

Nurses and midwives

COVID-19 industrial relations principles

The Director-General, Queensland Health, with the endorsement of the health unions, has launched the COVID-19 industrial relations principles. The principles, outlined below, will be used to provide clarity and certainty for employees in relation to key aspects of the industrial framework during the response to the COVID-19 pandemic.

The principles will ensure Queensland Health continues to provide safe work environments for employees and the best healthcare to Queenslanders.

The six principles are:

1. The health and safety of our workforce is paramount
2. Employees will be asked to work only within their scope of practice
3. Flexibility is vital to our response
4. Respectful and rapid consultation about temporary changes is required
5. Existing industrial entitlements will be maintained
6. All changes are temporary.

The above principles apply across all Queensland Health employees.

This supplementary guideline, developed in collaboration with the Queensland Nurses and Midwives' Union (QNMU), relates particularly to nurses and midwives and outlines how the principles will apply to nurses and midwives during the COVID-19 pandemic response.

1. The health and safety of our workforce is paramount

- Maintaining the health and wellbeing of the Queensland Health workforce is critical to the COVID-19 pandemic response. All provisions of the *Work Health and Safety Act 2011* and regulations continue to apply.

a) Workload management

- Queensland Health and the QNMU have developed the *Nurses and midwives workload management guide*, which outlines how the six principles will apply to the management of workload matters during the COVID-19 pandemic response. The principles overlay the existing workload management processes set out in the *Nurses and Midwives (Queensland Health) Award – State 2015* and the *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB10) 2018*.
- The [Workload management guide](#) includes a streamlined approach to resolve workload concerns.

b) Personal Protective Equipment (PPE)

- No clinician will ever be asked to treat a patient with COVID-19 unless they have the appropriate PPE in accordance with the [interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings](#)

- The Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings must be adopted and followed for all Queensland Health employees, contractors (and their employees), agency staff etc. in relation to the need for, use of and type of PPE.
- It is critical that PPE is used wisely and in consideration with evidence
- Should employees have any concerns related to PPE it is appropriate that the usual escalation pathways relating to safety be followed. In the first instance, employees should raise concerns with their line managers.

c) Vulnerable employees

- Queensland Health acknowledges that particular employees may be at higher risk from the effects of COVID-19 due to existing health conditions and/or circumstances.
- The [COVID-19 vulnerable employee guideline](#) has been developed to support employees and managers to identify and manage vulnerable employees throughout the COVID-19 pandemic.
- The guideline sets out the obligations of both employees and line managers in the event that a staff member meets the definition of a vulnerable person.
- Queensland Health has also developed the [COVID-19 and pregnant staff guideline](#) to support the management of potential risks to pregnant staff during the COVID-19 pandemic.

d) Fatigue

- Fatigue is a common by-product of the 24-hour delivery of patient care and will be especially so in the COVID-19 pandemic.
- Every individual has a responsibility to manage the known risk of fatigue to themselves, colleagues and patients.
- Health services have a responsibility to ensure workplace fatigue is managed in a proactive manner while minimising effects and related risks on the workplace, employees, patients and others.
- Employees must speak to their manager and advise them if they are feeling fatigued to determine the best course of action.
- All relevant existing industrial entitlements relating to fatigue will continue to apply to employees. For example:
 - Where 12-hour shift arrangements are in place employees cannot work more than 12 hours, including any overtime.
 - There is no ability to shorten the 10-hour break when working under a 12-hour shift agreement.
 - Where 12-hour shift arrangements are not in place:
 - maximum shift length is up to 10 hours
 - limit of overtime to a maximum of 2–4 hours—maximum of 12-hour shift in 24 hours (e.g. where an employee is rostered to work an 8-hour shift they can work a maximum of 4 hours overtime, where an employee is rostered to work a 10-hour shift they can work a maximum of 2 hours overtime)

- Unless there is an 8-hour break agreement in place, employees are entitled to a minimum 10 hours break between consecutive shifts.
- Template 8-hour break agreements and 12-hour shift agreements can be located [here](#).
 - If a ward or work unit wishes to introduce a 12-hour shift agreement as part of the COVID-19 response, it must go through the existing process for making 12-hour shift agreements. However, the parties agree to facilitate a quick process to finalise them and put them in place. The parties have developed a COVID-19 response 12-hour shift agreement, which can be found [here](#).
- Managers can refer to the [best practice rostering guidelines](#) should they need any specific information in relation to shift design and work health and safety.
- The [Queensland Health Fatigue Risk Management System](#) resource pack includes tools to assist to identify and address employee fatigue.

2. Employees will be asked to work only within their scope of practice

- As part of the COVID-19 pandemic response, prioritisation and distribution of employees to meet service demand may be required, including allocation to work outside an employee's usual place of work.
- Managers should discuss deployment with employees, and where relevant groups of employees and their unions, to determine if they have the right skills and training to be deployed in other areas. Consultation with employees should occur in accordance with Principle 4 (below).
- Deployment should only occur to clinical areas where the nurse and/or midwife is able to safely practice in accordance with the Nursing and Midwifery Board of Australia (NMBA) professional standards and the individual's scope of practice.
- Managers must consider the needs of vulnerable employees when deployment occurs in accordance with the [COVID-19 vulnerable employee guideline](#).
- Nurses and midwives have a professional responsibility to work within their scope of practice and level of competence and must only undertake work that they are authorised, competent, confident and educated (ACCE) to perform.
- Managers must consider the needs of vulnerable employees when deployment occurs in accordance with the [COVID-19 vulnerable employee guideline](#).
- If an employee is concerned about their ability to practice appropriately or safely in another area, they should discuss their concerns with their line manager as soon as possible.

