



Health Services Union of Western Australia  
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Hon Amber-Jade Sanderson  
Minister for Health; Mental Health  
5th Floor, Dumas House  
2 Havelock St  
West Perth WA 6005

By email only: [minister.sanderson@dpc.wa.gov.au](mailto:minister.sanderson@dpc.wa.gov.au)

Dear Minister Sanderson

### **Health Services Union of WA - members safety and staffing risks**

HSUWA is writing in relation to the COVID-19 health crisis unfolding across Australia and the State Government's planned re-opening of the Western Australian border from 5 February 2022. As you know, our members in health are trusted and respected health professionals in our community and provide critical clinical, administrative and technical expertise across public and private health services.

We write to set out the assurances we believe need to be given to the State's health workers before the border re-opens given the explosion of transmission and cases being experienced in every other part of the country.

The explosion of cases and speed of change and adaptation required in response to the Omicron variant has brought health systems to various levels of crisis. In addition to the preparation already underway, the State must also prepare for a similar rapid increase in cases and learn from the other jurisdictions hard lessons about how to best protect and support health workers. We are extremely concerned that the 5 February date will not allow enough time given the changed circumstances and that the State Government has not yet shared information or sought consultation about preparedness with HSUWA.

#### *Preparation*

We understand the modelling and the health system preparation underway, following the WA Government's announced Safe Transition Plan (on 5 November 2021) needs significant and ongoing review following the outbreak of the Omicron variant. Under the existing modelling in the first 12-months from the commencement of community transmission (at 90% vaccination rates) there was an estimate of 43,408 cases in WA. In one week 13 to 19 January 2022 SA has recorded 27,537 cases. Hospitalisations, General and ICU, and

mortality rates are consequentially also likely to be significantly higher in WA than the modelling behind the State Transition Plan predicted.

HSUWA met with most public Health Services Providers (**HSPs**) and Private Hospital operators before Christmas to understand their level of planning to reduce staff infection and prepare for the increased demand for services. As the pathology union, we have also been in communications with the three large private pathology companies. There was a great deal of work underway, however we observed a lack of consistency and clarity around communication and workforce safety. We consider critical structures and support and information systems still need to be established in WA, particularly because of our decentralised health system.

Amongst the significant number of issues and levels of controls needed across services to reduce risks for workers, we have focused here on priority items based on member concerns and the dangerous crisis conditions our health union colleagues in the Eastern States are experiencing due to short staffing.

We seek the State Government's immediate response and assurances to each to these identified items as soon as possible and in advance of any re-opening.

## **SAFETY**

All staff in WA hospital and health settings (including community health, mental health and pathology) will be provided with:

- A. Fit tested **N95 masks** and appropriate **PPE**
- B. Safe indoor **ventilation**, air monitoring and filters as needed
- C. Priority access to **PCR testing** and results
- D. Free **Rapid Antigen Tests** when and where appropriate
- E. **Clear safety protocols and an understanding of the relevant escalation plans** as COVID-19 cases rise rapidly
- F. Extra **security** to protect workers as needed – especially where testing and screening
- G. Confirmation that **working from home** arrangements will be actively supported and set up prior to the border opening wherever possible (We note the public health

system in WA has been reluctant to facilitate this – a position that is untenable and unsafe for the coming months)

## PAY

To recognise high-risk work and the need to keep up staffing levels, there will be:

- H. A broad-based **Health Worker Surge Support Allowance** to incentivise **greater workforce retention and participation**

A commitment to an allowance based on the working environment will be critical to workforce retention in the months ahead. A commitment to health workers now will help sure up confidence that they will be supported. This should happen now and not when there is already a crisis, learning from the Eastern State's experience.

- I. **Paid Special Leave** (or a form of COVID Leave) for all reasonable periods of time where a health worker is required to take time off for:
- vaccination;
  - vaccination recovery;
  - isolation; and
  - COVID-19 sickness.

Leave for these purposes should be separate to personal leave. Isolation periods will be required, for testing, close contact and sickness with COVID-19 due to the high likelihood of exposure. Health workers should know in advance that they will be fully supported and not lose financially or their existing conditions in these circumstances, where they take on such high work risk and our lives depend on their expertise being available.

