

## Ministry of Health Workforce Advice 8 April 2020 COVID-19

### General

Precautionary measures are in place in response to the evolving novel coronavirus (COVID-19) situation.

This document provides guidance for Health Agencies relating to staff who have:

- travelled to COVID-19 affected countries;
- had close contact with a person confirmed to have COVID-19 infection;
- had casual contact with a person confirmed to have COVID-19 infection;
- have primary carer responsibilities for children directed to stay home from school/ daycare; and/ or
- who remain overseas and are unable to return

### Further information on COVID-19:

- NSW Government  
<https://preview.nsw.gov.au/covid-19>
- NSW Health:  
<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>
- Clinical Excellence Commission:  
<http://cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/Coronavirus-COVID-19>
- SafeWork Australia  
<https://www.safeworkaustralia.gov.au/doc/coronavirus-covid-19-advice-employers>
- SafeWork NSW  
<https://www.safework.nsw.gov.au/hazards-a-z/diseases/coronavirus-covid-19-advice-and-guidance-for-nsw-workplaces>

## Staff returning from overseas travel

Follow smart traveller directions in relation to self-isolation requirements upon return to Australia:

<https://www.smarttraveller.gov.au/while-youre-away/returning-australia>

## **Employees who are excluded from the workplace for self-isolation**

Paid special leave may be granted to employees to enable self-isolation where required following return from overseas travel or following [close contact](#) with a confirmed COVID-19 case.

**Health agencies should consider whether it is possible for those employees to work from their self- isolation location.**

If employees cannot undertake their substantive duties from their self-isolation location, health agencies should consider assigning other meaningful work which could be performed from self-isolation. For example telehealth, project work, completion of mandatory training etc.

**Paid special leave should be granted for employees by a Health agency where working from self-isolation is not practical.**

If employees cannot perform any work from self-isolation they should be directed not to attend work and be placed on paid special leave for any rostered time during the 14 day isolation period (or balance thereof).

**Employees with existing approved leave (annual, long service, leave without pay) who travel privately overseas should be made aware of the following:**

For travel from 16 March 2020: If an employee chooses to still travel overseas, regardless of the COVID-19 status of the destination, they will **not** be granted paid special leave to cover isolation upon return to Australia.

For travel prior to 16 March 2020: Entitlement to paid special leave will be dependent on the Smartraveller advice level on the date of their departure (refer to [previous workforce advice](#) for the relevant period).

### Paid special leave for casuals

Casual employees are generally not entitled to paid special leave. If a casual is required to self-isolate due to close contact COVID-19 exposure in the workplace, each situation should be considered by the Health agency on a case-by-case basis including such things as the length of the casual engagement and whether the casual has regular and systemic shifts; however paid special leave may be appropriate for shifts which are already rostered during the self-isolation period.

**Note: Employee means a person who is either engaged on a full time/ part time/ temporary/ exempt or casual basis under a contract of employment in the NSW Health Service.**

### Paid pandemic leave for Visiting Medical Officers (VMO)s

Where a VMO is directed into isolation or is sick with COVID-19 due to known exposure to COVID-19 at a NSW Health facility and in the absence of income protection insurance they are to receive pandemic leave at an hourly rate of \$155 per hour for the portion of time they would have otherwise been engaged to provide services up to 8 hours per day.

This is applicable from 31 March 2020 for a period of 6 months unless rescinded earlier.

## Paid special leave provisions for employees

In respect of COVID-19, paid special leave of up to 20 days **in total** may be granted to employees who are unable to work because they are:

- self-isolating due to travel or close contact COVID-19 exposure\*
- caring for family members sick with COVID-19
- caring for family members due to closure of school/daycare
- unable to attend work due to transport disruptions or workplace closure
- a vulnerable health worker who following completion of a risk assessment is unable to be redeployed to a lower COVID-19 risk environment and is unable to work from home or self isolation

\*See [Employees who are excluded from the workplace for self-isolation](#).

Special leave is to be paid at the base rate (excluding allowances and penalty rates) and will be provided in advance of the need to access other leave entitlements, if available.

After the 20 days total paid special leave has been used, employees may access accrued leave entitlements (in accordance with normal processes).

The 20 days special leave will be provided on a pro-rata basis for part time staff.

In relation to an employee's entitlement to special leave; the Department of Premier and Cabinet introduced 20 days special leave on 13 March 2020 for COVID-19 purposes. Prior to that date NSW Health its own special leave of up to 14 days. This ceased on the announcement of the 20 day leave entitlement.

Any Special Leave paid prior to 13 March 2020 will not be deducted from the 20 day entitlement.

Where applicable, pay periods commencing 16 March (PC1) and 23 March (PC2) are to be recorded in HealthRoster. For entries from 13- 15 March for Pay Cycle 1 and 13- 22 March for Pay Cycle 2; if special leave information has already been provided to payroll via the manual spreadsheet the Service Centre will still process these, otherwise HealthRoster will need to be updated via the rostering manager.

Employees who remain overseas and are unable to return

Available FACS leave can be used for employees unable to return home due to COVID-19. Districts should be flexible with other leave requests (e.g. ADO, Annual and Long service leave and Leave without pay if FACS leave has been exhausted). Paid special leave is not granted for this purpose.

For official travel-related matters, contact [Ministry of Health](#) for situationally-specific advice.

