

Ministry of Health Workforce Advice 3 September 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>
- 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
- Following [close contact](#) with a confirmed COVID-19 case
- After visiting a NSW COVID-19 Case Location where the advice for the location on the date/ time visited is: 'Self-isolate and get tested immediately'
- Where a Health Care Worker has someone in their household who is a close contact of a confirmed COVID-19 case. The worker does not need to self-isolate but cannot attend for work until the household member's first COVID-19 test relating to the close contact exposure comes back negative

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:

If an employee chooses to 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.

[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 due to known exposure to COVID-19 at a NSW Health facility or is sick with COVID-19 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.

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.

Flexibility is required where staffing resources are limited. Rostering of ADOs for eligible staff and wherever possible annual leave should continue throughout the current COVID-19 situation.

Secondary Employment

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.

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. **Corporate events can only host a maximum of 150 people in line with the 4 square metre rule. Patrons must be seated and cannot mingle.** 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 on the [Australian Government website](#).

New leave requests and approvals

Based on the current COVID-19 situation, health agencies should now consider a staged return to business as usual processes for leave approval (annual, long service, leave without pay) and adjust their surge plans to balance a consistent supply of staff to meet demand; with facilitating leave applications from staff and for the purposes of managing leave balances.

It is important that staff continue to have access to leave in order to rest and recover. This should be facilitated wherever possible. There may still be a need to not approve a particular leave application for an individual staff member in a critical role; however, if this is the case the following factors should be considered:

Key points for consideration include:

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

Existing approved leave

Where leave (annual, long service, leave without pay) has already been approved this should proceed unless there is significant reason to withdraw approval.

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.
- Symptomatic (including a temperature with/ without other symptoms) and requires testing for COVID-19. Sick leave is applicable for the period from where the staff member becomes symptomatic; through to testing and until a negative COVID-19 test result is received by the staff member, regardless of whether the staff member becomes asymptomatic during the period.

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 April 2020.

Further detail around these provisions is available [here](#).

Staff Travel to Victoria- COVID-19

Don't travel to Victoria

NSW Health staff are strongly advised **not to travel to Victoria until further notice**. Staff who choose to travel recreationally to Victoria will not be entitled to special leave in the event their travel results in the need for self-isolation upon return.

NSW-Victoria border restrictions

NSW has temporarily shut its border with Victoria to contain the spread of COVID-19. Anyone seeking to enter NSW may apply for [NSW border entry permit](#)

You must comply with any conditions of the permit as well as [other requirements of the public health order](#)

Special arrangements are in place for [border communities](#) and [critical service workers in the border region](#)

Find out more about [NSW-Victoria border restrictions](#) or find [answers to common questions about border restrictions and permits](#)

NOTE: The current 2.5km radius border 'bubble' between Victoria and NSW is anticipated to expand from Friday 4 September 2020. A border resident permit will still be required to enter NSW; and permit holders will only be able to enter NSW in accordance with the conditions of the permit.

Public Health Order (COVID-19 Border Control) Order 2020

[https://www.legislation.nsw.gov.au/_emergency/Public%20Health%20\(COVID-19%20Border%20Control\)%20Order%202020_as%20amended_200807.pdf](https://www.legislation.nsw.gov.au/_emergency/Public%20Health%20(COVID-19%20Border%20Control)%20Order%202020_as%20amended_200807.pdf)

Permit Application Process- Health Care Workers residing in Victoria who are to be engaged in work for NSW Health in NSW

Extract below taken from the following link <https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules/border-restrictions>:

Permit required:

- If you live in a border region and are providing a critical service in the border region, you can apply for a NSW border entry permit to cross the border into NSW.
- If you are in a **non-border** region your organisation will need to register you for a COVID-19 NSW border entry permit
- are moving freight or persons on a commercial basis, you can apply for a NSW border entry permit to cross the border into NSW.

If you are a critical service worker:

- who entered NSW on a permit issued before 7 August:
 - your permit is valid for the specified period
 - you must continue to follow the conditions on your permit.
- who has a permit issued before 7 August but you haven't entered NSW yet or you leave after that date:
 - your permit is no longer valid, you will need to apply for a new permit.
 - This does not apply to critical service workers living in a border region, or critical service workers moving freight or persons on a commercial basis.

The critical services exemption is to ensure major infrastructure and essential services are maintained and not interrupted.

Under the public health order, critical services include:

- medical, hospital, dental or veterinary care
- environmental cleaning and disinfection in a workplace or other non-residential premises to prevent the spread of COVID-19 on a commercial basis that is not available locally.

It does not apply to all persons working in the mining, agriculture, construction, energy or manufacturing sectors, only those with frontline operational roles undertaking direct and essential operational activities. It does not, for example, cover internal or external management meetings, routine maintenance that can be delayed.

For staff from a non-border region in Victoria, the head of the NSW health organisation seeking their services will need to register for a permit on their behalf and provide information about the critical nature of the service they will be providing in NSW, including a statement that the work to be provided by the permit holder is:

- highly specialised
- not available locally in the same, or substantially the same form
- not able to be provided remotely.

In most cases; if a permit is granted, the default is that the worker would still need to complete a self isolation period in NSW before commencing work.

Entry Screening of Staff at NSW Health Facilities

All staff entering a health facility will be:

- assessed for symptoms and fever and asked to be tested and self-isolate if symptomatic
- advised that should even the mildest of symptoms arise, they must be tested for COVID-19
- asked if they have travelled from Victoria in the last 14 days
- **Health Care Workers will be asked if anyone in their household is currently self isolating due to close contact with a confirmed COVID-19 case**
If yes; the worker will not be able to attend work until the household member's first COVID-19 test relating to the close contact comes back negative
The default position is that the worker should work from home for the period; if this is not practicable then special leave would apply

NOTE: There are extensive and specific requirements for staff and visitor entry to Residential Aged Care Facilities; please see below:

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/residential-aged-care.aspx>

Staff Affected by NSW COVID-19 Hotspots

Current NSW COVID-19 Hotspots change often and are subject to daily updates.

NSW Health agencies should make arrangements to regularly check the current list to ensure staff who have travelled to these locations are identified at entry screening:

<https://www.nsw.gov.au/covid-19/latest-news-and-updates>

Where a staff member has **visited a location** on a relevant date **and the advice for the location is that self-isolation is required**; the staff member must **not attend work** and will be required to **self-isolate** in accordance with the public health advice for the location.

Where a staff member has **visited a location** on a relevant date **and the advice for the location is that monitoring for symptoms required**; the staff member may **attend work** and will be required to **self-isolate and get tested should they develop symptoms**.

If the staff member is asymptomatic and it is practicable for them to **work from home** during self-isolation then they may do so with approval of their employing health agency. Where this is not practicable eligible staff should **proceed onto special leave**.

It is recommended that at a minimum; NSW Health agencies check the list of locations above:

- At commencement and conclusion of each business day; and
- Before commencement of each shift (i.e. morning, afternoon and night shifts; along with any other regular shift patterns)

Historic Information- Special Leave

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 has 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.

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.

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).