



MAKING WORK

COVID-SAFE:

A better plan for a safe transition.

ACTU

**SECURE
JOBS.**
WORTH FIGHTING FOR

As Australia's two largest states commence the removal of the last of their public health restrictions the country is moving to a new phase in managing the pandemic. One where the severity of the risk created by Covid-19 has been reduced by vaccines – but not removed – and where lockdowns will hopefully be a thing of the past. Covid case numbers are likely to rise, workers will still need to be tested and isolate, businesses will face continuing density limits or limits on trading and our health system is likely to face a greater level of demand than at any time since the pandemic started.

In this new reality COVID will transmit in the community with little restriction. People will become ill, and many will need treatment in hospital. Some will die. In addition to this, businesses and workers will face disruption and lost income as we deal with workplace outbreaks as we transition to COVID becoming endemic in Australia.

How significant the disruptions are, and how overwhelmed our health and hospital system becomes will depend on how prepared we are. This should look like:

1. All workers having strong, effective and enforceable COVID Safe practices in their workplace
2. workers have the right to safely test, isolate and quarantine where necessary without loss of income or job security.
3. proper income support for workers and businesses that are impacted by COVID – both directly from local outbreaks and responding public health measures and indirectly where their sector is impacted.
4. A health system, with adequate funding, prepared and ready to deal with the anticipated increases in case numbers.

We are not prepared for these realities. Lack of action or insufficient action from the Federal Government means that many workers will return to work with no unified national set of requirements to keep them safe from Covid-19. Workers will often have to choose between a Covid test and a loss of income and when restrictions impact on business both workers and business will be worse off. Perhaps most dangerously, our health system is weighed down by an ineffective and unfair funding system which means it simply isn't prepared for what is coming – despite the best efforts of the health workforce. There's still time to take action but time is running out.

1. Safe, COVID Aware workplaces

Every worker has the right to safe and healthy work and that includes work where the risk of transmission of COVID has been reduced to as low a level as practicable. Unfortunately, COVID safe work practices have been an afterthought throughout the pandemic. The failure to address key risks such as ventilation has left workers exposed to the virus and seen case numbers soar in workplaces across the community. The absence of specific, enforceable health and safety measures with respect to COVID remains a significant gap in our defences.


Employers have a duty to ensure the health and safety of workers. This means identifying risks, including COVID risks, and consulting workers about their plan to manage these. As we move to transition to COVID transmitting, unabated in every state employers must have a plan and implement all reasonably practicable measures.

Vaccines are a critical public health tool in protecting people from serious illness and death and workers should be encouraged and assisted to get vaccinated, such as providing paid vaccination leave. However, whilst vaccines reduce the likelihood of serious illness and death they do not eliminate COVID, and many fully vaccinated people will contract and transmit the virus to others and as we move to open up and cases rise we will see transmission amongst vaccinated people increase and the workplace will be a key location of transmission.

Whether it be the Morrison Government's failure on vaccines or their inability to manage the quarantining of returning Australians the response to COVID has been riddled with botches and failures. One great failure that has occurred both in Australia and elsewhere has been the ignorance of the airborne transmission of COVID.

COVID, like many other airborne pathogens thrives in poorly ventilated spaces. **Employers must take action to assess, and if need improve, the ventilation of workplaces.** This includes opening windows, using air-conditioning systems to introduce fresh air and investing in air filtration systems. These will not only reduce COVID risks they will reduce the transmission of other airborne pathogens such as seasonal influenza. These sorts of changes will reduce sickness and increase productivity overall.

One of the most effective ways to keep workplaces free from COVID is to introduce Rapid Antigen Tests (RATs). Like with vaccines Australia has been a laggard when it comes to adopting these tests which have been in widespread use overseas for many months and when introduced in consultation with workers and their unions is a powerful weapon to keep workplaces safe. These tests, which allow workers to test in their home, are highly accurate at detecting infectious people and can play an important role in preventing COVID from being introduced into the working environment. **RATs must be rolled out in workplaces as we go through the transition and the Federal Government must assist with subsidies for small and medium businesses.**



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2. Isolation Leave and Pay

When a worker is told to take a test for Covid-19, or told they need to isolate due to their exposure to the virus, their first thought should never be 'How am I going to afford this?'. To control the virus and keep our workplaces safe, we need to ensure that no worker is left worse off because of their need to take a Covid test or to isolate. We have seen throughout this pandemic the undermining of public health restrictions because the economic burden falls on workers. **This means a universal entitlement to time off work for workers required to take tests or isolate, backed up by a payment which ensures workers don't lose a single dollar for the time they're unable to work.**

Workers must feel they are able to take tests when required and to isolate when directed to do so. It's not just critical for their health and safety, but for the health and safety of the entire community. The modelling that we rely on to keep us all safe agree on one thing: people, including vaccinated people, taking tests and isolating is needed for keeping cases to a minimum. The Burnet Institute modelling for the Victorian Government says that high rates

of testing as we open up may lead to much more manageable demands on the health system. The Doherty Institute modelling, used by the national cabinet, says that maintaining a rapid and highly effective testing and isolation system is critical for ongoing control of the Covid-19 pandemic.

