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**Fair Work Commission - s 157 Variation Application**

**AM2020/18 - APPLICATIONS TO VARY THE  
SOCIAL, COMMUNITY, HOME CARE AND  
DISABILITY SERVICES INDUSTRY AWARD 2010**

**SUBMISSIONS**

**AUSTRALIAN BUSINESS INDUSTRIAL**

**- and -**

**THE NSW BUSINESS CHAMBER LTD**

**1 MAY 2020**

## 1. BACKGROUND

1.1 We represent Australian Business Industrial and the NSW Business Chamber Ltd (**Respondent**).

1.2 On 28 April 2020 a joint application was filed with the Fair Work Commission by:

- (a) The Australian Services Union (ASU);
- (b) The Health Services Union (HSU);
- (c) The United Workers Union (UWU); and
- (d) National Disability Services (NDS).

### **(Applicants)**

1.3 The Applicants sought expedition in the matter and directions were issued on 28 April 2020 in the following form:

- 1. *The Applicants file with the Commission any submission and evidence by 4:00 pm on Wednesday, 29 April 2020.*
- 2. *Any persons opposing the Applications file with the Commission any submissions and evidence by 4.00 pm, Friday 1 May 2020.*
- 3. *The matter be listed for hearing at 9.30 am on Monday, 4 May 2020.*
- 4. *All submissions and evidence is to be filed in Word format only and sent by email to chambers.ross.j@fwc.gov.au.*
- 5. *Liberty to apply.*

1.4 On 29 April 2020 the Applicants filed a written submission in support of the application and a statement of evidence of Mr David Moody CEO of NDS.

1.5 On 29 April 2020 the Respondent wrote to the Commission raising amongst other things concerns about the truncated time table arising from the Directions.

1.6 While the very unusual nature of the time table presents the Respondent with practical difficulties in dealing with this matter not the least of which is the lack of sufficient time to put on evidence in reply, given the spartan case put on by the Applicants, the Respondent has not sought an adjournment in the matter.

1.7 The inability of the Respondent to prepare and file an evidentiary case in reply should not be seen as an admission that no such case could be brought, but only that the truncated timeframe has made this exceptionally difficult. Should an adjournment present itself for any other reason, the Respondent would likely seek to use any provided time to prepare an evidentiary case in reply in the normal manner.

## 2. THE APPLICATION

2.1 The Application seeks to vary the Social, Community, Home Care and Disability Services Industry Award 2010 by introducing what is described as an Allowance in the following terms:

### **X.3 COVID-19 CARE ALLOWANCE**

- (a) *This clause applies to social and community services employees undertaking disability services work.*
- (b) *Where an employer requires an employee to work with a client who:*
  - (i) *is required by government or medical authorities to self-isolate in response to the COVID-19 Pandemic;*
  - (ii) *is required on the advice of a medical practitioner to self-isolate in response to the COVID-19 Pandemic;*
  - (iii) *the employer reasonably suspects has COVID-19; or*
  - (iv) *has COVID-19;*
  - (v) *the employee will be paid an hourly allowance of 0.5% percent of the Standard Rate.*

### **3. CONCESSIONS**

3.1 Before addressing the Application in detail we acknowledge that some issues should be uncontroversial in this matter:

- (a) the general epidemiological pattern of COVID-19 in the broader Australian community;
- (b) the impact the Government measures to limit the spread of COVID-19 have had on the Australian economy and employment;
- (c) the claim will not have general application to employees under the Award;
- (d) people with a disability have an inherent right to life and its enjoyment on the same basis as others;
- (e) people with a disability are entitled to the same standard of health care as other persons;
- (f) some persons with a disability may have poor health literacy, which may affect an individual's ability to comply with the evolving and complex COVID-19-related prevention and management measures; and
- (g) people with a disability will often rely on other people including family members, carers and support workers to provide essential support at close contact, often on a daily basis.

### **4. GROUNDS ARGUED IN SUPPORT OF THE APPLICATION**

4.1 Setting aside uncontroversial statements about COVID-19 and the Commonwealth and State and Territory Government response to the virus, the material grounds in support of the Application are essentially contained in Ground 12, 13, 17 and 18 in the following terms:

*(12) Employees who are required to work with clients in the circumstances set out by the draft determination are likely to be low paid workers eligible for JobKeeper payments which reduce the economic incentive to undertake such work, and the*

*proposed variation contributes to providing such an incentive and ensuring continuity of supply of relevant workers.*

*(13) Employees who are required to work with clients in the circumstances set out by the draft determination are at an increased risk of subsequently being required to self-isolate and/or take leave and the variation is, in part, intended to compensate for the economic cost to such employees of foregoing their usual payment for work including shift penalty rates while isolated or on leave.*

*(17) The variation proposed will compensate Disability Services Employees for the disability associated with working with clients who may have contracted the virus, including the necessity of being subject to enhanced hygiene procedures and using personal protective equipment ('PPE').*

*(18) The variation proposed will compensate Disability Services Employees for the increased responsibilities associated with working with clients who may have contracted the virus, including the responsibility performing enhanced hygiene procedures and using PPE.*

- 4.2 There other more generic grounds but we will deal with these later in the submission.
- 4.3 Ground 12 is effectively a proposition that the Allowance is required as an incentive or attraction payment necessary to entice employees otherwise “eligible for JobKeeper payments” to attend for work.
- 4.4 Ground 13 suggest that the Allowance is required to:
- (a) compensate employees for the increased risk of exposure to COVID-19; and
  - (b) compensate for potentially being required to self-isolate or take leave because of potential exposure.
- 4.5 Ground 17 suggests that the Allowance is required to compensate an employee for undertaking “enhanced hygiene procedures” or use personal protective equipment (PPE).
- 4.6 Ground 18 suggest that the Allowance is justified on work value grounds being responsibility for:
- (a) working with clients who have COVID-19; and
  - (b) being responsible for complying with “enhanced hygiene procedures” and using PPE.

## **5. STATUTORY CONSIDERATIONS**

- 5.1 The Application requires a consideration of sections 157, 139, 134, 138 and 55 of the Fair Work Act 2009 (the Act).
- 5.2 Section 157 permits a modern award to be varied if it is “necessary” to achieve the modern awards objective. How the test of necessary is to be applied has been the subject of consideration by the Federal Court of Australia in *Shop, Distributive and Allied Employees Association v National Retail Association (No 2)* [2012] FCA 480:

*[35] The statutory foundation for the exercise of FWA’s power to vary modern awards is to be found in s 157(1) of the Act. The power is discretionary in nature. Its exercise*

*is conditioned upon FWA being satisfied that the variation is “necessary” in order “to achieve the modern awards objective.” That objective is very broadly expressed: FWA must “provide a fair and relevant minimum safety net of terms and conditions” which govern employment in various industries. In determining appropriate terms and conditions regard must be had to matters such as the promotion of social inclusion through increased workforce participation and the need to promote flexible working practices.*

*[36] The sub-section also introduced a temporal requirement. FWA must be satisfied that it is necessary to vary the award at a time falling between the prescribed periodic reviews.*

*[46] In reaching my conclusion on this ground I have not overlooked the SDA’s subsidiary contention that a distinction must be drawn between that which is necessary and that which is desirable. That which is necessary must be done. That which is desirable does not carry the same imperative for action. Whilst this distinction may be accepted it must also be acknowledged that reasonable minds may differ as to whether particular action is necessary or merely desirable. It was open to the Vice President to form the opinion that a variation was necessary.”*

- 5.3 This decision was referred to in *Variation of awards on the initiative of the Commission* [2020] FWCFB 1760 (1 April 2020) in the context of a section 157 variation application.
- 5.4 While the role of section 157 has evolved since the repeal of section 156, the distinction of what is necessary rather than desirable is still applicable to the Commission’s consideration in this matter.
- 5.5 Section 134 has been the subject of exhaustive consideration. In *Alpine Resorts Decision* [2018] FWCFB 4984 at [52] the Commission said:

*“[52] The principles applicable to the conduct of the 4-yearly review have been stated comprehensively in a number of Full Bench decisions, most recently in the 4 yearly review of modern awards – plain language re-drafting – standard clauses decision issued on 18 July 2018. The main propositions may be summarised as follows:*

- *in particular the modern awards objective in s 134 applies to the review;*
- *the modern awards objective is very broadly expressed, and is a composite expression which requires that modern awards, together with the NES, provide “a*

*fair and relevant minimum safety net of terms and conditions”, taking into account the matters in ss 134(1)(a)–(h);*

- *fairness in this context is to be assessed from the perspective of the employees and employers covered by the modern award in question;*
- *the obligation to take into account the s 134 considerations means that each of these matters, insofar as they are relevant, must be treated as a matter of significance in the decision-making process;*
- *no particular primacy is attached to any of the s 134 considerations and not all of the matters identified will necessarily be relevant in the context of a particular proposal to vary a modern award;*
- *it is not necessary to make a finding that the award fails to satisfy one or more of the s 134 considerations as a prerequisite to the variation of a modern award;*
- *the s 134 considerations do not set a particular standard against which a modern award can be evaluated; many of them may be characterised as broad social objectives;*
- *in giving effect to the modern awards objective the Commission is performing an evaluative function taking into account the matters in s 134(1)(a)–(h) and assessing the qualities of the safety net by reference to the statutory criteria of fairness and relevance;*
- *what is necessary is for the Commission to review a particular modern award and, by reference to the s 134 considerations and any other consideration consistent with the purpose of the objective, come to an evaluative judgment about the objective and what terms should be included only to the extent necessary to achieve the objective of a fair and relevant minimum safety net;*
- *the matters which may be taken into account are not confined to the s 134 considerations;*
- *section 138, in requiring that modern award may include terms that it is permitted to include, and must include terms that it is required to include, only to the extent necessary to achieve the modern awards objective and (to the extent applicable) the minimum wages objective, emphasises the fact it is the minimum safety net and minimum wages objective to which the modern awards are directed;*
- *what is necessary to achieve the modern awards objective in a particular case is a value judgment, taking into account the s 134 considerations to the extent that*

*they are relevant having regard to the context, including the circumstances pertaining to the particular modern award, the terms of any proposed variation and the submissions and evidence;*

- *where an interested party applies for a variation to a modern award as part of the 4 yearly review, the task is not to address a jurisdictional fact about the need for change, but to review the award and evaluate whether the posited terms with a variation meet the objective.”*

- 5.6 A similar summary is set out in the decision *4 yearly review of modern awards – plain language re-drafting – standard clauses* [2018] FWCFB 4177 at [3]-[13].
- 5.7 In summary, the granting of the application must be deemed an outcome necessary to satisfy the modern awards objective, not merely a desirable outcome. This will be an evaluative judgment.
- 5.8 Section 139 sets out terms that may be included in a modern award (subject to section 136). Section 139 (1) (g) permits a modern award to include allowances.
- 5.9 The Applicants seek an Allowance.
- 5.10 Section 139 (1) (g) permits allowances to be included at large and also specifies certain types of allowances that may be included:
- (a) expenses incurred in the course of employment;
  - (b) responsibilities or skills not taken into account in rates of pay; and
  - (c) disabilities associated with the performance of particular tasks or work in particular conditions or locations.
- 5.11 Section 139 is permissive only. A modern award may but is not required to contain the matters set out in the section and is not permitted to contain matters other than those unless the power to do so is located elsewhere in the Act (refer section 136).
- 5.12 Section 55 deals with the relationship between the NES on one hand and modern awards and enterprise agreements on the other hand. The most recent and relevant observations regarding the operation of section 55 were made the Full Bench in the decision *Family Friendly Working Arrangement* [2018] FWCFB 1692. Section 55 does not appear to arise as a live issue in this case.
- 5.13 Lastly, we note that in seeking to vary a modern award and satisfy section 134, Applicants ordinarily need to adduce probative evidence properly directed to demonstrating the facts supporting the proposed variation. In the context of the 4 Yearly Review, this evidentiary requirement was addressed in *4 Yearly Review of Modern Awards - Preliminary Jurisdictional Issues Decision* [2014] FWCFB 1788 at [60]:

*The need for a ‘stable’ modern award system suggests that a party seeking to vary a modern award in the context of the Review must advance a merit argument in support of the proposed variation. The extent of such an argument will depend on the circumstances. Some proposed changes may be self-evident and can be determined with little formality. However, where a significant change is proposed it must be supported by a submission which addresses the relevant*

*legislative provisions and be accompanied by probative evidence properly directed to demonstrating the facts supporting the proposed variation.*

- 5.14 While the above test was established within the context of the 4 Yearly Review, in the submission of the Respondent, a requirement for probative evidence may be said to be even more material in the context of a contested s 157 claim pursued outside the 4 Yearly Review process. In this context, the award is not subject to a general 'review' which may be the subject of a number of variations but rather a specific claim for variation, which should be supported on sufficient evidentiary grounds.

