To: Public Accounts and Estimates Committee (PAEC) Victoria

Subject: AIHS Submission to the Inquiry into the Victorian Government’s response to the COVID-19 Pandemic

Dear Sir/Mdm,

The Australian Institute of Health and Safety (AIHS) wishes to contribute to the terms of reference of this inquiry. The AIHS is the national association for the health and safety profession, with a 70-year history, and previously known as the Safety Institute of Australia. Our vision is safe and healthy people in productive workplaces and communities. Our mission is to proactively shape and improve workplace health and safety now and in generations to come. One of the ways we pursue our mission is by providing a collective voice for the profession.

We represent the broader community of some 30,000 health and safety practitioners and professionals, people practicing health and safety across Australia. We have branches in each state and territory, and this submission has been led by our Victorian branch.

We have provided a researched discussion on the current issues facing Victoria in the current pandemic, and the specific Occupational Health and Safety issues that, in our view have arisen from shortcomings in application of the Occupational Health and Safety Act, 2007 (Vic) by employers and specific Government departments and agencies. We have made recommendations for improvement that we trust will be viewed favourably by the Inquiry.

The issues that we believe need to be covered in the Terms of Reference of the Inquiry include:

1. Understanding that COVID-19 is an OHS issue within workplaces and not just a public health issue;

2. The role of Worksafe Victoria in providing timely and appropriate guidance on COVID-19, including regulatory changes, information, and on-the-ground assistance to industries, particularly small businesses;

3. The appropriateness of current Government procurement and contracting processes applying to high risk scenarios as occurred in hotel quarantines;

4. The appropriateness of infection control practice and advice in healthcare settings;

5. The need for timely and consistent communications between different Victorian Government departments and agencies;
6. The need for timely and consistent communications between the Commonwealth and State/Territory agents and agencies;

7. The role of workforce casualisation in industries such as aged care, and the workers of the gig economy, in contributing to the spread of infection; and

8. The potential utilisation of the OHS profession as an aid to Government in implementing workplace changes that may arise from the Inquiry's deliberations.

We thank the Public Accounts and Estimates Committee (PAEC) for the opportunity to provide this response.

On behalf of the AIHS:

David Clarke
CEO

Patrick Murphy
Chair of AIHS Policy Committee
AIHS Submission to the Inquiry into the Victorian Government’s response to the COVID-19 Pandemic

Introduction

Victoria has faced unprecedented challenges from the COVID-19 pandemic. Whilst looking back provides an important opportunity for learning and improving, there are many types of biases that accompany these reflections. The Australian Institute of Health & Safety (AIHS) recognises that decision-makers rarely have access to all of the desired or required information at the time decisions are made.

The terms of reference of this inquiry are broad. COVID-19 has impacted all Victorians in a variety of ways. This submission represents the AIHS Victorian Branch’s views pertaining to occupational health and safety (OHS) on the responses taken by the Victorian Government, including as part of the National Cabinet, to manage the COVID-19 pandemic and other matters related to the COVID-19 pandemic. COVID-19 is a workplace hazard as well as a public hazard, meaning the breadth of our response is considerable. This submission contains observations related to the following topics:

- COVID-19 as an Occupational Health & Safety issue
- Improving the Legislative Framework to cater for COVID-19
- Support for Small Businesses
- Incident Reporting Processes
- Upgrade of Procurement Processes
- Public Communications on COVID-19
- Industrial Factors
- Supporting Weaker Industries
- Working from Home
- Industrial Diseases Management Principles

To provide further context to our submission, we have included direct accounts from some of our members. These are OHS practitioners and professionals working in businesses every day, to support employers and workers to reduce risks and stay safe.

