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## WA HEALTH SYSTEM COVID-19 LEAVE GUIDANCE NOTE

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*This information is current as at the effective date above and does not seek to detail historical entitlements or arrangements.*

### 1. Background

On 21 March 2023, Government Sector Labour Relations issued [Circular 4/2023 – Leave Arrangements for COVID-19](#), which rescinded and replaced the arrangements set out in Circular 6/2020. New arrangements under Circular 4/2023 took effect from 1 April 2023.

The [COVID-19 Infection, Prevention and Control in Western Australian Healthcare Facilities \(IPC Guidelines\)](#), which provide infection, prevention and control principles for managing suspected and confirmed cases of COVID-19 and other acute respiratory illnesses (**ARI**) in healthcare settings, have periodically been updated to respond to the prevalence of COVID-19 in the community.

The IPC Guidelines, which outline the exclusion rules for healthcare workers, were amended and replaced by version 18, on 14 August 2023. The recent amendments have resulted in a change to the exclusion period for healthcare workers who contract COVID-19, allowing employees to return to work a day earlier than under the previous policy settings where certain criteria are met.

The updated exclusion rules for healthcare workers, as outlined in section 10 of the IPC Guidelines, are reproduced at **Attachment A** of this Guidance Note.

The IPC Guidelines define healthcare worker to mean any person whose activities involve the provision of care either direct or indirect to patients in a healthcare or laboratory setting and includes those who are employed, honorary, contracted, on student placement or volunteering at the facility. The term is generally applied to all persons working in a healthcare facility. This would not include employees of the Department of Health and Health Support Services (excluding NurseWest).

Any employee who is not considered to be a healthcare worker should refer to the advice on the [HealthyWA website](#). This includes the recommendation to stay home for at least five days and until symptoms resolve, not visit healthcare settings for at least seven days.

This Guidance Note summarises COVID-19 leave entitlements pursuant to Circular 4/2023, and clarifies arrangements for frontline healthcare workers and non-frontline employees to ensure consistency of application across WA Health.

The COVID-19 Leave Matrix at **Attachment B** serves as a quick reference guide for common scenarios that may arise related to COVID-19.

### 2. General entitlement to COVID-19 leave

Pursuant to Circular 4/2023, employees are required to access personal, sick or carers leave (as applicable) in the first instance, in the following COVID-19 related circumstances:

- Tested positive for COVID-19;
- Caring responsibilities directly related to COVID-19;
- Awaiting test results of a polymerase chain reaction test; or
- Experiencing an adverse vaccine reaction.



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Where personal, sick or carers leave is exhausted or unavailable (such as for casuals), non-frontline employees may access up to five days' paid COVID-19 leave.

Based on the approval of the Executive Director, GSLR pursuant to Clause 15 of Circular 4/2023, where personal, sick or carers leave is exhausted or unavailable (such as for casuals), WA Health frontline healthcare workers may access up to six days' paid COVID-19 leave. This entitlement to six days' leave was changed following the reduction in the exclusion period for asymptomatic employees who have a negative RAT, as provided for in amendments to the IPC Guidelines on 14 August 2023.

**Attachment C** defines frontline healthcare worker and non-frontline employee for the purposes of the entitlement to COVID-19 leave.

COVID-19 leave is available to all employees of WA Health, including casuals, subject to satisfaction of criteria set out in the Circular and subject to manager approval.

COVID-19 leave does not affect existing annual leave or long service leave accruals and is not accruable.

If an employee is excluded from the workplace pursuant to the IPC Guidelines and has approval to work from home, no leave booking is required.

Employees are expected to attend work or notify their manager of the reason for non-attendance. Employees not attending work without notification may not be paid.

### **3. Payment of COVID-19 leave**

#### Permanent and fixed term employees

For permanent and fixed term employees, COVID-19 leave is calculated according to the rostered or ordinary hours the employee would have worked on that day.

GSLR has advised that employees should be paid as though they had worked that day, including shift penalty rates.

#### Casual employees

For casual employees, payment for COVID-19 leave is calculated with reference to rostered future shifts or, if there is no certainty about future shifts, the preceding four-week average of shifts worked. This includes applicable shift penalties and casual loading.

#### Overtime

GSLR have advised COVID-19 leave is not accessible in instances of overtime, including rostered overtime.

### **4. Access to additional COVID-19 leave**

Clauses 12 to 14 of Circular 4/2023 provide discretion in compelling circumstances for an Employer to provide additional COVID-19 leave to an individual who is unable to attend work because of testing positive to COVID-19.

