quick to recognise the plight facing many Australians who now would face greater limitations accessing necessary and often life-saving health, mental health, and emergency services. Telehealth (including video and web-based services) is a known and effective intervention that is able to link patients and client with care providers. The key focus areas; domestic violence, mental health, and emergency relief are all areas where ongoing investment and support are required as each of these were clear areas of need even before the COVID-19 pandemic. As well as doctors, specialists, and allied health nurses and midwives are well-placed to deliver telehealth services and support patients and clients who experience mental ill-heath or domestic violence as part of a multidisciplinary health team or as independent practitioners particularly in the case of nurse practitioners.

54. On the 24th April the Federal Government announced $6m to support drug and alcohol services during COVID-19.[iv] As with bolstering mental health and domestic violence support and funding, the government's investment in drug and alcohol services in response to the COVID-19 outbreak was welcomed by the ANMF, and likewise highlights an area that deserves ongoing and sustainable funding and support due to the pre-existing nature of challenges, morbidity, and mortality in Australia linked to drug and alcohol use and abuse. The ANMF calls on the Federal Government to ensure that following the COVID-19 outbreak, these services continue to receive the necessary support and funding to ensure that vulnerable Australians continue to be able to access and receive these much-needed services.

Regional and remote health

55. On the 20th of April the Federal Government announced $52.8m toward aeromedical retrieval package to support rural and remote communities.[v,vi] This is a much needed investment into regional and remote health to ensure that Australians living far from large population centres have access to necessary health care services. The ANMF was pleased to see the Federal Government's recognition of this need and highlights that ongoing investment and support for regional and remote health services must continue and also include funding to support people living in regional and remote Australia to receive care closer to home. This may also be addressed though the provision of funding and support to implement sustainable telehealth services.

Research and universities

56. On the 13th of April the Federal Government announced $3m in research grants to be delivered through the National Health and Medical Research Council.[vii,viii] This included $1m to the University of Sydney to pursue research in identifying severe cases of COVID-19 in patients

[iii] https://www.pm.gov.au/media/11-billion-support-more-mental-health-medicare-and-domestic-violence-services-0
[iv] https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/additional-6-million-to-support-drug-and-alcohol-services-during-covid-19
[v] https://www.flyingdoctor.org.au/news/38m-injection-rfds-rural-covid-19-response/
[vi] https://www.markcoulton.com.au/52m-injection-for-rural-covid-19-aeromedical-retrievals/
[vii] https://www.apprise.org.au/nhmrc-gives-2m-for-covid-19-research-in-areas-of-urgent-need/
[viii] https://www.youtube.com/watch?v=OkqrO6-iwKo

through CT scans, and $2m for nine COVID-19 research projects as part of the Australian Partnership for Preparedness Research on Infectious Disease Emergencies (APPRISE). Clinical research into COVID-19 as a novel disease-causing virus is critical to Australia's response to the outbreak. Ongoing investment into this and other clinical research is critical, both to ensure that Australia's health care sector is supported by emerging evidence to improve policy and practice and also to ensure that universities that have been hit hard by fall out from the global pandemic, especially due to diminished ability to take on international students and provide education to current students both domestic and international are sustainably supported to contribute to both research knowledge and training the next generations of the health care workforce. This will also be assisted by the Federal Government's guaranteed $18bn that has been budgeted for domestic students to be delivered to Universities in 2020 regardless of enrolment, waiving of $100m in fees and regulatory costs, and the new availability (in the short-term) of 20,000 places in nursing, teaching, health, IT and science courses.[ix]

Aged care

57. The COVID-19 outbreak has understandably been a particular threat to those in Australia's aged care sector. In 2017, more than one in seven Australians were aged 65 years and over. As with many infectious respiratory illnesses, older people (i.e. 65 years and older for mainstream populations and 50 years and older for Aboriginal and Torres Strait Islander populations and other special needs groups) are at a greater risk of worse outcomes due to infection including greater likelihood of experiencing more serious illness, greater morbidity, and higher risk of dying. This is supported by national and international figures showing that hospitalisations, intensive care unit admissions, and deaths associated with COVID-19 are significantly higher amongst older people especially those with pre-existing medical conditions which account for a large proportion of older people – particularly those receiving care via Australia's aged care system.

