



# Minimising the incidence of Long COVID

ACTU submission to the House Standing Committee on Health,  
Aged Care and Sport inquiry into Long COVID and Repeated  
COVID Infections

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## About the ACTU

Since its formation in 1927, the ACTU has been the peak trade union body in Australia. It has played the leading role in advocating for, and winning the improvement of working conditions, including on almost every Commonwealth legislative measure concerning employment conditions and trade union regulation. The ACTU has also appeared regularly before the Fair Work Commission and its statutory predecessors, in numerous high-profile test cases, as well as annual national minimum and award wage reviews.

The ACTU is Australia's sole peak body of trade unions, consisting of affiliated unions and state and regional trades and labour councils. There are currently 43 ACTU affiliates who together have over 1.7 million members who are engaged across a broad spectrum of industries and occupations in the public and private sector.

The ACTU along with its affiliates fight to ensure the right of all workers to a safe and healthy working environment and has been a strong advocate for measures that protect and support Australian workers who may be exposed to or have contracted COVID-19.

This submission to the House of Representatives Standing Committee on Health, Aged Care and Sport will primarily focus on the best practice responses regarding the prevention of Long COVID and/or repeated infections. Specifically, this submission will consider:

- Workplace measures for a low transmission strategy
- Lack of income support for those with acute and Long COVID-19

We also take the opportunity to offer endorsement of the submissions made by our affiliate unions as well as the joint submission made on behalf of the Royal Melbourne Hospital and Inner Melbourne Community Legal.

## Recommendations

### Recommendation 1

A regulation on biological hazards is included in the model WHS laws that is linked to the national COVID-19 community protection framework. This regulation would be complemented by a Code of Practice outlining in practical terms how workplaces can identify and manage COVID-19 risks.

### Recommendation 2

Governments should undertake a comprehensive communication campaign that aligns with the national COVID-19 community protection framework and communicates changes in the epidemiological context and encourages uptake of escalating strategies, such as staying home whilst sick, working from home and the use of masks.

### Recommendation 3

The Federal Government should introduce measures to reduce the rate of insecure work to ensure that more workers are provided with the necessary social protections, such as sick leave, that allow them to safely isolate at home when ill. For those who do not have sick leave, or who are 'genuinely' casual, government should continue to provide the necessary income support to allow workers to safely isolate at home whilst unwell.

### Recommendation 4

The Federal Government must introduce a comprehensive program of support for those that experience Long COVID. This should include:

- The provision of income support to ensure that those that experience unemployment or underemployment as a result of Long COVID do not experience financial insecurity
- The introduction of a Long COVID Health Care Card
- Access to transport services such as the Victorian Multi-purpose Taxi Program.

## Introduction

COVID-19 has exposed the frailties of our society. It has followed the contours of inequality in our labour market and torn away at our social safety net.

Two and a half years into the pandemic COVID-19 is a leading cause of death and illness in Australia. Actuarial assessment estimates that excess mortality for the first half of this year stands at 14%, with over half of these deaths attributable to COVID-19.<sup>1</sup>

Whilst the incidence of serious illness following infection of COVID-19 warrants further research, it is clear that hundreds of thousands of Australians have or are suffering the long-term effects of COVID-19. As a wealthy, advanced society we have a duty to both protect citizens from infection and provide comprehensive social and financial support to those that experience Long COVID.

It is critical that if Australia is going to minimise the impact of Long COVID that we implement strategies that will lower transmission and seek to actively control future waves of infection. The world of work has been central to the challenge of protecting people from infection. Work is the central place, outside of the home, where people congregate, a place where we spend as much as half of our waking lives. Whilst it is true that some working Australians were able to perform part, or all, of their work from home, the overwhelming majority of working people are required to attend work and risk infection with COVID-19 every day.

For the millions of Australian workers in insecure work COVID-19 presented a significant moral and financial dilemma. With each sniffle they face the horrible choice of staying home and isolating, without income, or attending work where they risk further spreading a potentially deadly illness. No workers should be forced to choose between making ends meet and the health and safety of their workmates.

