



COVID-19 Vaccine roll-out - Phase 2A indicative occupations

Submission by the Australian Council of Trade Unions to the
Australian Department of Health

ACTU Submission, 10 March 2021
ACTU D. No 10/2021

Contents

The ACTU	3
Background	3
Australian Technical Advisory Group on Immunisation – Prioritisation Criteria	6
Recommendations.....	7
Indicative occupational groups Phase 2A	8
Appendix 1.....	9
Appendix 2.....	12
Appendix 3.....	14
Appendix 4.....	19
Appendix 5.....	24
Appendix 6.....	26

The ACTU

Since its formation in 1927, the ACTU has been the peak trade union body in Australia. There is no other national confederation representing unions. For 90 years, the ACTU has played the leading role in advocating in the Fair Work Commission, and its statutory predecessors, for the improvement of employment conditions of employees. It has consulted with governments in the development of almost every legislative measure concerning employment conditions and trade union regulation over that period.

The ACTU consists of affiliated unions and state and regional trades and labour councils. There are currently 43 ACTU affiliates. They have approximately 2 million members who are engaged across a broad spectrum of industries and occupations in the public and private sector.

Background

Throughout the SARS-CoV-2 pandemic the ACTU and affiliate unions have taken an approach that is informed by, and consistent with, the best public health and scientific advice. This has included actively engaging with governments including directly with Ministers, the Federal Department of Health and Safe Work Australia on the work-related actions necessary to control the pandemic.

During 2020 and 2021 that engagement has included contributing to National COVID-19 safe workplace principles,¹ Safe Work Australia Guidance on COVID-19, the health and safety risk of COVID-19 and the controls which are so far as is reasonably practicable able to be applied at work,² the Draft COVID-19 Model Code of Practice³ and consultations and advocacy on the COVID-19 vaccines and their roll-out.

During late 2020 and early 2021 the ACTU developed a set of union principles to guide our response and advocacy in relation to the vaccine roll-out. The most significant and critical

¹ <https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/other-resources/national-covid-19-safe-workplace-principles>

² <https://www.safeworkaustralia.gov.au/covid-19-information-workplaces>

³ <https://www.attorneygeneral.gov.au/media/media-releases/guidance-help-manage-risks-covid-19-workplace-17-september-2020>

elements of these principles related to ensuring that essential workers, who are at increased risk of exposure and transmission of COVID-19 are granted early access to vaccinations based on agreed criteria set by public health experts.

Australia's vaccine policy, along with advice from the Australian Technical Advisory Group on Immunisation (ATAGI) has informed the roll-out strategy.⁴ The strategy segments the Australian population based on risk of exposure and risk of serious disease and details a five-phase program for vaccination. In doing this it also considers workers that are critical to societal functioning.

The strategy segments Australians based on risk of serious diseases characteristics, including age and health conditions as well as risk of exposure characteristics including workplace or residential settings. In considering the risk of exposure characteristics the roll-out strategy has identified a number of occupations and workplace settings which are to be granted early access to vaccines. Whilst unions welcome the inclusion of these high-risk workers, we note that this assessment would appear based on the current epidemiology, where the only cases of COVID-19 are present in returned travellers and does not consider the occupations or workplaces that are likely to be at increased exposure in the event of community transmission.

Given the precarious nature of the epidemiology, and the significant risk of a return to community transmission, we believe a range of essential workers should be considered for early access at Phase 2A. It is worth remembering that in the first two months of Victoria's second wave we saw a range of occupations and workplace settings impacted by Covid-19. This included more than 400 warehouse workers, 700 retail and supermarket workers along with significant outbreaks in food distribution and logistics.

At the start of February, following earlier advocacy from unions, the Minister for Health and the Attorney-General and Minister for Industrial Relations convened a roundtable with unions and industry to discuss the vaccine roll-out. At this meeting employers and unions urged the government to consider further expansion of the early access phases of vaccination to include other high-risk workers.