## **6. NATURE OF THE ALLOWANCE CLAIMED**

- 6.1 The nature of the Allowance as claimed operates in distinction to some of the Grounds advanced in support of it.
- 6.2 The allowance is paid when an employee "works with" a client that:
- (a) is required to self-isolate because of COVID-19;
  - (b) is suspected (by the employer) of having COVID-19; or
  - (c) has been diagnosed with COVID-19.
- 6.3 Nothing in the terms of the Allowance creates a pre-requisite that the employee is in close personal contact with the client. This is a strange omission, given that some types of support work, such as purchasing and delivering grocery items or speaking with a client via telephone or video call, could presumably be done by a support worker without any personal contact with the client.
- 6.4 The Allowance is proposed to apply in circumstances where the employer "reasonably suspects" that the client has COVID-19. This gives rise to uncertainty in the application of the Allowance. For example, it is unclear if the Allowance would apply in circumstances where a client merely has a sneeze or cough.
- 6.5 Nothing in the terms of the Allowance deals with enhanced hygiene procedures and the need to follow them.
- 6.6 Nothing in the terms of the Allowance deals with the need to wear PPE.
- 6.7 Nothing in the terms of the allowance deals with any asserted responsibility in following enhanced hygiene procedures or wearing PPE.
- 6.8 It might be said that the allowance simply provides more money to an employee working with a client in the circumstances in paragraph 29 above but this begs the question what "disability" the employee is experiencing.
- 6.9 The size of the Allowance is material being set at 0.5% of the standard rate in the Award or \$4.95 an hour which is conceded by the Applicants as equating to a 15% increase in wages. For the purposes of comparison, we file alongside this submission a document outlining various other allowances found in other modern awards.

## **7. THE EVIDENCE**

- 7.1 The evidence of the Applicants has not yet been subject to cross examination but at its highest it stands for the following propositions which are, with respect, unsupported generalisations:



- (a) only a small number (not identified) of clients have tested positive for COVID-19;
- (b) employers have had to introduce heightened infection control procedures;
- (c) employees have had to use PPE;
- (d) the use of PPE makes some activities more “physically difficult”; and
- (e) clients may exhibit challenging behaviours outside of the normal range.

7.2 To say this evidence lacks specificity is an understatement.

7.3 The evidence lacks any consideration of:

- (a) the actual numbers of clients who have tested positive;
- (b) what heightened infection control procedures have actually been introduced and by whom;
- (c) whether the heightened infection control procedures are in any way different from dealing with a client with another form of infectious disease such as Hepatitis C or a Staph infection;
- (d) what level of PPE is currently used generally when working with a client;
- (e) what level of PPE is currently used when working with a client with another form of infectious disease;
- (f) the number of employers applying for JobKeeper;
- (g) the number of employees of such employers declining to attend for work;
- (h) the character of any asserted additional responsibility and how they manifest and impact working with a client;
- (i) any explanation of how wearing PPE makes work physically more difficult; and
- (j) any explanation of the extent or frequency of behavioural changes of clients in comparison to scenarios unaffected by COVID-19.

7.4 While the apparent urgency of the application and the truncated timeframe for filing (noting that this was the Applicants’ proposal) could arguably explain some limitations in respect of the evidence, even taking that timeframe into account, the evidence to support the Application is probative of very little and is largely unhelpful.

## **8. PPE**

8.1 The Award already contemplates that an employee maybe required to wear and use PPE.

8.2 This is self-evident from clause 20.2 (d) of the Award:

*(d) Where an employer requires an employee to wear rubber gloves, special clothing or where safety equipment is required for the work performed by an employee, the employer must reimburse the employee for the cost of purchasing such special clothing or safety equipment, except where such clothing or equipment is provided by the employer.*

- 8.3 The Commission is entitled and should accept that the inclusion of such a clause implies that the use and wearing of such clothing and equipment is already comprehended in the minimum classification rates of pay in the Award.
- 8.4 This would include the use and wearing in all situations that arose before COVID-19; that is situations in the ordinary course of working with a client irrespective of their needs and also irrespective of their state of health; well through to suffering from an infectious disease such as Hepatitis C or Staff etc.
- 8.5 The Applicant has failed to support the proposition that the use of PPE for a client that is self-isolating or in fact has COVID-19 is any different from the use of PPE for clients not in this class. By way of illustration, we file alongside these submissions various Government materials which address industry specific guidelines in relation work practices affected by COVID-19.
- 8.6 As to making working with the client more physically difficult the use of PPE will always bring with it some level of challenge when it is worn and the employee is utilising fine motor skills; again the evidence fails to assist the Commission in this regard. The use of PPE in the context of working with a client who is self-isolating is unlikely to be any more of any issue than working with a client with an infectious disease other than COVID-19.
- 8.7 It is also unlikely to be any more demanding than working in heavy industrial settings or working outdoors.

## **9. HEIGHTENED INFECTION CONTROLS**

- 9.1 As the evidence fails to explain heightened infection controls beyond an unhelpful assertion little can be drawn from this. Again though it would be wrong to assume that infection controls of varying degrees are not operating for clients with various health issues other than COVID-19.

## **10. ADDED RESPONSIBILITY**

- 10.1 There is nothing in the assertion of added responsibility that assists the Applicants.
- 10.2 For example, the Applicants assert that, in the case of a client who is required to self-isolate, a support worker would be required to:
- (a) resolve agitation in participants arising from broken routines;
  - (b) managing interactions and relationships between clients in the same home; and
  - (c) de-escalate clients without restraint or medication.
- 10.3 We consider that such duties are most likely an existing feature of dealing with clients. The Application does not contain any evidence with respect to the make-up of support worker duties in the absence of COVID-19 and/or the degree of any change to the nature or composition of such duties.
- 10.4 The Application makes assertions about additional duties that would be performed by support workers in group homes in circumstances where a resident of the home has COVID-19 or is otherwise required to self-isolate at the group home. However, the Application does not contain any evidence with respect to:
- (a) the number of NDIS participants who have been, or are likely to be, required to self-isolate in a group home;

- (b) whether this would be permitted by health authorities (either in law or practice); or
  - (c) the actual impact of such a scenario on the operation of the household and the work that must be performed by the support worker in comparison to the work that he or she would normally perform.
- 10.5 In any event, the proposed Allowance is not specific to employees who are performing work in a group home environment.
- 10.6 Employees already follow various protocols to work with clients and these will vary in the degree of responsibility based on the needs of the client and COVID-19 is not likely to materially change this responsibility profile beyond working with a client with other infectious diseases. To the extent that the Applicants seek to justify the allowance on the grounds of increased responsibility, we note that no work value reasons have been provided in support of the Application and no evidence of a work value case has been filed.

## **11. PAYING FOR SAFETY OR RISK**

- 11.1 Industrial Tribunals have long adopted the view that employees should not be paid more because a work situation has increased safety risk. Rather the employer is under an obligation (a statutory obligation) to take all reasonable steps to make the situation safe or as safe as is reasonable and this should be the focus.
- 11.2 In this regard we refer the Commission to *Ermani Constructions Pty Ltd v Australian Workers Union* [1988] NSWIRComm 1; [1988] NSWIRC 1 (15 March 1988) (references omitted):

*[We] consider that this case should not turn on the limited evidence under review in this appeal because we think there is a more fundamental reason why a site allowance should not be based on safety considerations.*

*It is our considered view that if safety aspects arise, it is most inappropriate for payment to be ordered, whether retrospectively or otherwise, in relation to safety.*

*The correct approach to safety problems is to have them investigated and rectified.*

*It is wrong in principle, in our view, that safety of workers should be commuted to money payments. This position has for many years been the firm doctrine of this Commission.*

...

*As Ferguson J. said in The Gangers (State) Conciliation Committee Case in 1949:*

*I do not think it is desirable to provide extra payment for working in bad or dangerous ground. It is much more desirable to remove or minimise the danger.*

*It is the duty of the employer to see that employees are not called upon to work under dangerous conditions or, if this is unavoidable, to take care that special precautions are observed.*

*This approach has been repeated by the Commission on various occasions since (see Leighton Contractors Site Allowance Case. It is a principle which we think should be adhered to, the more so in that in the intervening period, the legislature has addressed in some detail the obligations of employers in relation to occupational safety and welfare.*

11.3 See also *Re Liddell Power Station Project* 1967 AIR Rep 161.

11.4 Whether any actual safety risk exists is not evident from the evidence. In fact it would be counter intuitive to assume that risk is amplified as it is asserted PPE and hygiene controls are introduced to minimise any risk.

**12. IS THE ALLOWANCE NEEDED TO INCENTIVISE AN EMPLOYEE IN RECEIPT OF JOBKEEPER TO ATTEND WORK?**

12.1 This seems to be the gravamen of Ground 12.

12.2 There is no evidence of employers claiming JobKeeper and no evidence of employee refusing to attend for work.

12.3 Regardless of this lack of evidence, this line of argument is entirely ill conceived.

12.4 An entitlement to JobKeeper (the \$1500 a fortnight wage subsidy) arises from the Coronavirus Economic Response Package Omnibus (Measures No. 2) Act 2020 (Cth).

12.5 The purpose of the scheme is to provide qualifying employers with \$1,500 per fortnight for each eligible employee, on condition that they pay that employee at least \$1,500 for the relevant fortnight.

12.6 Employers are eligible depending on a meeting a turn-over impairment test at a set threshold (50%, 30% or 15%).

12.7 The Payment Rules stipulate certain conditions that must be met for an employer to be entitled to a JobKeeper payment for an employee.

12.8 Nothing in the JobKeeper scheme permits an employee to absent themselves from work and still receive the minimum \$1500 payment per fortnight or any other payment for that matter.

12.9 An employee who fails to attend for work and is not otherwise on authorised leave will simply expose themselves to not being paid and also facing disciplinary action.

12.10 The notion that the allowance is needed because employees intend to cease attending work as directed (at a time when unemployment is over 10%) because they can simply receive JobKeeper as an alternative is extremely shallow at best.

12.11 Further to this issue Industrial Tribunals have resisted providing payments as “attraction rates”. Should an employer decide that they need to pay a certain employee more to attract them to the job (or in the case advanced by the Applicants) turn up for work that is a matter for the employer and the Commission should be wary to encroach on this terrain. See *Re Steel Works Employees (BHP Co Ltd) Award* 1947 AR 431.

12.12 Curiously the reference to JobKeeper in the Applicants Submission filed 29 April 2020 refers to JobSeeker not JobKeeper. It is unclear whether or not this is an error but if the concern of the Applicants' is that an employee would prefer unemployment claiming Jobseeker than dealing with a client affected by COVID-19 at a time when unemployment is uncontroversially over 10% is frankly an absurd assertion and not one which should move the Commission in this matter.

### **13. COMPENSATION FOR POSSIBLY TAKING LEAVE**

13.1 Ground 13 of the Application identifies that the allowance can serve to compensate employees for the prospect that they may be required to self-isolate or take leave as a result of COVID-19 exposure.

13.2 It needs to be said that advancing this ground is mischievous for the Applicants (with the exception of the NDS) in circumstances where there is also a claim for isolation leave and increased COVID-19 sick leave already before the Commission in Matter AM2020/13.

13.3 In any event there is no evidence before the Commission on the taking of leave associated with COVID-19.

13.4 We also note the Commission has already provided for some isolation leave (closing the regulatory gap) in Matter AM2020/12.

### **14. IS THE ALLOWANCE REALLY A DISABILITY ALLOWANCE?**

14.1 This is a relevant question. Not to seek to disqualify the Allowance for being permissible but rather again to understand whether there is any reasonable basis for it or its quantum.

