Australian medical workers speak on the growing crisis in the health system

Our correspondents
28 March 2020

Australian health workers face contracting COVID-19 due to the lack of personal protective equipment (PPE) in most hospitals and clinics throughout the country. Suppliers have warned that hundreds of hospitals are about to run out, reducing doctors and nurses to treating an expected exponential increase of coronavirus patients with little or no protection from infection.

Increasingly, health workers are being forced to source their own supplies to ensure they and their colleagues have masks, goggles, gowns and gloves. Leading doctors have demanded transparency from the federal government and an accurate estimate of how much PPE is actually available across the country's health system.

In at least one hospital in Sydney's southwest, nurses are reportedly making their own PPE. Wards have run out of masks and goggles and gowns are being reused for infectious patients.

There is deep concern, fear and anger amongst health workers over the inaction of the federal and state governments. Doctors, nurses and other health professionals spoke anonymously to the WSWS about the situation in their workplaces.

Mental health nurse in Melbourne

Many staff at my hospital have voiced frustration and disbelief about what has seemed to be a delayed response in active preparation. Now they have transferred or discharged patients to clear beds in preparation for the admission of coronavirus-infected patients. We have been told this will include the use of two other wards.

I have spoken to nursing staff on what will be one of these designated wards and they are extremely anxious that they have not been provided with any support for their own psychological well-being.

We are told that PPE will be available as needed. However, PPE is so far not freely available unless deemed "clinically necessary." Stocks are low on hand sanitiser and alcohol wipes.

Many of us have discussed the need to adopt our own practices to reduce the spread of the virus to our families. This means changing out of our work attire before leaving the hospital to go home.

Requests for access to more hospital scrubs have been met with suggestions that staff get their own, as the administration anticipates shortages of them. This has prompted doctors and nurses I work with to organise their own supply. I have contacted the supplier and organised orders from the other staff, one of whom will then have to drive to the outlying suburbs to pick them up. We have to pay for these ourselves! The laundry for them will cost $60 a set.

Some staff I work with have moved into separate rooms in their house or moved out completely to protect their families from infection. There is a general consensus and fear that we will all be infected at some point. All staff are so anxious. The hospital is dead—it feels like the calm before the storm. A senior nurse just told me she instructed one of her nurses to go home because she was vomiting due to being so anxious.

So far there is no clear plan in place to deal with infection across two 25-bed psychiatric units. We have been told plans and policies are still being formulated. Social workers have been informed they may be redeployed to other roles as needed including cleaning!

Health worker at a hospital on the New South Wales Central Coast, north of Sydney

The health district numbers of coronavirus infections are going up. The big issue in recent days is the patients that were passengers from the Ruby Princess cruise liner. Many of these patients were allowed to disembark the boat, got the train back to Newcastle and were symptomatic days after arrival. All of them currently are in isolation at home but it is clear from the increase in cases from overseas travellers this has contributed to the recent local spike.

There is a concern that we will run out of PPE and we have put orders in, but we are not getting what we ordered. On Tuesday we found some face masks used for industrial protection against organic solvents at Bunnings, so we purchased $1,000 worth. This is to safeguard against running

out (and preserving) face masks.

I am at a loss to know what to do with other forms of PPE (gowns and gloves) but also purchased some goggles. The safety glasses they have given us are very basic and useful for droplet transmission, however I purchased goggles to minimise exposure via air transmission.

I am now scrutinising the patients more heavily and I am going to have to be in contact with each of them before they attend the clinic so PPE is vital. We are working on a list of patients that are priorities for treatment decisions and leaving patients who are coming in for routine monitoring. Patients in need of oxygen and who have cancer are priorities, the rest we will assess individually.

I must say managing my staff and their concerns has been a challenge this week. I have two staff suffering from significant anxiety.

There is a general feeling we are underprepared and there are frequent examples of disorganisation. While the "traffic" in the hospital has dropped, outpatient services are still open but again, most patients are being seen via tele-health.

A sample collector at a pathology centre in Melbourne

We have masks and gloves, but stock is low. It's still unclear whether to wear a mask when seeing a patient. The directive from management said to wear PPE when appropriate. When is it appropriate?

The coronavirus is revealing the inability of the private pathology industry to cope with the changes that are required to contain the spread of infection within the staff and pathology patient populations. This includes a failure to protect immunocompromised patients. They are forced to attend pathology collection centres for an urgent blood test, in line with their treatment regime. These rooms are open to the public with no screening in place.

The visiting staff who go the homes of sick patients to collect pathology samples are not being tested for the virus.

A comment on the Phlebotomy Australia's Facebook page said that her collection centre had no face masks or hand sanitiser and she was going to go home if they don't arrive soon.

I discovered a new staff member I was training had come into contact with patients being tested for coronavirus. The results were still pending. I suspended her training with me as I was visiting several nursing homes and very vulnerable patients, but she continued to be moved around to other work sites as if nothing happened. There is a lot of pressure to fill all shifts no matter what happens.

I also know a few staff members who are immunocompromised themselves but are working through this crisis. One collector said to me that she will die if she gets the virus. She has no choice but to work because of her financial situation.

Doctor from a Brisbane hospital

Personal protective equipment remains under lock, with doctors and other staff needing to explicitly request it. Although I am not aware of any open admission of shortages at my hospital, we have been requested to ration our use of it.

Other hospitals have already gone further and have increasingly denied PPE to their staff. I spoke to one of my colleagues in Sydney and he informed me that at least in Liverpool and Westmead hospitals this is the case. Code systems of green, amber, and red have been introduced, with code red indicating that PPE will only be given for very limited cases, not at all representative of the safety needs of the staff.

PPE quality has also deteriorated, with many doctors noting on social media that instead of N95 masks and full gown PPE/hazmat suits (which are not vulnerable to failure against COVID-19) they are now being asked to re-use low filter surgical masks and little or no other gear. This equipment is completely inadequate for protecting against coronavirus, as determined by experiences in China and Europe.

My hospital promised drills and training to prepare for cardiac arrests and other emergencies in COVID-19 patients, which can put staff at higher risk of infection. So far, despite this promise being made over a week ago, no plans for drills have been announced.

Hospitals are increasingly disrupting the normal rotation and job responsibilities of staff to divert them into specific departments relevant to the care of COVID-19 patients, mainly ED [Emergency Department] and ICU [Intensive Care Unit]. They have not yet made any provisions for protecting those staff that may be at an increased vulnerability. There is no official policy stated as yet.

For junior doctors and particularly first year doctors, no provision has been made to accredit their training during this crisis. As such, they may lose a year of their training.