PUBLIC

PARLIAMENTARY JOINT STANDING COMMITTEE ON SUBORDINATE LEGISLATION MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON FRIDAY 15 MAY 2020.

INQUIRY INTO STATE SERVICE AMENDMENT REGULATIONS 2020 (S.R. 202 No. 24)

Ms EMILY SHEPHERD, SECRETARY, AND **Ms CAROLINE SAINT**, NURSING INDUSTRIAL OFFICER, AUSTRALIAN NURSING AND MIDWIFERY FEDERATION (TASMANIAN BRANCH), WERE CALLED VIA WEBEX, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR - Thank you all very much. All evidence is protected by parliamentary privilege but I remind you that comments you make outside the hearing may not be afforded such privilege. Have you both received the witness information? Thank you. The evidence is recorded and the *Hansard* version will be published on the committee website when it becomes available.

By way of introduction I advise that the procedure we intend to follow today is to provide you with an opportunity to speak and then the committee will have some questions. I am not sure whether Caroline and Emily have an opening statement, but if you could just indicate that and also your title, it would be very much appreciated. This obviously is in regard to the State Service amendments regulations under the COVID-19 bill.

Ms SHEPHERD - Emily Shepherd, ANMF Tasmanian Branch Secretary. I thank the Subordinate Legislation Committee into the State Service regulations for the invitation and opportunity to speak today in relation to special pandemic COVID-19 leave. The ANMF represents nurses, midwives and care workers across Tasmania and certainly in every sector.

We very much welcomed the opportunity to collaborate and consult with the State Service Management Office throughout the COVID-19 pandemic on behalf of our members. Clearly, the COVID-19 pandemic has been an unprecedented situation and one that has certainly raised a number of matters with respect to nurses and midwives being furloughed, and also contracting COVID-19. There has also been the other vast array of leave requirements in terms of being in close contact with positive cases and potentially being in households with family members who have also been affected as well through their work as nurses and midwives throughout this process.

It has very much been welcomed and is absolutely a comfort to our members to know that if they need to isolate - as certainly we've seen across the north-west coast - they are able to access pandemic leave as currently provided under the regulations and that they will continue to be paid. That certainly has been a comfort because obviously we would much prefer to see our members accessing sick leave and annual leave for areas outside COVID-19.

It was important for our members to understand that. We know that at a time across the health system where nurses and midwives are often working overtime and in double shifts, they are now working incredibly hard during COVID-19. We certainly would like to see that their annual leave entitlements, for instance, will be something they will be able to access when the COVID-19

pandemic eases or is more under control so they are able to access that for rest and recuperation. Certainly, that would obviously apply to their immediate households as well.

Obviously, the situation has presented challenges that could not have been anticipated. Most of the examples and discussion today will focus on the events that have transpired at the North West Regional Hospital, the Mersey Community Hospital and our members who are working at the North West Private as well. That is where we've seen the most significant outbreak of COVID-19 across the state so far.

The direction for our members at that time with the closure of the North West Regional Hospital and also the impact of further cases at the Mersey Community Hospital prior to that has highlighted a number of concerns in relation to the COVID-19 pandemic paid leave for our members. If the committee is happy I will give a brief overview. I am also happy to provide our verbal submission in a written format as well today post the hearing if that is helpful.

The key areas I want to highlight are the requirement to enter into isolation, the impact that has had on the family members of our nurses and midwives, and also the concern with regard to the impact the current regulation has on income for our nurses and midwives.

The first issue is in relation to isolation. Obviously, our members are working in close proximity to positive COVID-19 cases in 'hot' areas, as they're known in some circles in the health system and that does put them at an increased risk of contracting COVID-19. As we saw at the North West Regional Hospital, it meant that any or all of our members at the North West Regional Hospital were directed into isolation at short notice.