Instead of ensuring that all workers have access to an easy, no-downside system of isolation leave and pay, the Government has created a complex and inadequate system that leaves workers confused, unsure and worse off. Testing leave has been left entirely up to the states, so in some states workers can receive a small payment if they have to isolate to take a test (like in Victoria and the ACT) but in others they can't. Even in the states where they can, if the test is positive and they need to isolate then they're eligible for a different, larger, Federal Government payment but you can't get that payment AND the state payment so you're forced to wait for your test result before claiming a payment – leaving you worse off in the meantime. Even when workers do qualify for the larger payment, it falls short of the full-time minimum wage (\$1500 for a fortnight), let alone replacement income meaning that most workers are worse off. As a result many workers are electing to take annual leave to make ends meet. The effect of this is that as workers are instructed that they need to isolate their leave balances are being wiped out and for those in insecure work they face significant pay cuts. Workers should never have to choose between their financial security and taking a test or isolating – but this is exactly what the Federal Government has forced them to do. **The Morrison Government must ensure that no worker suffers a loss pay or accrued leave in order to test, isolate and quarantine.**



Case Study 1 – Marcie

Marcie is a disability worker in NSW, working one-to-one with clients in a group home. She has been working in disability for nearly two years, after making a career change from hospitality. When asked about working in the sector she describes it as “a calling” and said that she considers her main job “to give people the best day they can possibly have”.

When, in mid-2021, Marcie’s daughter began showing cold and flu symptoms she immediately took her to get tested. Working with vulnerable people every day like she does, she is very careful to get tested whenever symptoms appear – she knows that people with a disability can’t risk becoming infected. In fact, Marcie has needed to take so many tests and wait for their results during the pandemic that she has already used all her paid sick days this year – mostly to wait for Covid test results.

This time, due to a large number of people in her area getting tested at the same time, Marcie had to wait several days to get her results. Every day she called in sick, taking unpaid sick leave, ‘just for the next day’ because she didn’t know when her results would come. Every day not at work meant loss of income.

In the end Marcie missed 7 days of paid work, including overtime and weekend shifts. This meant she lost nearly \$1000 in income that week – forcing her to use her savings for expenses such as rent and bills. Those savings were meant to be for a house deposit. Using them caused her bank to question her financial stability – potentially making it harder to get a loan. Being forced to take unpaid time off at short notice might also limit Marcie’s ability to continue to be allocated overtime shifts as these usually go to people who’ve worked overtime the previous week – again threatening her ability to pay bills and save some money towards a house.

Short-notice unpaid leave also impacts on the clients Marcie loves working with. She and the other workers at the home build a strong rapport and good relationships with the clients. When someone is off sick on short notice it means strangers - workers from an agency - are brought in to cover. This can upset clients and make other workers’ jobs harder.

Marcie needed access to paid isolation leave. Without it, doing the right thing and choosing the safety of her clients over her own financial security cost her a thousand dollars and impacted negatively on clients and other workers. She should never have needed to make that choice.

Income Support

The impact of Covid-19 on business and employment is likely to decrease over the next few months. It is not, however, going to go away completely. This will be especially true in particular industries that have continuing public health restrictions or are at risk of some level of restrictions being reinstated. **That why we're calling on the Federal Government to reintroduce meaningful support for workers and businesses affected by ongoing restrictions. The payment should be at least equal to that of JobKeeper and should, like JobKeeper, keep employers and employees connected to one-another.** The payment would need to be carefully designed and monitored, unlike JobKeeper, to ensure it only went to those businesses who actually needed it – but this isn't a reason to leave workers and business vulnerable going forward.

