

Australian pathology worker warns about dangerous conditions facing frontline health staff

Our reporter
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As COVID-19 infections, hospitalisations and deaths across Australia continue to soar, healthcare workers confront impossible conditions, chronic understaffing, increasing workloads and inadequate PPE (personal protective equipment).

More than 6,600 doctors, nurses and other health staff in Victoria alone are currently furloughed due to COVID-19 infections or being close contacts of coronavirus cases. Today, the Victorian government declared a “code brown” across the state’s hospitals, signalling that demand is exceeding capacity and some medical treatments will be cancelled or indefinitely delayed.

A complete breakdown in the testing and contact tracing system has meant that the real number of daily COVID-19 cases is unknown. On Saturday, it was reported that around 90,000 PCR tests from private pathology labs in Victoria had been discarded, due to testing labs being under pressure and unable to process results in time. In late December, SydPath, St Vincent’s Hospital pathology group, sent out false negative PCR results to around 900 of its patients.

The *World Socialist Web Site* recently spoke to Tim, a blood sample collector at a private pathology company in Victoria, about his experiences.

WSWS: How has COVID affected your workplace in relation to safety, staffing and PPE?

Tim: There’s been mixed messages. When the pandemic started, all we had to do was wear a mask and it wasn’t until Omicron came that we were given full personal protective equipment—a gown, shield and N95 mask. But now, with restrictions being lifted by the government, full PPE is no longer required, even though we are more at risk and more collectors are

getting COVID.

We are short staffed but have to see 30 patients a day each, which means that the chance of being exposed to COVID is very high. Workers are getting infected, in the workplace and outside, and we constantly don’t have enough staff to cover shifts, yet we are no longer required to wear full PPE, just a face mask, which can be either a surgical mask or an N95. It’s not mandated to wear N95s.

WSWS: What has been the effect on workloads?

Tim: We have more and more work and if other collection centres are closed, we get patients from other areas coming to us. And because the medical centres need the results fast, there’s pressure to turn patients around quickly. Every time you come out and look in the collection centre waiting room, it’s full.

The pressure is on to try to move as many patients as you can because you don’t want them to be at risk and you don’t want them to be in the waiting room for too long. And there’s just the general stress of it. You don’t know which patient is going to be walking in with COVID.

We’re constantly having to remind patients to pull their masks up, even though they are sitting in a full room, they’ll have their masks down and be talking. It’s not pleasant having to remind patients to do that. A lot of the collection centres are only manned by one person, and anything could happen in an emergency. It’s not a safe situation.

WSWS: Do any of your collectors have to work with confirmed COVID positive patients?

Tim: Up until a few months ago, collectors were having to work in COVID wards, and then later work in the general population, which obviously increased the

risk of infection. The only reason this was stopped was because it could have spread COVID to the general population.

WSWS: What do you think about “National Cabinet” reducing the isolation period of workers in essential services so they can come back to work while possibly still infectious?

Tim: That decision is unscientific because it creates the potential for further infections and it adds to the pressure on staff, who might be sick, and are afraid that they will pass it on to someone else. The policy doesn’t correspond to the health and wellbeing of the workers.

Potentially, you have a collector who might see 30 patients a day, and if they were infected—we’re so close up to patients to do the procedure—there is the potential for a massive increase in the infection rate.

The bottom line is that it’s a business decision. Governments are taking steps to keep the economy running at the expense of the health and safety of the population and especially health care workers.

I was speaking to a friend who was off work with COVID. She told me she was in a terrible state. We all agree that in this job, it’s only a matter of time before a patient comes in positive and that’ll be it. A collector will get COVID and pass it on. The discussion at our workplace is that we’re going to get it sooner or later.

WSWS: What has been the role of the union, the Health Workers Union in relation to these dangers?

Tim: It is deafeningly quiet. One of the things we’re trying to do is to get the company to provide us with rapid antigen tests at every collection centre. This is a very basic health and safety issue, but it’s not happening at the moment because it’s not the policy of the company to provide these tests.

Those workers who were previously tested, were tested by our manager from her own batch of rapid antigen tests. She bought some and had to give them to the staff. We’re the frontline workers and yet we’re not even given the most basic equipment to protect ourselves. The union has said nothing about this.

WSWS: Have you had booster shots?

Tim: I’ve had a booster but at our company getting vaccines and boosters is left up to the individual. The company made no attempt to provide boosters, and that was its policy right from the start.

Now, with the dropping of the PPE precautions, I hardly see the collectors wearing PPE because it’s no

longer required. PPE is cumbersome but it’s there to maintain protection.

It’s a breakdown. You’ve got private companies trying to accumulate as much profit as they can from the pandemic. Even the question of testing and protecting their workforce is not done on the basis of a scientific understanding of what we’re confronting. It’s based on the government policy of business as “normal.”

I think rank-and-file safety committees are completely necessary. Governments are producing policies that are contrary to our safety, and the safety of patients. Then you have the trade unions, who are completely silent and haven’t even raised the question of how many workers are infected already. Workers have been isolated.

There’s also the question of the casual workforce. There was a worker today who was isolated for five days and didn’t know how he was going to get paid. But if he’s isolated for medical reasons then he should be paid. If you’re a casual worker you’re pretty much on the baseline anyway and if you don’t get shifts you don’t get paid. Our work is not highly paid and it’s difficult to survive.

In the workplace there’s unease and people seem to have come to the conclusion that sooner or later we’re going to get infected as collectors.

WSWS: That’s the government policy but it’s not inevitable.

Tim: Yes, that’s right. It was shown earlier in the pandemic that with lockdowns the numbers could be controlled. China is a place where public health policy is still working and so these policies can work. If this was done internationally, it would get rid of the virus.



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