At that time, due to the ongoing outbreak at the North West Regional, we had members from the Mersey Community Hospital who had also previously been in isolation for 14 days because they had been in close proximity or had contracted COVID-19 because they had been in contact with positive cases. They had completed that 14-day isolation period, had come out of isolation and then volunteered to assist at the North West Regional Hospital. They went to the North West Regional Hospital and worked a couple of shifts there, and then the North West Regional Hospital closed and all staff were directed into isolation. Those particular members in that space and time had worked two or three shifts and then had to undertake a month's isolation. Certainly, that meant they also had to quarantine -

CHAIR - We have had a slight loss of communication with Emily. While we are waiting for her to reconnect, Caroline, you have listened to what Emily has said, is there anything you would like to add while we are waiting, perhaps in overview?

Ms SAINT - Yes. What Emily was talking about was that the pandemic levy was great and it is 20 days, but we have had situations where members have had to access that entitlement more than once. My understanding is that in order to access the entitlements more than the 20 days, the information we were just given was that someone actually had 28 days of workers' isolation. You would have to actually make a special application to extend beyond the 20 days. I think that was the point Emily was making in the conversation then. Would you like me to ring her and see if she can come back?

CHAIR - That would be useful. Otherwise, you are going to have to take over, Caroline.

Ms SAINT - I would much prefer to get her back if we can. I will give her a call.

CHAIR - Thank you.

Committee suspended at 12.12 p.m. and resumed at 12.14 p.m.

CHAIR - Welcome back, Emily. You might like to pick up where you left us in regard to the circumstances we were talking about.

Ms SHEPHERD - Essentially, currently the regulation in relation to paid pandemic leave for COVID-19 talks about 20 days of paid pandemic leave. In the situation I have just described, for our members who have undertaken two periods of isolation in short succession that 20 days is obviously not adequate to cover those two periods of isolation.

I note there is the opportunity for head of agency to review the particular circumstances and grant further additional special leave. From the point of view of the AMNF, given we are unaware how long it may be that COVID-19 may be present in our community and what that might mean in terms of the length of time for potential further cases, it would make more sense to have that paid pandemic leave uncapped for healthcare workers, particularly those who are working within COVID-19 areas or are at a high risk of contracting the virus through the setting in which they are working in.

The other key issue that has become evident for our members, certainly at the North West Regional Hospital, is tha when members are directed into self-isolation, that has also meant that their immediate households were directed into self-isolation along with them. That has meant significant financial disadvantage for our members' families. We have a number of examples and I will refer to my notes in relation to these.

Obviously, our members are very much welcome and are fortunate to have received continued payment under the pay pandemic leave regulations, but that payment is paid at a flat rate and does not include the penalties they would normally attract if they were to have worked that roster. They have suffered that financial disadvantage from their perspective and certainly from their families' perspective.

We have had partners who had jobs outside of public service who had to access annual leave, if they had any available, as they would otherwise not have had an income. One example that we have been aware of is of a builder who, despite not being able to supervise his apprentice, still had to pay his apprentice even though he was neither working nor earning an income for the business for the two weeks his partner, a nurse, was directed into isolation.

Other issues have been in relation to accommodation. One of which was, luckily, that the nurse had accommodation but she worked at the North West Regional Hospital and had to remain in that accommodation for a fortnight as her husband managed a business. Had he been unable to work, many people would also have lost work. Her partner asked her to isolate outside the family home and she was therefore isolated with limited support. Some family members also had difficulty in accessing their leave entitlements and had no other annual leave entitlements available to them.

The other concern is in relation to the provision of paid leave, which is in line with carers' leave - penalties aren't paid on that leave. That is a significant financial impact for our members and, given they are on the front line in the fight against COVID-19, they are considered essential workers and are required to attend the clinical workplace. They are unable to work from home and

we feel it would be appropriate that they would be supported with their pay to be paid as per their roster with the relevant entitlements.