3. Flexibility is vital to our response

- Temporary changes to employment arrangements may be introduced as part of the COVID-19 pandemic response to meet the evolving demand on the health system.
- This may include the prioritisation and allocation of staff to perform additional tasks or work in alternative settings or locations.
- Managers will undertake respectful and rapid consultation with employees and relevant unions in accordance with Principle 4 (below).

- In planning for changes, due consideration must be given to balancing the requirement to continue essential services with the wellbeing and legitimate personal, family and community responsibilities of the employee.
- It may also include the cancellation or deferral of leave. Line managers should ask for volunteers to cancel or defer leave first before directing an employee to cancel or defer their leave. They must also consult with the affected employee/s in accordance with Principle 4 (below) before making this direction.
- Employees with flexible work arrangements to support childcare or family responsibilities are encouraged to discuss their circumstances with their manager to ensure that these arrangements can be taken into account when exploring deployment options.

4. Respectful and rapid consultation about temporary changes is required

- Respectful and rapid consultation must occur in relation to temporary changes implemented as part of the COVID-19 pandemic response. Usual consultation processes with employees and unions will be streamlined wherever possible to ensure employees are safe and Queenslanders are provided with the best possible care.
- Where there is a need to temporarily vary existing employment arrangements in order to maintain health service delivery, this will be done by agreement where practicable and can be done by verbal agreement with staff concerned. However, agreement must be in writing for the implementation of 12-hour shifts and 8-hour rest breaks. [Template agreements can be found here.](#)
- Wherever possible, managers should undertake early consultation with employees and unions to start planning their COVID-19 pandemic response. Early consultation will outline the reasons for any proposed temporary changes and to ascertain employees' personal, family and community responsibilities.
- As part of the early consultation, managers must ask employees what the impact of moving them to another location or shift would be and give them an opportunity to advise of any impacts.
- Based on this consultation with employees and unions, managers must make informed decisions about who may be deployed or have their shifts changed.
- Every effort will be made to provide employees with as much notice as possible if they are directed to work in another location or an alternative shift.

5. Existing industrial entitlements will be maintained

- Queensland Health will make every effort to ensure that the employment conditions of its employees are not adversely affected if employees are directed to work at alternative sites.
- If an employee is asked to undertake alternative work at a more junior level, their remuneration will not be impacted by such requests.
- If an employee is asked to undertake work at a higher classification, they will be entitled to be remunerated at the rate of the higher classification.
- Nurses and midwives are entitled to different leave entitlements depending on the service in which they are employed. If a nurse or midwife is deployed to an area that has different or lesser leave entitlements than their substantive position, there will be no

change to their normal leave entitlements during the temporary deployment as part of the COVID-19 pandemic response.

- Nothing in these principles will displace existing arrangements for midwifery group practices.
- All existing shift allowances and penalty entitlements prescribed in the relevant awards and certified agreements will continue to apply and be paid when worked.
- In the event that an employee is deployed to a role or location where they would not be in receipt of their usual shift allowances or penalty payments, consultation should occur to establish potential financial impacts to the employee. Wherever possible, such deployment should be done on a voluntary basis in the first instance.
- In addition to usual industrial entitlements, employees may also be entitled to additional entitlements provided in the [Nurses and Midwives \(Queensland Health and Department of Education\) Certified Agreement \(EB10\) 2018](#) such entitlements may include:
 - Disaster relief – clause 36: provision of meal and amenities for employees who are unable to leave their place of work and overtime for employees at nurse grade 10 and above as a result of a requirement to maintain clinical services.
 - Additional travel – clause 22: nurses and midwives may have additional entitlements where they are required to work away from their normal place of work.

6. All changes are temporary

- Any changes to existing employment arrangements (e.g. shift patterns) made as part of the COVID-19 pandemic response are of a temporary nature only and will be put in place to ensure flexibility in responding to the pressures on the health system during this time.
- The parties acknowledge that early and ongoing consultation and workforce planning is imperative in ensuring our workforce is equipped to respond flexibly to increased demand on the health system as a result of COVID-19.
- Where there is a need to temporarily vary existing employment arrangements in order to maintain health service delivery, this will be done by agreement where practicable and can be done by verbal agreement with staff concerned.
- Upon the cessation of the COVID-19 pandemic response, employee's ordinary arrangements will be restored, unless otherwise agreed by all parties (impacted employees, relevant unions and management).

Temporary arrangements should be reviewed quarterly to assess if they are still required. Collective arrangements should be reviewed by Nursing and Midwifery Consultative Forums (NaMCFs) and the Nursing and Midwifery Implementation Group (NaMIG) if necessary.

Individual temporary arrangements should also be reviewed quarterly by the employee and their line manager. However, if temporary arrangements are unsuitable for an employee, they can seek a review at any time.