⁴ https://www.health.gov.au/sites/default/files/documents/2020/11/atagi-preliminary-advice-on-general-principles-to-guide-the-prioritisation-of-target-populations-in-a-covid-19-vaccination-program-in-australia_0.pdf

The inclusion of essential workers early in the vaccination roll-out is supported by recent overseas research which notes that:

In the wake of growing evidence that approved vaccines are effective at preventing not only adverse outcomes, but also infection (and hence transmission of SARS-CoV-2), we propose that such age-based roll-outs are both less equitable and less effective than strategies that prioritize essential workers. We demonstrate that strategies that target essential workers earlier consistently outperform those that do not, and that prioritizing essential workers provides a significant level of indirect protection for older adults. This conclusion holds across numerous outcomes, including cases, hospitalizations, Long COVID, deaths and net monetary benefit, and over a range of possible values for the efficacy of vaccination against infection.⁵

As the aim of the vaccination program is the prevention of disease and transmission, the ACTU believes a review of the strategy and inclusion of the indicative occupational groups at higher risk of COVID-19 in the Phase 2A of the vaccine rollout is necessary. The review needs to consider where cases occurred in Victoria during a period of community transmission. Department of Health statistics on outbreaks which occurred in workplaces for the period 1 June to 11 August 2020 recorded the most cases in aged care facilities, schools, abattoirs, hospital/health care, warehouses, food premises/food distribution and childcare, in that order.⁶

The ACTU has previously submitted indicative lists of occupations to be included in the 1A grouping identified as “Hotel Quarantine and Border Work Group”. In this submission we have applied the ATAGI criteria of risk of exposure, risk of severe disease and workers critical to societal functioning⁷ in developing an indicative list of occupations for Phase 2A grouping and taken into account the information of sites of infection that occurred in Victoria in 2020.

It is imperative that the detailed knowledge of actual working conditions and employment arrangements is factored into the prioritisation of indicative occupational groups. The following submission details specific occupations and workplace settings that are, in the event of

⁵ <https://www.medrxiv.org/content/10.1101/2021.02.23.21252309v1.full.pdf+html>

⁶ <https://www.theguardian.com/australia-news/live/2020/aug/12/coronavirus-australia-latest-updates-victoria-covid-19-hotel-quarantine-nsw-gladys-berejiklian-new-zealand-tasmania-business-health-economy-live-news?page=with:block-5f336c048f0803fbf9405d4b>

⁷ Australian Technical Advisory Group on Immunisation (ATAGI), Preliminary advice on general principles to guide the prioritisation of target populations in a COVID-19 vaccination program in Australia, November 2020

community transmission both at high risk of exposure and critical to societal functioning. We encourage the federal government to consider these recommendations and review the roll-out strategy to include these high-risk workers.

Australian Technical Advisory Group on Immunisation – Prioritisation Criteria

Unions have applied the ATAGI criteria to occupational groups and considered the way work is performed to compile the list of indicative occupations.

Risk of exposure:

When assessing the risk of exposure, we have considered employment arrangements and the actual working conditions within sectors. For example:

- agency, labour hire and contract workers, as many of these workers will work across employers/establishments and may interact with many residents, clients and customers at multiple sites – for example retail workers, residential and disability care workers
- the effect of short staffing which can mean that although a formal job description will not include duties with a risk of exposure, in reality those workers may be exposed
- particular occupational groups are often employed by staffing agencies, contractors, or work as sole traders to work for service providers - these workers may be overlooked
- inclusion of all occupations with potential of exposure, not just those involved in direct care, e.g. teachers working in health, correctional and disability care, or teachers in educational facilities interacting directly with adults or children with disabilities and co-morbidities
- retail workers regularly report exposure to aggressive and dangerous behaviour by customers, e.g. being spat and coughed upon.

Risk of severe disease

Certain occupational groups are included in Phase 1A and 1B due to the risk of severe disease in those they come into contact with.

There are also many in the working population who have co-morbidities or belong to at-risk groupings, e.g. ATSI and those with chronic disease or those who are in higher risk age groups. The ACTU and affiliates have limited knowledge about the individual characteristics of workers other than the categories of older retail workers, those working with at-risk ATSI communities, ATSI workers and workers with co-morbidities.

Critical to the functioning of society

There are many occupational groups which have been critical and essential to the functioning of society – even during the harshest of our COVID-19 lockdowns. Generally, these have been those who have provided care, maintained and delivered emergency services, maintained and delivered essential services such as energy and water, produced and distributed food supplies etc.

Retail establishments were recognised by State Governments during lockdowns as essential and allowed them to continue trading. For example, the NSW Government declared gatherings at supermarkets and other retail stores to be “essential gatherings”. To be able to continue trading, production, delivery and transport workers were required to maintain supply chains.