The other concern is in relation to casual staff. We welcomed the fact that casual staff were paid for the shifts they were rostered for and also for their normal average earnings, which is fantastic. We now see that casuals are continuing to face a downturn in shifts. Our part-time nurses and midwives, who regularly pick up additional shifts to prevent overtime and double shifts being worked, have also had reduced shifts available to them as well.

In conclusion, the pandemic leave is welcomed, but the ANMF's view is that it isn't quite at the level it needs to be to adequately support the nursing and midwifery profession given that they are on the front line in the fight against COVID-19. They are putting their own safety and wellbeing at risk, and potentially that of their families as well. We would really welcome the committee's consideration of paid pandemic leave being uncapped for nurses, midwives and healthcare workers and care workers, and certainly consideration of paid pandemic leave to be paid according to rosters with the relevant penalty as it would be if that individual were on annual leave.

CHAIR - Thank you, Emily.

Caroline, anything to add to what Emily has shared with the committee so far?

Ms SAINT - No, I don't think so, thank you.

CHAIR - - Thank you. I will open it up to questions. The first question is from Ruth Forrest.

Ms FORREST - Thank you. I have a number of questions, being based in the north-west where it is particularly being utilised. It is a welcome initiative from the Government.

CHAIR - Before you commence, if members have questions that they don't get an answer for today, please make a note of them so we can send them on to Emily or Caroline after this hearing for follow up. If members just make a note of their questions, and we'll try to make a note here as well.

Ms FORREST - What negotiation was there with the unions around the establishment of pandemic leave? Assuming there was some, if there wasn't, or even if there was, what was the general agreed position about how this would look according to your discussions?

Ms SHEPHERD - Thank you for the question, Ruth. Obviously, when we had the first few cases of COVID-19 we had an early consultation with the State Service Management Office around what it would look like for our members if they were affected by COVID-19, if they were in close proximity to a case of COVID-19 or if a staff member contracted COVID-19 and what that looked like for other members who were in close proximity to them.

Initially, the conversation was very supportive, and certainly prior to the regulations coming into effect in early March, we had conversations and a commitment from the State Service Management Office that our members would be paid according to their shifts and that they would be paid their full penalties. There was agreement that casual staff would be paid for any booked shifts or an average of their usual income.

The other issue we raised at the time was in relation to presumptive workers compensation because that for anyone working in a healthcare environment with COVID-19 patients, our view was that it should be presumed they had contracted COVID-19 through their employment.

So, certainly in the initial stages it was very supportive and we welcomed those commitments and other commitments around supported accommodation for those members who might need to be isolated outside of their household if they were needing to go into isolation.

Following that, there was fairly limited consultation around the regulation. The regulation was put to us by Jane Hanna and for all intents and purposes it was already drafted. We did go back with our concern around the fact that the 20 days would essentially be manifestly inadequate for nurses and midwives, particularly given the scenario at the North West Regional, and certainly we raised our concerns in relation to payment at a flat rate and the need for our members to approach the head of agency for additional special leave if they needed to undertake numerous periods of quarantine.

Ms FORREST - Emily, from that, there doesn't appear to be a presumptive provision there. I am aware of staff who contracted COVID-19 clearly in the workplace who had all their sick leave used rather than the pandemic leave. Would that be the intention to use sick leave and then use COVID-19 pandemic leave because they had run out of leave? What was your understanding of the provision?

Ms SHEPHERD - There was a lot of confusion in the first instance which is why we moved early to seek presumptive workers compensation leave. We advised all our members to put in a claim for workers compensation if they were unwell and tested positive to COVID-19. Initially, our understanding was that the intent around people accessing sick leave was that if they went into isolation, they would be paid the pandemic leave because they had been directed into isolation because of a close contact. If they became unwell during that time, they were asked to take sick leave. If they then tested positive for COVID-19, we were instructing members to put in a claim for workers compensation. Unless that positive test came through, it was difficult for them to access workers compensation.