Unions have continued to demand that workers be provided stronger protections and support at work. Our work health and safety framework, which has been largely sidelined throughout the

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<sup>1</sup> Actuaries Institute COVID-19 Mortality Working Group – *Another month of high excess mortality in July 2022*  
<https://www.actuaries.digital/2022/11/04/covid-19-mortality-working-group-another-month-of-high-excess-mortality-in-july-2022/>

pandemic, offers huge potential to control the risks of transmission. It is a framework that empowers workplace parties (employers and workers) to identify and control risks. It is a framework that has led to a significant reduction in work-related injury and death over the last 40 years and with modest changes can be unleashed to prevent the transmission of COVID-19.

The following submission outlines the key challenges facing working people in the context of COVID-19. It argues for modest improvements to our work health and safety framework and highlights the inadequacy of the current social and economic supports for those that experience Long COVID.

As we enter our fourth year of the pandemic we must confront the fact that COVID-19 will become a permanent threat to the health and welfare of Australians. We can make modest but highly effective improvements to protect human life and ensure that fewer people are exposed to the virus.

We thank the Committee for the opportunity to reflect on these matters and wish you well in your consideration of these important issues.

## Extent of the problem

1. Australia's COVID-19 experience has been one of extremes. The combination of being an island nation and our efforts to suppress outbreaks throughout 2020 left us in the fortunate position of having, second only to New Zealand, some of the lowest infection and mortality rates due to COVID-19 of any developed country in the world. Australians were proud of our achievements in the early days to work together in the interests of protecting the most vulnerable. We made sacrifices, endured lockdowns and other restrictions and altered our very way of life to lower transmission by minimising human contact and avoid spreading a deadly virus.
2. However, as 2020 passed, and our Federal Government fumbled the rollout of vaccines, COVID-19 crept in and became embedded in Australia in 2021 as it had been for much of the rest of the world the year earlier. Infection rates soared in all Australian states. We experienced a rapidly climbing death rate and, despite a year and a half to prepare for the arrival of a serious COVID-19 wave, our already fragile health, aged and social care system began to falter. As of the middle of 2022 the Australian National Centre for Immunisation Research and Surveillance (NCIRS) reports at least 65 per cent of Australian adults and 64 per cent of children have been infected with SARS-CoV-2 recently, likely in the past year.<sup>2</sup>
3. The evidence indicates that the sequelae of an infection with COVID-19 can have lasting impacts on some people's health that will impact their ability to work and actively participate in the community for variable periods post infection. This may well apply to children and adults.<sup>3</sup> Long COVID, often described as the persistence of symptoms for

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<sup>2</sup><https://www.ncirs.org.au/least-two-thirds-australians-including-children-and-adolescents-have-had-covid-19-two-national>

<sup>3</sup> <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004122>

more than three months, is a mosaic that includes both immune system, autonomic nervous system dysregulation<sup>4</sup> and neurological and psychiatric sequelae.<sup>5</sup>

4. The Victorian government has submitted to this inquiry that “*the median estimated cumulative incidence of severe long COVID was 41,000 people which equates to ~0.6 per cent of the Victorian population.*” Unfortunately, every time someone contracts acute COVID-19 the risk of chronic COVID increases. Recent research published in the journal Nature concluded that “*reinfection further increases risks of death, hospitalisation and sequelae in multiple organ systems in the acute and post-acute phase. Reducing overall burden of death and disease due to SARS-CoV-2 will require strategies for reinfection prevention.*”<sup>6</sup>
  
5. Understanding the prevalence of Long COVID in Australia is essential. In addition to the aforementioned study in Victoria others indicate ranges from as low as 5% to as high as 30%. A recent ANU study that tracked the experience of 3,510 people showed that 29% of adults with confirmed or suspected COVID-19 experienced Long COVID more than 4 weeks after contracting COVID. This would equate to more than 14% of Australian adults. It also estimated that 4.7% of Australians have had or currently have post-COVID-19 syndrome (symptoms that lasted 3 months or more).<sup>7</sup> If these estimates are correct the impact that COVID-19 has on the Australian workforce, let alone the impact on those individuals, is significant.
  