Other occupational subgroups that have been critical to social functioning include, but are not limited to, those providing:

- specialised and individualised learning to children and adults in health, disability and correctional services, whose education would otherwise be significantly interrupted
- education in public primary, secondary and special schools, early childhood education, TAFE and adult education, as the risk and medium to long term harms related to disruptions to education due to the pandemic, are significant
- education of persons with disability
- many categories of transport workers who provide essential services and interact with the public.

Recommendations

Using the criteria developed by the ATAGI, unions have **categorised indicative occupations for Phase 2A into three groups: High, medium and low**. Outlined below is a summary of the indicative categories of workers based on these risk profiles with more detailed information contained in the appendices.

High priority i.e. workers that are at high risk of exposure and critical to the functioning of society:

- Retail workers
- Teachers in health, correctional, disability services
- Teachers, educational leaders, education assistants and support staff in primary, secondary and special schools, early childhood education, TAFE and adult education interacting with children and adults with disability

- Frontline public transport workers (roles that involve direct and indirect interaction with passengers) especially those with a high volume of passengers
- Airport security workers
- Teachers, educational leaders, education assistants and support staff in public primary, secondary and special schools, early childhood education, TAFE and adult education.

Medium Priority i.e. workers at high or medium risk of exposure that are essential, not critical workers:

- Aged Care Quality Commission
- NDIA
- NIAA
- Services Australia
- NDIS Quality and Safeguards Commission
- Drivers of passenger vehicles – Taxi
- Gig food delivery – many of whom visit hotels/quarantine facilities

Lower priority i.e. workers at medium or lower risk of exposure that are essential workers:

- Parks Australia (Department of Agriculture, Water and Environment)
- Road transport
- Road transit – Cash in Transit
- Road transport – Waste

Indicative occupational groups Phase 2A

Following the roundtable discussion with the Minister for Health and the Attorney- General and Minister for Industrial Relations, unions committed to identifying further groups that we believe should be included in the early access phases for the COVID-19 vaccines.

The following tables contain feedback from key industry groups – Commonwealth employees, retail and transport workers, health and aged care workers and workers in education etc.

Unions have applied the criteria that the Australian Technical Advisory Group on Immunisation (ATAGI) have identified in [their guide to prioritisation](#).

Appendix 1

HEALTH CARE WORKERS

PHASE 1A and 1B

Health Care workers

Before commenting on Phase 2A groups of workers, the Health Services Union seeks urgent clarity on occupations under Phases 1A and 1B.

In initial discussions with relevant Ministers (Hunt and Robert), and reflecting the National Roll-out Policy of November 2020, it was assured that residential aged care and disability support workers would be included in the first rounds.

The Health Services Union (HSU) requested further detail as to what occupation groups specifically were captured under the broad banner of residential workers. The HSU referred to concerns with the Government's eligibility criteria for the Aged Care Workforce Retention Bonus Scheme in 2020. The scheme was announced by Minister Colbeck in response to surge workforce and workforce capacity concerns for the sector as COVID-19 escalated.

Disappointingly, the scheme excluded critical groups of the residential workforce from eligibility, including through failure to recognise common employment arrangements in the sector. In particular:

- The scheme excluded agency, labour hire and contract workers, with no test to consider the regularity or frequency of visits to the residential facility.
 - o These arrangements are particularly common for nursing, allied health, cleaning and catering services
 - o Workers on these arrangements may enter a facility multiple times a week and interact directly with residents and/or staff interacting directly with residents (risk of exposure/risk of transmission/risk of disease).

- The Government imposed an arbitrary definition of 'direct care worker' and failed to recognise the nature of work undertaken by large groups of workforces:
 - o Directly employed meal preparation, cleaning, laundry and administrative staff were excluded from the 'direct care' definition
 - o Short staffing in aged care means these workers regularly and directly interact with residents or within residents' spaces, e.g., cooks will assist with feeding residents
 - o These workers are equally subject to the heightened risks of exposure/transmission and disease, given the nature of transmission, and these workers frequently interact with residents.

These issues and questions are relevant to both disability and aged care settings. They should be considered for any health and care workforce where similar risks of exposure/transmission/disease are present, particularly where labour hire, agency and contract workers are used.

The aged care and disability allied health workforce provide a good example of the issues outlined above. Allied Health Professionals (AHPs) are often employed by staffing agencies, contractors, or as sole traders by aged care and NDIS providers. In Victoria, the state government has communicated its view that any contract workers moving in and out of aged care and disability residential facilities should be considered as staff of that facility and be included as part of 1A. This means these providers should be registering and assisting these AHPs to ensure they receive the vaccination under the program the provider is accessing. The state government has not provided a clear answer as to whether, or how, this responsibility will be enforced, and which provider holds responsibility for AHPs who work under these employment arrangements and across several providers and/or sites.