58. Over 1.3 million people received some form of aged care in the year 2017-18, most receiving home-based care and support, with the remainder living in residential care. Infectious diseases are a serious risk to the health and wellbeing of older people, particularly those living in residential aged care where health care needs of residents are generally higher and residents are more likely to be older, have higher rates of existing illness, and greater need for frequent assistance and health care interventions. The close proximity of people in residential aged care and need for staff to provide care for multiple people often in the context of relatively low numbers and skills mix of staff also increases the risk of infection and harm.

59. For older people, even what would be a mild infection such as a cold or common influenza for a younger and/or healthier person can be serious and life-threatening. In Australia, hospitalisations and deaths due to influenza are consistently higher amongst older people despite the existence of effective vaccinations and treatments. In the case of COVID-19 however, no such vaccination nor treatments exist, so while vaccination may be an effective intervention for known viral illnesses, for COVID-19 infection prevention and control are currently our first and only line of defence. For this reason, it is important that there are the right number of the right kind of skilled and well supported staff to provide safe, effective care to vulnerable residents in line with best practice infection control evidence.

[ix] https://www.abc.net.au/news/2020-04-12/government-announces-coronavirus-higher-education-relief-package/12142752

60. Some places in Australia's aged care sector have been hit hard by the COVID-19 pandemic. On the 12th April 2020 the first reported case of COVID-19 was identified in one resident and one worker at Anglicare Newmarch House. The next day, NSW Health confirmed 31 staff and 66 residents who were close contacts were in isolation. Two close contacts were symptomatic; one a resident who had tested positive and the other test result was pending. By the 14th of April, six staff and four residents had tested positive for infection. Over the following days, the outbreak continued with more residents and staff testing positive with the latest figures indicating that 71 staff and residents had become infected (37 residents, 34 staff) with 19 residents sadly dying as following infection. As the situation at Newmarch house has not yet resolved, the ANMF notes that the NSW Branch of the ANMF (New South Wales Nursing and Midwifery Association) is currently finalising a report focussing upon the Newmarch house outbreak which may be provide to the Inquiry at a later date.[x]

61. Australia's ongoing Royal Commission into Aged Care Quality and Safety has necessarily slowed due to the pandemic, but the interim findings published in the report titled 'Neglect' and in Counsel Assisting's submissions highlight that many aged care providers were not able to provide safe, quality care to residents even prior to COVID-19 due to systemic issues such as widespread underemployment and rostering of qualified workers such as registered nurses, lack of sufficient numbers of direct care staff, and deficiencies in the provision of health care.[38] The COVID-19 outbreak in Australia has stretched an already strained sector further and highlights the urgent need to respond now to issues already identified in aged care prior to the outbreak. The importance of having mandated, safe staffing levels and skills mix to provide care for residents and clients is clear and has never been higher. If providers had been staffed appropriately in terms of numbers and skills mix prior to the pandemic, the ANMF contends that coping with increased demands due to the outbreak in Australia would have been significantly easier.

62. Some recommendations from the Commission can be actioned now. Especially in the context of evidence that some measures proposed by providers may seek to undermine the Commission's Counsel Assisting's recommendations.[39] Counsel Assisting has recommended that a Certificate III be the entry level for working in aged care and that currently unregulated workers become subject to a registration scheme.[39] Despite this recommendation, providers have proposed to utilise unskilled and minimally trained workers (10 hours) in their pandemic response efforts as 'aged care assistants'.[40] Moves to introduce unqualified unregistered workers at low rates of pay in order to meet workforce demand must not be supported. As highlighted by the evidence before the Royal Commission, there are risks to residents if the quality of care standards are not met by a suitably qualified and experienced workforce. There is also a risk that already low rates of pay will be further undercut by utilising the proposed aged care assistant role which may further damage the sector's ability to attract and retain staff.

