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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 30 September 2022, National Cabinet [announced](#) agreement had been reached on significant changes to the testing and isolation rules pertaining to the COVID-19 pandemic. National Cabinet agreed to end mandatory isolation requirements for COVID-19 effective 14 October 2022, with each jurisdiction implementing the change via relevant public health legislation.

To give effect to the National Cabinet decision, on and from 14 October 2022 the *COVID Transition (Testing and Isolation) Directions No. 18 (Testing and Isolation Directions)* were revoked by the issuing of the *COVID Transition (Testing and Isolation) Revocation Directions*. This removed mandatory requirements for isolation and testing for COVID-19 positive cases and close contacts which generally apply across Western Australia.

However, despite the repeal of the Testing and Isolation Directions, exclusion rules for healthcare workers in public healthcare settings remain in place. Those rules were initially outlined in amendments made to the WA Health System Alert and Response (**SAR**) Framework on 14 October 2022.

On 3 November 2022, the SAR Framework was revoked and the [COVID-19 Infection, Prevention and Control in Western Australian Healthcare Facilities](#) document (**IPC Guidelines**) was updated. The IPC Guidelines outline the exclusion rules for healthcare workers, effectively replacing the Testing and Isolation Directions and the content which was included in the SAR Framework as an interim measure.

The exclusion rules for healthcare workers, as stated in Appendix 1 of the IPC Guidelines, are reproduced at **Attachment A** of this Guidance Note. In summary:

- Employees who test positive to COVID-19 are excluded from the workplace for seven days.
- Asymptomatic close contacts must seek permission to attend work, with Employers to conduct an individual risk assessment to determine whether the employee should be excluded from the workplace.
- Employees with COVID-19 symptoms should be tested and stay at home until their symptoms have resolved, irrespective of their COVID-19 test result.

These rules have also been extended to employees who are not healthcare workers, such as employees of the Department of Health and Health Support Services.

WA Health employees may access COVID-19 leave and/or accrued leave entitlements for absences related to COVID-19 in accordance with Government Sector Labour Relations (**GSLR**) [Circular 6/2020 – Leave Arrangements for COVID-19](#) (**Circular 6/2020**), as updated on 13 October 2022.

This Guidance Note summarises COVID-19 leave entitlements pursuant to Circular 6/2020 and provides parameters for approval of additional COVID-19 leave 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 during the COVID-19 pandemic.

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

Pursuant to Circular 6/2020, COVID-19 leave:

- is available to all employees of WA Health, including casuals;
- is paid up to 20 days. The 20 days reset on 5 February 2022. Under certain circumstances, employees may be allowed to access additional COVID-19 leave in excess of the 20-day maximum (refer to section 4 of this Guidance Note);
- does not affect existing annual leave or long service leave accruals; and
- is not accruable.

In all cases, leave is subject to manager approval.

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**

Clause 2.2 of Circular 6/2020 provides discretion in compelling circumstances for an Employer to extend the number of days of COVID-19 leave available beyond 20 days to an employee who is unable to attend work because of testing positive to COVID-19.



Revised 25 November 2022

The below guidelines for accessing additional COVID-19 leave are summarised at **Attachment C**, including definitions of frontline health workers and non-frontline employees.

### Frontline health workers

Where a frontline health worker has exhausted their original 20 day entitlement and is absent from work due to a diagnosis of COVID-19, they are to be provided automatic access, subject to their manager's satisfaction that the absence is legitimate, to additional COVID-19 leave up to a further 20 days (40 days COVID-19 leave in total).

### Non-frontline employees

Where a non-frontline employee has exhausted their original 20 day entitlement and is absent from work due to a diagnosis of COVID-19, access to additional COVID-19 leave for a further 20 days (40 days COVID-19 leave in total) may be granted where compelling circumstances exist.

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; and
- 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; or
- whether, if the extension is not granted, the employee will be unable to access personal or sick leave to cover the absence from work; or
- there are compassionate grounds for granting additional leave.