The issue is in relation to testing as well, particularly in the initial stages of the COVID-19 pandemic where close contacts were not necessarily tested either unless they were unwell. Without the presumptive workers compensation, it was difficult and some of our members were caught in a grey area about whether their cold and flu-like symptoms were COVID-19 or whether it was some other general cold or flu.

Ms FORREST - You talked about the casual staff getting paid for their rostered shifts plus and/or the average of their worked shifts before that. You also mentioned, and I know this is the reality, that many part-time staff worked extra shifts regularly and worked above their contracted hours every fortnight - were the part-time staff averaged out as well?

Ms SHEPHERD - No. The casual staff were; they were paid an average. Certainly this week we have had further consultation with the Department of Health and the State Service Management Office. There appears to be agreement for casual staff average earnings to be based over the last financial year given the nature of what being a casual is, with peaks and troughs in terms of the shifts that they work. So that is very welcome. We have raised the concern around part-time staff picking up those additional shifts and picking them up on a regular basis.

Our view is, and we have raised this, that they should also be recognised for that because [inaudible] COVID-19, and yet being disadvantaged at the same time when ordinarily they would be working really hard to actually ensure that there weren't onerous amounts of overtime and double shifts needed to be worked in their workplace. I understand that is still under consideration.

Ms FORREST - That you need to be covered.

Ms SHEPHERD - Yes [inaudible].

Ms FORREST - The question in terms of staff who had just commenced work leading up to the pandemic, there would also be a call-out advertised in the papers to registered nurses and midwives who were not working or who had just recently retired to come back into the workforce. In those cases, or in cases where this has occurred, where someone started work, has been at work for two or three days, maybe a week, and then the shutdown happened and they were all put into quarantine. However, because they do not have that history of work shifts, they were not paid at all even though they had shifts rostered either in the hospital or the testing clinic or some other area they were rostered to be working in and then they were put into quarantine. Is that an area that was discussed? Was that the intention to cover these people?

Ms SHEPHERD - It was always the intention to cover people. That is my understanding. There were individual cases we have had to follow up in relation to those who were not paid, as in those examples you just highlighted. I am not sure what led to those people not being paid, but those cases we raised on an individual basis have had that underpayment rectified. Our view is that that should just be part and parcel of the paid pandemic leave and that should occur without our members having to come to us to advocate on their behalf to make that happen.

Mr TUCKER - Thanks, Emily. You talked about the 20 days of paid pandemic leave and the 28 days of quarantine. How many nurses are you actually talking about in that situation?

Ms SHEPHERD - I would have to get back to you on that. I am happy to provide that to you out of session in terms of the exact number of our members. Around 50 of our staff members from the Mersey Community Hospital volunteered to work at the North West Regional Hospital following the outbreak at the Mersey and then worked shifts at the North West Regional Hospital.

I am not sure how many of that 50 it is. I'll give you that number out of session. It wouldn't be out of the norm to imagine that our members would need to take multiple periods of isolation. After patients were transferred from the North West Regional Hospital to the Mersey Community Hospital, there was another asymptomatic patient on the non-COVID ward at the Mersey Community Hospital and we had about another dozen of our members at the Mersey Community Hospital go into isolation as well.

I think the requirement for healthcare workers to go into isolation is one we are going to continue to see throughout the pandemic. The real difficulty, particularly with those patients, as was the example at the Mersey Community Hospital, was that particular patient was asymptomatic but was obviously a close contact of another positive patient, who then subsequently returned a positive test. It wasn't actually being managed as a positive case, as it were, and then that meant that nearly a dozen of our members at the Mersey then had to go into quarantine again. I don't think it's something we would say would be an isolated event.

Mr TUCKER - You've mentioned people moving from the Mersey to the North West Regional. Correct me if I'm wrong, were some nurses working in the private as well as the North West Regional Hospital, and how was that managed?