For the purposes of WA Health, "additional COVID-19 leave" is taken to mean leave in excess of five days for non-frontline employees and six days for frontline healthcare workers.



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Whether compelling circumstances exist should be assessed on a case by case basis. The Employer's assessment should consider the following factors:

- The employee cannot, or is not approved to, work from home. The Employer has discretion to determine if an employee can or cannot work from home. Such a determination should be made in line with local policies and practice.
- Whether the Employer considers the employee is likely to have contracted COVID-19 in the course of performing their duties, for example assessing whether the role being performed involves regular interactions with staff or patients in high risk areas.
- There are compassionate grounds for granting additional leave.

The Employer must keep records of any additional COVID-19 leave granted and the reason for such approval for reporting purposes.

Where an employee applies for additional COVID-19 leave and the application is not granted, an employee may be granted access to another appropriate form of leave where applicable.

Employers may not provide additional COVID-19 leave to occupational groups or classifications of employees without the approval of the Executive Director GSLR, following consultation with the Department of Health System-wide Industrial Relations.

## **5. Evidence for COVID-19 leave**

Employers may require employees to provide reasonable evidence of the entitlement to leave in accordance with the relevant industrial agreement, or evidence of the entitlement to COVID-19 leave, in order to access leave pursuant to Circular 4/2023.

Depending on the circumstances, reasonable evidence may include:

- a medical certificate;
- notification from the Department of Health in relation to COVID-19 testing or diagnosis (e.g. PCR test result text message);
- PCR test result from My Health Record;
- photographic evidence of rapid antigen test results;
- text message link to survey that COVID-19 cases receive following a positive PCR test or RAT result that has been registered on HealthyWA;
- a statutory declaration; or
- other evidence that satisfies the Employer of the legitimacy of the absence.

Evidentiary requirements may be waived if the line manager is satisfied an absence is justified in response to the COVID-19 situation.

## **6. Interaction with other instruments**

This Guidance Note must be read in conjunction with relevant declarations, directions, orders or circulars as amended from time to time. Information is current in accordance with the provisions of Circular 4/2023 and IPC Guidelines (version 18).

As at the time of publication there are no longer any current declarations, [directions](#) or orders issued pursuant to the *Emergency Management Act 2005 (WA)*.



## 7. Resources

WA Health information:

- [Chief Health Officer Advice](#)
- [COVID-19 Testing](#)
- [COVID-19 case and contacts](#)
- [COVID-19 in the workplace – Information for health professionals](#)
- [Industrial Relations Supplementary Information](#)

Government Sector Labour Relations:

- [Circulars to departments and organisations](#)
- [COVID-19 Coronavirus information for public sector employers](#)

WA Government information:

- [COVID-19 coronavirus: Declarations](#)

## 10. Document Control

Version	Issued	Effective date	Amendment
1	4 July 2022	4 July 2022	Original version
2	22 August 2022	22 August 2022	Minor updates to body of document. Amendments to Attachment A: <ul style="list-style-type: none"><li>• Insertion of consideration of “Long COVID”.</li><li>• Clarification of entitlement to COVID-19 leave where isolation extends beyond 7 days from testing positive due to persistence of symptoms.</li><li>• Clarification of requirements in relation to isolation as an asymptomatic close contact.</li></ul>
3	15 November 2022	15 November 2022	Amendments to reflect revocation of the <i>COVID Transition (Testing and Isolation) Directions No. 18</i> effective 14 October 2022 and amendments to COVID-19 Infection, Prevention and Control in Western Australian Healthcare Facilities effective 3 November 2022. Amendments to reflect revisions to Circular 6/2020 on 13 October 2022.
4	25 November 2022	25 November 2022	Minor amendments to reflect creation of payroll code for salary maintenance and clarify arrangements for close contacts who change from symptomatic to asymptomatic within 7 days of becoming a close contact.
5	22 March 2023	22 March 2023	Deletion of historical information related to the revocation of testing and isolation directions.  Amendments to reflect the changes in access to and quantum of COVID-19 leave consistent with Circular 4/2023.  Amendments to reflect changes in the IPC Guidelines.
6	14 August 2023	14 August 2023	Amendments to reflect changes in the IPC Guidelines (version 18). Paid COVID-19 leave was reduced by one day in permitted circumstances.