6. The best way to address Long COVID is to prevent COVID infection by moving to a low transmission strategy.<sup>8</sup> A policy of reducing transmission will not only lower transmission

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<sup>4</sup> Ibid - [follow-up at one year or longer](#) has shown an increased risk of heart and blood vessel diseases, diabetes, clotting disorders, and lung and kidney damage, even among people who had only mild to moderate COVID and were not hospitalized. [Such risk appears to be cumulatively increased with reinfections](#), including infections that break through vaccinations.

<sup>5</sup> The Lancet Psychiatry, <https://www.thelancet.com/action/showPdf?pii=S2215-0366%2822%2900260-7>.

<https://www.science.org/content/article/covid-19-takes-serious-toll-heart-health-full-year-after-recovery>  
<https://theconversation.com/if-you-think-scrapping-covid-isolation-periods-will-get-us-back-to-work-and-past-the-pandemic-think-again-191670>

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2822%2900941-2>

<sup>6</sup> <https://www.nature.com/articles/s41591-022-02051-3> accessed 12/11/2022

<sup>7</sup> [https://csmr.cass.anu.edu.au/sites/default/files/docs/2022/10/The\\_experience\\_of\\_COVID-19\\_in\\_Australia\\_-\\_For\\_web.pdf](https://csmr.cass.anu.edu.au/sites/default/files/docs/2022/10/The_experience_of_COVID-19_in_Australia_-_For_web.pdf)

<sup>8</sup> Professor Brendan Crabb - Risk of long COVID builds each time you get infected, Burnett Institute News August 10<sup>th</sup> 2022, and MJA Podcasts 2022, Episode 30, Omicron update Professor Crabb, Vol 217, Issue 4-23 August 2022



and reduce the burden of Long COVID, it will also protect the vulnerable who are at risk of serious illness and death.

## Prevention - A dynamic low transmission strategy

7. COVID-19 is a highly infectious disease that spreads from person to person by close contact with an infectious person. Work and workplaces will remain key settings for transmission for the foreseeable future – many large gatherings of people are in workplaces, whether they are in office buildings, factories, schools, service providers of food or entertainment - most of our human-to-human contact occurs at work.
8. Since the commencement of the pandemic, public health units have been responsible for determining and communicating the social and workplace measures necessary to reduce transmission with work health and safety regulators playing a secondary, albeit complimentary role. From early on this took the form of recommendations for particular action as well as the implementation of Public Health Orders (PHOs). These orders set broad rules such as density limits, working from home or mask requirements and whilst these instruments were blunt and lacked any tailoring to localised risk factors, they did offer significant protection for workers and guidance for workplaces when it came to managing COVID-19 risks. Unions and workers regularly reported being able to encourage better workplace practices by pointing to PHOs and recommendations.
9. Since the Omicron wave, PHOs have been limited, except for those that applied directly to work involved in caring for others. Vaccination uptake, beyond the double vaccination targets of 2021, has been low in the general population and has stalled.<sup>9</sup> Consequently, workers and workplaces are without clear direction and enforceable rules and are instead relying on their general ‘health and safety duties’ which have limited enforceability for workers and do not clearly state what needs to be done for biological hazards or for circumstances of community wide transmission of infectious diseases.

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<sup>9</sup> 3<sup>rd</sup> dose vaccination rates have flat lined since April 2022 <https://www.covid19data.com.au/>

10. The AHPPC has repeatedly commented on the need to apply a hierarchy of controls when it comes to managing COVID-19 risks. This hierarchy requires the control of risks at their source using a cascading set of measures to eliminate or reduce risk. This includes keeping COVID out of workplaces by facilitating staff to work from home in outbreak situations. Specifically, the AHPPC recommended on July 8<sup>th</sup> 2022 that:

*Employers should review their occupational health and safety risks and mitigations, and their business continuity plans. They should consider the feasibility of some employees working from home and support employees to take leave when sick.<sup>10</sup>*

11. OzSAGE, a group of leading experts, has further detailed how a hierarchy of controls should apply in workplaces with their Safe Indoor Air (ventilation) and “Vaccine-Plus” formula which applies to all settings and is easily applied to workplaces through the application of the hierarchy of control such as:

- staying home whilst sick,
- encouraging distancing between people such as WFH,
- the provision of safe indoor air (ventilation) and mitigating airborne transmission in high-risk settings such as health and aged care, schools, workplaces<sup>11</sup> and
- the use of face masks.