## WORKFORCE

To manage the coming staffing crisis and support the critical health workforce:

- J. **Casual or fixed term contracts employees will be converted to permanent employment.** New staff will be engaged on a permanent basis unless exceptional circumstances apply

Secure jobs will help secure critical workers.

Public sector employees who have met the length of service criterion contained within the HSUWA Union Agreement should be converted to permanency. It is shocking that over 30% of more than 18,000 HSUWA covered public health positions are fixed term or casual, after all this time and when workforce continuity and retention is so important. In the last week Allied Health clinicians at a Perth tertiary hospital were still being engaged on casual contracts.

- K. Scenario planning of **staffing shortages** will be prepared with urgent redeployment, transfers (of duties and locations including across sectors) and changes to scope of practice considered and planned

On the run decision making, directing staff to duties they have little or no training in, is occurring in the Eastern States to deal with demand. Escalation triggers have not been clearly understood nor who the decision makers are. Staff who are registered practitioners particularly need to be assured that any duties directed to perform in a crisis will not affect their personal professional registration.

As the State's largest pathology provider and state-wide service, we recommend an urgent enquiry into staffing and resources at PathWest to cope with the surge in demand related to Omicron.

- L. Regular breaks, shift lengths, overtime/call backs, consecutive days of work will be monitored and managed to ensure health workers are best protected from **fatigue** and burnout. The escalation process of fatigue concerns is clear and understood.

The procedure and responsibility for the above at each employer must be clear. Real time workforce data, including shift staffing shortfalls should be monitored and reported in relevant summary to the Health Minister and relevant unions.

- M. Employees will have access to a range of free **mental health supports**

- N. **Parking** will be made free and accessible for health workers when they attend work

## COMMUNICATION

To recognise that a co-ordinated response needs a co-ordinated system there will be:

- O. Clear and structured **communication channels** set up and the transparent sharing of information without delay across the health system

The decentralised WA health system has a poor track record on communication. There is a tendency to not reach out and share information to unions or across various employers.

Ad hoc improvements over the past two years are not consistent. There is no structured forum for the sharing of information between key stakeholders and the mainstream media is often used instead. In our view uncertainty and distrust is often the result from this approach rather than collaboration. HSUWA aims for proactive and constructive engagement to best support its members. We note that in other jurisdictions the Health Minister has taken a leading role in communications across the many important stakeholder groups, including unions, to best manage and co-ordinate the response. We strongly recommend that you do this.

**P. Every effort will be made to **consult** to make better decisions and reduce mistakes**

Consistent terminology and clarity about policy development and changes (who and process) are needed. Our experience is that drafts circulated for feedback before being finalised (often very quickly) are clearer, fairer and more effective. We strongly recommend that the structures needed for these issues be considered and set up now and unions are included.

Clearly delegated decision making should be established now to improve efficiency and avoid the delay and bottlenecks that come with the current system of the highest levels of authority often being required.

We are extremely disappointed at the lack of consultation about contact management and furlough and that new modelling has not been shared. We have no sense of what key metrics the State Government will track in Health to understand what is happening to the workforce. Weeks before the border re-opening, this is extremely concerning.

We can only assume that other initiatives underway on the East Coast such as daily health attestations and frontline health worker hotel accommodation are being considered.

### *Next Steps*

Our members are already working in an under resourced and stretched health system. They have a fair idea of what is about to happen and they are seriously worried about how they will work safely and be protected.

We are particularly concerned about how the private sector will support the public sector. Private pathology testing capacity fell over first in the Eastern States. We would like to



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understand how we can engage with the State Government and key stakeholders particularly so that we can talk to our members with certainty about what is planned and how we are working to best support them.

HSUWA is committed to the safety of its members. The State Government has done a great job - proactively and responsibly protecting the Western Australian community over the past two years. We urge you to use the time the State Government wisely took in setting a re-opening date weeks after the Eastern States, to take every step available to sure up the safety and retention of the health workforce.

We look forward to your response and talking with you soon.

Yours sincerely

Naomi McCrae  
Secretary  
HSUWA

*cc: [dgcorrespondence@health.wa.gov.au](mailto:dgcorrespondence@health.wa.gov.au)*