Ms SHEPHERD - Certainly, we have members that work across the North West Regional and North West Private, but the example I gave was actually in relation to nurses who were working at the Mersey Community Hospital, and largely at the emergency department at the Mersey that was shut following the two positive staff cases at the Mersey Community Hospital. So, those 50-odd staff who have gone into furlough were the people who volunteered to work at the North West Regional Hospital after they came out of their two weeks isolation. That was the example I gave.

In terms of those staff, I have to say I couldn't provide you with the detail around that; I'm sure the Tasmania Health Service would be able to give you the specifics of how many of our members worked across North West Regional and North West Private during that time.

Ms STANDEN - Thanks, Emily and Caroline. Thank you for your time and contributing to this discussion. Following from John's questions about staff working across sites, I am also working with the disability sector. It has been raised with me that a lot of workers in that sector, and, I guess, in the nursing profession too, are working across public and private facilities and potentially aged care as well, and that was the focus of the outbreak in the north-west. Are you able to give us an insight into how prevalent that would be, or would it only be key people?

Ms SHEPHERD - Yes, certainly, that is something that affects our members. We have members that work across, you've just mentioned the North West Private and North West Regional in terms of public, acute and private acute, but we also have members who work across public, private and aged care. Certainly, that is an area we have been focused on in terms of dual employment and what that means for our members.

Certainly, the ANMF has been advocating federally in relation to a position around the federal government's stance on those members who may work in aged care and also in public and/or private settings. Certainly, Richard Colbeck has communicated to us that their advice is consistent with that of the Australian Aged Care Quality and Safety Commission, which does not preclude nurses and/or midwives working across aged care and also public sector settings. It does reiterate the need for all healthcare professionals to ensure they are compliant with the relevant infection control guidelines for that particular setting, whether it be in acute or aged care, and ensuring that, obviously, utilisation of personal protective equipment is being used appropriately for the particular environment in which they are working.

We understand from an infection control perspective that limiting people to a particular worksite or workplace would prevent transmission, but effective use of personal protective equipment and adherence to the infection control guidelines and policies for that particular setting should actually mean that nurses and midwives are more safe, perhaps, than anyone in the community who might come into contact with a case because they have all the relevant safeguards in place.

Obviously, it is not without risk but we also know that the need for dual employment across worksites is essential to maintaining appropriate levels of qualified nurses, care workers, midwives et cetera for each sector. We saw that with the closure of the North West Regional Hospital. When so many of our members were furloughed, there wasn't a sufficient workforce to be able to have another sort of extra workforce come in and take over to keep operations running.

It certainly is an issue that is emerging as something that needs to be really carefully considered. All of the other controls around appropriate infection control guidelines, personal protective equipment, environmental layout and processes around entering into shift handovers, which were raised in the interim report into the outbreak at the North West Regional Hospital, need to be considered and implemented prior to looking at the potential for limiting people to a particular area.

Ms STANDEN - In terms of the regulations and the COVID-19 special pandemic leave entitlement, is there any issue for the committee to consider in consistency in those leave entitlements in the public sector, as opposed to those other sectors - private and aged care et cetera?

Ms SHEPHERD - There are a couple of key points to make there. Healthcare workers in the public sector need to be considered, perhaps, as being at a higher risk of contracting COVID-19 in the workplace or being a close contact with a positive case. That needs to be taken into consideration in the regulations. It may well be that healthcare workers are going to need to access more than 20 days to undertake their required isolation.

In terms of State Service employees and those who might be working outside of the State Service, we have up to 80 other agreements with healthcare providers across Tasmania and there are varying levels of pandemic leave. We know that there is the 20 days paid pandemic leave for those working outside the public sector. Certainly, we are working with individual private providers that have gone over and above that 20 days paid pandemic leave as well to support their staff as, obviously, they have recognised the significant risk and difficulty of being a healthcare worker working in the middle of COVID-19 pandemic. One of those was in one of the aged care facilities in the north-west, which very much supported their staff to take that paid leave so that they weren't at any financial disadvantage.