## Our work health and safety laws – gaps in the framework

12. Australia has a system of ‘harmonised’ work health and safety laws whereby each jurisdiction, with the exception of Victoria, adopts the model work health and safety laws (model laws). The model laws and regulations do not require the application of the hierarchy of control with respect to infectious diseases. A hierarchy of control is the preferred method of controlling risks at work and is applied to most risks within the scope of work/occupational health and safety regulations.

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<sup>10</sup> AHPPC Statement 8<sup>th</sup> July 2022, <https://www.health.gov.au/news/ahppc-statement-on-covid-19-winter-update-and-ongoing-health-protection-measures-to-support-our-community>, accessed 23 August 2022.

<sup>11</sup> OzSAGE, <https://ozsage.org/summary/> accessed 23 August 2022. “Plus” refers to testing, tracing, masks and other non-pharmaceutical strategies.

13. COVID is a work health and safety hazard. It can cause serious illness in people and is the third leading cause of death in Australia. Employers have a duty under work health and safety law to ensure the health and safety of workers so far as is reasonably practicable. There are three tiers to our WHS laws:
- *Act – sets out the duties of employers to ensure health and safety so far as is reasonably practicable*
  - *Regulations – legally enforceable obligations on employers to specifically identify certain hazards and risks and implement specific proven control measures*
  - *Codes of Practice – practical guidance on how to manage certain risks that are legally enforceable in some jurisdictions.*
14. Regulations apply the *hierarchy of control*, a sequential application of measures to control risks – elimination of the risk, substitution of the hazard with a lesser risk, isolation of the hazard from workers, engineering measures to minimise the risk, administrative procedures and training and finally, generally the least effective control – personal protective equipment.
15. Since the start of the pandemic unions have urged work health and safety (WHS) policy makers to reinforce the model laws by complementing the duties set out in the *Work Health and Safety Act* by introducing a Regulation and Code of Practice that provides enforceable rights for workers to require employers to implement best practice when managing COVID-19 risks.
16. Throughout this period policy makers have deferred to public health units, and specifically the existence of Public Health Orders (PHOs), as the necessary tools for driving community and workplace measures, however, with PHOs now completely removed from all jurisdictions there is a clear lack of enforceable guidance with respect to workplaces.
17. The Federal Government has recently released the National COVID-19 community protection framework (the framework) for control measures to lower transmission in

workplaces.<sup>12</sup> The framework outlines that as case numbers increase workplaces need to be implementing Tier 1 and 2 level precautions in addition to the base level strategies.

18. The framework published is similar to the traffic light system that unions had submitted to the government that would provide clear, objective points of escalating strategies to manage COVID-19 transmission. The system proposed by unions linked the framework to a WHS regulation and Code of Practice that provided enforceable rules and obligations to escalate strategies at certain thresholds. In the absence of enforceable work health and safety rules the uptake beyond base level strategies will be limited.

19. A traffic light system would be complemented by improvements to our WHS framework with the inclusion of a regulation and Code of Practice and provide for escalating, but enforceable strategies, such as:

- Green (low community transmission, which includes ensuring safe clean air, and the introduction of limited controls (not attending work whilst sick and providing income support to those ill), other than in high-risk settings (aged care, airports, planes)). One of the measures to use as a trigger would be a Reff<sup>13</sup> below an agreed threshold and no evidence of increased hospital transmissions.
- Amber (increased community transmission, Reff is increasing above Green threshold – nationwide or localised depending on transmission or COVID cases at the workplace) – introduction of controls as per a WHS Regulation and supporting Code of Practice for infectious diseases i.e. introduction of rapid testing, increased mask usage in group settings.
- Red (high community transmission and Reff is increasing above Amber threshold – there will be high pressure on the health system providing acute care) – wider set of controls (WFH where possible, review of ventilation, masks in most circumstances).

