

Australian ICU nurses warn Sydney hospitals overwhelmed by COVID surge

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Hundreds of intensive care unit (ICU) nurses across New South Wales (NSW) have signed an open letter to the state Liberal-National government, warning that the hospital system is in an unprecedented crisis. The letter demands immediate action to resolve major staffing shortages as COVID-19 admissions surge.

The letter is a powerful political stand, expressing the deepening opposition of workers in the health sector and more broadly to the criminal official response to the pandemic. It is a stark refutation of the incessant claims of NSW Premier Gladys Berejiklian and other government ministers that the hospitals will “cope,” regardless of patient numbers.

The letter makes clear that through their profit-driven refusal to institute adequate lockdown and safety measures, and their unending cuts to healthcare funding, governments have created the conditions for an Italy-style crisis, in which the hospitals will be unable to provide treatment for critically-ill patients.

“Given the chronic unsafe staffing conditions, exacerbated by COVID-19, we cannot deliver the care you expect us to provide and the level of critical care our patients rightly deserve,” the letter warns. “We are extremely concerned about our ability to provide safe nursing care under the current staffing levels afforded by the NSW government to ICUs around this state. Never before has there been such a crucial time in NSW where ICUs should be properly staffed to avoid preventable patient outcomes.”

The nurses bluntly state: “We do not want to see our patients die from understaffing.” They warn that their own “health and safety is constantly being placed at risk both physically and mentally.” ICUs, they write, were “already in crisis” before the coronavirus, with the added “demands of the pandemic, testing capacity and surging admissions ... forcing our clinical workforce to the brink, placing our registration at risk on every shift and compromising patient care.”

The nurses conclude by insisting that the government must immediately increase staffing levels, guarantee a ratio of one nurse per patient, increase break times for personal protective equipment fitting, and institute a “buddy” system to ensure that protocols are adhered to.

The letter comes on top of a host of statements by health workers to the media, which have punctured a wall of

government obfuscations, damage control and outright lies. Nurses and doctors have stated that their facilities are operating beyond capacity, safe staff-to-patient ratios cannot be maintained with the existing workforce, and any increase in admissions will cause a system-wide breakdown.

Already, three major hospitals in western Sydney—Blacktown, Westmead and Nepean—were compelled to pause COVID admissions for 24 hours because they could not cope with patient numbers. Paramedics are routinely waiting outside hospitals for hours, and driving from one to another, to try to admit COVID patients. Nurses report being forced to work double shifts.

There are already 1,151 COVID-19 cases admitted to NSW hospitals, with 192 people in intensive care, 75 of whom require ventilation. The number hospitalised has increased by 280 over the past seven days, while the ICU figure is up by 49, following even greater increases the previous week. COVID patients account for 22 percent of the state’s 863 staffed and open ICU beds, with total capacity running at over 80 percent. With more than 1,200 new infections every day, the growth of hospitalisations will continue.

Berejiklian has repeatedly stated that “October will be the worst month” for the hospitals, but has asserted that they will be just “stretched,” with no threat to their ability to operate. Only yesterday, as doctors and nurses refuted these claims in the press, did the government partially release its modelling.

The long-promised document is merely six pages long, including a cover page. Much of the modelling has been suppressed, including for citywide and statewide infection and hospitalisation rates.

The report, prepared by the Burnett Institute, predicts cases in 12 local government areas (LGAs) in the southwest and west of Sydney, which have been an epicentre of the outbreak, to peak in mid-September, at a range of 1,100 to 2,000 infections per day.

A precipitous drop in infections is modelled after that, premised on vaccine coverage affecting transmission. Currently, however, only 41 percent of the adult population is fully-vaccinated. All international experience has demonstrated that rates at that level have only a marginal impact on the spread of the virus.

Nothing is said, moreover, about the impact of the lifting of lockdown measures that will begin in October, once the adult vaccination rate reaches 70 percent. That profit-driven “reopening” will coincide almost exactly with the predicted peak in hospitalisations in late October at between 2,200 and 3,900 active admissions.

But that is just from the 12 LGAs, not the rest of the state, so what has been released is all but meaningless.

Even the government’s cherry-picked data forecasts a breakdown of the hospital system. The modelling predicts that ICU admissions will peak in late October, with occupancy of 947 patients, almost 100 more than the existing staffed and open beds. This would trigger a “code black,” signifying an “overwhelming impact on usual daily operations of ICU” where “demand for critical care services significantly exceeds organisation-wide capacity.”

The “recommended strategies” for this catastrophe include setting up makeshift ICU wards in other parts of hospitals, such as operating theatres, and adopting “alternative workforce models e.g., higher number of patients per staff member.” In other words, nurses and doctors, who already are unable to provide sufficient time for each patient, will be compelled to work at staff-to-patient ratios far exceeding the recommended one-to-one.

The modelling says nothing about the impact on other patients requiring intensive care, such as those who have suffered heart attacks, strokes and traumatic injuries.

The document vaguely references the activation of a “NSW Pandemic Resource-based decision making” plan once the “code black” is declared, without further elaboration.

This appears to be a reference to guidelines sent late last month to ICU staff, instructing them that it may be necessary to establish a “triage system,” under which treatment and resources would be provided only to patients most likely to survive.

The guidelines chillingly state that “it may be necessary at some point to begin prioritising limited critical care resources to those with a need for treatment and those who are most likely to survive.” That is, some patients will effectively be left to die due to insufficient resources.

The dire scenario outlined in the modelling, however, understates the extent of the crisis. It asserts that maximum ICU surge capacity in NSW is 1,550. No information is provided, however, as to where the staff will be found for the almost 700 additional beds.

An anonymous ICU nurse told *news.com.au* that some hospitals were planning to recruit physiotherapists to work in intensive care. The nurse described this as “completely insane.” Physiotherapists and other untrained staff could not “give medications, manage IVs or dialysis, invasive monitoring.”

The nurse added: “There are not enough nurses. I say to people all the time: having lots of ventilators is fine and dandy, but you need trained ICU nurses to manage them. They aren’t

like turning on a washing machine.”

Every aspect of the official response is based on lies. For weeks, Berejiklian said the rate of hospitalisations per infections in NSW stood at 5.5 percent. Only last weekend did she admit that the real figure was double that, at 11 or 12 percent. The *Saturday Paper* revealed on September 4, that an additional 1,700 COVID-infected people are supposedly receiving “hospital-grade care” at home. If they were counted, the true rate of hospitalisation would be over 15 percent.

The government claims to have “quadrupled” ICU capacity, with the acquisition of more than 2,000 additional beds and ventilators. The modelling drops that assertion, without any explanation, but maintains the fiction of hundreds of additional beds and staff, even though a NSW government briefing to the “National Cabinet,” leaked last month, acknowledged a maximum surge capacity of just 164 extra beds.

The government can peddle such blatantly false statements because the state and federal Labor Party has marched in lockstep throughout the pandemic. The NSW Labor leader Chris Minns and federal leader Anthony Albanese have backed the policies of the Liberal-National governments despite the losses of lives being borne by ordinary people.

The situation is no different in the neighbouring state of Victoria, where an outbreak is starting to engulf the healthcare system, or in any other state, where the hospitals are already stretched beyond capacity, even without COVID patients.

All the governments are responsible, Labor and Liberal-National, as well as the healthcare trade unions, which have suppressed struggles by doctors and nurses during decades of cuts.

What is required is an independent political movement of the working class, and the formation of rank-and-file committees, to halt the criminal reopening plans, enforce safety measures and fight for a massive expansion of public healthcare.



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