Ms STANDEN - Thank you. As you say, no-one knows the extent to which this virus will affect operations, and the north-west has been a particular outbreak situation. I'm just interested in your insights about families who were furloughed and the impact on partners as well, and on into the economy and the community.

Thinking about the potential for school closures moving forward - we hope it doesn't happen, of course - is there anything in that, given a high proportion of members of the nursing profession are likely to be in caring roles as well? Do you have any observations to make about that?

Ms SHEPHERD - Again, I think this is probably one area where obviously our members welcomed the paid pandemic leave regulation, but also feel that it isn't recognising their significant contribution to containing and preventing a further outbreak of COVID-19. This is based on the fact that it's only 20 days, they are not paid their penalties on the shifts that they were booked for if they were to go into furlough, and also the fact that they are considered essential workers, or critical workers. This means that the majority of those in clinical roles can't be considered for working from home.

In other areas within the State Service where people may be employed perhaps in an office or an administrative-type environment, this may allow them to work from home and also offer the opportunity to provide care for children who may not be able to attend school due to school closures, which we have seen.

Obviously, we don't know what the future holds, and if it holds a second wave of COVID-19 we will need to look at school closures again. It placed our members in a difficult position when the Premier was asking those who could keep their children at home, or work from home, to keep them home from school. Clearly, our members are workers. They are working in a clinical environment. They were very much torn between wanting to support their children, keep them home, keep them safe, keep their teachers safe, but at the same time knowing their critical role in supporting their community and their patients and attending work.

I think that is a real difficulty. Obviously, schools have allowed healthcare workers to continue to have their children attend school. Certainly, it is something I feel needs to be considered. We have that commitment from the State Service that any healthcare workers who need to remain home could approach their manager to see if it could be arranged. Clearly it is a difficult area in terms of recognising frontline healthcare workers and the difficulty around them being able to attend, but they are recognised with uncapped pandemic or isolation and also [inaudible] shift work.

CHAIR - Thank you very much.

In regard to the collaboration with the State Service management, was the 20 days the negotiated outcome? Obviously, you were looking for uncapped, but was 20 the negotiated outcome? I was just interested in that.

Ms SHEPHERD - In early March the initial discussion was around isolation. At that time the commitment was that they would be paid according to their rosters with penalties, and that is what occurred.

When the regulation was given to us in draft format, it included the 20 days paid leave with the option to approach heads of agencies for further special leave. That was not a negotiated outcome. That was something that was put to us and obviously something we didn't agree with at the time, but something that was progressed.

CHAIR - Thank you. So, that wasn't part of the original negotiation? You were of the mind that it was going to be uncapped originally?

Ms SHEPHERD - Absolutely, and at the time when the draft regulations were put to ANMF, we obviously articulated to Jane Hanna that we felt that it was a backward step. It was a step back from the previous commitment that had been made that we had communicated to our members they would attract if they were required to enter into isolation.

Again, as I say, there was no negotiation. It was put to us in draft; we sent feedback back to say we felt it was inadequate to have 20 days paid leave. Our feedback was taken into consideration but didn't alter the content of the regulation at the time.

Ms FORREST - When do these regulations, it says in 25A -

> Leave on account of COVID-19. The relevant head of agency may, subject to any employment direction, grant to relevant employees special leave of absence with pay in circumstances where a relevant employee has exhausted his or her personal leave entitlements and has contracted COVID-19 or required to provide care or support to a member of the relevant employee's immediate family or household who has contracted COVID-19 -

And on the provisions go. To me this reads that you have to use up all your sick leave and all of your carers leave - I think they are the predominant two forms of personal leave - before you can even access this. Is this what is happening? Nurses not only will have COVID-19, which you have at the moment, but they will then have the flu season. They may not get COVID-19, but they may get the flu from work or even have a workplace injury, a back injury. You know how things work.