63. To date, there is insufficient evidence to justify the need for this new role in aged care even during the COVID-19 pandemic as several steps have been taken to boost the existing nursing workforce. For example, the NMBA has opened a COVID-19 register of nurses who are willing to return to the workforce to meet demand. This is to be commended as an appropriate way of accessing suitably qualified and experienced nurses during times of potential patient surges and increased demand for staff and skills. Further, student nurses have and are willing to fill

[x] New South Wales Nursing and Midwifery Association (NSWNMA). Background briefing paper: Anglicare Newmarch House Coronavirus (COVID-19) outbreak April/May 2020. Report under development.

workforce shortages, and nurses who have had hours reduced due to cancellations of elective surgery may also be engaged end employed in the aged care sector to meet demands for care brought about by the COVID-19 pandemic, staff absences due to ill health, and the need for staff qualified and trained in infection control measures.

64. The ANMF has also conducted a survey of its members working in aged care which indicated 53% of those surveyed were willing to take on extra hours or shifts at their workplace in order to meet extra demands during the COVID-19 outbreak.[41]

65. The need for lasting aged care reform remains as urgent as ever and must not be deferred as a result of the pandemic. The ANMF considers it is essential to draw on the existing trained, experienced workforce in order to ensure quality and safe care for residents of aged care and recipients of aged care services in their homes as opposed to creating a less trained, unregulated role with skills and experience below that of the current unregulated workforce of carers.

Visitor restrictions

66. On the 4th of March 2020 the ANMF warned that urgent,[42] co-ordinated action is needed to increase the numbers of qualified nurses and carers working in the already, understaffed aged care sector where even before the pandemic, staff were known to be struggling with the provision of even basic care for residents due to widespread under-staffing and low numbers of registered nurses, nurse practitioners, and other allied and medical staff.[38] At this early stage, prior to any reported aged care outbreaks in Australia, the ANMF warned that as the aged care sector is already dangerously understaffed, a potential outbreak and consequent lockdowns in nursing homes could inevitably result in a depleted workforce, with reduced numbers of qualified staff on the ground caring for vulnerable residents.[42]

67. With the Australian Council of Trade Unions (ACTU), the ANMF called upon the Government to provide financial support for the aged care workforce impacted by then only potential outbreaks of COVID-19 in aged care facilities given that over ten percent of workers in nursing homes are casual employees and do not have access to any paid personal leave. While the Government's aged care retention bonus does go some way to assist, the lack of detail and clarity regarding how the bonus will be paid and who is eligible has been concerning. Further, the ANMF is also concerned that the funding may never actually find its way to workers as providers currently appear to be under no obligation to demonstrate how the money is spent.[43]

68. At this time, the ANMF also warned of the potential problems of insufficient PPE supply and training in a sector that was largely unprepared in terms of staffing numbers and skills mixes to handle an outbreak of a highly contagious respiratory disease.[42]

69. On the 18th of March 2020 the ANMF called for a temporary ban on all non-essential visits to nursing homes, in a concerted, community-led effort to help shield vulnerable older Australians and residents from the COVID-19 global pandemic in the absence of other adequate responses.[44] The ANMF's call urged the Government to provide clear and consistent messages to avoid confusion amongst already worried residents and their loved ones. The ANMF's recommendation was made with the understanding that balancing access under compassionate grounds, particularly to ensure residents and loved ones can safely and appropriately be together where palliative or end of life care is required, with effective

infection control measures is challenging. For this reason, the ANMF advocated for exemptions to visiting restrictions on certain grounds and advised that health checks and proper supports for safe visiting must be clearly communicated and implemented.[44] The ANMF's principles for visitor access to residential aged care facilities has also been published and details the ANMF's positions regarding safe, compassionate entry into nursing homes.[45] The ANMF also provided this document in our submissions to the consultation on the Industry Code for Visiting Residential Aged Care Homes During COVID-19.[46] (The development of the visitor code provides an example of how the Federal Government failed to adequately consult unions and health experts, consequently the document fails to address staffing requirements for residential aged care in the context of the COVID-19 pandemic.)