Urgent clarification is sought on:

1. Will agency, labour-hire and contract staff to residential facilities (aged care or disability) be included in Priority 1a?
 - a. If yes, and as employers are responsible for registering Priority 1A workers for the vaccine, how are workers on these arrangements being captured? Have agencies, labour-hire firms and relevant contract firms been captured as employers? Or do these workers need to consult with their local GP?
2. Has a definition of direct care worker been imposed or will *all* directly employed residential workers, including cooks, cleaners, administrative and laundry staff be captured by Priority 1A?
3. Similarly, to the issue of defining 'direct care' in residential aged care, how will 'frontline' be defined for hospital departments and staff? Will this include orderlies, cleaners, administrative staff, allied health professionals and others working within these high-risk settings?

At the commencement of the Pfizer vaccine roll-out on 22 February, it was announced that residents would receive the vaccine before residential facility staff. This was incongruent with all previous consultations and advice given to workers and their representatives. While the safety and wellbeing of residents is of paramount importance, we are concerned that workers present a higher risk of exposure and transmission, as they are more likely to be in the community or working multiple jobs. Both factors increase a person's exposure and transmission likelihoods. Combined with the often-asymptomatic nature of the virus, this increases resident and worker risk of being unknowingly exposed to, and transmitting, the virus.

As ***residential staff*** are being prioritised under Phase 1A, but there are other sub-groups of healthcare workers listed in the priority, what will happen to these other groups and when can they expect to receive their doses? Timeline wise, will they be pushed into Phase 2?

Further, regarding sub-groups for prioritisation in health care, state governments have indicated to stakeholders that they are waiting for Federal Government clarification on the 1A and 1B "split" for hospital staff. For example, radiographers and respiratory physiotherapists in hospitals carry out work with people:

- in COVID-19 wards (exposure risk for the health professional and transmission risk into the community)
- potentially carrying COVID-19 (potential transmission) or

- with increased vulnerabilities to COVID-19, where the health care worker is working across wards and settings (potential transmission to/from and heightened disease risk).

Although generally not employed in the ED or ICU, they regularly treat and manage patients in both ED and ICU, including those with COVID-19. State governments have indicated a view that any and all staff who work in these heightened COVID-19 exposure/transmission/disease risk zones, should be in 1A. However, the federal guidance does not make this clear and consequently many health networks are not including them (defaulting to the federal guidance).

Other health care workers

Where are home and community care workers in the roll-out? For example, social workers based out of public hospitals but working in the community.

Aboriginal health practitioners and community-controlled health organisations should be considered for Phase 1A.

Where do residential mental health staff and residents sit? Many of the same vulnerability, exposure and transmission risks are present for these workers and residents as they are for other Phase 1A and 1B groups. Do these workers sit under 'Other health care workers' listed under 1B?

Appendix 2

COMMONWEALTH EMPLOYEES

There are some groups of workers who have not been advised by their employer whether they will fall into either the 1A or 1B roll-out groups. This includes workers from Defence or DFAT and others who undertake work with vulnerable groups, providing support to remote indigenous communities, aged and disability care.

PHASE 2A VACCINE ROLL-OUT			
Commonwealth employees	Risk of exposure to coronavirus (High/Medium/Low)	Critical to societal functioning – evidence (Critical/Essential/Desirable)	Indicative occupations
Aged Care Quality Commission	Medium	Critical	Assessors – attending aged care facilities to ensure compliance with legislative requirements. Direct interaction with aged care populations.
NDIA	Medium	Critical	There are roles across the NDIA where workers are required to enter Aged Care or other Residential Care Facilities to provide support to people with disabilities. These Planners work under the Complex Support Needs Team – including the YPIRAC (Younger People in Residential Aged Care) Branch. <i>This is due to participants with disabilities often needing to reside in Aged Care Facilities as there</i>

			<i>is no other suitable accommodation.</i>
NIAA	Medium	Critical	Advisors across the Engagement Team in NIAA spend a significant portion of their time on community providing indigenous economic support.
Services Australia	Medium	Critical	Specialist / Community Officers – Attending areas of the community that may be deemed high risk including remote communities, aged care facilities, prisons to provide specialist support and advice. Workers Deployed to work in COVID Vaccine Hubs provided through the Service Offering to support State Governments.
NDIS Quality and Safeguards Commission	Medium	Critical	Assessors – attending residential care facilities and group homes to ensure compliance with legislative requirements. Direct interaction with vulnerable populations.
Parks Australia (Department of Agriculture, Water and Environment)	Medium	Essential	Parks Australia workers who are interacting with indigenous communities.

