Australia: Workers call out unsafe conditions at Tasmanian hospitals

Martin Scott
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After an outbreak of COVID-19 forced the closure of two hospitals in northwest Tasmania last week, hundreds of medical workers have raised serious concerns about conditions at the hospital to which patients were moved.

The region was placed into lockdown and all workers at the closed hospitals, along with their families—5,000 people in total—were forced to undergo self-isolation for 14 days.

Sections of the North West Regional Hospital (NWRH) have now been taken over by military personnel and reopened.

Two of the patients transferred from the NWRH have since died, bringing the state's death toll to eight. More than half of the 195 confirmed cases in Tasmania are linked to this regional outbreak, including 20 patients and 70 health workers.

Only two of around 500 staff and patients at three aged-care facilities in the region have so far tested positive, but 22 staff who had been in close contact with the confirmed cases have been placed in isolation.

An anonymous doctor told the Australian Broadcasting Corporation that the Mersey Community Hospital (MCH) near Devonport where many of the patients were moved was not stocked with personal protective equipment (PPE) before patients were transferred there from the NWRH.

He said: "The nursing staff reported they didn't actually have any PPE on hand, and had to wait for the PPE to rest in the sun for a bit to reduce the risk of transmitting the virus from the North West Regional to the Mersey."

The doctor, along with more than 150 other health workers from MCH, sent a letter to the health minister's office expressing concerns about the lack of PPE and the failure to properly isolate sections of the hospital intended to stay free of infection.

According to the letter, the Department of Health had failed to deliver on written promises that PPE would be provided in advance of the transfer, and that infectious disease experts would be present at the hospital to ensure that proper safety protocols were in place.

The Australian Medical Association (AMA) released a statement on Friday in support of the workers' claims which read in part: "To enable all our health care workers to manage this crisis, no healthcare worker, regardless of the role they hold, within the community, prehospital and hospital setting should be exposed to COVID-19 without the appropriate PPE and systems in place to ensure our staff are not exposed and transmit the virus to patients, other healthcare workers, or their families."

The statement called for an analysis of the outbreak to be made available to health workers immediately, so that necessary lessons could be learned, and measures put in place to avoid another outbreak.

Speaking on radio, AMA Tasmania President John Burgess said that a serious effort to fight community transmission of COVID-19, whether among health workers or the general public, would require the provision of accommodation in which to self-isolate away from other family members.

He said: "If they're diagnosed, we really should be able to offer everyone isolation support in that medi-hotel model, where effectively they don't have to be sent home to be with housemates and family who can become infected unwittingly, because it's a very infectious condition, even just the surfaces in the household can pass it on.

"At the moment we're not actually going down that path, and I think that's a big gap in what we're doing."

Even before the outbreak in the northwest, Tasmanian hospitals were experiencing shortages of basic protective equipment for workers. The response of health authorities and hospital management was to institute dangerous rationing and reuse policies.

On March 25, a memo was sent to all nurse unit managers and directors in northern Tasmania outlining the

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intention to pursue "the safe decontamination and reuse of P2 masks." To facilitate this, the memo read: "All used, undamaged and unsoiled P2 masks are to be collected in a clear plastic bag in each department."

This flies in the face of established protocols, as well as specific guidance from the World Health Organisation (WHO) on COVID-19, that the single-use masks must be disposed of immediately.

Equipment shortages and rationing are not limited to the northwest region of the state. Dan Jones, a worker at Royal Hobart Hospital in the southeast, raised concerns about the short supply of hand sanitiser, disinfectant wipes, and full-length protective gowns at the hospital.

Jones told the *Saturday Paper*: "After 15 years of yellow gowns being compulsory for patients with superbugs, we are now told to just use a short-sleeve gown, which puts staff and patients at risk."

Health workers elsewhere in the country have also reported critical shortages of protective equipment, and some report having been told to "disinfect" their own masks between shifts with alcohol or bleach and reuse them.

The lack of basic supplies throughout the Australian health system persists, more than 15 weeks after the outbreak in Wuhan was made public, and more than 12 weeks after the first confirmed case in Australia.

The Australian government, like those around the world, has long been aware of the possibility of a global pandemic. The National Medical Stockpile was established in 2002 to ensure that medical equipment and drugs would be available in the event of such a crisis. The supply has proved to be woefully inadequate, despite Australia having so far seen far fewer serious cases of COVID-19 than was predicted, or than have occurred in countries such as Italy or the United States.

As has been the case with outbreaks on the Ruby Princess cruise ship and in an aged-care facility in New South Wales, analysis of the Tasmanian cluster has taken on the character of a criminal investigation. In every case, workers have been singled out as culprits and slandered by senior government and health authority figures.

Speaking on radio last Friday, Prime Minister Scott Morrison said: "We've had someone down there not tell the truth to the contact tracers about where they'd been and who they'd been with and that means that a lot of people have been put at risk in northwest Tasmania,"

The worker referred to by Morrison had recently done shifts at three aged-care facilities as well as the two hospitals at the centre of the outbreak, prior to testing positive.

In fact, the worker had not concealed or omitted anything, but had not initially been asked by the contract testing team about the window of time in which the aged-care shifts were worked.

The fact that this worker and many others move from one facility to another to such an extent points to an over-reliance on part-time and casual staff that is the result of decades of cost-cutting measures.

In many cases, nurses and other workers have been stood down as the result of elective surgeries being cancelled to make room for COVID-19 patients. Those that remain are forced to work punishing schedules, allowing the onset of mild coronavirus symptoms to be mistaken as signs of fatigue.

Testing has only recently been broadened to include health workers who have not had contact with confirmed cases. There is still not widespread testing of those not showing acute symptoms, despite evidence from overseas that 30–50 percent of those who test positive are asymptomatic.

The outbreak in northwest Tasmania has shown how quickly the lack of testing, protective equipment, and proper safety protocols can result in mass community transmission from a small number of initially infected patients.

The failure to properly protect health workers from exposure to COVID-19 will have even more devastating consequences, not just for doctors and nurses, but for the entire population.

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