Increased funding for aged care

70. As of the 28th of May, around $750.8 million for aged care has been promised by the Commonwealth Government in support of responses to COVID-19. The ANMF contends that while this investment is much needed, particularly due to the known and pre-existing systemic issues regarding safety and quality in aged care, making this funding available to aged care providers without defining and regulating how or what the funds are used for runs the very real risk of this added funding not being used appropriately or effectively to protect vulnerable residents, staff, or residents' families and loved ones from potential infection. As noted above, the ANMF is concerned that there is no clear requirement for providers to use this funding on activities that would help protect and provide care to vulnerable older people such as through the employment of skilled staff.

71. While the ANMF commends the Minister for Aged Care and Senior Australians, Richard Colbeck for his announcement of $101.2 million to support the aged care COVID-19 response, it is unclear if the money has or will be used by providers in an adequate or effective way to respond to the outbreak. Scope for the funding includes:

- Upskilling aged care workers in coronavirus infection control;
- Boosting staff numbers, support and training for residential care homes where an urgent health response is required;
- A telehealth consultation service provided by doctors, both GPs and specialists, for anyone over the age of 70;
- Specialist onsite pathology services ensuring residents don't have to leave facilities and to quickly respond to potential cases; and
- Additional funds allowing the Aged Care Quality and Safety Commission to work with providers on improving infection control.

72. On the 20 March 2020 the Commonwealth Government through the Department of Health, announced a $445m aged care package to support aged care providers, residents, staff, and families. $234.9 million of this package is directed at providing a COVID-19 retention bonus to ensure continuity of the workforce for aged care workers in both residential and in-home care.[47] The retention bonus is to be paid to employers for two quarters, being the March and June quarters in the following quarter and is expected to be paid on to eligible staff. Full-time direct care workers in residential care will receive $800 and in- home care $600. Part-time workers will be paid a pro-rata payment for the amount of time they work.

73. The ANMF acknowledges that the purpose of the retention bonus is to assist in maintaining continuity of employment in the aged care sector. It recognises the increased workload

pressure to meet the requirements of infection control and to manage any outbreak. Aged care workers earn on average less than their counterparts in the public sector. It is appropriate to provide an incentive for aged care workers to remain in the sector which already suffers from relatively poor worker retention when the need for skilled and experienced workers in the sector is higher than ever. In order to ensure quality of care, a stable workforce that is familiar with the care needs and preferences of individual residents is of particular importance, especially where the support and assistance of family members and friends is limited due to necessary but nonetheless distressing visiting restrictions that aim to protect vulnerable residents from infection.

74. As at 27 May 2020, full details of how the aged care retention bonus scheme will operate have not been provided. This has resulted in a high number of queries from ANMF members which have not been answered. Questions received by the Federal Office and Branches include:

- Will payments to part-time employees be pro-rated on actual hours worked or hours contracted?
- If leave is taken in either quarter, particularly long-term leave such as parental leave, will this affect eligibility for the payment?
- What is the eligibility of employees who work across facilities or sectors?
- How will employers be required to pass on payments to staff and how will this be confirmed?

75. The ANMF urges the Commonwealth Government to increase retention bonus payments for in-home care workers to match that of residential care workers and be extended to all staff working in residential care. Full details of the scheme must also be provided as a matter of urgency. Further, depending upon how the COVID-19 pandemic plays out over the coming months, it may necessary to extend the duration of the retention bonus for an additional period of time if circumstances remain as they are now. A review to consider extending the period of quarterly payments, subject to the above comments, would be welcomed.