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<sup>12</sup> <https://www.health.gov.au/sites/default/files/documents/2022/10/national-covid-19-community-protection-framework.pdf>

<sup>13</sup> Reff – Effective reproduction number

20. Workplaces need legally enforceable rules (regulations and codes of practices) to minimise the transmission of the virus. This would be a very useful contribution to lowering community transmission as many working age people spend between 25 and 30% of their day at work.
21. In addition to the framework that sets out the points of escalation and the work health and safety rules that provide clear, enforceable guidance on how to identify and manage risk, we must also undertake complementary and effective public health campaigns.
22. Australia has a long and proud history of successful public health campaigns aimed at informing the public of risk and encouraging individual and collective action. From HIV-Aids and ‘Slip! Slop! Slap!’ in the 1980s, road safety in the 1990s and more recently, in the last two decades, our pioneering efforts in tobacco control with plain packaging – a world leading campaign that reduced the incidence of smoking from 20% of adults in 2001 to under 13% in 2013 with even more significant gains amongst younger Australians.<sup>14</sup>
23. It is critical if we are going to give a framework, such as that released by the Federal Department of Health, a chance of success it must be reinforced by a strong public health campaign to inform the public of changes in the epidemiological context and the necessary steps required to lower rates of transmission, whether it be working from home, increased mask use or vaccination.

## Going to work sick – the impact of insecure work

24. Staying home whilst sick is considered the most effective measure to reduce the spread of COVID-19. The pandemic highlighted the huge risk of insecure work to the community as a whole. As workers in insecure work, with no access to sick leave, became ill they were forced to choose between testing and isolating, without pay, to keep their workmates and the community safe and going to work and risk infecting others just to put food on the table.

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<sup>14</sup> <https://www.phaa.net.au/documents/item/3241>

25. With over 4.1m Australians, or approximately 1 in 3 workers in insecure work, Australia has a particular problem when it comes to the lack of social protection (sick leave) for a large section of the workforce. The externalising of this cost by employers needs to be addressed for a variety reasons, but in the case of COVID, it has become a significant threat to public health and the welfare of the community. The introduction of Pandemic Leave Disaster Pay (PLDP) was a critical measure to keeping workplaces and the community safe. Whilst unions maintain that this scheme should continue to support workers who are sick and unable to work, a more sustainable and appropriate policy response would also be to reduce the overall rate of insecure work in Australia.

#### **Recommendation 1**

**A regulation on biological hazards is included in the model WHS laws that is linked to the national COVID-19 community protection framework. This regulation would be complemented by a Code of Practice outlining in practical terms how workplaces can identify and manage COVID-19 risks.**

#### **Recommendation 2**

**Governments should undertake a comprehensive communication campaign that aligns with the national COVID-19 community protection framework and communicates changes in the epidemiological context and encourages uptake of escalating strategies, such as staying home whilst sick, working from home and the use of masks.**

#### **Recommendation 3**

**The Federal Government should introduce measures to reduce the rate of insecure work to ensure that more workers are provided with the necessary social protections, such as sick leave, that allow them to safely isolate at home when ill. For those who do not have sick leave, or who are 'genuinely' casual, government should continue to provide the necessary income support to allow workers to safely isolate at home whilst unwell.**

### **Support – Ensuring those that suffer from Long COVID do not experience further social and economic exclusion**

26. As outlined earlier it is likely that hundreds of thousands of Australians are suffering from Long COVID. The persistence over time of COVID symptoms will leave many thousands of

workers unable to work. Not only will this have lasting health impacts on individuals it will have long term financial implications for workers who lose income and whose employment is reduced.