14.2 We acknowledge that some circumstances (although not this one) may warrant the granting of a special allowance.

14.3 Special rates have traditionally been intended as compensation for abnormal conditions not compensated for by minimum rate of pay; accordingly, the right to such special rates will be limited to circumstances in which these abnormal conditions exist; *Re Disability Allowance at Inner Harbour, Port Kembla* 1965 AR 387.

*"The general rule followed by this Commission in respect to disability rates is that they are awarded only when the disability cannot be provided for in the ordinary rate. It is the practice also to make such a payment depends on the worker's actual exposure to the disability concerned"; Re Painters (State) Award 1964 AR 204 (Sheehy J).*

14.4 As already submitted it is difficult (on the evidence) to discern any material disability experienced by employees that is not already comprehended by the Award or likely to be experienced before COVID-19.

14.5 There is certainly no warrant for the quantum of allowance sought as a "disability" allowance. By way of illustration, the Award itself already provides guidance in the context of a disability in clause 20.7 Heat Allowance.

14.6 This allowance for working in a situation that is likely to be truly physically challenging provides for an allowance at one tenth of that claimed in this matter.

**15. SECTION 134**

15.1 In *Hospitality Industry (General) Award 2010* [2020] FWCFB 1574 the Fair Work Commission said:

*[44] The modern awards objective is to 'ensure that modern awards, together with the National Employment Standards, provide a fair and relevant minimum safety net of terms and conditions', taking into account the particular considerations identified in ss.134(1)(a)–(h) (the s.134 considerations).*

*[45] The modern awards objective is very broadly expressed. It is a composite expression which requires that modern awards, together with the NES, provide 'a fair and relevant minimum safety net of terms and conditions', taking into account the matters in ss.134(1)(a)–(h). Fairness in this context is to be assessed from the perspective of the employees and employers covered by the modern award in question.*

*[46] The obligation to take into account the s.134 considerations means that each of these matters, insofar as they are relevant, must be treated as a matter of significance in the decision-making process. No particular primacy is attached to any of the s.134 considerations and not all of the matters identified will necessarily be relevant in the context of a particular proposal to vary a modern award.*

*[47] It is not necessary to make a finding that the award fails to satisfy one or more of the s.134 considerations as a prerequisite to the variation of a modern award. Generally speaking, the s.134 considerations do not set a particular standard against which a modern award can be evaluated; many of them may be characterized as broad social objectives. In giving effect to the modern awards objective the Commission is performing an evaluative function taking into account the matters in s.134(1)(a)–(h) and assessing the qualities of the safety net by reference to the statutory criteria of fairness and relevance.*

*[48] Section 138 of the Act emphasizes the importance of the modern awards objective:*

*'Section 138 Achieving the modern awards objective*

*A modern award may include terms that it is permitted to include, and must include terms that it is required to include, only to the extent necessary to achieve the modern awards objective and (to the extent applicable) the minimum wages objective.'*

*[49] What is 'necessary' to achieve the modern awards objective in a particular case is a value judgment, taking into account the s.134 considerations to the extent that they are relevant having regard to the context, including the circumstances pertaining to the particular modern award, the terms of any proposed variation and the submissions and evidence.*

- 15.2 In that matter and also *AM2020/20 Clerks - Private Sector Award 2010* the Commission was dealing with targeted flexibility that provided mutual benefits for employers and employees which were stridently consented to by the parties as essential rather than just even necessary.
- 15.3 This matter is far removed from that context.
- 15.4 At best, this Application is simply to encourage employees to come to work, reward them for wearing PPE and applying health controls the likes of which are likely to be largely in operation for some circumstances before COVID-19.
- 15.5 The Application is without merit and gains little when reflected against section 134.
- 15.6 On the evidence the only real brace for the Allowance is that it will give certain employees more money.
- 15.7 That in itself can never be a cogent justification in the case of section 134 and the establishment of a fair and relevant minimum safety net or the context of "necessity" (section 157).
- 15.8 To the extent that the Applicants rely on the contention that the Allowance will benefit low-paid employees, the Respondent makes the observation that to the extent any relevant employees are covered by the relevant Equal Remuneration Order, this makes them some of the highest paid employees in the modern award system for the level of work they perform.

## **16. FUNDING**

- 16.1 It is maybe the case that the issue of funding may arise. The economic capacity of an industry to pay is a relevant consideration in the context of section 134 (1) (f), (h).
- 16.2 These considerations are unlikely to be alive in the context of the Allowance which by its nature will not apply at large to all employees under the Award.
- 16.3 The Allowance is unlikely to impose a large aggregate cost on the sector as a whole. However, in the absence of funding, the Allowance is likely to impose a significant cost on an employee by employee basis. This cost will increase significantly with any increase in the level of COVID-19 infection.
- 16.4 We note that the Allowance is not expressed to be conditional on government funding. Moreover, we are not aware of any public statements by the Commonwealth in which it expressed support for funding the proposed Allowance via the NDIS.

## **17. CONCLUSION**

- 17.1 In the submission of the Respondent, the allowance sought is misconceived both in quantum and in purpose.

- 17.2 In so far that the Application seeks to compensate workers for being placed at an elevated level of risk, the appropriate and well-established course is to reduce the relevant risk, not simply to pay an allowance.
- 17.3 In so far as the Application seeks an allowance which could constitute an approximately \$200 per week pay rise, it is excessive in comparison to other allowances in the modern awards system and entirely disproportionate to the work and environment within which the work is performed.
- 17.4 No probative evidence has been adduced to suggest that the circumstances of workers pre-COVID-19 is in any way materially different in the context of COBID-19.
- 17.5 Finally, in so far as the Application seeks to compensate employees for a disability beyond the ordinary course of their duties and one which is implicitly asserted as currently not contemplated within the scope of the current award, that disability and the requirement for the allowance should be established through evidence before the Commission. There is no such evidence.
- 17.6 No considerations arising from section 134 assist the Applicant in this regard.
- 17.7 For the above reasons, the Application should be dismissed.

**On behalf of Australian Business Industrial and the NSW Business Chamber Ltd**

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**1 May 2020**



## Summary of disability allowances and PPE-related terms in Modern Awards

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
<p><b>Aged Care Award 2010</b></p>	<p><b>15. Allowances</b>  <b>15.5 Nauseous work allowance</b></p> <p>(a) An allowance of 0.05% of the standard rate per hour or part thereof will be paid to an employee in any classification if they are engaged in handling linen of a nauseous nature other than linen sealed in airtight containers and/or for work which is of an unusually dirty or offensive nature having regard to the duty normally performed by such employee in such classification.</p> <p>Any employee who is entitled to be paid an allowance will be paid a minimum sum of 0.27% of the standard rate for work performed in any week.</p>	<p><b>0.05% of the standard rate</b>            \$0.47 per hour</p> <p><b>0.27% of the standard rate</b>            \$2.54 per week</p>	<p><b>15.2 Clothing and Equipment</b></p> <p>(d) Where an employer requires an employee to wear rubber gloves, special clothing or where safety equipment is required for the work performed by an employee, the employer must reimburse the employee for the cost of purchasing such special clothing or safety equipment, except where such clothing or equipment is provided by the employer.</p>
<p><b>Airline Operations - Ground Staff Award 2010</b></p>	<p><b>21. Allowances</b>  <b>21.7 Disability allowance</b></p> <p>(a) If significant disabilities occur for a period of two weeks or more because of construction, reconstruction, alteration, major repair or other like work at or in the immediate vicinity of the premises in which the employees are required to work, employees will be paid the following allowances from the date of the application:</p> <p style="padding-left: 40px;">(i) if the construction work involves excessive fumes, noise and dust through construction vehicles, drilling, electric saws and jack hammering, form work and concrete pours—0.12% of the standard rate per hour; and</p> <p style="padding-left: 40px;">(ii) if the construction work involves noise and dust to a limited degree due to alterations and/or the removal or installation of plant and machinery and a marked reduction in work space—0.066% of the standard rate per hour.</p>	<p><b>Disability allowance excessive fumes, noise and dust etc</b>            \$1.04 per hour</p> <p><b>Disability allowance—noise and dust to a limited degree</b>            \$0.57 per hour.</p>	<p><b>21.13 Uniform and protective clothing allowance</b></p> <p>(a) Where an employee is required to wear a uniform, protective clothing or equipment, the employer must reimburse the employee for the reasonable costs of obtaining the uniform, clothing or equipment unless the employer provides the employee with these items.</p> <p>(b) Where an employee is required to launder a uniform, the employee is entitled to \$4.92 per week. The provisions of this clause will not apply where the employer pays for the cost of laundering clothing.</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs				
	(b) The date of effect for the allowance will be from the date of the claim subject to substantiating the existence of the disability.						
	<p><b>21.9 Nightsoil allowance</b></p> <p>If an employee is required to handle or dispose of nightsoil or clean aircraft toilets and/or containers used for animals during the course of a normal shift or a second shift, the employee must be paid 0.64% of the standard rate on each shift.</p>	<p><b>Nightsoil allowance</b></p> <p>\$5.52 per shift</p>					
	<p><b>21.19 Special rates</b></p> <p><b>(c) Cold places</b></p> <p>An employee who works for more than one hour in places where the temperature is reduced by artificial means below 0 degrees Celsius must be paid 0.074% of the standard rate per hour extra. In addition, where the work continues for more than two hours, the employee is entitled to 20 minutes rest after every two hours' work without loss of pay.</p>	<p><b>Cold places allowance</b></p> <p>\$0.64/hour</p>					
	<p><b>(d) Hot places</b></p> <p>(i) An employee who works for more than one hour in the shade in places where the temperature is raised by artificial means must be paid:</p> <table border="1" data-bbox="421 1193 1294 1414"> <thead> <tr> <th data-bbox="421 1193 891 1289">Temperature</th> <th data-bbox="891 1193 1294 1289">Percentage of the <u>standard rate</u> per hour</th> </tr> </thead> <tbody> <tr> <td data-bbox="421 1321 891 1414">Between 46 and 54 degrees Celsius</td> <td data-bbox="891 1321 1294 1414">0.076%</td> </tr> </tbody> </table>	Temperature	Percentage of the <u>standard rate</u> per hour	Between 46 and 54 degrees Celsius	0.076%	<p><b>Hot places allowance</b></p> <p><u>Between 46 and 54oC</u></p> <p>\$0.66 per hour</p> <p><u>In excess of 54oC</u></p> <p>0.86/hour</p>	
Temperature	Percentage of the <u>standard rate</u> per hour						
Between 46 and 54 degrees Celsius	0.076%						