## Staff who have contact with a confirmed case of COVID-19

If [close contact](#) of a person confirmed to have COVID-19 has occurred

Until 14 days have lapsed from last contact, the staff member must:

- not attend work
- self-isolate other than for seeking individual medical care for 14 days from the last day of contact
- monitor symptoms for 14 days since last contact
- seek medical attention as soon as possible if fever or respiratory illness (even if mild) occur. Call the healthdirect helpline 1800 022 222 for advice or call ahead before seeing your GP or go directly to the local Emergency Department or COVID-19 clinic.

If [casual contact](#) of a person confirmed to have COVID-19 has occurred

The staff member must:

- continue to attend work if well
- self-isolate and seek assessment if they develop fever or respiratory illness.

**Note:** close contact does not include situations where staff had contact with a known confirmed COVID-19 case during work activity, where such contact was protected by the wearing of prescribed Personal Protective Equipment (PPE) for the duration of the contact.

## Leave management and workforce supply planning

Workforce units need to engage with employees about managing leave differently during COVID-19 and seek their support. This is important to ensure workforce supply to manage demand. A dedicated contact should be established within the Health agency for the purposes of planning workforce supply.

Management of excessive leave is not the priority during the COVID-19 situation and additional flexibility is required where staffing resources are limited. Rostering of ADOs for eligible staff should continue throughout the current COVID-19 situation.

New requests for approval of secondary employment must be considered against the needs of the workforce surge plan particularly for employees in clinical or frontline support roles.

A key piece of work will be to identify employees with clinical skillsets and current registration who are not working in clinical 'patient facing' roles in anticipation that such information should be included for planning purposes in the Workforce Surge Plan.

### Event planning

Agencies should review any planned events which involve meetings of large numbers of staff to minimise the absence of staff who are needed to assist with surge planning and service delivery. Consideration should be given to postponing these events or managing them in a different way (e.g. webinars, circulation of papers, etc) and:

1. **Non-essential meetings or conferences** of workforce especially critical workforce such as healthcare professionals and emergency services should be limited. Proactive measures for compliance with social distancing advice to keep a safe distance (1.5 metres) between staff should be maintained in all circumstances where possible to do so.
2. **Indoor gatherings** of more than 100 people are not to proceed in accordance with the Federal Government directive on 18 March 2020.  
**NOTE:** An indoor gathering takes place within a single enclosed area (i.e. a single room or area). Essential activities such as health care settings, pharmacies, food shopping, schools, workplaces and public transport are not included in this restriction. However, social distancing and good hygiene practices should be applied in these settings where possible.
3. **Outdoor gatherings** of more than 500 people are not to proceed in accordance with the Federal Government directive 18 March 2020.

More information about gatherings is available on the [Australian Government website](#).

In addition, the Australian Health Protection Principal Committee on 13 March 2020 recommended that healthcare professionals and other critical workforce should limit their attendance at non-essential meetings and conferences. This advice is in addition to the broader advice to limit all non-essential organised gatherings to fewer than 500 people.

#### New leave requests and approvals

As the COVID-19 situation progresses, Health agencies should now suspend business as usual processes for leave approval (annual, long service, leave without pay) and establish in their surge plans how such new leave requests will be approved from now until 30 September 2020.

#### Key points for consideration include:

4. exceptional personal circumstances (e.g. bereavement, family, weddings)
5. projected workforce supply for COVID-19
6. high demand periods such as school holidays
7. winter flu (surge in demand and possibility of increase numbers of employees absent due to personal illness/ family illness)
8. strategies for employees to work outside their usual allocation to support high demand areas
9. supporting settings where there are existing vacancies

#### Existing approved leave

Where leave (annual, long service, leave without pay) has already been approved in most instances this should proceed unless there is significant reason to withdraw approval. Health agencies should anticipate that in some cases, employees may seek to cancel their existing approved leave due to COVID-19.

## Leave due to illness

### Encourage staff not to attend work when unwell

Staff who are unwell for any reason should not come to work in line with current established practice.

Please refer to [Advice for healthcare workers, staff, students and volunteers](#) for the latest advice in relation to staff illness, assessment and testing.

### Employees who are unable to work because they are sick

If an employee is sick due to COVID-19 or any other reason, current sick leave entitlements and conditions apply. This includes situations where an employee is self-isolating on special leave and becomes sick for any reason; at that point the employee should transition onto sick leave. Where sick leave is exhausted, Health agencies may grant additional sick leave on a case-by-case basis.

### Granting of paid sick leave to employees who have been employed for less than three months

Award provisions for newly employed full-time and part-time NSW Health employees in some cases defer entitlement to paid sick leave for a period of three months from commencement.

Where a new employee's entitlement to paid sick leave is deferred, Health agencies are encouraged to allow access to paid sick leave from commencement for eligible employees.

## Official work related travel arrangements for all overseas and domestic travel (including TESL)

#### Domestic travel

Health agencies should review all currently booked domestic travel. Domestic travel should be restricted to essential travel only.

#### All official overseas travel (including TESL)

All official overseas travel should be cancelled in accordance with current [Smartraveller advice](#) with effect from 18 March 2020 for all overseas travel destinations.

### **Temporary Paid Accommodation Arrangements for health workers providing frontline health services**

Provisions for temporary paid accommodation for health workers providing frontline health services (including hospital and ambulance staff) were announced on 6 March 2020. Further detail around these provisions is currently being developed including consideration of accommodation arrangements for other health staff.