## Healthcare worker (HCW) management

*IPC Guidelines (version 18)*

<b>Testing</b>	All HCWs are to self-monitor for symptoms of ARIs. If HCWs experience symptoms of ARI they should self-exclude from work until symptoms resolve and seek further testing for ARI, including COVID-19.
<b>Management of HCW exposed to COVID-19</b>	<p>HCWs with COVID-19 are to be excluded from the work place for at least 5 days from onset of symptoms or COVID-19 positive test, whichever is earliest. During this exclusion period, the HCW should follow public health advice for COVID-19 positive cases. The HCW should conduct a RAT within 24 hours of planned return-to-work:</p> <ul style="list-style-type: none"><li>• If <u>RAT is negative</u>, can return to work on day 6 if asymptomatic with recommended risk mitigation strategies in place until day 10;</li><li>• If <u>RAT is not performed</u>, can return to work on day 7 if asymptomatic, with recommended risk mitigation strategies in place until day 10;</li><li>• If <u>RAT is positive</u>, can return to work on day 7 if asymptomatic with recommended risk mitigation strategies in place until day 10.</li></ul> <p>Risk mitigation strategies include that the HCW must be alert to symptoms, must wear a surgical mask or PFR, and be cautious when using shared areas, like tea rooms</p> <p>Asymptomatic HCWs who are close contacts of COVID-19 should:</p> <ul style="list-style-type: none"><li>• Wear a surgical mask at a minimum, while at work.</li><li>• Self-monitor of ARI symptoms.</li></ul> <p>If the HCW develops symptoms they should self-exclude from work even if they have a negative COVID-19 RAT, until symptoms resolve.</p>



**COVID-19 LEAVE MATRIX**

Employee circumstance	Leave	Reference
<b>Illness</b>		
Tests positive for COVID-19	<p>COVID-19 leave</p> <p><u>Frontline health workers</u></p> <ul style="list-style-type: none"> <li>• Access personal or sick leave in the first instance.</li> <li>• Where the employee has exhausted their personal or sick leave entitlements, they may be granted up to six days of paid COVID-19 leave.</li> </ul> <p><u>Non-frontline employees</u></p> <ul style="list-style-type: none"> <li>• Access personal or sick leave in the first instance.</li> <li>• Where the employee has exhausted their personal or sick leave entitlements, they may be granted up to five days of paid COVID-19 leave.</li> </ul> <p>Additional COVID-19 leave may be approved in compelling circumstances on a case-by-case basis, subject to criteria in section 4 of this Guidance Note. Where additional leave is not approved, another appropriate form of leave may be accessed subject to managerial discretion.</p> <p>Additional COVID-19 leave as defined in this Guidance Note is only to be approved in exceptional circumstances at the discretion of the Employer or their delegate.</p>	<p>Clauses 5 and 12 of <a href="#">Circular 4/2023</a></p> <p><a href="#">IPC Guidelines</a></p>
Experiences an adverse vaccine reaction	Personal or sick leave is to be accessed in the first instance. Employees may apply for paid COVID-19 leave where personal or sick leave is not available.	Clause 5 and 7 of <a href="#">Circular 4/2023</a>



Unwell with COVID-19 symptoms	Personal or sick leave must be accessed whilst symptoms persist and whilst awaiting test results for COVID-19.  If employee tests positive for COVID-19, see “Tests positive for COVID-19”.	Clause 5 and 7 of <a href="#">Circular 4/2023</a>  <a href="#">IPC Guidelines</a>
Diagnosed with “Long COVID”	Personal or sick leave must be accessed by an employee who requires time off work due to long-term effects of COVID-19, including where the employee has been diagnosed with “Long COVID”.	N/A
<b>Exclusion from the workplace due to exposure or potential exposure</b>		
Symptomatic close contact	See “Unwell with COVID-19 symptoms”.	N/A
Asymptomatic close contact	Asymptomatic close contacts are able to attend work and should wear a surgical mask at a minimum. Employees should self-monitor for symptoms.  HSPs may develop local policies for high-risk areas within healthcare facilities to risk assess healthcare worker close contacts and their ability to continue working. A direction not to attend the workplace by the Employer should only be considered in exceptional circumstances where the employee cannot be deployed to other duties, a lower risk area or work from home and should be assessed on a case by case basis.  For administrative purposes only, absences of WA Health employees who are advised not to attend the workplace should be processed as COVID-19 leave with the leave sub-reason “exclusion”. Note, the Circular does not provide for COVID-19 leave in these circumstances.	<a href="#">IPC Guidelines</a>
<b>Caring responsibilities</b>		
Caring for a person who has tested positive to COVID-19	As set out above, an asymptomatic close contact may attend work subject to local policies. If the employee works in a healthcare facility, they should wear a surgical mask while at work and self-monitor for symptoms.  If the employee requires time off work to care for a person who has tested positive to COVID-19, the employee is required to access personal or carers leave in the first instance.  Employees may apply for paid COVID-19 leave where personal or carers leave is exhausted or not available.	Clause 6 and 7 of <a href="#">Circular 4/2023</a>