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>In excess of 54 degrees Celsius      0.1%</p> <hr/> <p>(ii) In addition, where work continues for more than two hours in temperatures exceeding 54 degrees Celsius, the employee is entitled to 20 minutes rest after every two hours work without loss of pay.</p> <p>(iii) The temperature is to be determined by the supervisor after consultation with the employee who claims the extra rate.</p>		
	<p><b>(e) Wet places</b></p> <p>(i) An employee working in any place where their clothing or boots become saturated by water, oil or another substance, must be paid 0.076% of the standard rate per hour extra. Any employee who becomes entitled to this extra rate must be paid such rate only for the part of the day or shift that they are required to work in wet clothing or boots.</p> <p>(ii) This clause does not apply to an employee who is provided by the employer with suitable and effective protective clothing and/or footwear.</p>	<p><b>Wet places allowance</b></p> <p>\$0.66 per hour</p>	
	<p><b>(f) Confined spaces</b></p> <p>An employee working in a confined space must be paid 0.076% of the standard rate per hour extra.</p>	<p><b>Confined spaces allowance</b></p> <p>\$0.66 per hour</p>	
	<p><b>(g) Dirty work</b></p> <p>(i) Where an employee and their supervisor agree that work is of an unusually dirty or offensive nature, the employee must be paid 0.1% of the standard rate per hour extra.</p> <p>(ii) Employees engaged on such work will be entitled to shower and change during normal working time.</p>	<p><b>Dirty work allowance</b></p> <p>\$0.86 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p><b>(h) Fuel tanks</b> Employees who are required to perform work inside fuel tanks of an aircraft must be paid 0.12% of the standard rate per hour extra.</p>	<p><b>Fuel tank allowance</b> \$1.04 per hour</p>	
	<p><b>(i) Fibre glass</b> Employees handling fibre glass materials or material of a like nature, when so employed must be paid 0.08% of the standard rate per hour extra.</p>	<p><b>Fiber glass allowance</b> \$0.69 per hour</p>	
<p><b>Airport Employees Award 2020</b></p>	<p><b>21. Allowances</b> <b>21.2 Wage-related allowances</b> (a) Disability allowance (i) An allowance of \$0.87 per hour must be paid to Technical services officers or Ground services officers for the period in which they are engaged in work in which they experience any of the following disabilities:</p> <ul style="list-style-type: none"> <li>• chokage, i.e. clearing stoppage in soil or waste pipes, and repairing or putting in proper order such pipes;</li> <li>• the use of materials which include epoxy resin or other similar substances which produce seriously obnoxious fumes, including joining of optical fibre cabling;</li> <li>• confined spaces, i.e. a compartment, space or place the dimensions of which necessitate an employee working in a stooped or otherwise cramped position or without proper ventilation;</li> <li>• working at heights of 15 metres or more directly above the nearest horizontal plane;</li> </ul>	<p><b>Disability Allowance</b> \$0.87 per hour</p>	<p><b>21.13 Uniform and protective clothing allowance</b> (a) Where an employee is required to wear a uniform, protective clothing or equipment, the employer must reimburse the employee for the reasonable costs of obtaining the uniform, clothing or equipment unless the employer provides the employee with these items. (b) Where an employee is required to launder a uniform, the employee is entitled to \$4.92 per week. The provisions of this clause will not apply where the employer pays for the cost of laundering clothing.  (ii) Damage to clothing, spectacles, hearing aids or tools  Compensation to the extent of the damage sustained must be made by the employer where in the</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<ul style="list-style-type: none"> <li>• work of an unusually dirty or offensive nature, e.g. collection and disposal of garbage, clearing sewerage spills or working at sewerage treatment works;</li> <li>• working with hot bitumen or asphalt;</li> <li>• handling loose slag wool, loose insulwool or other material of a like nature used for providing insulation;</li> <li>• operating explosive powered tools;</li> <li>• working for more than one hour in places where, as a result of artificial means, the temperature is below 0 C or above 46 C;</li> <li>• working for more than 2 hours in temperature exceeding 54 C; and</li> <li>• working in any place where water is continually dripping on the employee so that clothing and boots become wet or where there is water underfoot, unless the employer has been provided with suitable protective clothing and/or footwear.</li> </ul>		<p>course of work clothing, spectacles, hearing aids or tools of an employee are damaged or destroyed by fire or process substances, provided that the employer's liability in respect of tools will be limited to such tools as the employee is ordinarily required to provide for the performance of work.</p>
	<p><b>Confined Space</b></p> <p>(iii) An employee engaged inside a confined space being a boiler in cleaning or scraping work must be paid an allowance of \$1.99 per hour whilst so engaged.</p>	<p><b>Confined space</b></p> <p>\$1.99 per hour</p>	
<p><b>Alpine Resorts Award 2010</b></p>	<p><b>17. Allowances</b></p> <p><b>17.2 Sewerage treatment plant allowance</b></p> <p>Employees working at designated sewerage treatment plants will be paid an additional amount of 45% of the standard rate for each shift they are engaged in work at a designated sewerage treatment plant.</p>	<p><b>Sewerage treatment plant allowance</b></p> <p>\$9.37 per shift</p>	<p><b>17.5 Protective clothing reimbursement</b></p> <p>(a) The employer must provide all employees who are outdoor workers, including Snowsports Instructors, with appropriate wet weather and protective clothing free of charge, or must reimburse the</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>employee the cost of purchasing such clothing.</p> <p>(b) Where protective clothing, uniforms and/or other tools and equipment are supplied without cost to the employee, or the cost of which has been reimbursed to the employee, it will remain the property of the employer and will be returned by the employee to the employer when requested on termination of the employee's employment. Loss due to any cause or damage through misuse by the employee will be charged against the employee's wages. A deduction at a reasonable rate may be made by the employer, provided that no deduction will be made for reasonable wear and tear.</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
<b>Aluminium Industry Award 2020</b>	<p><b>18. Allowances</b></p> <p><b>18.2 Wage-related allowances</b></p> <p><b>(b) Work conditions and disability allowance</b></p> <p>A single all-purpose payment of \$38.81 per week will be paid for all disabilities, working conditions and special factors associated with work in the aluminium industry, including:</p> <ul style="list-style-type: none"> <li>i. wet, hot or dusty work;</li> <li>ii. wet ground;</li> <li>iii. working in water or rain;</li> <li>iv. working at heights;</li> <li>v. cleaning flues;</li> <li>vi. working at an isolated location;</li> <li>vii. cold work;</li> <li>viii. dirty work;</li> <li>ix. fumes;</li> <li>x. confined spaces; or</li> <li><b>xi. (xi) the necessity to wear protective clothing and equipment.</b></li> </ul>	<p><b>Work conditions and disability allowance</b></p> <p>\$38.81 per week</p>	
<b>Asphalt Industry Award 2010</b>	<p><b>15. Allowances</b></p> <p><b>15.3 Allowances for disabilities associated with the performance of particular tasks or work in particular conditions or locations</b></p> <p>(b) Inclement weather</p>	<p><b>Allowances for disabilities associated with the performance of particular tasks or work</b></p>	<p><b>(e) Uniform and protective clothing allowance</b> (i) A uniform and protective clothing allowance is payable to an operational employee to cover the reasonable cost of the</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>i. Employees will be paid an inclement weather allowance of 4.1% of the standard rate per week. This allowance will be treated as part of the employee's ordinary wage for all purposes of this award.</p>	<p><b>in particular conditions or locations</b> \$33.48 per week</p>	<p>uniform items required by their employer.</p> <p>(ii) Where the employer requires other employees to wear a uniform or other protective clothing, the employee will be paid an allowance to cover the reasonable cost of such clothing.</p> <p>(iii) The allowance will not apply when the employer provides the clothing. Such clothing will only be used in the course of employment, will remain the property of the employer and will be cleaned, repaired and replaced by the employer as and when reasonably necessary. Provided that the cleaning of uniforms will only apply to car coats, long and short trousers and winter shirts.</p>
<p><b>Amusement, Events and Recreation Award 2010</b></p>			<p><b>15.2 Protective clothing and equipment</b></p> <p>Where an employee is required to wear protective clothing (e.g. oilskins, gumboots, overalls, goggles, safety boots, bowling shoes, etc.), the employer must reimburse the employee on proof of purchase for the cost of purchasing such special clothing and equipment. The employee is responsible for maintaining these items in a serviceable condition. The provisions of this subclause do</p>



Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			not apply where the clothing and/or equipment is paid for by the employer.
Aquaculture Industry Award 2020			<p><b>(e) Protective clothing and equipment</b></p> <p>Where an employee is required to wear protective clothing which is not provided by the employer (e.g. oilskins, gumboots, overalls, goggles, safety boots etc.), the employer must reimburse the employee for the cost of purchasing such protective clothing and equipment.</p>
Architects Award 2010			<p><b>16.3 Equipment and special clothing allowance</b></p> <p>(a) Where the employer requires an employee to provide and use a drawing board, paraline or drafting machine, paper, pencils, leads, colours, inks and wearable parts of pen and pencils, the employer must reimburse the employee for the costs of purchasing such equipment. On occasion when required for on-site use, the employer must pay an allowance equivalent to the cost of necessary protective clothing. (b) The provisions of clause 16.3(a) must not apply where the employer supplies such equipment and</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			special clothing without cost to the employee.
Asphalt Industry Award 2010			<p><b>(b) Protective clothing, equipment and tools</b></p> <p>(i) Where an employee is required to wear protective clothing and equipment such as safety boots, headwear or wet-weather clothing, the employer must reimburse the employee for the cost of purchasing such clothing and equipment. The provisions of this paragraph do not apply where the clothing and equipment is paid for by the employer.</p> <p>(ii) Where the employer requires an employee to wear any special clothing such as uniforms, the employer must reimburse the employee for the cost of purchasing three sets of uniforms. The provisions of this paragraph do not apply where the clothing and equipment is paid for by the employer.</p> <p>(iii) Where the protective clothing or uniforms are supplied to the employee without cost, it will remain the property of the employer and will be returned in good condition to the employer (subject</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>to fair wear and tear) on leaving the service of the employer.</p> <p>(iv) Provided that should an employee leave the service of the employer within six months of commencement and not return all clothing issued, the employee will be liable for 50% of the cost of such clothing.</p> <p>(v) Where an employer requires an employee to provide and use any tools, the employer must reimburse the employee for the cost of purchasing such equipment. The provisions of this clause will not apply where the employer supplies such items without cost to the employee.</p>
<b>Black Coal Mining Industry Award 2010</b>			<p>Allowance for working clothes and safety boots provided unless given by employer</p>
<b>Broadcasting, Recorded Entertainment and Cinemas Award 2010</b>			<p><b>18.8 Protective clothing</b></p> <p>Where an employee is required by law to wear protective clothing and the employee purchases the clothing the employer must reimburse the employee for the cost of purchase.</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
<b>Building and Construction General On-site Award 2010</b>	<p>21. Site and general wage related allowances</p> <p>21.2 Industry allowance</p> <p>In addition to the rates prescribed in clause 19—Minimum wages, an employee must be paid an allowance at the rate of 3.7% of the weekly standard rate per week to compensate for the following disabilities associated with construction work:</p> <ul style="list-style-type: none"> <li>a. climatic conditions when working in the open on all types of work;</li> <li>b. the physical disadvantage of having to climb stairs or ladders;</li> <li>c. the disability of dust blowing in the wind, brick dust and drippings from newly poured concrete;</li> <li>d. sloppy and muddy conditions associated with the initial stages of the erection of a building;</li> <li>e. the disability of working on all types of scaffolds or ladders, other than a swing scaffold, suspended scaffold, or a bosun’s chair;</li> <li>f. (f) the lack of the usual amenities associated with factory work, (e.g. meal rooms, change rooms, lockers).</li> </ul> <p>(b) The above allowance does not include the provision of the following tools or protective equipment.</p>	<p><b>Industry allowance</b></p> <p>\$31.91 per week.</p>	
	<p><b>21.3 Underground allowance</b></p> <ul style="list-style-type: none"> <li>a. An employee, other than an employee in an Operator classification, who is required to work underground must be paid an additional allowance of 1.8% of the weekly standard rate per week for all purposes of the award in addition to the allowance prescribed in clause 21.2.</li> <li>b. Provided that an employee required to work underground for no more than four days or shifts in any ordinary week must be paid an additional 0.4% of the weekly standard rate per day or shift and in addition the allowance prescribed in clause 21.2.</li> </ul>	<p><b>Underground allowance</b></p> <p>\$15.53 per week.</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs												
	<p>c. Where a shaft is to be sunk to a depth greater than six metres, the payment of the underground allowance will commence from the surface.</p> <p>d. These allowances will not be payable to employees engaged upon pot and drive work at a depth of 3.5 metres or less.</p>														
	<p><b>21.4 Multistorey allowance</b></p> <table border="1" data-bbox="421 630 1227 1316"> <thead> <tr> <th data-bbox="443 630 840 662">Storeys</th> <th data-bbox="862 630 1220 662">Allowance per hour</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 726 840 790">From the commencement of building to 15th floor level</td> <td data-bbox="862 726 1220 790">2.6% of the hourly <a href="#">standard rate</a></td> </tr> <tr> <td data-bbox="443 853 840 917">From the 16th floor level to 30th floor level</td> <td data-bbox="862 853 1220 917">3.1% of the hourly <a href="#">standard rate</a></td> </tr> <tr> <td data-bbox="443 981 840 1045">From the 31st floor level to 45th floor level</td> <td data-bbox="862 981 1220 1045">4.8% of the hourly <a href="#">standard rate</a></td> </tr> <tr> <td data-bbox="443 1109 840 1173">From the 46th floor level to 60th floor level</td> <td data-bbox="862 1109 1220 1173">6.2% of the hourly <a href="#">standard rate</a></td> </tr> <tr> <td data-bbox="443 1236 840 1300">From the 61st floor level onward</td> <td data-bbox="862 1236 1220 1300">7.6% of the hourly <a href="#">standard rate</a></td> </tr> </tbody> </table>	Storeys	Allowance per hour	From the commencement of building to 15th floor level	2.6% of the hourly <a href="#">standard rate</a>	From the 16th floor level to 30th floor level	3.1% of the hourly <a href="#">standard rate</a>	From the 31st floor level to 45th floor level	4.8% of the hourly <a href="#">standard rate</a>	From the 46th floor level to 60th floor level	6.2% of the hourly <a href="#">standard rate</a>	From the 61st floor level onward	7.6% of the hourly <a href="#">standard rate</a>	<p><b>From the commencement of building to 15th floor level</b> \$0.59 per hour</p> <p><b>From the 16th floor level to 30th floor level</b> \$0.70 per hour</p> <p><b>From the 31st floor level to 45th floor level</b> \$1.09 per hour</p> <p><b>From the 46th floor level to 60th floor level</b> \$1.41 per hour</p> <p><b>From the 61st floor level onward</b> \$1.73 per hour</p>	
Storeys	Allowance per hour														
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From the 61st floor level onward	7.6% of the hourly <a href="#">standard rate</a>														