27. In addition to the individual financial impact of COVID-19, there are significant challenges for society and the economy more broadly. Economist Jeff Borland from University of Melbourne quotes evidence, in Australia and the USA, that the labour market is being affected by COVID-19:

- *Long COVID-19 also appears to be affecting labour supply, by reducing the size of the labour force. Recent analysis from the Melbourne Institute Taking the Pulse of the Nation survey, prepared by Professor Tony Scott, found that 15.5 per cent of those who have tested positive for COVID-19 (or 6.5 per cent of the adult population) report symptoms lasting for more than month; and that this group were 7.2 ppts less likely to be in employment at the time surveyed than those whose symptoms lasted less than a week.*
- *In the United States, research by Gopi Shah Goda and Evan Soltas has found that workers with a one-week long absence from work when they are infected by COVID-19 are 7 ppts less likely to be in the labour force one year later, compared to otherwise similar workers.<sup>15</sup>*

28. Those with Long COVID may need considerable periods off work or with reduced working hours. The National Employment Standard (NES) provides just 10 days each year for a full-time employees and pro rata for part-time employees. In addition to this, Section 352 of the Fair Work Act (FW Act) provides protection against termination for workers with illness and injury for three months.<sup>16</sup> Those who experience Long COVID will not only quickly draw down any personal leave accruals, they will be at risk of complete loss of employment.

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<sup>15</sup> Jeff Borland Labour market snapshot #93, November (9) 2022, Department of Economics, University of Melbourne [https://drive.google.com/file/d/1YfZv2ADmWPsvrZAXQd\\_ZLA2oDnwPHW8T/view](https://drive.google.com/file/d/1YfZv2ADmWPsvrZAXQd_ZLA2oDnwPHW8T/view)

<sup>16</sup> Fair Work Act Section 352

## Current shortcomings with our systems of income protection

29. Long COVID again highlights a significant problem in Australia with regards to lengthy, but temporary, periods of illness and impairment and the consequential burden that falls on those that are ill. The Disability Support Pension (DSP) is a scheme designed only to support those with permanent and significant impairment. In order to be eligible you must be expected to be unwell for a period greater than 2 years and suffer a condition that meets an impairment rating of greater than 20 points. Both the duration and thresholds for impairment effectively exclude sufferers of Long COVID, and many other significant temporary conditions, from any income support.
30. JobSeeker requires recipients to satisfy requirements such as actively searching for work. For those with chronic fatigue, brain fog, immune, neurological, or psychiatric sequelae it is likely people will have limited capacity to meet the eligibility tests for JobSeeker. For many sufferers looking after children, including accessing childcare services, is difficult. Equally, transport presents a particular trouble for some people experiencing Long COVID. The fatigue can make driving dangerous, public transport is often not available and if it is, carries the fear of re-infection.
31. The combination of these factors, and the inadequate support provided, will likely push those who experience Long COVID to the fringes of the labour market and have a lasting financial impact. Commonwealth agencies have recognised that our systems can be impediments to workforce participation for those with health conditions. This also applies to those with temporary incapacity with an undefined timeline or known clinical course. Since 2017 a national collaboration of public, private and not-for-profit sectors has been conducting research to understand workforce participation for those with a health condition – temporary or permanent.<sup>17</sup> Reports authored by investigators from Monash and Melbourne University for the Collaborative Partnership highlights the deficiencies in

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<sup>17</sup> [https://www.comcare.gov.au/collaborativepartnership/about\\_us](https://www.comcare.gov.au/collaborativepartnership/about_us)



our systems of income support for those with health conditions.<sup>18</sup> The findings included:

- *Participants were financially distressed. More than half of the survey respondents reported a period of no income which lasted on average somewhere between 7 and 15 months.*
- *Before accessing each income support system, the majority were receiving income from paid work, and health impacting work was the main reason for seeking income support. Across the survey less than half reported being able to return to work (RTW) at any time, and for those who did report RTW it was common to have attempted multiple times. Employment agencies were described as not genuinely taking into account a person's limitations when putting forward job roles.*

32. Across each of the systems, paid employment was the most common income source in the month prior and being unable to work due to ill health was the most common reason for moving to an income support system. The research was conducted before the impact of COVID-19 but clearly demonstrates the shortcomings of our income support systems. For those with Long COVID the outlook may be even bleaker. Whilst more knowledge is emerging, there is a genuine lack of understanding about the extent or duration of Long COVID and consequently an inability to predict a return to the workforce either in full or part time positions.