If they have used up all their sick leave, which is the way I read it - and I want you to correct me if I'm wrong and I will ask the department about this - if that is the case, and some of the nurses will have quite a bit of sick leave saved up and some will have very little, if you have used it all up recovering from a positive COVID-19 infection - and we have heard that sometimes it takes a while to fully recover and they find themselves more vulnerable to flu and things like that later on - and they have run out of sick leave, this to me only provides to provisions during this pandemic. We don't know how long it will last, but in six months time, if they are sick again, this may not be available. Can you explain how that is supposed to work?

Ms SHEPHERD - Yes, and that certainly was part of our feedback in relation to the regulation. We didn't believe that any of our members having to take isolation should need to access sick leave or annual leave entitlements. You are absolutely right - for those members who may have undertaken two periods of isolation and then suddenly find themselves contracting COVID-19, obviously we would recommend they take workers compensation. As we have found, we have had one member who tested positive for COVID-19 and also suffered complications, a secondary infection, and that posed issues in terms of workers compensation and also access to leave.

Our view very much is that we don't believe there needs to be a head of agency review for any healthcare worker who is directed into isolation through the course of their employment. Paid leave should just be granted, with the relevant penalties according to their rostered shifts. Certainly, if they are required also to provide care et cetera for immediate family members or required to isolate, because of their close contacts. Our members at the North-West Regional when it closed were directed into isolation as were the rest of their family. They were not unwell, but, clearly, they had children in that scenario as well who were not able to go to school either, so in that instance they would have needed to care for their children. Again, we don't believe they should need to use their carer's leave entitlement, because this was something that came about through the course of their employment, not something that occurred through their normal lifestyle, I suppose.

Ms FORREST - To clarify, after you provided that feedback, was feedback provided back to you or any change to what was originally drafted? Is that correct?

Ms SHEPHERD - Yes, we provided feedback, but from my further review after our feedback and the final regulations, I couldn't see where our feedback altered the draft regulation at all and the final regulations. The response at the time was just that there would be an opportunity to have a service review, but I think you have already highlighted the concerns in relation to a head of agency review and how that might again further disadvantage members.

Ms WEBB - I am following up on the member for Murchison's question about whether leave has to be used. We will be able to clarify it with the department next week, but I don't read that to mean that it does have to used up, Ruth.

Ms FORREST - That is the question I am asking. I will follow it up with the department.

Ms WEBB - I read that it can be used in circumstances in which leave has been exhausted, and it can be used when an employee is being directed to isolate or is responsible for the care of others who are covered by the second part of that provision. It would be good to clarify that.

Ms FORREST - It does need clarification because there have been nurses who have had to use all their sick leave under the circumstances here, or their sick leave has been used up and they have not been provided with the pandemic leave, if you want to call it that, and workers compensation was not offered when they tested positive as a result of their work. Some people are advocating on behalf of some of these nurses, and it may well be the union.

CHAIR - Caroline, is there anything you would like to add that you think may be useful for the committee to consider?

Ms SAINT - I think Emily has covered the main points of concern for our members.

Going back to the question about members working across facilities, it is outside the scope of this committee, but I note that a lot of people who work in aged care particularly work across a range of facilities because the pay rates are so low and that is the only way they can get sufficient hours to cover their costs. Some of those people also work in the public sector as well. A wide range of factors impact upon people's employment patterns. Some of those members are finding that because they have had to drop or are not allowed to work the shift, but are then allocated to another aged care facility, or, as another example, a GP service, and then they work in the public sector and are required to go onto the pandemic leave because they are self-isolating, they are actually financially disadvantaged as a consequence as well.

CHAIR - On behalf of the committee, Emily and Caroline, we sincerely thank you for your time today. We know it is a really busy time for your members. Thank you very much.

Ms SHEPHERD - Thank you very much for the opportunity. We very much appreciate to be able to come along and advocate on behalf of members and appreciate your review of the regulations. Thank you.

THE WITNESSES WITHDREW