76. The Federal Government has funded a range of initiatives in aged care beyond the aged care retention payment, including:
    - $78.3m in additional funding for residential care to support continuity of workforce supply.
    - $26.9m million for a temporary 30 percent increase to the Residential and Home Care Viability Supplements and the Homeless Supplement. This includes equivalent viability funding increases for National Aboriginal and Torres Strait Islander Flexible Aged Care Program providers, Multi-Purpose Services and homeless providers.
    - $92.2m in additional support to home care providers and organisations which deliver the Commonwealth Home Support Programme, operating services including meals on wheels. This will include services for people in self-isolation such as shopping and meal delivery.
    - $12.3m to support the My Aged Care service to meet the surge in aged care specific COVID-19 enquiries, allowing for additional staff to minimise call wait times.

Interface between health and aged care

77. The ANMF notes that during the COVID-19 pandemic some health and aged care providers improved their arrangements and activities regarding interfaces between the two sectors. Such collaborative actions are critical for the aged care sector to effectively manage the COVID-19 outbreak and this must continue both within and beyond the context of responding to the COVID-19 pandemic. The need for strong and consistent interfaces between aged care and healthcare has long preceded the pandemic and ongoing interface must continue to ensure the safety and quality of care provided to residents.

Workers and unions

78. The ANMF supports the submission made on behalf of the ACTU in relation to this Senate Inquiry.[xi] The ACTU makes a number of recommendations that will benefit all working Australians, in particular casual workers, temporary visa workers and workers who are in low paid or insecure work. It is essential that these workers be supported and are not left further behind as a result of the pandemic. In addition, the ACTU has made a number of recommendations with respect to work health and safety. The ANMF supports those recommendations. The following section addresses the measures the ANMF considers the Government must take to support workers and continue to protect the community from the spread of the virus.

Paid pandemic leave

79. The ACTU seeks a commitment from the Government for paid pandemic leave for all workers who are required to self-isolate due to exposure to COVID-19, have been tested for the virus or have been infected by the virus. The ANMF supports this measure.

80. The ANMF in conjunction with the ACTU and other health sector unions has made an application at the Fair Work Commission (FWC) to vary awards that cover workers in the health and community sector. The ANMF is an applicant with respect to the Nurses Award and Aged Care Award. The application asks that awards be varied to provide for paid pandemic leave, where an employee is required to self-isolate, be tested for COVID-19 and await results, or is infected with the virus.

81. As is evident in countries throughout the world, front-line health care workers, of whom nurses make up a large proportion of the workforce, are contracting the COVID-19 virus due to high levels of exposure. There is evidence to indicate that health care workers are being infected at higher rates than the general public – even acknowledging that testing rates are also higher. In addition, there is evidence that health care workers are experiencing more serious symptoms as a result of contracting COVID-19 than the general public. This may be due to exposure to greater viral loads due to providing direct care to patients with COVID-19.

82. Other health services, such as emergency departments, cancer wards, aged care and disability services are essential services that must continue to operate. Recipients of care in these environments are highly vulnerable to the impact of contracting COVID-19 and to experiencing worse outcomes that otherwise healthy individuals. Staff who care for these vulnerable

[xi] Responding to the COVID-19 crisis –Australian Council of Trade Unions submission to the Select Committee on COVID-19 inquiry into the Australian Government response to the COVID-19 pandemic

people who have been exposed to COVID-19 are and will continue to be required to self-isolate to minimise the risk of infection in vulnerable groups of people.

83. It is highly likely that health and aged care workers may be required to self-isolate on more than one occasion to minimise the spread of infection due to potential exposure to the virus as well as due to experiencing unrelated respiratory symptoms and being required to self-isolate until test results are confirmed.