Ongoing support for workers and business is needed because an end to harsh lockdowns will not mean an end to restrictions which affect businesses' ability to function and workers ability to work and earn a living. There are going to be many businesses, particularly in the hospitality, tourism and entertainment sectors that are going to continue to be subject to density restrictions, distancing requirements and overall lower customer numbers due to border restrictions. The Accommodation and food services industry continued to be the most impacted across the pandemic, with jobs falling 23.8 per cent below the pre-pandemic level by mid-September 2021. There are also going to be businesses in other sectors who are still recovering from the economic impact of lockdowns – they won't be able to immediately bring all their employees back or offer full hours. Business and workers are going to need ongoing, reliable, adequate support.

The Government is not providing, ongoing, reliable, adequate support. The Government's best attempt is the Covid-19 Disaster Payment, which has a number of serious flaws. Firstly, the payment is delivered through Services Australia – like an unemployment payment – rather than through the employer like JobKeeper. This gives an employer no incentive to keep staff on the books – which means workers are less likely to easily get back to work when restrictions change. The result is that post lockdown, employers are now forced to scramble for new staff in some sectors, while in other sectors employers have failed to pick up workers they previously let go. The Covid-19 Disaster Payment also, like the isolation payment, pays below minimum wage. In fact, average weekly full-time earnings are more than twice the CDP – meaning that most workers who are receiving it are losing money. Unions have heard that many workers are taking their annual leave rather than rely on this payment because it simply won't cover their living expenses. Additionally, the payment is very closely tied to specific locations – meaning that if your work isn't directly in the area covered but is still affected by restrictions (a tourist destination that receives no visitors as the nearby city is locked down for example) you're not eligible for assistance. The worst feature of the Covid-19 Disaster Payment is that it has been scrapped. The Government has decided to phase the payment out as states reach the 80% double-vaccinated threshold – despite the fact that all the modelling and planning shows that the restrictions outlined above are going to continue to impact on working people after that date. Approximately 2 million Australians have received government support during the latest lockdowns in NSW, Victoria and the ACT. It's estimated that about 1.5 million workers are either unemployed, working zero hours, have lost hours or have left the labour market entirely right now due to the pandemic. Previous experience has shown that many of these workers won't see their jobs reappear overnight – they are going to need assistance just as the Government rips it away.

Case Study 2 – Hilary

In 2020 my photography work stopped completely. I moved in with my mother (she's in her 80's) and didn't claim any government benefits. I live in Queanbeyan and all my work is in Canberra and when the ACT went into lockdown because I lived in New South Wales I lost my work across the border. It was like we were a forgotten place.

When the first week (of the recent lockdown happened) all my work stopped. I'm a freelancer and applied for the COVID Disaster Payment. That \$750, oh my god, it was a lifesaver. I remember going to Woolies and thinking - I can actually buy food for my son and I, there's money in my account."

'I'm 58, I'm coming to the end of my career. I've been really worried what's going to happen.

I do get child support from my ex-husband. So, with that and the Disaster payment I could pay all my bills. I had to deal with my mortgage and have enough money to pay the rates and stuff like that.

Last week I was absolutely panicking. My mum offered to lend me money, but I don't want charity. I just want to be able to go and buy food and make sure the electricity and gas get paid.

I know that women of my age are in danger of homelessness. I'm divorced. I have very little Super. I have a 17-year-old son who lives with me. And I work hard, very hard.

Every day I check my bank account. When I got to the supermarket and my card is rejected because there's not enough money in my account, I hate that. It's so embarrassing.

While lockdowns have ended my work just hasn't returned. I've had one job in the past 3 weeks. I've looked for other work, but it is hard. I don't expect my work to pick up until at least February next year when my clients return from the summer break. I really don't know what I am going to do. (BM: I rang up Hilary previously and asked her these additional points).

3. Health Funding

There have been more people in hospital, in ICU and on ventilators in this opening up phase than at anytime since the start of the pandemic. In October 2021 there were 200 fewer ICU beds in Australia than when we first went into lockdown 18 months ago. Our hospital system has so far weathered the pandemic, largely due to the hard and dedicated work of our health workforce and the work done by the rest of us to keep case numbers manageable. But as we open up and cases inevitably increase, our hospitals and our health workers are likely to be tested as they never have before. Disturbingly, as we open up the Morrison Government is refusing to meet its previous commitments to share (50/50) of the health costs of managing COVID. Our health system is our last line of defence and health workers have been working tirelessly to keep us safe. In addition to this, the Commonwealth Government's failure in relation to NDIS and Aged Care means that hospital capacity is being further constrained. We need to ensure we are providing them with the resources they need by reforming our health funding system to ensure there is:

- **A recognition of the ongoing impact of Covid-19.** The Commonwealth must continue to pay 50% of the cost of managing Covid and not return to paying 45% as they plan to do.
- **Removal of artificial caps on spending growth.** The 6.5 per cent cap on spending annual growth must be removed. The Commonwealth should also return to the previous method for calculating funding increases – focussing on the cost of delivering health services.
- **Workforce planning and funding.** Prior to Covid-19, demand for workers in the health sector was projected to grow 14.9% over the next five years. This is only likely to become a more critical requirement going forward. Australia needs a plan for a bigger, well-trained, secure and well-paid health workforce.
- **Improved funding for NDIS and Aged Care** to ensure hospital capacity is improved to deal with anticipated case number.