Recommendations

1. That the Victorian Government urgently review and adjust its advice on the application of PPE and minimum standards of PPE in healthcare settings.
2. That WorkSafe Victoria urgently develops a Compliance Code covering infectious diseases, focusing on COVID-19, to raise the regulatory importance of this issue for employers.
3. That WorkSafe Victoria develop targeted COVID-19 communications and supporting materials in the form of visual communication aids for at-risk industries and businesses, in relevant languages, leveraging the ‘OHS Essentials’ program and its verified consultants to provide proactive ‘on the ground’ support to businesses, particularly small businesses.
4. That WorkSafe Victoria builds on the temporary Regulations regarding COVID-19, and develops a permanent occupational disease reporting portal. The development of this portal
should leverage lessons learned in mining and other domains where occupational diseases are better understood.

5. That the Victorian Government broaden the ‘active client’ approach beyond infrastructure authorities to all parts of government procuring for complex or high risk works, especially for infection control. Specifically, this recommendation means:
   • Building internal OHS capability within government departments, in order to support and drive the active client approach,
   • Clarify and enforce requirements to consider OHS when procuring contractors, particularly where the scope of works are high risk, and
   • Ensuring government departments and other procuring entities perform ongoing assurance and monitoring of contractors’ performance, through a combination of desktop- and site-based observations, inspections and audits.

6. That the Victorian Government works to ensure consistent and timely communications from within its own Departments, and also take a lead role through the National Cabinet to ensure a consistent messaging across all jurisdictions.

7. That the Victorian Government take a lead role in the National Cabinet to review the high rates of casualisation in Australian industries, particularly within aged care, to suggest how the system can be improved. Given that there are likely to be periodic outbreaks of new diseases as there were for SARS, MERS and now COVID-19, clearly the current system is not robust enough to operate safely in such circumstances.

8. That the Victorian Government consider including OHS professionals in implementation taskforces, particularly for those industries with greater challenges and lesser OHS capabilities, such as having high proportions of small businesses.
A job well done
The Victorian branch acknowledges that the initial response by the Victorian Government to the COVID-19 pandemic was overall extremely positive. Up until June 2020, Government leaders and the public service:

- became informed of the risk of COVID-19 through the experiences of other countries,
- re-orientated the operation of Government towards dedicated COVID-19 portfolios,
- worked with industry to collaboratively develop and release timely industry-specific guidance, such as the Victorian Building and Construction Industry Guidelines,
- expanded intensive care unit (ICU) facilities,
- mobilised large scale testing programs, and
- provided regular and timely information to the community.

COVID-19 as an occupational health and safety risk
From very early on, all stakeholders have recognised that in a work context, COVID-19 represents a risk to workers’ health. As we have seen overseas, the health impacts on those who are infected are significant. Under the Victorian OHS Act (2004), employers must provide and maintain a working environment that is safe and free of risks to health, so far as is reasonably practicable. As part of this employers must also, so far as is reasonably practicable:

- provide and maintain safe systems of work - for example, by providing sufficient and suitable staff, controlling entry to high-risk areas and providing appropriate safety equipment,
- keep workplaces that they manage and control in a safe condition, free of risks to health,
- provide employees with the necessary information, instruction, training and supervision, in appropriate languages, to enable them to do their work in a way that is safe and without risks to health, and
- employ or engage people suitably qualified in OHS to advise them on employees’ health and safety.

A significant exception and urgent concern regarding the recognition of Occupational risk of COVID-19 is ironically, in healthcare settings, especially hospitals and aged care. While aged care is under-resourced and lacking skills amongst its broader workforce, the same cannot be said for hospitals but despite this, large numbers of preventable infections are occurring in the workforce. Incorrect assumptions have been made about the quality of infection control in hospitals. Protocols in healthcare settings are in broad terms, despite the environments being amongst the highest risk settings, actually lower than are being applied other industries. Standards articulated by national and state healthcare standards bodies are contradictory and inadequate. The use of P2 and equivalent respirators is not being mandated in circumstances where it should, fit-testing is not occurring in a large number of settings. Basic OHS management practices, such as the assessments of risks and the application of the hierarchy of controls, are not being applied, and large scale infections are occurring as a result. This is preventable and in our opinion hospitals and aged care facilities are not complying with the requirements of the OHS Act (2004).