84. As noted above, testing of health and aged care workers is a crucial measure to identify risks of outbreak and control any outbreak as early as possible. Workers waiting for test results must be paid while they wait for test results and supported to stay at home during this time. Failure to provide paid pandemic leave is likely to adversely impact upon workforce supply, retention, and in the long run, attraction. All issues known to be especially pronounced in Australia's aged care sector.

Work health and safety

85. Federal and state governments have all declared states of emergency thus enabling special measures to be taken to limit the spread of the virus. These measures appear to have been highly effective in Australia which has experienced significantly lower levels of infection and mortality compared to many other countries throughout the world. Closure of businesses, schools, universities, limits on travel and home isolation have all been effective. Workers who are able to work at home have done so and will in many instances continue to do so for some time yet.

86. Workers in essential services, have continued to attend workplaces and have been exposed to greater risk than those able to stay at home. Nurses, midwives, and care workers are at the forefront of those essential workers. The need for health and aged care services throughout the pandemic has not diminished and has indeed become more complex in its delivery due to the necessity of implementing infection control safeguards. The need to provide safe workplaces for both the workforce and the individuals accessing health and aged care services is essential.

87. As workers return to workplaces, measures to ensure best practice safety will continue to be required to minimise the risk of infection. Under Workplace Health and Safety laws, employers have an obligation to protect health and safety as far as reasonably practicable. Under the hierarchy of controls, priority is placed on the elimination of hazards, isolation of people from harm and where this is not possible individual protections, such as the use of PPE.

88. The ANMF supports the ACTU in its call for jurisdictions to develop and adopt pandemic related regulation which require businesses to apply the most effective controls to eliminate and minimise the risk of infection**.**

89. In addition, there must be consistent obligations on employers to notify safety regulators of any confirmed cases of COVID-19 infection in the workplace regardless of the origin of the infection. This will assist with prompt and efficient contract tracing and employers having access and support in minimising the risk of any spread of infection. Currently, the standard for reporting cases is when a confirmed case requires treatment in hospital or death, save for NSW, where confirmed infections to which the carrying out of work is a significant factor, must also be reported.[48] The ANMF considers the trigger for notification of safety regulators

should be the existence of any confirmed infection affecting a worker in contact with a workplace. This is particularly important in residential aged care where the risk of infection among vulnerable residents is high.

JobKeeper

90. The introduction of the JobKeeper scheme has assisted many workers to remain employed and ensured fortnightly income regardless of hours worked. For workers who have been stood down or had significant reduction in hours of work the scheme is to be commended. As industry gradually returns to capacity workers have employment to return to rather than seeking work. The JobKeeper scheme is however, too limited in its scope. The scheme does not extend to casual employees who have been engaged for less than 12 months. This arbitrary cut-off excludes approximately 1 million workers from the scheme, of which approximately 118,000 work in health care and social assistance.

91. The 12-month eligibility criteria unfairly disadvantages many people across industries who have recently changed jobs or entered the workforce. In many instances, those workers will be young people, seasonal workers and will often be in low paid work. These workers are particularly vulnerable and by virtue of being casual workers will not have access to paid leave and are unlikely to have savings to support themselves. Temporary visa workers have also been excluded from the JobKeeper scheme and provided no alternative means of support.

92. In regard to the reporting error in estimates of the number of employees likely to access the JobKeeper program, the ANMF appreciates that the initial figure for 6.6 million people requiring JobKeeper assistance was based on a worst-case scenario, informed by medical advice and epidemiological modelling, at a time when coronavirus cases were growing significantly in Australia and restrictions were being tightened across much of the world, however the ANMF does not find the delay in realising a requirement for a $60bn revision of the figure acceptable. More stringent measures towards data cross-checking and analysis must be put in place to ensure similar mistakes are not repeated or are still occurring. The ANMF notes the rapid time in which the JobKeeper program was developed and delivered suggests there is likely significant opportunity for unintended outcomes, and as has been noted by the government on several occasions, understands the scheme is not perfect. Where possible it must be assured that all efforts are being made towards ensuring the integrity of the scheme. The ANMF welcomes, and joins, stakeholders in their calls for the $60bn, initially committed to stimulating the Australian economy, to be redistributed through a widening of inclusion criteria and extension of the program beyond its current commitment. Widening of the JobKeeper program is critical to Australia's economic recovery and should support all who are able and willing to maintain their connection with the labour market. It is difficult to foresee an eventuality where this social investment would not support an aggregate increase to growth and welfare in excess of the value originally committed. The ANMF sees redistribution of the funds originally committed to the JobKeeper program as the most appropriate fiscal response given historical responses to economic shocks, both nationally and internationally, and the government's efforts towards achieving a budget surplus throughout its current term in office as delivering a significantly lacklustre result.