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
<b>Cement, Lime and Quarrying Award 2020</b>			<p><b>(b) Industry disability allowance</b></p> <p>The following disability allowances are payable to employees engaged in work covered by this award to compensate for the disabilities of the industry and are paid for all purposes.</p> <p><b>Industry \$ per week</b></p> <p>Cement and lime industry \$62.82  Quarrying industry \$27.21</p> <p><b>(c) Protective clothing</b></p> <p>(i) An employer must provide each employee with:</p> <ul style="list-style-type: none"> <li>• 2 pairs of appropriate overalls or trousers/shirt or shorts/shirt combinations per year free of charge;</li> <li>• a maximum of 2 pairs of safety boots/shoes per year on a one pair for one pair replacement basis; and</li> <li>• any other article of protective clothing that is required must be provided by the employer and must be worn by the employee.</li> </ul> <p>(ii) The employer must replace any articles supplied under clause 18.3(c)(i) when, in the opinion of the employer, they are no longer in a serviceable condition. No employee will be entitled to a</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>replacement unless they return the corresponding article issued to them or, if the article is lost or misplaced by the employee to whom it was issued, they must pay a reasonable price for the article.</p> <p>(iii) Any articles supplied under clause 18.3(c) will remain the property of the employer.</p>
<b>Cleaning Services Award 2010</b>	<p><b>17. Allowances</b>  <b>17.2 Disability allowances</b>  <b>(a) Cold places</b></p> <p>An employee working for more than one hour in a place or places where the temperature is reduced by artificial means below zero degrees Celsius will be paid an additional 0.067% of the standard rate per hour.</p> <p>Where the work continues for more than two hours, employees will be entitled to a rest period of 20 minutes every two hours without loss of pay.</p>	<p><b>Cold places allowance</b>            \$0.53 per hour</p>	
	<p><b>17.2 Disability allowances</b>  <b>(b) Hot places</b></p> <p>An employee working for more than one hour:</p> <p>(i) in a place or places where the temperature is raised by artificial means to between 46 degrees Celsius and 54 degrees Celsius will be paid an additional 0.067% of the standard rate per hour; and/or</p>	<p><b>Hot places allowance</b>  <u>46°C to 54°C</u>            \$0.53 per hour  <u>Over 54°C</u>            \$0.64 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>(ii) in a place or places where the temperature exceeds 54 degrees Celsius will be paid an additional 0.081% of the standard rate per hour.</p> <p>Where work continues for more than two hours in temperatures exceeding 54 degrees Celsius, employees will be entitled to 20 minutes rest every two hours without loss of pay.</p>		
	<p><b>(c) Height</b></p> <p>An employee engaged in cleaning from a swing scaffold, boatswain's chair or other similar device on the outside of multi-storied buildings:</p> <p>(i) up to and including the 22nd floor above ground level will be paid an additional allowance of 0.108% of the standard rate per hour or part of an hour; and/or</p> <p>(ii) when working above the 22nd floor above ground floor level will be paid an additional allowance of 0.221% of the standard rate per hour or part of an hour.</p>	<p><b>Height allowance</b></p> <p><u>Up to and including 22nd floor</u></p> <p>\$0.85 per hour or part thereof</p> <p><u>Above 22nd floor</u></p> <p>\$1.75 per hour or part thereof</p>	
<p><b>Concrete Products Award 2010</b></p>	<p><b>16.1 Industry allowance</b></p> <p>(a) An industry allowance of 3% of the standard weekly rate per week for all purposes of the award will be payable to employees working in the concrete products industry, with the exception of employees working in factories whose sole purpose is the manufacture of tiles. In such factories the employees will be Concrete Products Award 2010 18 MA000056 paid an industry allowance of 2% of the standard weekly rate per week for all purposes.</p> <p>(b) Employees working with cement or concrete articles (in and out of tanks) will be paid 3% of the standard hourly rate per hour in respect of such time actually spent in tanks containing water with a minimum payment as for four hours.</p>		<p><b>16.10 Boot allowance</b></p> <p>(a) By agreement between the employer and majority of employees, all employees will either:</p> <p>(i) receive a boot allowance of \$3.20 per week for the purchase of approved safety boots;</p> <p>(ii) be issued with up to three pairs of safety boots per annum when provided with satisfactory evidence that any boots issued previously are no longer serviceable; or</p>



Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>(iii) have made available to them the above items which will remain the property of the employer</p> <p><b>16.11 Protective clothing allowance</b></p> <p>(a) When an employee is called upon to work in water or rain, the employer will reimburse the employee for the cost of purchasing:</p> <ul style="list-style-type: none"> <li>(i) suitable boots and waders;</li> <li>(ii) waterproof overcoat; and</li> <li>(iii) sou'wester.</li> </ul> <p>(b) Reimbursement does not apply where the above items are paid for by the employer, issued in good and clean condition, and replaced on a fair wear and tear basis.</p> <p>(c) The loss of protective clothing provided by the employer, due to the neglect or misuse by the employee will be charged against their wages,</p>
<p><b>Coal Export Terminals Award 2020</b></p>			<p><b>16.11 Protective clothing allowance</b></p> <p>(a) When an employee is called upon to work in water or rain, the employer will reimburse the</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>employee for the cost of purchasing:</p> <ul style="list-style-type: none"> <li>(i) suitable boots and waders;</li> <li>(ii) waterproof overcoat; and</li> <li>(iii) sou'wester.</li> </ul> <p>(b) Reimbursement does not apply where the above items are paid for by the employer, issued in good and clean condition, and replaced on a fair wear and tear basis.</p> <p>(c) The loss of protective clothing provided by the employer, due to the neglect or misuse by the employee will be charged against their wages,</p>
<p><b>Cotton Ginning Award 2020</b></p>	<p><b>19. Allowances</b>  <b>19.2 Wage-related allowances</b>  <b>(b) Disabilities allowance</b></p> <ul style="list-style-type: none"> <li>(i) Employees will be paid an allowance of \$28.58 per week. This allowance will be in compensation for all disabilities experienced in this particular industry.</li> <li>(ii) This amount will be in addition to all other amounts payable, and is payable for all purposes under this award.</li> </ul>	<p><b>Disabilities Allowance</b>  \$28.58 per week</p>	
<p><b>Dry Cleaning and Laundry Industry Award 2010</b></p>	<p><b>15.6 Disability allowance</b>  An employee who is required to handle foul laundry will be paid an additional 1.96% of the standard rate per week.</p>	<p>1.96% of the standard rate per week.</p>	<p><b>15.3 Protective clothing allowance</b>  Where the employer requires an employee to wear waterproof or other protective clothing such as</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>waterproof boots, aprons, or gloves, the employer must reimburse the employee for the cost of purchasing such clothing. The provisions of this clause do not apply where the protective clothing is supplied to the employee at the employer's expense. In that case the clothing will remain the property of the employer and will be returned by the employee to the employer upon termination in good condition, fair wear and tear excepted.</p>
<p><b>Electrical, Electronic and Communications Contracting Award 2010</b></p>	<p><b>17. Allowances</b>  <b>17.2 All-purpose allowances</b>  <b>(a) Industry allowance</b>  An all-purpose allowance of 3.7% of the standard weekly rate per week will be paid as compensation for the following disabilities associated with on-site work:</p> <ul style="list-style-type: none"> <li>(i) climatic conditions when working in the open on all types of work;</li> <li>(ii) the physical disadvantage of having to climb stairs or ladders;</li> <li>(iii) the disability of dust and fumes blowing in the wind, brick dust and drippings from newly poured concrete;</li> <li>(iv) sloppy and muddy conditions associated with the initial stages of on-site construction work;</li> <li>(v) the disability of working on all types of scaffolding, excluding swing scaffolding; and/or</li> <li>(vi) the lack of usual permanent amenities associated with factory work.</li> </ul>	<p><b>All-purpose industry allowance</b>  \$31.91 per week</p>	<p><b>18.3 Clothing and equipment</b></p> <p>(a) Employees required by the employer to wear uniforms will be supplied with an adequate number of uniforms appropriate to the occupation free of cost to employees. Such items are to remain the property of the employer and be laundered and maintained by such employer free of cost to the employee.</p> <p>(b) Instead of the provision of such uniforms, the employer may, by agreement with the employee, pay such employee a uniform allowance at the rate of \$1.23 per shift or part thereof on duty or \$6.24 per week, whichever is the lesser amount. Where such employee's uniforms are not laundered by or at the expense of the employer, the</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>employee will be paid a laundry allowance of \$0.32 per shift or part thereof on duty or \$1.49 per week, whichever is the lesser amount.</p> <p>(c) The uniform allowance, but not the laundry allowance, will be paid during all absences on leave, except absences on long service leave and absence on personal/carer's leave beyond 21 days. Where, prior to the taking of leave, an employee was paid a uniform allowance other than at the weekly rate, the rate to be paid during absence on leave will be the average of the allowance paid during the four weeks immediately preceding the taking of leave.</p> <p>(d) Where an employer requires an employee to wear rubber gloves, special clothing or where safety equipment is required for the work performed by an employee, the employer must reimburse the employee for the cost of purchasing such special clothing or safety equipment, except where such clothing or equipment is provided by the employer.</p>
	<p><b>17.4 Special allowances—work related</b></p> <p><b>(iii) Multistorey allowance</b></p> <p>Except as provided for in clause 17.4(a)(iv), the following allowances must be paid to all employees on the building site. The second and</p>	<p><b>Multistorey allowance</b></p> <p><u>0 to 15 floors</u></p> <p>\$0.59 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs												
	<p>subsequent allowance scales will, where applicable, commence to apply to all employees when one of the following components of the building—structural steel, reinforcing steel, boxing or walls—rises above the floor level first designated in each such allowance scale.</p> <table border="1" data-bbox="533 496 1285 1026"> <thead> <tr> <th data-bbox="533 496 779 555">Storey</th> <th data-bbox="779 496 1285 555">% of hourly <u>standard rate</u> per hour</th> </tr> </thead> <tbody> <tr> <td data-bbox="533 555 779 651">0–15 floors</td> <td data-bbox="779 555 1285 651">2.6</td> </tr> <tr> <td data-bbox="533 651 779 746">16–30 floors</td> <td data-bbox="779 651 1285 746">3.2</td> </tr> <tr> <td data-bbox="533 746 779 842">31–45 floors</td> <td data-bbox="779 746 1285 842">4.9</td> </tr> <tr> <td data-bbox="533 842 779 938">46–60 floors</td> <td data-bbox="779 842 1285 938">6.2</td> </tr> <tr> <td data-bbox="533 938 779 1026">more than 60 floors</td> <td data-bbox="779 938 1285 1026">7.9</td> </tr> </tbody> </table>	Storey	% of hourly <u>standard rate</u> per hour	0–15 floors	2.6	16–30 floors	3.2	31–45 floors	4.9	46–60 floors	6.2	more than 60 floors	7.9	<p><u>16 to 30 floors</u> \$0.73 per hour</p> <p><u>31 to 45 floors</u> \$1.11 per hour</p> <p><u>46 to 60 floors</u> \$1.41 per hour</p> <p><u>More than 60 floors</u> \$1.79 per hour</p>	
Storey	% of hourly <u>standard rate</u> per hour														
0–15 floors	2.6														
16–30 floors	3.2														
31–45 floors	4.9														
46–60 floors	6.2														
more than 60 floors	7.9														
	<p><b>(b) Towers allowance</b></p> <p>(i) An employee working on a chimney stack, spire, tower radio or television mast or tower, air shaft (other than above ground in a multistorey building), lift shaft, service shaft, cooling tower or silo, where the construction exceeds 15 metres in height will be paid for all work above 15 metres an allowance of 3.2% of the hourly standard rate per hour and for work above each further 15 metres an additional allowance of 3.2% of the hourly standard rate per hour.</p>	<p><b>Towers allowance</b></p> <p><u>Construction over 15 metres in height</u> \$0.73 per hour</p> <p><u>For each further 15 metres</u> \$0.73 per hour</p>													