**We recommend the Victorian Government** urgently examine its health department’s advice to hospitals, and drive urgent and immediate action to upgrade infection control practices in hospitals.

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1 See *Occupational Health & Safety Act 2004 (Vic)* s21
In addition, the state can play an important role in improving a coordinated commonwealth response to driving immediate reform of standards and practices if infection control in aged care. The AIHS can assist in defining and proscribing these practices.

**Improving the Legislative Framework to cater for COVID-19**

Victoria’s OHS Act (2004) provides for physical and psychological health and safety at work. The current Victorian regulatory framework, including the OHS Regulations (2017) and Compliance Codes, overwhelmingly focuses on risks to physical safety. With historical roots in the Factories Acts from the UK, many risks to health currently receive less or no attention.

Overall the Act, Regulations and Compliance Codes address general duties, the roles of the regulator, organisational OHS management arrangements, regulator reporting requirements, and physical hazards such as noise, falls, and equipment\(^2\). There are provisions for asbestos, lead, and carcinogenic substances, but overall diseases or illnesses are not mentioned. There is an urgent need for a Compliance Code in relation to COVID-19.

We note that guidance notes relating to preventing COVID-19 cases have been released for agriculture, construction, healthcare, and working from home, etc.\(^3\). This guidance represents an important first step. But particularly during the challenging times we are now in, more needs to be done.

**We recommend that WorkSafe Victoria** urgently develop a Compliance Code covering infectious diseases, focusing on COVID-19, to raise the regulatory importance of this issue for employers. It is a sad fact that there will be more deaths from COVID-19 occupational infections than from many of the physical hazards noted in the Regulations. We also need to be prepared for any future infectious disease outbreaks.

In addition, there needs to be targeted education campaigns provided to those industries and businesses who are struggling to meet the requirements of the OHS Act and Regulations in relation to this pandemic (e.g. abattoirs, aged care facilities).

WorkSafe Victoria’s OHS Essentials program “offers confidential, independent and personalised safety advice to keep … employees safe. This program has proven results in assisting businesses in reducing workplace injuries and to improve workplace safety culture”\(^4\). Verified OHS consultants are used to provide advisory services and support to eligible small businesses.

**Support for Small Business**

Even prior to COVID-19, it was known that small businesses account for proportionally greater rates of harm, as they often have less resources to invest in suitably qualified advice, and subsequently are less likely to have appropriate and effective OHS controls in place.

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\(^2\) See *Occupational Health & Safety Regulations 2017 (Vic)* Ch3


We are now in a situation where approximately 80% of positive COVID-19 cases are reported as being driven by transmission in workplaces\(^5\). Clearly these employers need additional support and education to manage risks associated with COVID-19.

This is particularly the case in industries with less mature OHS capabilities. Small to medium-sized employers need salient, targeted communications. This includes both ‘front-end’ communications that steer them towards reputable resources, as well as more detailed communications that contain information that caters for their context, and provides them with actionable advice.

A vast number of businesses are run by time-poor, multi-tasking business owners, often with low or non-existing levels of OHS knowledge. These employers typically do not have the capabilities or capacity to interpret technically legal guidance.

**We recommend that WorkSafe Victoria** develop targeted COVID-19 communications and supporting materials in the form of visual communication aids for at risk industries and businesses, in relevant languages, leveraging the ‘OHS Essentials’ program and its verified consultants to provide proactive ‘on the ground’ support to businesses, particularly small businesses.

**Incident reporting systems**

WorkSafe Victoria requires that notifiable incidents are reported to the regulator in writing within 48 hours. In the broader OHS industry, organisations track and report on discrete events, safety incidents that occur in seconds and are measured in days.

