



19 December 2023

Committee Secretary  
Senate Legal and Constitutional Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

*Via online submission form*

Dear Committee Secretary,

### **Terms of Reference for a COVID-19 Royal Commission**

Thank you for the opportunity to provide feedback to the Senate Legal and Constitutional Affairs Committee on the appropriate terms of reference for a COVID-19 Royal Commission that would allow all affected stakeholders to be heard.

As Australia's largest national union and professional nursing and midwifery organisation, the Australian Nursing and Midwifery Federation (ANMF), in collaboration with the ANMF's eight state and territory branches, represents the professional, industrial, and political interests of more than 322,000 nurses, midwives, and carers across the country. Our members work across public and private health, aged care, and disability sectors and in a wide variety of urban, rural, and remote locations. All were significantly impacted by the COVID-19 pandemic and the unprecedented government response.

The ANMF welcomes the instigation of a Royal Commission into the government's response to COVID-19. It is an important step towards understanding and reflecting on the Australian experience of the pandemic and vital for ensuring that planning and preparations are put in place for improving the health, safety, and wellbeing of the Australian community now and into the future. Rather than an opportunity for leveling blame and identifying punitive consequences, the Commission must be an opportunity for examining both successes and failures to underpin a clearer pathway forward to improving our country and community's ability to plan, prepare, respond, and recover from crises. Touching every aspect of every community member's lives, the pandemic revealed and exacerbated numerous weaknesses and areas where improvements can and must be made. While the pandemic put immense strain on every sector, healthcare was and continues to be at the forefront of meeting the challenges posed by the pandemic, and enhancing system preparedness, sustainability, and effectiveness must be a priority. Here, the health, safety, and wellbeing of those working across the gamut of diverse health sector contexts must be a priority where balancing clinical knowledge and evidence and workplace health and safety regulations and monitoring is key to ensuring that safe, high-quality care can be delivered in the right place, at the right time, by the right staff who are appropriately supported to do so. It is vital that every sector where healthcare workers are employed - from hospitals to aged care settings to out in the wider community are understood to be *healthcare* contexts and workplaces. Residential aged care settings and those who live and work there bore

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#### **ANMF Journals**

Australian Nursing and  
Midwifery Journal (ANMJ)

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W [www.anmj.org.au](http://www.anmj.org.au)

Australian Journal of  
Advanced Nursing (AJAN)

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W [www.ajan.com.au](http://www.ajan.com.au)

ABN 41 816 898 298



the brunt of the pandemic harder than most, and as a result, suffered the worst outcomes and experiences of any sector. People who are most vulnerable to the impacts of the pandemic must be at the forefront of the focus of the Royal Commission. Our most vulnerable community members were hardest hit by the pandemic and continue to suffer. This extends to people living with disability, chronic illness, culturally and linguistically diverse people, Aboriginal and Torres Strait Islander Peoples, people living in regional and remote Australia, and people who are homeless, living in insecure housing, are unemployed or who have insecure work. The Royal Commission offers an opportunity to reduce the burden on Australia's already strained health and aged care system, both now and during future national health emergencies.

The ANMF request that the Terms of Reference support inquiry into all past and ongoing aspects of the COVID-19 pandemic, including a focus on the following domains:

1. **Work conditions and protection of healthcare workers** – in relation to infection prevention and control procedures and education, availability and access to PPE, and the impact that working conditions, including casual and insecure work had during the pandemic on the physical and mental health and wellbeing of healthcare staff, including nurses, midwives, and personal care workers. Here too, the impact and experience of Long-COVID/Post-COVID symptoms/Post-COVID-syndrome as well as acute infections must be a focus across both the general community and healthcare workforce.
2. **Importance of the role of nurses, midwives, and personal care workers** – including investigation and insight into the critical role played by nurses, midwives, and personal care workers throughout the pandemic, to ensure the ability and scope of practice of nurses, midwives and personal care workers displayed during this time is fully realised and continues to be fully recognised as they are supported to respond to future pandemics or health emergencies.
3. **Support through funding and staffing** – in relation to the adequacy of health funding provided by both state/territory and the federal government to allow for adequate availability of staff and safe, manageable workloads both now and in the future, with acknowledgment to enabling nurses, midwives, and personal care workers to work to their full scope of practice.
4. **Vulnerable communities** – in relation to mechanisms to better target future responses to the needs of vulnerable populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations Peoples and culturally and linguistically diverse communities).
5. **Preparedness and planning** – both in relation to Australia's preparedness in the lead up to the COVID-19 pandemic as well as strategic preparedness and response plans and the current capacity of the Australian healthcare and associated sectors to respond to future pandemics and other national health emergencies.
6. **Review of key health response measures** - such as the vaccination rollout, COVID-19 treatments, personal protective equipment (PPE) and medical supplies, COVID-19 testing clinics, and speciality COVID-19 wards and Long-COVID clinics, with the aim of determining the equity of which these resources were dispersed across metropolitan and rural and remote areas, and the effect these had on public and health worker safety. Here a focus must all be levelled at education and preparedness of health, aged care, and other services for future pandemics, including lessons learnt from COVID-19.
7. **Review of key public health and safety measures and communication** – including the development, content, delivery, and evaluation of public health and safety measures and directives announced by governments and other stakeholders including healthcare providers throughout the pandemic including a focus on community infection prevention and control,



vaccination, social/physical distancing, lockdowns, restrictions on mobility and travel, visiting, gatherings, and use of public and private spaces.

8. **Voice and representation** – in relation to recognising the contribution that nurses, midwives, and personal care workers have had in relation to governance and decision making throughout the pandemic response, with a view to ensuring they are adequately represented in legislative, regulatory, and operational processes in the future to ensure a holistic and multi-disciplinary approach to future health care decision making.
9. **Communication** – including investigation into the transparency and communication of government and health care provider decision making regarding health and public health/safety directives during the pandemic with a view to improving communication and awareness of evidence-based healthcare within the health workforce and to the broader community in the event of future health emergencies.
10. **Human rights** – including freedom of movement, travel and borders, and immigration and asylum, and the impact of pandemic policy in relation to these human rights on the physical and mental health of health workers and the community with a view to reducing or alleviating harm during any future pandemics or health emergencies.
11. **Community access to healthcare, social services, and outcomes** – including reflection on the ability of community members to access health and social services both during and in the aftermath of the pandemic, with acknowledgment of missed episodes of care, and subsequent consequences relating to missed episodes of care.
12. **Equitable delivery of health and social services and supports** – relating to the delivery of safe and equitable healthcare and social services to all Australians regardless of background or location across all sectors and areas of Australian health care during the pandemic, including aged care, disability care, health of First Nations people, and to all other people at increased risk of poor health, wellbeing, and social outcomes both during and following the pandemic to inform improved strategies in the delivery of health services during future health emergencies.
13. **Industry and business** – relating to support for industry and businesses (for example responding to supply chain and transport issues, addressing labour shortages, and support for specific industries).
14. **Evaluation of pandemic response and future health strategies** – including identification and review of formalised methods of evaluation, approaches to identifying areas in need of improvement, and responses to lessons learned in the provision of healthcare during the pandemic.

We appreciate the opportunity to participate in this consultation process and provide our feedback on behalf of our membership.

Should you require further information on this matter, please do not hesitate to contact us at

Yours sincerely

Lori-Anne Sharp  
Federal Assistant Secretary