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
<b>Electrical Power Industry Award 2020</b>	<b>17. Allowances</b> <b>17.2 Wage-related allowances</b> <b>(d) Open cut brown coal mine allowance</b> An employee will be paid an allowance of \$94.93 per week when exposed to the conditions and elements existing in an open cut brown coal mine without the protection afforded by an office or motor vehicle.	<b>Open cut brown coal mine allowance</b> \$94.93 per week	
	<b>17.2 Wage-related allowances</b> <b>(g) Transmission allowance</b> An employee will be paid an allowance of \$51.78 per week when required to perform work on overhead or underground power lines or any closely associated plant or equipment for the transmission or distribution of electricity (including substations, transformer stations, public lighting and switchboards or distribution boards).	<b>Transmission allowance</b> \$51.78 per week	
<b>Fast Food Industry Award 2010</b>	<b>19. Allowances</b> <b>19.8 Cold work disability allowance</b> (a) Employees principally employed on any day to enter cold chambers and/or to stock and refill refrigerated storages such as dairy cases or freezer cabinets will be paid an allowance per hour, while so employed, of 1.3% of the standard rate. (b) An employee required to work in a cold chamber where the temperature is below 0°C will in addition to the allowance in clause 19.8(a) also be paid an additional allowance per hour, while so employed, of 2% of the standard rate.	<b>Cold Chambers</b> \$0.30 per hour <b>Cold Chambers below 0 degrees Celsius</b> \$0.45 per hour	
<b>Fire Fighting Industry Award 2010</b>			<b>17.1 Uniform and equipment allowance</b>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>(a) The employer will reimburse each employee for the cost of purchasing, replacing, repairing and/or cleaning the articles of clothing and/or equipment that must be worn and/or used by the employee. This provision will not apply where such clothing and equipment is provided, replaced, repaired and/or cleaned or paid for by the employer.</p> <p>(b) The replacement, repairs and/or cleaning of the articles of clothing and equipment will occur when reasonably required by each employee and/or when the uniform or equipment becomes so soiled or damaged that it requires cleaning, repair, or replacement.</p>
<b>Food, Beverage and Tobacco Manufacturing Award 2010</b>	<p><b>26.3 Special rates</b></p> <p><b>(b) Cold places</b></p> <p>An employee who works for more than one hour in places where the temperature is reduced by artificial means below 0 degrees Celsius must be paid 2.8% of the standard rate per hour extra. In addition, where the work continues for more than two hours, the employee is entitled to 20 minutes' rest after every two hours' work without loss of pay.</p>	<p><b>Cold places allowance</b></p> <p>\$0.64 per hour</p>	
	<p><b>(c) Hot places</b></p> <p>(i) An employee who works for more than one hour in the shade in places where the temperature is raised by artificial means must be paid:</p>	<p><b>Hot places allowance</b></p> <p><u>Artificially raised to between 46°C and 54°C</u></p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Temperature</th> <th style="width: 20%; text-align: left;">Amount of the standard rate</th> </tr> </thead> <tbody> <tr> <td style="border-top: 1px solid black;">Between 46 and 54 degrees Celsius</td> <td style="border-top: 1px solid black;">2.9% per hour extra</td> </tr> <tr> <td style="border-top: 1px solid black;">In excess of 54 degrees Celsius</td> <td style="border-top: 1px solid black;">3.8% per hour extra</td> </tr> </tbody> </table> <p>(ii) In addition, where work continues for more than two hours in temperatures exceeding 54 degrees Celsius, the employee is entitled to 20 minutes' rest after every two hours work without loss of pay.</p> <p>(iii) The temperature is to be determined by the supervisor after consultation with the employee who claims the extra rate.</p>	Temperature	Amount of the standard rate	Between 46 and 54 degrees Celsius	2.9% per hour extra	In excess of 54 degrees Celsius	3.8% per hour extra	<p>\$0.66 per hour Artificially raised to above <del>54°C</del></p> <p>\$0.86 per hour</p>	
Temperature	Amount of the standard rate								
Between 46 and 54 degrees Celsius	2.9% per hour extra								
In excess of 54 degrees Celsius	3.8% per hour extra								
	<p><b>(d) Wet places</b></p> <p>(i) An employee working in any place where their clothing or boots become saturated by water, oil or another substance, must be paid 2.9% of the standard rate per hour extra. Any employee who becomes entitled to this extra rate must be paid such rate only for the part of the day or shift that they are required to work in wet clothing or boots.</p> <p>(ii) Clause 26.3(d)(i) does not apply to an employee who is provided by the employer with suitable and effective protective clothing and/or footwear.</p>	<p><b>Wet places allowance</b></p> <p>\$0.66 per hour</p>							
	<p><b>(e) Confined spaces</b></p> <p>An employee working in a confined space must be paid 3.8% of the standard rate per hour extra.</p>	<p><b>Confined spaces allowance</b></p> <p>\$0.86 per hour</p>							



Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p><b>(f) Dirty or dusty work</b> An employee who performs work of an unusually dirty, dusty or offensive nature must be paid 2.9% of the standard rate per hour extra.</p>	<p><b>Dirty, dusty or offensive work</b> \$0.66 per hour</p>	
	<p><b>(g) Fumigation gas</b> An employee using methyl bromide gas in fumigation work must be paid 38.2% of the standard rate per day extra for any day on which the employee is required to use such gas.</p>	<p><b>Using fumigation gas</b> \$8.67 per day</p>	
<p><b>General Retail Industry Award 2010</b></p>	<p><b>20. Allowances</b> <b>20.8 Cold work disability allowance</b> (a) Employees principally employed on any day to enter cold chambers and/or to stock and refill refrigerated storages such as dairy cases or freezer cabinets will be paid an allowance per hour, while so employed, of 1.3% of the standard rate.  (b) An employee required to work in a cold chamber where the temperature is below 0°C will in addition to the allowance in 20.8(a) also be paid an allowance per hour, while so employed, of 2% of the standard rate.</p>	<p><b>Cold chambers; stocking and refilling refrigerated storages</b> \$0.30 per hour  <b>Cold chambers; below 0°C—additional to clause 20.8(a)</b>  \$0.45 per hour</p>	
<p><b>Health Professionals and Support Services Award 2010</b></p>	<p><b>18. Allowances</b> <b>18.6 Heat allowance</b> (a) Where work continues for more than two hours in temperatures exceeding 46 degrees Celsius employees will be entitled to 20 minutes rest after every two hours work without deduction of pay.</p>	<p><b>Heat Allowance</b> <u>0.05%</u> \$0.45 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>(b) It will be the responsibility of the employer to ascertain the temperature.</p> <p>(c) The following amounts will be paid to employees employed at their current place of work prior to 8 August 1991, in the prescribed circumstances in addition to any other amounts specified elsewhere in this award.</p> <p>Where an employee works for more than one hour in the shade in places where the temperature is raised by artificial means and:</p> <p style="padding-left: 40px;">(i) exceeds 40 degrees Celsius but does not exceed 46 degrees Celsius—0.05% of the standard rate per hour or part thereof.</p> <p style="padding-left: 40px;">(ii) exceeds 46 degrees Celsius—0.06% of standard rate per hour or part thereof.</p>	<p><u>0.27%:</u></p> <p>\$2.54 per week</p>	
	<p><b>18.8 Nauseous work allowance</b></p> <p>An allowance of 0.05% of the standard rate per hour or part thereof will be paid to an employee in any classification if they are engaged in handling linen of a nauseous nature other than linen sealed in airtight containers and/or for work which is of an unusually dirty or offensive nature having regard to the duty normally performed by such employee in such classification. Any employee who is entitled to be paid this allowance will be paid a minimum sum of 0.27% of the standard rate for work performed in any week.</p>	<p><b>Handling Linen</b></p> <p>\$0.45 per hour</p> <p><b>Minimum amount payable in any week</b></p> <p>\$2.54 per week</p>	
<p><b>Horticulture Award 2010</b></p>	<p><b>18. Allowances</b></p> <p><b>18.1 All-purpose allowances</b></p> <p><b>(b) Wet work allowance</b></p> <p>An employee who, on any one day, is required to work in a wet place must be paid an amount of 10% of the standard rate for each hour that they are required to work in the wet place, unless provided with adequate protection. A wet place will mean a place where the clothing of the</p>	<p><b>Wet Work Allowance</b></p> <p>\$2.01 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	employee becomes saturated or a place where the employee has to stand in water or slush so that the employee's feet become wet.		
<b>Hydrocarbons Industry (Upstream) Award 2020</b>	<p><b>20. Allowances</b></p> <p><b>20.2 Wage-related allowances</b></p> <p><b>(b) Industry allowance</b></p> <p>(i) Employees will be paid an all-purpose industry allowance of \$51.41 per week.</p> <p>(ii) The industry allowance recognises and is in payment for all aspects of work in the industry, including but not limited to the location and nature of hydrocarbons operations, dislocation, clothing, boiler cleaning, dirt, wet, height, fumes, heat, cold, confined space, and all other disabilities not expressly dealt with under clause 20.2.</p>	<p><b>Industry Allowance</b></p> <p>\$51.41 per week.</p>	
<b>Joinery and Building Trades Award 2010</b>	<p><b>24. Allowances and special rates</b></p> <p><b>24.3 Special rates</b></p> <p><b>(a) Asbestos</b></p> <p>An employee required to wear protective equipment (i.e. combination overalls and breathing equipment or similar apparatus) required by the appropriate occupational health authority when using materials containing asbestos or working in close proximity to an employee using such materials must be paid 4% of the standard rate per hour extra while wearing such equipment.</p> <p><b>(c) Cold work</b></p> <p>An employee working for more than one hour in a place where the temperature is reduced by artificial means below zero degrees Celsius must be paid 3.2% of the standard rate per hour or part thereof extra. Where such work continues for more than two hours, the employee is</p>	<p><b>Asbestos allowance</b></p> <p>\$0.91 per hour</p> <p><b>Cold work allowance</b></p> <p>\$0.73 per hour or part thereof</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs								
	entitled to 20 minutes rest after every two hours work without loss of pay, not including the special rate provided by clause 24.3(c).										
	<p><b>(e) Confined space</b></p> <p>An employee required to work in a confined space must be paid 4% of the standard rate per hour or part thereof extra.</p>	<p><b>Confined space allowance</b></p> <p>\$0.91 per hour or part thereof</p>									
	<p><b>(f) Dirty work</b></p> <p>An employee engaged in unusually dirty work must be paid 3.2% of the standard rate per hour extra.</p>	<p><b>Dirty work allowance</b></p> <p>\$0.73 per hour</p>									
	<p><b>(i) Heavy blocks</b></p> <p>An employee handling, lifting and placing heavy blocks must be paid:</p> <table border="1" data-bbox="533 874 1299 1220"> <thead> <tr> <th data-bbox="533 874 1191 938">Weight</th> <th data-bbox="1191 874 1299 938">Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="533 938 1191 1034">Where the blocks weigh over 5.5kg and under 9kg</td> <td data-bbox="1191 938 1299 1034">3.2% per hour</td> </tr> <tr> <td data-bbox="533 1034 1191 1129">Where the blocks weigh 9kg or over and up to 18kg</td> <td data-bbox="1191 1034 1299 1129">5.8% per hour</td> </tr> <tr> <td data-bbox="533 1129 1191 1220">Where the blocks weigh over 18kg</td> <td data-bbox="1191 1129 1299 1220">8.2% per hour</td> </tr> </tbody> </table>	Weight	Amount	Where the blocks weigh over 5.5kg and under 9kg	3.2% per hour	Where the blocks weigh 9kg or over and up to 18kg	5.8% per hour	Where the blocks weigh over 18kg	8.2% per hour	<p><b>Heavy blocks allowance</b></p> <p><u>Blocks over 5.5kg and under 9kg</u></p> <p>\$0.73 per hour</p> <p><u>Blocks 9kg or over and up to 18kg</u></p> <p>\$1.32 per hour</p> <p><u>Blocks over 18kg</u></p> <p>\$0.91 per hour</p>	
Weight	Amount										
Where the blocks weigh over 5.5kg and under 9kg	3.2% per hour										
Where the blocks weigh 9kg or over and up to 18kg	5.8% per hour										
Where the blocks weigh over 18kg	8.2% per hour										
	<p><b>(j) Hot bitumen</b></p> <p>An employee handling hot bitumen or asphalt or dipping materials in creosote must be paid 4% of the standard rate per hour extra.</p>	<p><b>Hot bitumen allowance</b></p> <p>\$0.91 per hour</p>									