Diseases and illnesses however are often complex, have multiple and disparate causal factors, have lengthy incubation and symptomatic periods, and are conceptually more challenging to record, report and discuss. The recent move to include diseases like silicosis in OHS regulatory frameworks is supported. But these examples are part of a much broader trend; our economy and society is placing more importance on health risks, bringing them up to the current understanding in industry of safety risks. Our regulatory framework needs to reflect this shift.

We support the incident reporting changes announced by WorkSafe Victoria on 28 July 2020 that now cover COVID-19 Infections at work\(^6\). We look forward to guidance material being released on how organisations are to comply with these requirements, including removing the discrepancies in advice between WorkSafe Victoria and the Department of Health and Human Services (DHHS), such as differing reporting timelines of 48 hours and 14 days respectively. This has to be tackled at a whole-of-Government level.

Our position is that WorkSafe Victoria, like the rest of the OHS industry, has systems, focus and a culture orientated towards physical safety, largely in the form of discrete events with direct physical impacts (e.g. falls, noise, asbestos, etc.). This orientation needs to be broadened to better include health related issues, including psychological health. It is recognised that this is not easy. However it is also recognized that systemic changes on psychosocial issues such as bullying and fatigue have already been incorporated into WorkSafe processes and functions.

This trend needs to be accelerated for other diseases, including psychosocial harms, and may require additional funding of WorkSafe for additional specialist staff.

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We recommend WorkSafe Victoria build on the temporary Regulations regarding COVID-19, and develop a permanent occupational disease reporting portal. The development of this portal should leverage lessons learned in mining and other domains where occupational diseases are better understood.

Upgrade of procurement programs

Unfortunately, it would appear that shortcomings within the hotel quarantine program are the primary cause of the current second outbreak of the virus spreading across Victoria. We note that an inquiry into the hotel quarantine program is being run by former Judge Jennifer Coate. We support the Government’s decision to establish this inquiry. As any other investigation into a historical event, we trust that the inquiry will not simply apportion blame to the individual workers involved. The AIHS looks forward to the outcomes of the inquiry and would expect that the Government fully implements any recommendations made.

The public health and state economic impacts of the current wave of cases in Victoria are and will continue to be significant. They will also have effects beyond Victoria’s borders. Therefore, an impartial and rapid investigation into the hotel quarantine practices is appropriate.

“From an external perspective, it was incredibly disheartening to see the procurement, induction and training of security guards appear to be completely inadequate”

Victorian OHS Lead, Global Technical Services Consultancy

“There does not appear to have been due diligence in preparing the quarantine program (hotels). It seems to have been inadequately planned, supervised and monitored for adherence to the obligations under the OHS Act. Examples of such obligations include the provision and maintenance of a safe working environment, provision of adequate information (including the hazards associated with working in quarantine hotels), and training and supervision of the security guards, to make them aware that they would potentially be exposed to the virus if requirements were not followed.”

Victorian OHS Lead, Supermarket

Notwithstanding the inquiry, we submit the following for PAEC’s consideration.

The OHS Act requires that employers provide a working environment free of risks to workers’ health and safety, as far as reasonably practicable. It is evident that organisations involved in the quarantine program were ineffective in implementing controls against the spread of COVID-19. This applies to the Government contracting authorities, the contractors and subcontractors involved, and possibly the hotel management.

Government procurement practices, particularly at the state/territory level on construction and infrastructure projects, have evolved in a positive way in recent years. Many governments now have dedicated capital works entities. The relevant authorities coordinating these projects have often adopted an ‘active client’ or ‘model client’ approach. This involves:

1. developing and maintaining internal OHS expertise and capabilities,
2. appointing qualified contractors with appropriate OHS capabilities, by embedding OHS criteria and requirements into procurement processes,
3. sharing information relating to OHS with the contractor and with, where appropriate, other contractors who may face similar OHS risks, and
4. actively monitoring the performance of the contractor via a combination of desktop (e.g. incident notification, information and investigation) and site-based methods.

