OzSAGE position statement

1st August 2023

Keeping patients, healthcare workers and the public safe in health care systems during ongoing circulation of COVID-19.

Patients have a right to safe healthcare, and to be protected, using all reasonably practicable measures, from acquiring any type of infection, including COVID-19, in healthcare facilities.

Prevention of hospital acquired infection is a core responsibility of Infection Prevention and Control Committees (IPACs), and requires cooperation of hospital management, employees, visitors and patients.

Healthcare facilities have moral and legal responsibilities to ensure that their patients are provided with safe clinical care, which includes safe systems of work for their staff and the community.

However, despite Australia experiencing ongoing waves of COVID-19 transmission, amid decreased community testing, surveillance and reporting, baseline cases and hospitalisations remain chronically elevated with a variety of variants circulating in the community. COVID-19 affected many more people in Australia during 2022-23 than in 2020-21.

Federal and state agencies have consistently advocated focused protection of people with chronic illnesses and medically vulnerable people, but the majority of patients in hospital meet this definition. Such protection is currently not being provided at all.

Dying from COVID caught in hospital

Data obtained from Victorian health authorities indicates that over 3000 people acquired infection with COVID-19 while in hospital in Victoria in 2022, and more than 10% of these (at least 344) died of hospital-acquired COVID-19.

No other state has publicly reported corresponding data, but it is reasonable to assume there would have been a similar picture of hospital-acquired COVID-19 infections leading to deaths nationally, as the systems and policy settings were, and remain, very similar.

A 10% death rate due to hospital acquired COVID-19 is much higher than death rate following wound infections, a measure of hospital quality and safety. The same focus that IPACs have on preventing surgical site infections should logically be applied to preventing COVID in hospitals.

Removal of masking in hospitals

Most states have removed the requirement for masking in healthcare, and where guidelines state that masks should be worn around vulnerable patients these are not being effectively enforced in the view of OzSAGE.

While there has been some resistance to the dropping of protections against COVID-19 within health care settings, and calls for reinstating masks, there is little action by governments to step in and provide clear guidance to health care providers on their responsibilities under applicable Workplace Safety Legislation.

Economic and health system impact

There is also a lack of recognition of the impact that unmitigated disease spread has on ongoing health costs, which are contributing to severe pressure on capacity. A substantial proportion of SARS-CoV-2 infection is asymptomatic, so identifying all infectious staff, visitors or patients in hospital is not possible. However, masks can mitigate asymptomatic transmission.
Even simple, low-cost mitigations protect everyone in a health worksite, and also save money.

Hospitals, residential aged care facilities and other health care sites have experienced pressure from ongoing staff shortages, often due to COVID-19 absenteeism or long COVID, reducing their ability to meet service demands. Ambulance ramping remains prevalent. There are widespread reports of burnout among frontline health workers, including paramedics, cleaners, orderlies, nurses, doctors and administration staff.

Staff are being encouraged to continue working - or are at least tolerated in the workplace - even if infectious with respiratory disease, and with the removal of even the simplest precautions such as masks, there are few effective measures in place to decrease the risk of airborne cross-infection to patients.

In the current health crisis with staff shortages and surging demand, it is counter-productive and unfair to remove legislated assumed liability workers compensation obligations and specific COVID leave access for health care workers. Forcing staff to rely on general leave will contribute to staff coming to work when unwell, rather than isolating to reduce spread, as they should for every infectious disease. Better control of COVID in hospitals would ease the pressure on staffing.

OzSAGE calls on IPAC to step up and prevent COVID in hospitals

OzSAGE calls on IPAC committees around Australia to protect patients from Hospital Acquired COVID-19. The core role of IPAC is to prevent hospital acquired infections, and they must step up in this crisis. We call on IPAC to lead the collection of data and establish systems for transparent monitoring and reporting on hospital-acquired COVID-19.

This should include comparison of infection and death rates with other hospital acquired infections which are key performance targets for IPACs such as surgical site infections and spread of antimicrobial resistant organisms. We call on State, Territory and Federal governments to add Hospital Acquired COVID to other preventable infections which are measured and reported as performance targets for hospitals.

We call for all health care settings to provide clean air to a clinical standard. We can do better than settling for unacceptably high levels of ongoing transmission and the significant burden of disease, including long COVID, associated with SARS-CoV-2. Protecting our health systems and our healthcare workers by ensuring safe air, supporting the use of high-quality masks and respirators and providing quality oversight, including that of occupational physicians and occupational hygiene experts is of vital concern for the health and wellbeing of Australians.

It is the view of OzSAGE that:

1. The spread of COVID is a major preventable hazard within health care settings which is causing preventable illness, including long COVID-19 and deaths. Steps to control transmission need to be reintroduced. State and hospital based IPACs must urgently address the disease and death toll caused by hospital acquired COVID-19; it is their remit and responsibility. Governments should add SARS-CoV-2 to other hospital acquired infections for which prevention is a key performance target for hospitals.

2. Workplace exposure in the health care setting is common and protections for health care workers and patients should be in place, as required by Workplace Health and Safety (WHS) laws. Enforcement of workplace safety should include protection from infectious diseases.

3. Because transmission can occur during the asymptomatic or minimally symptomatic period of COVID, appropriate precautions and protections are still needed in the health care setting.

Actions that should be taken urgently now include:

- explicit recognition by all stakeholders that patients have the right to be protected from all hospital acquired infections (HAIs).

-review of the composition and actions of Infection Prevention and Control (IPAC) Committees to ensure diversity of expertise and understanding of airborne disease prevention.

- IPAC committees should be reminded that prevention of all hospital acquired infection (HAI), including COVID-19 is their primary role and responsibility. Governments should add SARS-CoV-2 to HAIs that are measured and reported, and form the basis of evaluation of safety and quality of care in hospitals.

- mandatory N95/P2 respirators for healthcare staff when treating or likely to be treating any patient who is at increased risk from COVID-19.

- visitors to health care facilities should be required to mask due to the likelihood of immunocompromised patients being present.

- Indoor air in healthcare facilities should be kept free of airborne pathogens, including SARS-CoV-2, by improving ventilation and filtration. If necessary, portable HEPA air purifiers should be used when CO2 monitoring indicates that CO2 is over 800 parts per million [ppm] with installed mechanical systems.

- vaccination booster compliance should be monitored in healthcare staff and more effectively encouraged in the wider population to reduce severe acute and long-term disease.

- patients should be tested to exclude COVID-19 on admission to hospital. As we no longer have good surveillance of community prevalence, we cannot assume it is low, and this helps to define subsequent hospital acquired infection.

- the adoption of the "rate of hospital acquired infection (HAI) with respiratory disease" as a measurable performance indicator which will affect funding of healthcare facilities, in order to align institutional motivation with prevention.