Appendix 3

Note regarding education workers as being part of the Phase 1.A and Phase 1.B cohorts:

Teachers working in health and disability services should be vaccinated in the same priority cohort as other workers in these services. Teachers' work in these sectors cannot be socially distanced and poses a high risk of transmission. For example, the Vaccine Roll-Out Strategy categorises disability services staff as part of the Phase 1A cohort: teachers, also known as Instructors, in disability services should be part of the Phase 1A cohort. "Other healthcare workers" are categorised as part of the Phase 1B cohort: teachers in health settings (for example, teachers in children's hospitals) should be part of the Phase 1B cohort.

EDUCATION WORKERS

PHASE 2A VACCINE ROLL-OUT			
EDUCATION	Risk of exposure to coronavirus (High/Medium/Low)	Critical to societal functioning – evidence (Critical/Essential/Desirable)	Indicative occupations
Teachers in health, correctional, disability services.	High. See note above: teachers in health and disability services should be part of the disability services staff sector-wide Phase 1A cohort, and part of the "other healthcare workers" sector-wide Phase 1B cohort. Education workers work in frontline health and disability care and services, which are recognised as high transmission risk settings, with	Critical. In addition to the critical role in general of education and education workers to societal functioning (detailed below regarding education workers in general education settings), education workers in frontline health and disability services provide a critical service to societal functioning in that: - They provide specialised and individualised learning to children and adults in health, disability and correctional services, whose education would	Teacher; Instructor (in disability services).

	<p>vulnerable resident and patient populations. For example, teachers work in hospitals, and instructors work in disability day services, and teachers work in correctional services.</p> <p>Such education workers work in the same close contact roles with residents and patients as health and disability care workers, and are accordingly exposed to the same high risk of COVID-19 transmission.</p>	<p>otherwise be significantly interrupted.</p> <p>- They improve children's mental health during and support recovery from an illness, ongoing education during hospitalisation, and preparing the child for re-introduction to school has a significant impact on a child's mental health during their hospitalisation and the ongoing management of their illness.⁸</p> <p>- By providing specialised education to adults and children in correctional services, they prepare the adults and children for work, study, and re-entry into society subsequent to their completing a custodial sentence, and improving the child or adult's prospects for rehabilitation and non-recidivism.⁹</p>	
Teachers, educational leaders, education assistants and support	<p>High.</p> <p>Note that children may transmit COVID-19 at standard community rates.¹⁰ Priority</p>	<p>Critical.</p> <p>Education and education workers are critical to societal functioning:</p>	<p>Teacher; Principal; Teaching Assistant; administrative staff</p>

⁸ Ratnapalan, S & Rayar, M & Crawley, M (2009) 'Educational services for hospitalized children' *Paediatrics & Child Health*, 14, p 433-6, accessible [here](#).

⁹ Giles M (2016) 'Study in prison reduces recidivism and welfare dependence: A case study from Western Australia 2005-2010', *Trends & Issues in Crime and Criminal Justice* 514, accessible [here](#).

¹⁰ Zoë Hyde, 'Children may transmit coronavirus at the same rate as adults: what we now know about schools and COVID-19' *The Conversation*, 24 November 2020, accessible [here](#).

<p>staff in public primary, secondary and special schools, early childhood education, TAFE and adult education.</p>	<p>vaccination of education workers would allow the safe and regular attendance of children at school, and reduce the risk of the significant social and economic costs of school outbreaks and closures.</p> <p>Given that children will remain a source of transmission it is critically important that the adults around them within all education settings are vaccinated to a) mitigate the transmission risk of COVID-19 to children and staff and b) lessen the impact of the social and economic costs of school outbreaks and c) protect the health and safety of children and staff.</p> <p>Note that education workers are a large population cohort, amplifying the health and social impact of transmissions in education settings. There are over</p>	<ul style="list-style-type: none"> - Education is the cornerstone of young people’s personal and skills development, and a significant contributor to the civic health and economic capacity of Australia. The personal and social benefits of education, and the risk and harms related to disruptions to education due to the pandemic, are significant. - Education workers provide services critical to societal functioning by providing school and early childhood education services to the children of other essential workers, enabling those workers to attend work. - By providing a safe environment to vulnerable Australian children, and connecting these children to health, welfare, and child protection providers. - Australia’s economic recovery will depend on the skilling of its workforce to adapt and contribute to the mid- and post-pandemic economy; the safe, reliable provision of TAFE is central to empowering Australia’s workforce, and is critical to societal functioning. - The recognition of education workers as a cohort critical to 	
--	---	---	--