This approach has seen billions of dollars of infrastructure works be delivered with overall positive OHS outcomes, both within Victoria and elsewhere across Australia.

Critical to this approach is the concept of ongoing assurance. The gold standard here is a ‘three layered approach’; internal project assurance activities, internal corporate assurance, and external independent assurance. There is a strong body of evidence asserting that the ‘set and forget’ approach is less effective, particularly in dynamic and/or high risk contexts as in the hotel quarantine situations.

Whilst the re-orientation of the Government towards COVID-19 portfolios supported earlier successes, individual departments appear to require their own streamlining initiatives, particularly relating to governance. DHHS in particular appears to lack the structures and agility to make effective, timely decisions. Our members’ experiences suggest that they are struggling to respond to invitations for support and other proposals from industry.

In the hotel quarantine situation, it would appear that the scope of works contracted was for crowd control and security capabilities, rather than infectious disease control, which are manifestly different. It is noted that security and surveillance activities and skills are different from active infection disease risk management. The issue of subcontracting and its effect on infection control and worker OHS seems not to have been taken into account.

Existing Victorian government procurement processes require OHS assessment. From an external perspective, it is unclear how these requirements were met in the hotel quarantine program, and what associated processes were followed. For example, basic pre-engagement screening of contractors’ capabilities would likely have rendered their submissions unacceptable.

Such screening includes:

- safety management plans,
- infection control plans, capabilities and processes, and
- proposed sub-contracting arrangements, including written authorisation being required to sub-contract resources.

Further to this, the AIHS support the appointment of the Department of Justice and Community Safety to oversee the program, as their position reduces commercial and contractual pressures.

We recommend that the Victorian Government broaden the ‘active client’ approach beyond infrastructure authorities to all parts of government procuring for complex or high risk works such as infection controls.

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Specifically, this recommendation means:

- Building internal OHS capability within government departments, in order to support and drive the active client approach,
- Clarify and enforce requirements to consider OHS when procuring contractors, particularly where the scope of works are high risk, and
- Ensuring government departments and other procuring entities perform ongoing assurance and monitoring of contractors’ performance, through a combination of desktop- and site-based observations, inspections and audits.

**Public communications on COVID-19**

For national organisations, deciphering and acting on guidance from multiple regulators and government departments has been an immense challenge. With its federated history, Australia is unique in that 13 million workers are regulated by nine state, territory and federal OHS regulators, in addition to numerous industry-based regulators.

Safe Work Australia, the nation’s OHS policy body, has tried to customise their guidance to specific industries, individual roles and COVID-19 topics. According to our members, the probably legally sound but practically difficult advice appears to have only complicated things further. Subsequently, our members supporting operations across multiple states and territories tell us they have experienced the most challenging period in their careers.

There have also been cases reported in The Age where different Victorian Government Departments provided different advice on similar topics, caused by the DHHS failing up update their website.

We note that the novel coronavirus mutates and can display subtle differences across various geographies, particularly those in different latitudes and climates like Australia. However, our members would like to see consistent principles developed, to help streamline public communications and make it easier for workers and employers operating across state borders. This communication challenge should be coordinated under National Cabinet.

Victoria has the most multicultural society in Australia. Under the OHS Act (Section 22 (1) (c)), employers have a duty to provide information in appropriate languages. Indeed so does the regulator (OHS Act Section 7 (5)). Today there are many technologies available that can rapidly translate information between languages.

**We recommend that the Victorian Government** works to ensure consistent and timely communications within its own Departments, and also take a lead role through the National Cabinet to ensure a consistent messaging across all jurisdictions.

“From our perspective there has been a lag period in translating research into public health policy, into actionable guidance. For example, the research on the coronavirus being airborne does not seem to be reflected in current expectations and practices in schools. Thermometers are equipment. Particularly at such a large scale (e.g. every school), they require adequate instruction and training (OHS Act Section 21 (2) (e)) and appropriate resourcing.”