Award and enterprise agreement flexibility

93. Since the outbreak of the pandemic, the Government, business and unions have worked collaboratively to facilitate rapid change to industrial laws and instruments. This has been done to create additional flexibility aimed at ensuring business viability and ongoing employment. These changes have included temporary amendments to the Fair Work Act to facilitate the introduction of JobKeeper which allow employers the ability to alter working hours, roster patterns and direct employees to use leave while in receipt of JobKeeper.

94. A number of Modern Awards have had pandemic related variations made in very short timeframes and similarly enterprise agreements have been subject to variation to assist flexible working arrangements. Many of these variations have been done with the co-operation of the union movement on the understanding that they have been necessary to protect the viability of enterprises and maximise ongoing employment during the most severe period of impact from COVID-19. The variations are prescribed to be short-lived and solely for the purpose of managing necessary changes in employment relations.

95. On 16 April 2020 the Government introduced regulations under the Fair Work Act[xii] which allows employers to make application to vary enterprise agreements with only one clear day's notice. The ANMF considers this amendment to be disappointing, unnecessary and opportunistic. It deprives workers and their representatives of the opportunity to consult, to respond to proposed changes and to work collaboratively.

Pay equity and recognition of women's labour

96. The pandemic has highlighted more starkly than ever that it is women who have been the face of frontline essential workers. This is particularly the case for health and aged care. National registration data shows in 2018 there were nearly 400,000 registered nurses, enrolled nurses, and midwives, 89 percent of whom are female.[xiii] Care workers are also predominantly women.

97. The gender pay gap for women sits at approximately 14 percent.[xiv] Early data indicates due to the pandemic that this figure will worsen in the coming years as women experience the brunt of the effects of economic downturn.[xv] The Government must acknowledge the vital role women play in contributing to the economy and providing essential services, such as health care, aged care, child care and education. The time for systemic reform that removes the barriers to equal pay for women in so called 'female' dominated industries is now.

[xii] Fair Work Amendment (Variation of Enterprise Agreements) Regulations 2020
[xiii] https://hwd.health.gov.au/datatool.html
[xiv] https://www.wgea.gov.au/data/fact-sheets/australias-gender-pay-gap-statistics
[xv] https://www.wgea.gov.au/topics/gendered-impact-of-covid-19

Recommendations

1. As a matter of urgency, the ANMF strongly recommends that the government extend its open and consultative approach with health and clinical experts and unions to the aged care sector where many of Australia's most vulnerable groups are cared for.

2. The ANMF recommends that the government strictly mandate the use of funding support in aged care to be focussed upon the employment of a fit-for-purpose workforce and other evidence-based approaches to infection control and maintaining the health, wellbeing, and safety of older residents and aged care clients. The ANMF strongly recommends that the government enforce careful policies and regulations to ensure that funding given over to aged care providers is used to protect residents from potential COVID-19 infection and ensure their wider care needs are met during the COVID-19 outbreak. This should include requiring providers to explain clearly how such funding is or will be used along with clear justification regarding how that funding can be specifically tied to the maintenance or improvement of relevant resident health, safety, and wellbeing outcomes.