	<p>500,000 education workers in schools, and hundreds of thousands of education workers in early childhood education. As a cohort, they are a potential transmission hub for the millions of Australian students, students' families, and related community members.</p>	<p>societal functioning would be consistent with Australian governments' identification of education workers as essential workers, and with calls from the United Nations Educational, Scientific and Cultural Organisation and Education International for priority vaccination of teachers.</p> <p>- All States and Territories, in the various lockdowns ordered throughout the pandemic, have required that schools remain open to provide services for vulnerable children and the children of other essential workers.</p>	
<p>Teachers, educational leaders, education assistants and support staff in public primary, secondary and special schools, early childhood education, TAFE and adult education interacting with children</p>	<p>High.</p> <p>Children with disability will currently not be vaccinated, nor will adults with immunocompromising disabilities, yet may have higher co-morbidities to COVID-19, and will be exposed to transmission from unvaccinated education workers through, for example, special school settings, mainstream education,</p>	<p>Critical.</p> <p>In addition to the critical role in general of education and education workers to societal functioning (detailed above regarding education workers in general education settings), the further critical importance of education workers in the context of educating children and adults with disability include:</p> <p>- That being a person with disability is a key factor limiting participation in education, and that the according benefits of ongoing and effective education,</p>	<p>Teacher; Principal; Teaching Assistant; administrative staff</p>

<p>and adults with disability.</p>	<p>and disability day services.</p> <p>Prioritising the vaccination of education workers would reduce the risk of transmission to vulnerable children with disability in both special school settings and mainstream education, and to adults with disability in disability day services.</p>	<p>and risks where that education is interrupted are amplified compared to the general cohort of persons in education.¹¹</p> <p>- That COVID-19 has had a disproportionately negative impact on the education of persons with disability.¹²</p>	
---	---	---	--

¹¹ United Nations Sustainable Development Group, 'Policy Brief: A Disability-Inclusive Response to COVID-19', May 2020, p 2, accessible [here](#).

¹² Ibid, p 4-5.

Appendix 4

RETAIL WORKERS

Risk of exposure to coronavirus

Retail workers have a high risk of exposure to COVID-19, primarily due to the high number of interactions with the general public in their day-to-day work and their inability to practice effective controls to prevent exposure to COVID-19.

In the United Kingdom the rate of deaths involving COVID-19 for retail workers is considerably higher than the national average. In April 2020 the UK Health Secretary, Matt Hancock said:

*The death rate of sales and retail assistants is 75 per cent higher amongst men and 60 per cent higher amongst women than in the general population. So as we restore shopping, we must keep our shopkeepers safe.*¹³

The latest UK figures show that the death rate for sales assistants and retail cashiers is 53.5 per 100,000 for men, 70% higher than the national average, and 23.3 per 100,000 for women, 87% higher than the national average.¹⁴

Retail workers are also at risk of being coughed or spat on by customers. This can occur by customers being careless or often deliberately by abusive customers.

The SDA conducts regular surveys of its members on customer abuse and violence. The latest survey, conducted in December 2020, received over 2,000 responses from retail workers. The survey found 21.6% of respondents, more than one in five, had been coughed or spat on by customers during the COVID-19 pandemic.

Concerns about this obscene behaviour of deliberate coughing and spitting towards retail workers has led to some jurisdictions introducing specific laws preventing deliberate spitting and coughing on retail workers.¹⁵

While the retail industry is often viewed as employing a large cohort of young people, there is also a significant number of older workers working in the industry, who are more vulnerable to COVID-19. Approximately 300,000 retail industry workers are aged 45 or over.¹⁶

The retail industry is generally characterised by low wages. The median hourly rate of pay for employees in the retail industry is 30% lower than the national average.¹⁷ The industry is also characterised by high levels of casual employment, with 37% of retail employees having no paid leave entitlements.¹⁸ This combination of low wages and insecure work means retail workers

¹³ Lintern, S 2020, 'Face masks necessary to protect shop workers from higher coronavirus death risk, Hancock tells MPs', *Independent*, 14 July, <<https://www.independent.co.uk/news/health/face-masks-coronavirus-death-rate-covid-matt-hancock-today-a9618306.html>>.