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10 Chloe Booker, Market stalls to reopen after rules clarified, *The Age*, 31 July 2020, p5.
Providing advice to my school based on rapidly shifting guidance and directions has been really challenging. The scale of the technological pivot was critical to maintaining education advancement and outcomes. School capabilities and support in this area was varied.”

OHS Advisor, DET School

“We have engineering and construction projects in Victoria, across Australia and in New Zealand. Our experience was that often we were rushing to put temporary solutions in place. Lack of advanced warning meant we were lacking supplies, and then paying triple the price. In comparison, our business in New Zealand received advanced warning of what each stage of restrictions would look like, in order to prepare for various stages.”

- Victorian OHS Lead, Global Technical Services Consultancy

“The daily updates from the Victorian Premier and Chief Health Officer have been useful in guiding our business to coordinate necessary changes to our business as restrictions have grown or eased.

I have used much of the World Health Organisation resources for guiding our team members in social distancing, hand sanitising and wearing of personal protective equipment such as masks, as WorkSafe Victoria did not release guidance quickly enough, and Safe Work Australia’s guidance came after we had implemented many of the changes.”

- Victorian OHS Lead, Supermarket

**Industrial factors**

Many practitioners see OHS as part of a complex organizational socio-technical system. This means that broader factors like social, cultural, legal and political have direct impacts when trying to affect positive OHS outcomes.

Whilst this submission does not go into detail with respect to these broader factors, we note in particular that the high proportion of casualisation across the economy, particularly those from culturally diverse backgrounds and those on temporary visas, presents additional challenges when regulating and/or managing OHS. The industrial relations settings are also important, as are remuneration factors. People are less likely to miss work due to COVID-19-related reasons (such as testing) if doing so means lost income.

As highlighted by recent inquiries into platform-based work arrangements and insecure work, industrial relations arrangements can have significant impacts on OHS outcomes. This has been particularly relevant in the aged care COVID-19 disaster with casualisation and lack of tertiary qualified staff contributing to the lack of application of infection controls. The Australian Nursing and Midwifery Federation notes “the number of patients/residents assigned to a nurse has a direct impact on their ability to provide best practice care. For every patient added to a nurse’s workload, the likelihood of dying increases by 7%”.

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We urge the Government to consider the effects of broader socio-technical factors, such as the growing rates of casualisation within the workforce and the gig economy, and their effects on OHS and community health outcomes. Insecure work, as highlighted by the inquiry report\textsuperscript{12}, is a prominent driver of the behaviours and practices observed in workplaces. For example, we support calls for ongoing financial aid for those casuals that receive positive confirmation test results. The industrial relations and employment drivers and signals need to align with public health messaging. The Royal Commission into Aged Care Quality and Safety has still to provide its final report. The Victorian Government should implement recommendations where it has jurisdiction, and support recommendations that will require Federal action, such as staffing quantity and quality.

While it is recognized that Victorian employees are governed federally under the \textit{Fair Work Act 2009} (Cth), where the Fair Work Commission has deemed workers \textit{not} to be employees, e.g. in parts of the gig economy, there is no constitutional barrier to Victoria making appropriate regulations governing this aspect of the Victorian economy.

\textbf{Supporting weaker industries}

Whilst industries with mature OHS capabilities like construction have been proactive in collaborating to address the risks associated with COVID-19, others have not. Our members working in aged care have reported that their businesses were ‘waiting for government to tell us what to do’. These capability gaps need to be recognised and considered by the Government.

Where there are gaps, the Government needs to actively intervene and encourage industry stakeholders to make appropriate preparations. Whilst industries like mining, construction and major hazard facilities have traditionally been the ‘high risk’ industries attracting greater regulation, focus and resources, COVID-19 means our entire economy has become high risk. The “weakest link in the chain” analogy is most apt in this situation.