Accrued leave such as personal leave and annual leave does not need to be exhausted prior to granting access to additional COVID-19 leave. However, 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.

### All employees

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.

COVID-19 leave beyond 40 days is to be granted only in exceptional circumstances, at the discretion of the Employer or their delegate.

Arrangements outlined in this section may be reviewed from time to time in light of the COVID-19 caseload or as necessitated by changes to the Government position on COVID-19 leave.

## **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 6/2020.



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. Payment for close contact advised not to attend the workplace**

In accordance with the IPC Guidelines, employees must inform their manager if they become a close contact and seek permission before attending work if asymptomatic.

The line manager will determine if the asymptomatic close contact should attend work based on an individual risk assessment.

If permission to attend work is not granted, an employee will be granted [full pay](#) as they are ready, willing and able to work. Employees are not required to access their 20 days' COVID-19 leave, as Circular 6/2020 is silent regarding WA Health close contacts who have been excluded from the workplace. However, for administrative purposes, this can be processed as COVID-19 leave with the leave sub-reason being "exclusion". This code is now available for both Lattice and Ascender users. Further information can be found on the [HSS Customer Hub](#).

Permanent and fixed term employees should receive payment in the same terms as COVID-19 leave pursuant to section 3 of this Guidance Note.

Casual employees are not entitled to salary maintenance. However, casual employees may be able to be rostered to work in lower risk areas in the event that they are an asymptomatic close contact, subject to permission of the relevant line manager.

Alternatively, employees may be granted permission to work from home in line with local policies and practice.

## **7. Evidence of status as a close contact**

WA Health considers a [close contact](#) to be "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."

Where an employee informs their manager if they become a close contact, it may be reasonable in some circumstances for the line manager to request evidence of their close contact status. Evidence may include the forms of evidence listed at section 5 of this Guidance Note.

The line manager may opt not to request for evidence if they are satisfied the employee is a close contact.

If an employee is granted permission to work there is no requirement for evidence to be provided.



## 8. 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 6/2020 (revised 13 October 2022) and IPC Guidelines (version 16, revised 3 November 2022).

As at the time of publication there are no longer any current [directions](#) issued pursuant to the *Emergency Management Act 2005* (WA) which impact on testing and isolation and therefore upon entitlements to COVID-19 leave.

## 9. Resources

WA Health information:

- [Chief Health Officer Advice](#)
- [COVID-19 Testing](#)
- [COVID-19 case and contacts](#)
- [COVID-19 in the workplace – Information for employers and employees](#)
- [COVID-19 Vaccination Program and Mandatory Vaccination Policy](#)
- [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.



**COVID-19 Transition Recommendations – Healthcare worker (HCW) testing**

*IPC Guidelines as at 3 November 2022*

<b>Symptomatic</b>	<ul style="list-style-type: none"> <li>• If COVID-19 symptoms develop undertake a RAT immediately (unless within 35 days of last positive COVID-19 result).</li> <li>• If RAT positive:             <ul style="list-style-type: none"> <li>○ Exclude from workplace for seven full days of being identified as a case</li> <li>○ Stay home until well (i.e. afebrile for 24hrs and resolution of acute symptoms), manage as appropriate and seek medical assistance if needed.</li> </ul> </li> <li>• HCWs who have recovered from COVID-19 and develop new acute respiratory symptoms, refer to section below - Recent cases.</li> <li>• If exposed to COVID-19 in the workplace, manage as per the DOH WA COVID-19 Infection Prevention and Control in WA HCF guidelines.</li> </ul>
<b>Asymptomatic and ongoing surveillance</b>	<ul style="list-style-type: none"> <li>• No testing required for asymptomatic HCWs.</li> </ul>
<b>Close contacts</b>	<ul style="list-style-type: none"> <li>• Asymptomatic close contacts must advise their Employer that they are a close contact and receive confirmation from their Employer that they can attend work. If agreed, the HCW must return a daily negative RAT, actively monitor for symptoms and wear a surgical mask at a minimum when at work. If the HCW develops symptoms they must leave the workplace and return home immediately and undertake COVID-19 testing (RAT or PCR).</li> <li>• The Employer will determine if asymptomatic HCWs should attend work based on an individual risk assessment i.e. is eligible to work from home or is not approved to attend work.</li> </ul>
<b>Recent cases</b>	<ul style="list-style-type: none"> <li>• If after the COVID-19 exclusion period has finished, and there is substantial resolution of acute respiratory symptoms and no fever for 24 hours without the use of fever reducing medications, HCW can attend work. However, HCWs cannot attend work within 7 complete days after returning a positive test.</li> <li>• If new acute respiratory symptoms develop after the exclusion period ends, stay home, no routine testing and seek medical care if needed.</li> <li>• Recent cases who are within 35 days of their last positive COVID-19 result do not require COVID-19 testing unless local HSP/hospital policies apply, or assessed by a clinician that testing is necessary.</li> </ul>