33. Workers with long COVID need access to proper income support to make ends meet until they recover. Our current income support systems are not designed for a health condition that has a recovery process that is poorly characterised, especially as many have significant trouble accessing treatment and support.

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<sup>18</sup> [https://www.comcare.gov.au/\\_data/assets/pdf\\_file/0020/365015/cp-pillar-one-report-snapshot.pdf](https://www.comcare.gov.au/_data/assets/pdf_file/0020/365015/cp-pillar-one-report-snapshot.pdf)

## Proposals for income support for COVID sufferers

34. To alleviate some of the financial pressures strong consideration must be given to:

- Income support for those with acute COVID who have exhausted their sick leave provisions
- Assisting workers to make a workers' compensation claim where there is a link to work or particular occupations.
- Special COVID income support payment during recovery.

35. Consideration should also be given to the introduction of a Long COVID Health Care Card, as access to the Health Care card is limited to those on specific payments from Services Australia.<sup>19</sup>

36. A Long COVID Health Care card would allow government agencies/departments to synchronise support services to support people experiencing critical medical issues, such as:

- Access to reduced rate medication,
- Discount on essential service bills, and
- Local council home and community-based support programs.

37. A Long COVID Health Care card could also be used as a means of identifying access to other services.

38. Additionally, providing taxi vouchers to people experiencing Long COVID who are unable to drive would assist them to attend medical and other support services safely.

Alternatively, agreement could be made to allow people with Long COVID to access taxi transport subsidy schemes e.g. the Victorian Multi-purpose Taxi Program.

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<sup>19</sup> Services Australia, March 2022 <https://www.servicesaustralia.gov.au/who-can-get-health-care-card?context=21981>

39. Finally, additional funding is needed for social work support, legal support, and financial counsellors to help people who are still struggling with the impact of COVID on their physical, mental and financial wellbeing.

#### **Recommendation 4**

**The Federal Government must introduce a comprehensive program of support for those that experience Long COVID. This should include:**

- **The provision of income support to ensure that those that experience unemployment or underemployment as a result of Long COVID do not experience financial insecurity**
- **The introduction of a Long COVID Health Care Card**
- **Access to transport services such as the Victorian Multi-purpose Taxi Program.**

## **Conclusion**

40. The evidence is clear that Long COVID will affect a significant number of people who will have diminished capacity to participate in work. This will have a devastating social and economic impact on those that experience Long COVID, it will reduce economic output and will place considerable strains on our health system.

41. The most effective way to lower the prevalence of Long COVID is by implementing a low transmission strategy with a particular focus on work. Workplaces are an important and currently under-utilised piece in that strategy. Our work health and safety framework empowers workplace parties (employers and workers) to identify and control risks to health at work. It is a highly flexible and dynamic system that has successfully reduced the rates of serious injury and death and can provide similar benefits to minimising the transmission of COVID-19.

42. These measures can work in combination with the National COVID-19 community protection framework which should be adopted and implemented by all jurisdictions. This framework must be supported by a public health campaign to advise the community and workplaces when the epidemiological context changes and escalating strategies to reduce transmission are necessary.

43. The rate of insecure work in Australia has been exposed as a major threat to public health. The inability of millions of workers to safely isolate at home whilst ill threatens to accelerate and prolong every wave of infection. The Federal Government must take serious steps to reduce the rate of insecure work and consider sustainable schemes to provide income support to those that are genuinely casual.
44. Finally, Long COVID sufferers face similar challenges to others with incapacity for work which are temporary but last longer than 3 months. Unfortunately, the numbers of long COVID sufferers will place more people in financial insecurity as they fall outside our current income support systems and push them to the fringes of our labour market. A Long COVID card is an initiative that would assist people to recover and provide linkages to support services.

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