Abattoirs are characterised by a high proportion of causal workers, many of whom are from non-English speaking and culturally diverse backgrounds. Aged care facilities workers have similar characteristics, and of course have additional duties to protect vulnerable occupants. We note that although many aged care facilities are funded and governed by Federal authorities, the impacts are felt by Victorian (i.e. state-based) communities. This means arrangements like the National Cabinet are critical to enabling connection and collaboration between state and federal governments, to mitigate the risks associated with COVID-19.

We know what the risk factors are of COVID-19, particularly for those with compromised immune systems and the elderly. We also know that infection disease controls are less likely to be effectively implemented in employee populations with insecure work. A risk-based approach is required to provide targeted support to those industries and workgroups who need it most. Similar industries and organisations to those in meat processing and aged care are likely to face similar challenges. Targeted community advisory campaigns by WorkSafe Victoria are suggested. By engaging the support of behavioural scientists, WorkSafe can nudge stakeholders towards desired outcomes through coercive rather than punitive or compliance measures.

In the same way Government consistently and appropriately relies and acts on public health advice, we encourage Government to seek the advice of OHS professionals in forming and implementing this guidance. It is through OHS professionals that organisations will change ‘on the ground’ practices.
We recommend that the Victorian Government take a lead role in the National Cabinet to review the high rates of casualisation in Australian industries, particularly within aged care, to suggest how the system can be improved. Given that there are likely to be periodic outbreaks of new diseases such as were SARS, MERS and now COVID-19, clearly the current system is not robust enough to operate safely in such circumstances.

Working from home
Thousands of workers performing administrative or knowledge work have moved from traditional offices to work from home. This mass movement has served to be a critical elimination control; if you do not work in close proximity to colleagues, you are less likely to transmit the virus.

When working at home, those homes are workplaces. The same duties for employers, workers and regulators apply. Whilst the knowledge workforce generally sees lower rates of harm through incident and workers’ compensation claims data, we expect the impacts from ‘home-based’ hazards such as physical (e.g. postural issues) and forms of aggression to increase.

Employers and workers require additional support, resources and targeted communications to enable safe outcomes whilst working from home. The AIHS recently released a dedicated chapter in the foundational resource of Australian OHS, the OHS Body of Knowledge on OHS issues relating to working at home. The chapter is available at https://www.ohsbok.org.au/2231-2/. The AIHS urges the sharing of this resource, among not just OHS professionals but also business owners, industry associations, government groups and other stakeholders.

“The Victorian Government should have made instructions available in other languages early, to clarify self-isolation, social distancing, hygiene practices, and when to get tested. This would have greatly reduced the likelihood of confusion.

Governments should have made earlier arrangements for financial support of the vulnerable (e.g. casuals and those who have exhausted leave entitlements), to make self-isolation financially manageable. This would have greatly assisted in people staying home whilst awaiting test results.

The short timeframes, whilst understandable, following Government announcements relating to facemasks, made it difficult to provide adequate training on how to use the PPE, including its safe disposal.”

Victorian OHS Lead, Supermarket

Infectious disease management principles
Many of the principles in infectious disease prevention and control echo the approaches OHS generalists use to mitigate and control other workplace hazards. Overall, Victorian OHS generalists and Occupational Hygienists have been able to rapidly learn and adopt infectious disease methods to support their workplaces.

Medical and public health professionals represent the research, specialised healthcare and clinical trials behind modern medicine. OHS professionals are embedded in workplaces. We are the translators of public health orders, the workplace enablers and implementers of health policy. Often it is the OHS person that will advise business decision-makers on how to ‘operationalise’ health guidance.
We recommend that the Victorian Government consider including OHS professionals in implementation taskforces, particularly for those industries with greater challenges and lesser OHS capabilities, such as having high proportions of small businesses.