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Committee Secretary
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Senate Select Committee on COVID-19,

This is a short email to voice my concerns about PPE (Personal Protective Equipment), the COVID-19 app released by the federal government and the lack of Australian testing data covering children.

It is my belief a lot of what the medical industry describes as PPE could possibly be doing more harm than good when used in highly infectious disease transmitting environments. I've been in the first aid industry for 30 years and I knew as early as January and February this year (2020) that there were serious questions about the virus not being widely broadcast or taken seriously enough, in particular the need for goggles, possibility that the virus had aerosol capabilities, the need to wipe down foreign surfaces introduced into safe places of isolation and poor availability of **proper** PPE (and I stress the word proper). Sometimes I think that the people in-charge of hospitals and other medical entities, particularly those at the top, do not recognise right from wrong when more focused on ensuring people look the part even though the look doesn't actually keep the wearer very safe. It was appalling to see reported on the news, hospital staff searching hardware stores for better PPE. It also broke my heart receiving phone calls from schools wanting face masks, when ours sold out in less than a couple of days, having to tell them to contact their local hospital or MP because the federal government was saying on TV they had emergency stockpiles.

I believe a thorough investigation is required into various types of PPE and their actual effectiveness and reliability. I doubt we'll ever be supplying the same basic 3ply surgical face masks again in future because I'm gaining an opinion that most types likely fail to provide proper protection against disease transmission we are witnessing world-wide, especially against virus laden droplets so small, they don't drop but carry over large distances and around tight corners. I do not believe basic surgical face masks are not providing enough proper protection. Standards need to be re-written. In particular, face masks must be of a high standard, with at least two ways of conforming and sealing to the face, with other necessary elements, such as high filtration and respiratory valves, according to whether the wearer is needing protection from infection or needs to contain infection. If there isn't an obvious one high protection device, then multiple devices need to be clearly labelled according to their degree of respiratory protection. The same goes for other forms of protection for the eyes and body in general.

My concern about protection also extends to the new "COVIDSafe" app. How can anyone call this application "safe" soon? What is the evidence to support that this app can be reliably termed as being called "safe"? Is this political spin and marketing gone mad?

Is the "COVIDSafe" app registered with the TGA as a Medical Device? It's at the heart of solving disease transmission control across millions of trusting people. If it isn't TGA registered, then surely it is not valid for medical purposes, nor is it legal to use it or rely on for medical outcomes before it has undergone rigorous testing and peer-reviewed support? This app might save lives but it might also cause deaths.

Like bad PPE, I believe the new virus app will lull people into further false senses of security. Instead of having people believe anyone could have the virus, thus keeping distance rules elevated, the app will make people believe there is no one with the virus in their vicinity when there could well be. There will most likely be people with the virus who do not have the app, or even a mobile phone for that matter, and there will be people choosing not to be labelled with the disease. The [WHO has already announced](#), *"As of 24 April 2020, no study has evaluated whether the presence of antibodies to SARS-CoV-2 confers immunity to subsequent infection by this virus in humans."* If there is no evidence of immunity, how can this app be valid at all? Given my statistical background for testing and calculating validity and reliability, what I am witnessing makes my skin crawl because once again, I'm witnessing the power of unproven 'glitzy' technology blind leaders and the masses. Perhaps we are now witnessing political spin to deceive the masses so isolation measures can be reversed faster, irrespective of what critics might say about the app. Instead, it could cause a second wave of infections which will be impossible to contain.

Finally, I am very concerned about the lack of testing data in relation to children, particularly those of school age, under the age of 18. It puts me very ill at ease when I witness schools reopening to their fullest, with no concrete Australian data readily available that highlights testing performed on children. I have a personal interest in this because my wife and eldest son returned to schools as teachers last week whereby the SA government ordered all staff and students to return. I think it is irresponsible for state and federal governments to direct all students to return to schools without first releasing clear, large-scale evidence that shows children tested are not infected or infectious. A lack of local and world-wide proactive testing on children may stop us realising the need for special measures previously not considered, or avoiding unusual conditions in children which may come to the surface down the track.

I trust that you will be able to follow-up everything I have put in writing to you.

Kind regards,

Neil Waddington