3. The ANMF recommends that the $60bn, initially committed to stimulating the Australian economy, be redistributed through a widening of inclusion criteria and extension of the program beyond its current commitment. Widening of the JobKeeper program is critical to Australia's economic recovery and should support all who are able and willing to maintain their connection with the labour market.

4. The ANMF recommends that the government support and fund ongoing education, training, and capacity building activities to ensure that the Australian nursing, midwifery, and carer workforce, as the largest proportion of the health and aged care workforce in Australia, are best able to support national and local infection control efforts both for the remainder of the COVID-19 outbreak as well as potential future infectious disease outbreaks.

5. The ANMF recommends that telehealth should continue to be supported and funded to an increased degree to support greater access to necessary services beyond the COVID-19 pandemic.

6. The ANMF recommends that the government continue its constructive and collaborative engagement with health experts and groups as well as unions following the COVID-19 outbreak.

7. The ANMF recommend that the government should continue to support and promote community-wide infection control capacity building and information provision. This should extend to promoting a culture where individuals are able to take paid sick leave when unwell to reduce the spread of infectious disease in workplaces.

8. The ANMF recommends that the gradual and phased approach to the relaxation of restrictions put in place to contain the COVID-19 outbreak in Australia continue and be continually evaluated and modified in order to ensure the safety of the Australian community.

9. The ANMF highlights that the government must ensure sufficient and appropriate supply of the right kind and right sizes of PPE for all settings as a matter of priority during the remainder of the COVID-19 outbreak as well as for future infectious disease outbreaks. This may involve funding research to identify the most effective and appropriate PPE for use in

different circumstances as well as securing efficient and sustainable local manufacturing and supply resources.

10. The ANMF recommends that the government examine ways in which supplies of appropriate, effective PPE may be sourced and manufactured locally so that there is suitable access to PPE for future infectious disease outbreaks.

11. The ANMF recommends that the government examine ways to ensure greater standardisation across the country in terms of the evidence-based policy, training, and use of PPE including best practice approaches for putting on, wearing, taking off, and disposal of PPE.

12. The ANMF recommends that the government continue to promote and implement wide-spread COVID-19 screening and testing, particularly for health and aged care staff, to enable efficient identification and response to potential future outbreaks.

13. The ANMF recommends that the government review the impact of casualisation of the health and aged care workforce as a potential detrimental factor leading to poorer outcomes for patients.

14. As the pandemic progresses in the coming months, it will be essential that health care workers are available to work to treat patients infected with COVID-19 as well as patients and clients presenting with care needs unrelated to COVID-19. Periods of self- isolation to minimise the spread of infection for front-line health care workers will be an ongoing necessity to ensure the workforce remains healthy. Prevention of spread of the virus must be a forefront consideration and priority for the Federal Government over the coming months.

15. As necessary as the COVID-19 restrictions have been to minimising the spread of the virus around Australia, there are known negative impacts and outcomes associated with these. It will be necessary for the Federal Government to fund and support ongoing tracking of mental ill health, suicide, and domestic violence incidence and provision of support and services as a result of COVID-19 restrictions that are known to lead to increases in the incidence of both.

16. The ANMF urges the Government to provide support and funding for paid pandemic leave. Workers should not be required to take unpaid leave and personally bear the cost of limiting the spread of the virus. For nurses, care workers, and health and community workers, many of whom will be the family income earner and may also be low paid, casual or part-time it is not viable to ask that income be forgone on potentially repeated occasions.

17. The ANMF urges the Government to expand the JobKeeper scheme to temporary visa workers and all casual workers with a reasonable expectation of ongoing work as at 1 March 2020.

18. The ANMF calls on the Government to repeal the amendment of the Fair Work Act that allows employers to make application to vary enterprise agreements with only one clear day's notice this amendment as a matter of urgency. More generally, the temporary variations to awards, legislation and enterprise agreements must be viewed as solely in response to the pandemic and not become entrenched in the longer term.

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