¹⁴ Office for National Statistics (UK), *Coronavirus (COVID-19) related deaths by occupation, England and Wales*, ONS, United Kingdom, 25 January 2021.

¹⁵ For example, in NSW the Public Health (COVID-19 Spitting and Coughing) Amendment Order 2020 (NSW).

¹⁶ Australian Bureau of Statistics, *Employee Earnings and Hours, Australia, May 2018*, ABS, Canberra, 2019.

¹⁷ Australian Bureau of Statistics, *Characteristics of Employment, Australia, August 2020*, ABS, Canberra, 2020.

¹⁸ Australian Bureau of Statistics, *Labour Force, Australia, Detailed, January 2021*, ABS, Canberra, 2021.

who contract COVID-19 are less likely to take time off work when sick and more likely to spread COVID-19. Those that do take time off work may be more vulnerable to financial hardship.

Often COVID-19 testing stations are located in close proximity to shopping centres. Anecdotally, many retail workers have reported that members of the public will go shopping immediately after being tested for COVID-19.

Many retail employees have spoken to the SDA about their fears of exposure to COVID-19, including being in close proximity to testing stations. Below in “examples from retail workers” is a small selection of written comments received by the SDA from retail workers about their exposure and need for a vaccine.

Critical to societal functioning

During lockdowns, state governments recognised the essential work of retail establishments and allowed them to continue trading. For example, the NSW Government declared gatherings at supermarkets and other retail stores to be “essential gatherings”.¹⁹ In some circumstances, exemptions were limited to supermarkets and food retail establishments.

In his 2020 Christmas message, the Prime Minister specifically recognised retail workers who “kept the supply chains open” during 2020.²⁰

While supermarkets and food retail establishments are more obviously critical to societal functioning, other retailers are also essential. The sale of office and electrical goods is essential to enable those who work from home to continue to do so. The sale of clothing is essential, especially as winter approaches and warm coats and jackets need to be purchased. Hardware stores also provide many essential items that help keep homes and workplaces safe from hazards, including bushfires and floods.

For people living in rural and remote areas, the local general store may be the only source of food, clothing, homewares and other goods that is reasonably accessible.

Examples from retail workers

Supermarket employee A

“We have a testing station next to our store and once some people were tested they come and stopped instore. People forever in my face not respecting the social distancing rules.”

“Customers coughing into an open palm then touching everything.”

Supermarket employee B

“In my store, a very busy supermarket here in the Illawarra, I work in the register area. In the Assisted Checkout area alone, I look after 14 machines, often with more than one person on them at a time (because people don't always shop alone). Given an average usage time of about 5 minutes, I estimate that I am in close proximity to approximately 100+ people an hour. This

¹⁹ Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020.

²⁰ Morrison, S (Prime Minister of Australia) 2020, *Prime Minister's Christmas Message*, transcript, Parliament House, Canberra, 24 December.

includes children, sick, and elderly people. While I do my best to stay an appropriate distance away, and keep the machines as clean as I can, customers are often indifferent to how much of a risk I am to them, and how many hundreds of people I have been exposed to already that day. This does not help me - or anyone else who works in the store - to feel confident that we are maintaining a safe workplace, regardless of our efforts to do so.”

Supermarket employee C

“Our store is close to local public hospital, people come in to do shopping after having covid test. Our store wasn’t part of the Greater Sydney so masks were not mandatory.”

Supermarket employee D

“I work on the checkouts. Most days I am serving hundreds of people, meaning I am at a higher risk of being exposed to COVID-19. I have also had 4 separate incidents of customers that have come shopping after they have got a COVID test just 1km up the street.”