**COVID-19 LEAVE MATRIX**

Employee circumstance	Leave	Reference
<b>Illness</b>		
Tests positive for COVID-19	<p>COVID-19 leave – up to 20 days</p> <ul style="list-style-type: none"><li>• <u>Frontline health workers</u> – Additional COVID-19 leave is automatically granted up to a further 20 days.</li><li>• <u>Non-frontline employees</u> - Additional COVID-19 leave up to a further 20 days can be approved in compelling circumstances on a case-by-case basis, subject to criteria in section 4 and Attachment C of this Guidance Note. Where additional leave is not approved, sick or personal leave may be accessed.</li></ul> <p>COVID-19 leave in excess of 40 days in total is only to be approved in exceptional circumstances at the discretion of the Employer or their delegate.</p> <p>Where an employee is excluded from the workplace for longer than 7 days due to persistence of COVID-19 symptoms, COVID-19 leave is accessible for the entire period of exclusion. The IPC Guidelines advise employees who have tested positive for COVID-19 must stay home until well.</p>	<p>Clauses 2.1 and 2.2 of <a href="#">Circular 6/2020</a></p> <p><a href="#">IPC Guidelines</a></p>
Experiences an adverse vaccine reaction	<p>COVID-19 leave – Maximum 20 days total.</p> <p>Sick or personal leave may be accessed once COVID-19 leave is exhausted.</p>	<p>Clause 2.3 of <a href="#">Circular 6/2020</a></p>



<p>Unwell with COVID-19 symptoms</p>	<p>Sick or personal leave may be accessed before testing for COVID-19.</p> <p>Employees who undertake a PCR test may access COVID-19 leave:</p> <ul style="list-style-type: none"><li>• for the time they are present at a COVID-19 testing facility; and</li><li>• while awaiting the results of a PCR test if they cannot work remotely.</li></ul> <p>Pursuant to Circular 6/2020, COVID-19 leave may be accessed in the PCR testing circumstances outlined above even if the initial 20 days has been exhausted.</p> <p>An employee may take sick or personal leave if test results are negative but the employee requires further time off. Employees should remain away from the workplace until symptoms resolve.</p> <p>See “Tests positive for COVID-19” if test result is positive.</p>	<p>Clause 3.1 of <a href="#">Circular 6/2020</a></p> <p><a href="#">IPC Guidelines</a></p>
<p>Diagnosed with “Long COVID”</p>	<p>Personal or sick leave may 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”.</p> <p>Notwithstanding, Employer discretion may be exercised to grant additional COVID-19 leave in compelling circumstances, as provided in this Guidance Note and Circular 6/2020.</p>	<p>N/A</p>
<p><b>Exclusion from the workplace due to exposure or potential exposure</b></p>		
<p>Symptomatic close contact</p>	<p>See “Unwell with COVID-19 symptoms”.</p> <p>If an employee who is a symptomatic close contact continues to test negative for COVID-19 and symptoms resolve within 7 days of becoming a close contact, they become an asymptomatic close contact and:</p> <ul style="list-style-type: none"><li>• may work from home where operationally viable, consistent with local policies and procedures; or</li><li>• should seek permission from their manager to attend work.</li></ul> <p>If approval to attend work is not granted, see “Asymptomatic close contact who is instructed by the Employer or their delegate not to attend work”.</p>	<p>N/A</p>