<p>Caring for a person who is a close contact</p>	<p>It is unlikely circumstances will arise where a WA Health employee must care for a close contact, without also being a close contact themselves, given <a href="#">close contacts</a> are limited to “a household or household-like contact, or intimate partner of a person with COVID-19 who has had contact with them during their infectious period”. In addition, isolation is no longer mandated for close contacts, further diminishing the likelihood a close contact will require care.</p> <p>However, should the scenario arise where a WA Health employee is caring for close contact, but is not a close contact themselves, existing forms of leave such as annual leave, long service leave or TOIL may be considered subject to operational requirements, industrial provisions and local policy. Personal or carer’s leave could also be accessed depending on the reason the person requires care.</p> <p>Any leave approval must satisfy the relevant provisions of the industrial agreement.</p>	<p>Refer to relevant <a href="#">industrial agreement</a></p>
<p>Caring for a child where the parent (employee) voluntarily removes the child from school or childcare where the school or childcare remains open</p>	<p>Leave is at the discretion of the Employer.</p> <p>Annual leave, long service leave or TOIL may be considered subject to operational requirements, industrial provisions and local policy.</p> <p>LWOP may be considered if all paid leave is exhausted.</p> <p>Any leave approval must satisfy the relevant provisions of the industrial agreement.</p>	<p>Refer to relevant <a href="#">industrial agreement</a></p>
<p>Caring for a family member who is vulnerable to COVID-19</p>	<p>Leave is at the discretion of the Employer.</p> <p>Annual leave, long service leave or TOIL may be considered subject to operational requirements, industrial provisions and local policy.</p> <p>Personal/carers’ leave may be considered if the family member is unwell and requires care or support.</p> <p>LWOP may be considered if all paid leave is exhausted.</p> <p>Any leave approval must satisfy the relevant provisions of the industrial agreement.</p>	<p>Refer to relevant <a href="#">industrial agreement</a></p>



**COVID-19 LEAVE GUIDELINES BY OCCUPATION**

Category	Occupational group	Base entitlement	Additional leave
<p><b>Frontline health workers</b></p> <ul style="list-style-type: none"> <li>• Frontline workers of all HSPs.</li> <li>• Includes NurseWest nurses engaged by another HSP.</li> </ul>	<ul style="list-style-type: none"> <li>• Employees employed under industrial agreements covering medical practitioners, registered nurses, enrolled nurses, hospital support workers, dental officers and dental technicians.</li> <li>• Allied health professionals listed at clause 20.5(a) of the WA Health System – HSUWA – PACTS Industrial Agreement 2022.<sup>1</sup></li> <li>• Other frontline HSU salaried officers including but not limited to Aboriginal liaison officers, security officers, ward clerks, anaesthetic technicians, HIAS officers, and allied health assistants.</li> </ul>	6 days	<p>Leave beyond the 6 days only granted in exceptional circumstances <b>to an individual</b> at the discretion of the Employer or delegate, applying criteria at section 4 of this Guidance Note.</p> <p>Additional leave beyond 6 days can only be granted to an <b>occupational group</b> with the approval of the Executive Director Labour Relations, following consultation with System-wide Industrial Relations.</p>
<p><b>Non-frontline employees</b></p> <ul style="list-style-type: none"> <li>• Health Support Services (other than NurseWest).</li> <li>• Department of Health.</li> <li>• Non-frontline workers of HSPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Employees of the Department of Health.</li> <li>• Employees of Health Support Services, excluding NurseWest nurses who are engaged by HSPs.</li> <li>• Non-frontline employees of HSPs, including but not limited to workforce staff, other non-hospital based administrative staff and any HSU salaried officer employed by an HSP not listed as a frontline health worker above.</li> <li>• Building and engineering employees.</li> <li>• COVID-19 vaccination and testing roles.</li> </ul>	5 days	<p>Leave beyond the 5 days only granted in exceptional circumstances <b>to an individual</b> at the discretion of the Employer or delegate, applying criteria at section 4 of this Guidance Note.</p> <p>Additional leave beyond 5 days can only be granted to an <b>occupational group</b> with the approval of the Executive Director Labour Relations, following consultation with System-wide Industrial Relations.</p>

<sup>1</sup> Allied health professionals defined at clause 18.5(a) include, but are not limited to, technologists, sonographers, physiotherapists, social workers and radiation therapists.