We need to fix our health funding system because despite the fact that the first stages of the pandemic saw states like NSW and Victoria pouring hundreds of millions of extra dollars a month, matched by the Commonwealth, into their health systems – the most expensive part of the pandemic (for hospitals) could be about to hit. Infection control measures will still need to be maintained, extra staff will still be required, PPE use will increase, testing regimes for staff will be no less stringent, extra beds will still be needed in case of outbreaks and vaccination hubs will still need to be operated. Additionally, demand for mental health support is likely to increase as restrictions ease, as are demands for elective surgeries and other procedures that have been put off or become necessary. Resources like beds in hospitals and spaces in emergency rooms were already in short supply. Worker fatigue due to long hours and insufficient staffing and turnover of qualified, hard-to-replace health workers were already at crisis points long before the first Covid-19 case arrived in Australia. The reality is that hospital systems in many states were already struggling with lower funding and increased demand even prior to the pandemic. Hospital system crises in Covid-zero states like Queensland and South Australia have clearly demonstrated the fragile nature our system.

Hospitals are likely to need even more resources and funding as we open up but the funding agreement between the states and the Federal Government - that the Federal Government would cover 50% of the costs of Covid as opposed to the 45% of health costs they lowered it to in 2014 - expires long before the true costs of the pandemic have been met. When the states are forced back on the old funding system, where the Commonwealth pays less than its share and where cost increases, which are likely to be large due to the factors outlined above, are not covered due to caps on spending the Federal Government imposes, the system will struggle to meet demand. Worse, hospitals will be left with a deferred payment model, where you get paid next year for costs you incurred last year – meaning that their budgets simply won't be enough.

Case Study 3 – John

“John” is a radiographer at a large hospital in inner Melbourne. His workplace has one of the city’s biggest COVID-19 wards.. Due to workforce capacity pressures, allied health professionals like John must work with COVID-19 and non COVID-19 patients while he carries out diagnostic testing and imaging. There are not enough of staff, or the equipment needed for their work, to completely separate them. This has meant that John often has to “test and isolate” due to potential exposure to the virus. He has not himself ever contracted SARS-COV-2.

As John is employed on a full-time contract, he has accrued personal leave entitlements. Early in the pandemic and at intermittent times during, there have been small leave payments offered to him, in addition to his personal leave, by his employer for isolation periods. However, as the pandemic has continued and this funding has not been adequate or steady, he has most often had to isolate using his sick leave or without any paid leave. This has become an increasing issue over Melbourne’s recent lengthy lockdown.

John’s employer has offered him 2 days paid pandemic leave but in exchange for a reduction in his personal leave of up to 7 days per annum. This means that the benefit of the paid leave for test and isolate requirements is offset by a 70% reduction in his paid personal leave. As John is fit for work during these periods, it also means he is giving up paid sick leave when he is not unwell. Given the frequency of having to test and isolate, and the reality that this is only going to increase as lockdowns ease and transmission and cases spike, John will not be any better off with this scheme. John is worried that he will contract COVID-19 or as the next influenza season arrives he will develop a cold, flu or like symptoms and require his sick leave when he is actually unwell, but won’t have enough left in his leave balance.

John and his colleagues recently outlined these concerns to his employer. Shortly after, they removed the offer of any paid pandemic leave for test and isolate and instead introduced a ‘Vax2TheMax’ program. This provides one day of extra Annual Leave upon evidence that the employee has had two doses of COVID-19 vaccination. Employees were instructed to use personal leave or unpaid leave for test and isolate requirements.

John was advised by his employer that there is simply not enough money available for them to continue furloughing staff during test and isolate periods. John accepts this reasoning as over the past 20 months, he has watched the hospital work at stretched staffing and resource capacity. He understands it is only going to get worse and there are only so many staff, amounts of PPE, and other equipment to go around. John and many of his colleagues understand they will have to accept testing and isolating without additional paid leave, only because they know that if they don’t, there will be no staff left to help their patients and keep the hospital running.