<p>Asymptomatic close contact who is instructed by the Employer or their delegate not to attend work</p>	<p>Asymptomatic close contacts are able to attend work, subject to informing their manager if they become a <a href="#">close contact</a> and seeking their manager's permission before attending work, in accordance with the IPC Guidelines.</p> <p>Where an employee has advised their Employer they are a close contact, and the Employer has advised the employee not to attend work following an individual risk assessment, the employee:</p> <ul style="list-style-type: none"><li>• may work from home where operationally viable, consistent with local policies and procedures; or</li><li>• will be excluded from the workplace, and will be entitled to full pay for the period they are absent from work given they are ready, willing and able to work.</li></ul> <p>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.</p> <p>Arrangements for asymptomatic close contacts who are reluctant to attend work should be assessed on a case by case basis.</p>	<p><a href="#">IPC Guidelines</a></p>
<p><b>Caring responsibilities</b></p>		
<p>Caring for a person who has tested positive to COVID-19</p>	<p>As set out above, an asymptomatic close contact may attend work with permission from their Employer. If permission to attend work is not granted, an employee will be excluded from the workplace on full pay - see "Asymptomatic close contact who is instructed by Employer or their delegate not to attend work." In such cases, the employee may incidentally be caring for a close contact whilst at home on full pay.</p> <p>If the Employer grants a close contact employee permission to work and/or the employee requests time off work to care for a person who has tested positive for COVID-19, the employee may access personal/carer's leave. COVID-19 leave may be accessed if no personal/carer's leave entitlements are available – maximum 20 days.</p> <p>Where an employee does not meet the definition of <a href="#">close contact</a>, the employee may access personal/carer's leave. COVID-19 leave may be accessed if no personal/carer's leave entitlements are available – maximum 20 days.</p>	<p>Clause 4 of <a href="#">Circular 6/2020</a></p>



<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 person whose other care arrangements are unavailable because of COVID-19</p>	<p>Personal/carer’s leave applies.</p> <p>If no personal/carer’s leave available, COVID-19 leave – maximum 20 days.</p>	<p>Clause 4 of <a href="#">Circular 6/2020</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>



**ATTACHMENT C**

**ADDITIONAL COVID-19 LEAVE GUIDELINES**

Category	Occupational group	Criteria for access to additional leave	Maximum entitlement
<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 18.5(a) of the WA Health System – HSUWA – PACTS Industrial Agreement 2020.<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, social workers and allied health assistants.</li> </ul>	<p>Employee has exhausted 20 days COVID-19 leave</p> <p style="text-align: center;"><b>- and -</b></p> <p>Employee not attending work due to testing positive to COVID-19.</p>	<p>Original entitlement – 20 days.</p> <p>Additional (automatic access) – 20 days.</p> <p>Leave beyond the 40 days only granted in exceptional circumstances at the discretion of the Employer or delegate.</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>	<p>Employee has exhausted 20 days COVID-19 leave</p> <p style="text-align: center;"><b>- and -</b></p> <p>Employee not attending work due to testing positive to COVID-19</p> <p style="text-align: center;"><b>- and -</b></p> <p>Employee cannot, or is not approved to, work from home</p> <p style="text-align: center;"><b>- and -</b></p> <p>Employee is likely to have contracted COVID-19 in the course of performing their duties or there are compassionate grounds for granting additional leave.</p>	<p>Original entitlement – 20 days.</p> <p>Additional (discretionary) – 20 days.</p> <p>Leave beyond the 40 days only granted in exceptional circumstances at the discretion of the Employer or delegate.</p>

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