Indicative occupations

PHASE 2A VACCINE ROLL-OUT			
Retail workers	Risk of exposure to coronavirus	Critical to societal functioning – evidence	Indicative occupations
	High	Critical	
Retail workers	<p>Retail workers are also at risk of being coughed or spat on by customers. This can occur by customers being careless or often deliberately by abusive customers.</p> <p>The latest survey by the SDA, conducted in December 2020, found 21.6% of respondents, more than one in five, had been coughed or spat on by customers</p>	<p>During lockdowns, state governments recognised the essential work of retail establishments and allowed them to continue trading. For example, the NSW Government declared gatherings at supermarkets and other retail stores to be “essential gatherings”</p>	<p>Retail</p> <p>Assistants/Sales Assistants/Shop Assistants</p> <p>Checkout Operators</p> <p>Store Workers</p> <p>Office Cashiers</p> <p>Retail Supervisors</p> <p>Department Managers in a shop</p> <p>Retail Managers/Store Managers</p> <p>Butchers</p> <p>Bakers and Pastrycooks</p> <p>Trolley collectors</p>

	<p>during the COVID-19 pandemic.</p> <p>The industry is also characterised by high levels of casual employment, with 37% of retail employees having no paid leave entitlements.²¹ This combination of low wages and insecure work means retail workers who contract COVID-19 are less likely to take time off work when sick and more likely to spread COVID-19. Those that do take time off work may be more vulnerable to financial hardship.</p> <p>While the retail industry is often viewed as employing a large cohort of young people, there is also a significant number of older workers working in</p>		<p>Service Station Attendants/Console Operators</p>
--	---	--	---

²¹ Australian Bureau of Statistics, *Labour Force, Australia, Detailed, January 2021*, ABS, Canberra, 2021.

	the industry, who are more vulnerable to COVID-19. Approximately 300,000 retail industry workers are aged 45 or over. ²²		
--	---	--	--

²² Australian Bureau of Statistics, *Employee Earnings and Hours, Australia, May 2018*, ABS, Canberra, 2019.

Appendix 5

PUBLIC TRANSPORT WORKERS

PHASE 2A VACCINE ROLL-OUT			
Groups of workers	Risk of exposure to coronavirus (High/Medium/Low)	Critical to societal functioning – evidence (Critical/Essential/Desirable)	Indicative occupations
Frontline public transport workers (roles that involve direct and indirect interaction with passengers)	High	Critical	<ul style="list-style-type: none"> • Bus Driver • Tram Driver • Authorised Officer / Revenue Protection Officer / Transit Officer • Train Guard • Cleaner • Station Assistant/ Customer Service Officer (Rail) • Customer Service Officer (Trams) • Station Manager • Train Driver

Public transport workers are not only integral to the functioning of their communities, they are also at significant risk of exposure to COVID-19 through direct interaction with passengers, and indirectly through the airborne transmission of the virus through air conditioning systems and shared contact with surface areas. In New York, for example, [136 workers at the Metropolitan Transport Authority have lost their lives to COVID-19](#). Furthermore, public transport is a common space that people from different localities transit through, thus facilitating the spread of the virus from one area to another.

Many other countries have recognised the essential role that public transport workers play in the functioning of their societies, and have therefore already prioritised the vaccination of public transport workers in their vaccination roll-outs. More information about the international experience in this regard is available here:

<https://www.uitp.org/news/covid-19-vaccinations-public-transport-workers-are-being-included-within-global-vaccine-strategies/>

The RTBU contends that public transport workers with direct and indirect contact with passengers should have priority access to the vaccine, however vaccination should **not** be mandatory. The decision to vaccinate must rest with the individual, not the employer.

Appendix 6

TRANSPORT WORKERS

PHASE 2A VACCINE ROLL-OUT			
Groups of workers	Risk of exposure to coronavirus (High/Medium/Low)	Critical to societal functioning – evidence (Critical/Essential/Desirable)	Indicative occupations
Airport Worker (Airports) Security	High – screen passengers boarding and sometimes exiting flights (domestic and international)	Essential	Security (screeners)
Passenger vehicle - bus	High	Critical – public transport	Bus driver
Passenger vehicle – taxi	High – transport people at the end of quarantine	Essential	Taxi driver
Gig – Ride Share	Medium	Essential	Ride share driver (e.g. Uber driver)
Gig – Food delivery	High (required to deliver to self-quarantined people in community and sometimes hotels)	Essential – particularly in periods of lock down and in assisting restaurants to stay open but limiting public dining	Delivery rider Delivery driver (e.g. Uber Eats, Deliveroo etc)
Road Transport	Medium/low	Critical/essential	Truck drivers General transport inc retail, medical supplies etc Oil, fuel, gas Ports and wharves
Road Transport – Cash in transit	Low	Critical	Cash in transit driver Cash room attendant
Road Transport – Waste	Low	Critical	Waste driver

address

ACTU
Level 4 / 365 Queen Street
Melbourne VIC 3000

phone

1300 486 466

web

actu.org.au
australianunions.org.au