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs						
	<p><b>(k) Hot places</b></p> <p>(i) An employee who works for more than one hour in the shade in places where the temperature is raised by artificial means must be paid:</p> <table border="1" data-bbox="533 448 1299 730"> <tr> <td data-bbox="533 448 987 512">Temperature</td> <td data-bbox="987 448 1299 512">Amount of the standard rate</td> </tr> <tr> <td data-bbox="533 512 987 635">Between 46 and 54 degrees Celsius</td> <td data-bbox="987 512 1299 635">3.2% per hour or part thereof extra</td> </tr> <tr> <td data-bbox="533 635 987 730">In excess of 54 degrees Celsius</td> <td data-bbox="987 635 1299 730">4% per hour or part thereof</td> </tr> </table>	Temperature	Amount of the standard rate	Between 46 and 54 degrees Celsius	3.2% per hour or part thereof extra	In excess of 54 degrees Celsius	4% per hour or part thereof	<p><b>Hot places allowance</b></p> <p><u>Between 46 and 54C</u></p> <p>\$0.73 per hour or part thereof</p> <p><u>In excess of 54C</u></p> <p>\$0.91 per hour or part thereof</p>	
Temperature	Amount of the standard rate								
Between 46 and 54 degrees Celsius	3.2% per hour or part thereof extra								
In excess of 54 degrees Celsius	4% per hour or part thereof								
	<p><b>(m) Wet work</b></p> <p>(i) An employee who is working in any place where water is continually dripping on the employee so that clothing and boots become wet, or where there is water underfoot, must be paid 3.2% of the standard rate per hour extra while so engaged.</p> <p>(ii) An employee engaged on stonemasonry work in a cemetery who is required to work under unusually muddy or sloppy conditions must be paid 3.8% of the standard rate per hour extra instead of the allowance in clause 24.3(m)(i).</p> <p>(iii) Where an employer and an employee engaged on fixing work in a cemetery agree that such work cannot be carried out owing to wet weather, the employer must provide the employee with other work or pay the employee for the time so lost.</p>	<p><b>Wet work allowance</b></p> <p><u>Water continually dripping or wet underfoot</u></p> <p>\$0.73 per hour</p> <p><u>Stonemasonry work in a cemetery</u></p> <p>\$0.86 per hour</p>							
	<p><b>(n) Tower allowance</b></p> <p>An employee who is working on a chimney stack, spire tower, radio or television mast or tower, air shaft (other than above ground in a multistorey building), cooling tower, water tower or silo where the</p>	<p><b>Tower allowance</b></p> <p><u>Exceeds 15m in height</u></p> <p>\$0.73 per hour</p>							

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs						
	<p>construction exceeds 15 metres in height must be paid 3.2% of the standard rate per hour extra for all work above 15 metres and a further 3.2% of the standard rate per hour extra for work above each additional 15 metres.</p> <p><b>(t) Toxic substance</b></p> <p>(i) An employee using toxic substances or materials of a like nature must be paid 4% of the standard rate per hour extra. An employee working in close proximity to an employee so engaged must be paid 3.2% of the standard rate per hour extra.</p> <p>(ii) For the purpose of clause 24.3(t)(i), toxic substances include epoxy based materials and all materials which include or require the addition of a catalyst hardener and reactive additives or two-pack catalyst systems are deemed to be materials of a like nature.</p>	<p><u>Each additional 15m in height</u></p> <p>A further \$0.73 per hour</p> <p><b>Toxic substances allowance</b></p> <p><u>Working with toxic substances</u></p> <p>\$0.91 per hour</p> <p><u>Working in close proximity to toxic substances</u></p> <p>\$0.73 per hour</p>							
<p><b>Meat Industry Award 2010</b></p>	<p><b>26. Allowances</b></p> <p><b>26.3 Cold temperature allowance</b></p> <p>Where a person employed under this award is required to work in a temperature artificially reduced below zero degrees Celsius the employee will be paid at the rate set out in the table below for every hour or part of an hour for which, in the aggregate, the employee is so required to work:</p> <table border="1" data-bbox="533 1114 1296 1396"> <thead> <tr> <th data-bbox="533 1114 1077 1177">Temperature range (Celsius scale)</th> <th data-bbox="1077 1114 1296 1177">% of the standard</th> </tr> </thead> <tbody> <tr> <td data-bbox="533 1177 1077 1273">Below zero but not below -16 degrees</td> <td data-bbox="1077 1177 1296 1273">2.6</td> </tr> <tr> <td data-bbox="533 1273 1077 1396">Below -16 degrees but not below -18 degrees</td> <td data-bbox="1077 1273 1296 1396">4.5</td> </tr> </tbody> </table>	Temperature range (Celsius scale)	% of the standard	Below zero but not below -16 degrees	2.6	Below -16 degrees but not below -18 degrees	4.5	<p><b>Cold Temperature Allowance</b></p> <p><u>Below zero but not below -160C</u></p> <p>\$0.59 per hour</p> <p><u>Below -160C but not below -180C</u></p> <p>\$1.02 per hour</p> <p><u>Below -18 0C but not below -21 0C</u></p> <p>\$1.45 per hour</p> <p><u>Below -21 0C</u></p> <p>\$1.97 per hour</p>	
Temperature range (Celsius scale)	% of the standard								
Below zero but not below -16 degrees	2.6								
Below -16 degrees but not below -18 degrees	4.5								

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p style="text-align: center;">Below -18 degrees but not below -21 degrees      6.4</p> <hr/> <p style="text-align: center;">Below -21 degrees      8.7</p> <hr/>		
<b>Plumbing and Fire Sprinklers Award 2010</b>	<p><b>21. Allowances</b></p> <p><b>21.1 All-purpose allowances</b></p> <p><b>(b) Industry allowance</b></p> <p>All employees in the plumbing and mechanical services classifications must be paid an industry allowance of 3.7% of the weekly standard rate per week to compensate for the following disabilities associated with construction work:</p> <ul style="list-style-type: none"> <li>(i) climatic conditions when working in the open air on all types of work;</li> <li>(ii) the physical disadvantage of having to climb stairs or ladders;</li> <li>(iii) the disability of dust blowing in the wind, brick dust and drippings from newly-poured concrete;</li> <li>(iv) sloppy and muddy conditions associated with the initial stage of the erection of a building;</li> <li>(v) the disability of working on all types of scaffolds or ladders (other than a swing scaffold, suspended scaffold or a bosun's chair); and</li> </ul>	<p><b>Industry allowance</b></p> <p>\$31.91 per week</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs												
	(vi) the lack of the usual amenities associated with factory work (e.g. meal rooms, change rooms, lockers).														
	<p><b>21.6 Other disability related allowances paid on a per incidence basis calculated hourly</b></p> <table border="1" data-bbox="421 368 1290 1155"> <thead> <tr> <th data-bbox="421 368 1115 564">Storey</th> <th data-bbox="1115 368 1290 564">% of hourly standard rate</th> </tr> </thead> <tbody> <tr> <td data-bbox="421 564 1115 655">From commencement of building to 15th floor level</td> <td data-bbox="1115 564 1290 655">2.6</td> </tr> <tr> <td data-bbox="421 655 1115 746">From 16th floor level to 30th floor level</td> <td data-bbox="1115 655 1290 746">3.1</td> </tr> <tr> <td data-bbox="421 746 1115 837">From 31st floor level to 45th floor level</td> <td data-bbox="1115 746 1290 837">4.8</td> </tr> <tr> <td data-bbox="421 837 1115 928">From 46th floor level to 60th floor level</td> <td data-bbox="1115 837 1290 928">6.2</td> </tr> <tr> <td data-bbox="421 928 1115 1019">From 61st floor level onwards</td> <td data-bbox="1115 928 1290 1019">7.7</td> </tr> </tbody> </table>	Storey	% of hourly standard rate	From commencement of building to 15th floor level	2.6	From 16th floor level to 30th floor level	3.1	From 31st floor level to 45th floor level	4.8	From 46th floor level to 60th floor level	6.2	From 61st floor level onwards	7.7	<p><b>Multi-storey work allowance</b></p> <p><u>From commencement of building to 15th floor level</u> \$0.59 per hour</p> <p><u>From 16th floor level to 30th floor level</u> \$0.70 per hour</p> <p><u>From 31st floor level to 45th floor level</u> \$1.09 per hour</p> <p><u>From 46th floor level to 60th floor level</u> \$1.41 per hour</p> <p><u>From 61st floor level onwards</u> \$1.75 per hour</p>	
Storey	% of hourly standard rate														
From commencement of building to 15th floor level	2.6														
From 16th floor level to 30th floor level	3.1														
From 31st floor level to 45th floor level	4.8														
From 46th floor level to 60th floor level	6.2														
From 61st floor level onwards	7.7														
	<p><b>(c) Asbestos eradication</b></p> <p>Employees engaged in work involving the removal or any other method of neutralisation of any material which consists of or contains asbestos, must be paid an additional 10.8% of the hourly standard rate per hour worked instead of the special rates prescribed in clause 21.7, with the exception of clauses 21.7(f) and 21.7(k).</p>	<p><b>Asbestos eradication allowance</b></p> <p>\$2.45 per hour</p>													



Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p><b>(d) Asbestos materials</b></p> <p>Employees required to wear protective equipment (i.e. combination overalls and breathing equipment or similar apparatus) as part of the necessary safeguards required by the appropriate occupational health authority for the use of materials containing asbestos or to work in close proximity to employees using such materials must be paid an additional 4.0% of the hourly standard rate per hour whilst wearing such equipment.</p>	<p><b>Asbestos materials allowance</b></p> <p>\$0.91 per hour</p>	
	<p><b>(e) Bitumen work</b></p> <p>An employee handling hot bitumen or asphalt or dipping materials in creosote must be paid an additional 4.0% of the hourly standard rate per hour.</p>	<p><b>Bitumen work</b></p> <p>\$0.91 per hour</p>	
	<p><b>(f) Cold work</b></p> <p>(i) An employee who works in a place where the temperature is lowered by artificial means to less than 0° Celsius must be paid an additional 3.2% of the hourly standard rate per hour.</p> <p>(ii) Where such work continues for more than two hours, the employee will be entitled to a 20 minute rest after every two hours work without loss of pay, not including the special rate provided by this subclause.</p>	<p><b>Cold work allowance</b></p> <p>\$0.73 per hour</p>	
	<p><b>(k) Hot work</b></p> <p>(i) An employee who works in a place where the temperature has been raised by artificial means to between 46° and 54° Celsius must be paid an additional 3.2% of the hourly standard rate per hour or part thereof; with an additional 4% of the hourly standard rate per hour or part thereof, where the temperature exceeds 54° Celsius.</p> <p>(ii) Where such work continues for more than two hours, the employee will be entitled to 20 minutes rest after every two hours work without loss of pay, not including the special rate provided by this subclause.</p>	<p><b>Hot work allowance</b></p> <p><u>Between 46° and 54° Celsius</u></p> <p>\$0.73 per hour or part thereof</p> <p><u>Exceeds 54° Celsius</u></p> <p>\$0.91 per hour or part thereof</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p><b>(n) Towers</b></p> <p>An employee working on a chimney stack, spire, tower, radio or television mast or tower, air shaft (other than above ground in a multistorey building), cooling tower, water tower or silo, where the construction exceeds 15 metres in height, must be paid for all work above 15 metres an additional 3.2% of the hourly standard rate per hour, with an additional 3.2% of the hourly standard rate per hour for work above each further 15 metres.</p>	<p><b>Towers—exceeding 15 metres</b></p> <p>\$0.73 per hour</p> <p><b>Towers—each further 15 metres</b></p> <p>\$0.73 per hour</p>	
	<p><b>(o) Toxic substances</b></p> <p>(i) Employees using toxic substances or materials of a like nature must be paid an additional 4.5% of the hourly standard rate per hour. Employees working in close proximity to employees so engaged must be paid an additional 3.2% of the hourly standard rate per hour.</p>	<p><b>Toxic substances allowance</b></p> <p>\$1.02 per hour</p> <p><b>Working in close proximity to toxic substances</b></p> <p>\$0.73 per hour</p>	
<p><b>Ports, Harbours and Enclosed Water Vessels Award 2010</b></p>	<p><b>14. Allowances</b></p> <p><b>14.8 Dirty work</b></p> <p>(a) An employee called upon to perform work which is more dirty or offensive than would normally apply will be paid an additional 0.07% of the standard rate per hour for the time spent on such work.</p> <p>(b) Provided that, instead of the above allowance, for all work an employee is required to perform alongside vessels in discharging alumina, petroleum, coke, sulphur, anhydrous ammonia and all phosphates, the employee will be paid an allowance of 0.18% of the standard rate per hour. Such employee will be eligible for this payment from the time the barge ties up to the vessel until the time it returns to its berth at the completion of the bunker.</p>	<p><b>Dirty or offensive work allowance</b></p> <p>\$0.64 per hour</p> <p><b>Dirty work allowance—work alongside vessels in discharging alumina, petroleum, coke etc</b></p> <p>\$1.64 per hour</p>	<p><b>14.5 Protective clothing</b></p> <p>On request an employee will be supplied by the employer with an oilskin, sou'wester, sea boots, overalls, gloves, hard hats, sunscreen lotion, safety glasses, safety shoes, sunglasses and ear protection devices for their own use when it is reasonably necessary to wear such protective clothing</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs				
	<p><b>14.9 Wet work</b></p> <p>(a) Any employee working in water or wet places will be paid an extra allowance of 0.03% of the standard rate per hour.</p> <p>(b) Wet places mean places where, in the performance of the work, the splashing of water or mud saturates the employee's clothing, or where protection is not provided to prevent splashing or dripping sufficient to saturate their clothing, and will include wet material or wet ground in which it is impracticable for the employee wearing ordinary working boots to work without getting wet feet. Provided this clause will not apply to employees working on natural surfaces made wet by rain.</p>	<p><b>Wet work allowance</b></p> <p>\$0.27 per hour</p>					
	<p><b>14.21 Ships stranded or wrecked or on fire</b></p> <p>(a) If a ship in the course of a voyage becomes wrecked or stranded and the employees are called on for special efforts while the ship is still wrecked or stranded they will, for the time during which they so assist, be paid 1.71% of the standard rate per hour.</p>	<p><b>Special efforts allowance—ships stranded or wrecked or on fire</b></p> <p>\$15.57 per hour</p>					
<p><b>Poultry Processing Award 2010</b></p>	<p><b>20. Allowances and special rates</b></p> <p><b>20.2 Other allowances</b></p> <p><b>(c) Cold work</b></p> <p>An employee working for more than one hour in a place where the temperature is reduced by artificial means must be paid the following percentage of the standard rate per hour or part thereof extra:</p> <table border="0" data-bbox="533 1193 1299 1353"> <thead> <tr> <th data-bbox="533 1193 936 1257">Temperature</th> <th data-bbox="936 1193 1299 1257">Amount of the standard rate</th> </tr> </thead> <tbody> <tr> <td data-bbox="533 1257 936 1353">From -15.6°C to -18.0°C</td> <td data-bbox="936 1257 1299 1353">3.7% per hour or part thereof</td> </tr> </tbody> </table>	Temperature	Amount of the standard rate	From -15.6°C to -18.0°C	3.7% per hour or part thereof	<p><b>Cold work allowance</b></p> <p><u>From -15.6°C to -18.0°C</u></p> <p>\$0.77 per hour or part thereof</p> <p><u>Less than -18.0°C to -23.3°C</u></p> <p>\$1.35 per hour or part thereof</p> <p><u>Less than -23.3°C</u></p> <p>\$2.11 per hour or part thereof</p>	
Temperature	Amount of the standard rate						
From -15.6°C to -18.0°C	3.7% per hour or part thereof						

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p style="text-align: center;">Less than –18.0°C to – 23.3°C</p> <hr/> <p style="text-align: center;">Less than –23.3°C</p> <hr/>	<p style="text-align: center;">6.5% per hour or part thereof extra</p> <hr/> <p style="text-align: center;">10.2% per hour or part thereof extra</p> <hr/>	
<b>Rail Industry Award 2010</b>	<p><b>15. Allowances and Expenses</b></p> <p><b>15.4 Allowances and special rates for responsibilities, skills or disabilities that are not taken into account in rates of pay— applicable to technical and civil infrastructure employees</b></p> <p><b>(c) Wet places</b></p> <p>(i) An employee working in any place where their clothing or boots become saturated by water, oil or another substance, must be paid 2.9% of the standard rate per hour extra. Any employee who becomes entitled to this extra rate must be paid such rate only for the part of the day or shift that they are required to work in wet clothing or boots.</p> <p>(ii) This clause does not apply to an employee who is provided by the employer with suitable and effective protective clothing and/or footwear.</p> <p><b>(d) Confined spaces</b></p> <p>An employee working in a confined space must be paid 3.8% of the standard rate per hour extra.</p> <p><b>(e) Dirty work</b></p> <p>Where an employee and their supervisor agree that work is of an unusually dirty or offensive nature, the employee must be paid 2.9% of the standard rate per hour extra.</p>	<p><b>Wet places allowance</b></p> <p>\$0.66 per hour</p> <hr/> <p><b>Confined spaces allowance</b></p> <p>\$0.86 per hour</p> <hr/> <p><b>Dirty work allowance</b></p> <p>\$0.66 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p><b>(f) Height money</b></p> <p>An employee other than a linesperson, linesperson's assistant or rigger and splicer, engaged in the construction, erection, repair and/or maintenance of structures at a height in each case of 15 metres or more directly above the nearest horizontal plane is to be paid 2.1% of the standard rate per hour extra.</p>	<p><b>Height money</b></p> <p>\$0.48 per hour</p>	
	<p><b>(g) Insulation materials</b></p> <p>An employee handling loose slag wool, loose insulwool or other loose material of a like nature used for providing insulation against heat, cold or noise, must be paid 3.8% of the standard rate per hour extra.</p>	<p><b>Insulation Materials</b></p> <p>\$0.86 per hour</p>	
	<p><b>(i) Foundry allowance</b></p> <p>(i) An employee working in a foundry must be paid an allowance of 2.2% of the standard rate per hour extra for each hour worked to compensate for all disagreeable features associated with foundry work including heat, fumes, atmospheric conditions, sparks, dampness, confined spaces and noise.</p> <p>(ii) The foundry allowance is payable instead of any payment otherwise due under clause 15.4.</p>	<p><b>Foundry allowance</b></p> <p>\$0.50 per hour</p>	
<p><b>Road Transport and Distribution Award 2010</b></p>	<p><b>16. Allowances</b></p> <p><b>16.2 Allowances for responsibilities or skills that are not taken into account in rates of pay:</b></p> <p><b>(d) Dangerous goods</b></p> <p>(i) A driver engaged in the transport of bulk dangerous goods or carting explosives in conformity with the Australian explosives code by public road must receive an allowance of 2.37% of the standard rate per day. Bulk dangerous goods are those goods</p>	<p><b>16.2(d)(i)</b></p> <p>\$19.30 per day</p> <p><b>16.2(d)(ii)</b></p> <p>\$8.06 per day</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>defined as such in the Australian Dangerous Goods Code as amended from time to time.</p> <p>(ii) A driver engaged in the transport of packaged dangerous goods which requires placarding by public road must receive an allowance of 0.99% of the standard rate per day. Packaged goods which require placarding are those goods defined as such in the Australian Dangerous Goods Code as amended from time to time.</p>		
<p><b>Road Transport (Long Distance Operations) Award 2010</b></p>	<p><b>14. Allowances</b></p> <p><b>14.1 Allowances for responsibilities or skills</b></p> <p><b>(d) Dangerous goods allowance</b></p> <p>(i) A driver engaged in the transport of bulk dangerous goods or carting explosives in accordance with the Australian Explosives Code by Public Road must receive an allowance of 2.27% of the standard rate per day. Bulk dangerous goods are those goods defined as such in the Australian Dangerous Goods Code as amended from time to time</p> <p>(ii) A driver engaged in the transport of packaged dangerous goods which require placarding by public road must receive an allowance of 0.95% of the standard rate per day. Packaged goods which require placarding are those goods defined as such in the Australian Dangerous Goods Code as amended from time to time.</p>	<p><b>14.1 (d)(i)</b> \$19.28 per day</p> <p><b>14.1 (d)(ii)</b> \$8.07 per day</p>	
<p><b>Social, Community, Home Care and Disability Services Industry Award 2010</b></p>	<p><b>20. Allowances</b></p> <p><b>20.7 Heat allowance</b></p> <p>(a) Where work continues for more than two hours in temperatures exceeding 46 degrees Celsius employees will be entitled to 20 minutes rest after every two hours' work without deduction of pay.</p>	<p><b>Exceeds 40 degrees Celsius but does not exceed 46 degrees Celsius</b></p> <p>\$0.49 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs								
	<p>(b) It will be the responsibility of the employer to ascertain the temperature.</p> <p>(c) The following amounts will be paid to employees employed at their current place of work prior to 8 August 1991, in the prescribed circumstances in addition to any other amounts specified elsewhere in this award. Where an employee works for more than one hour in the shade in places where the temperature is raised by artificial means and:</p> <p style="padding-left: 40px;">(i) exceeds 40 degrees Celsius but does not exceed 46 degrees Celsius—0.05% of the standard rate per hour or part thereof; or</p> <p style="padding-left: 40px;">(ii) exceeds 46 degrees Celsius—0.06% of standard rate per hour or part thereof.</p>	<p><b>Exceeds 46 degrees Celsius</b></p> <p>\$0.59 per hour</p>									
<p><b>Stevedoring Industry Award 2020</b></p>	<p><b>18. Allowances</b></p> <p><b>18.2 Wage Related Allowances</b></p> <p><b>(h) Stevedoring operations allowance—other than in terminal operations</b></p> <p>Employees engaged in stevedoring operations other than in terminal operations will receive the following extra rates per hour when working on the cargoes or in the circumstances referred to below.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black; padding: 5px 0 5px 40px;">Nature of work</td> <td style="width: 20%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px 0 5px 40px;">Explosives</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px 0 5px 40px;">Bulk grain – barley and oats</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px 0 5px 40px;">Bulk grain – others</td> <td></td> </tr> </table>	Nature of work		Explosives		Bulk grain – barley and oats		Bulk grain – others		<p><b>Freezer cargoes - the temperature in the place of work is below -12°C</b></p> <p>\$1.97 per hour</p> <p><b>Freezer cargoes - the temperature in the place of work is -12°C and above</b></p> <p>\$0.94 per hour</p>	
Nature of work											
Explosives											
Bulk grain – barley and oats											
Bulk grain – others											

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>Freezer cargoes - the temperature in the place of work is below -12°C</p> <hr/> <p>Freezer cargoes - the temperature in the place of work is -12°C and above</p> <hr/> <p>Nickel concentrates</p> <hr/> <p>First aid employees</p>	<p>1.97</p> <hr/> <p>0.94</p> <hr/> <p>6.34</p> <hr/> <p>4.11</p>	
<p><b>Storage Services and Wholesale Award 2010</b></p>	<p><b>16. Allowances</b></p> <p><b>16.7 Cold temperatures</b></p> <p>Employees required to work in cold temperatures will be paid the rates prescribed in clause 15—Minimum wages of this award with additional rates as follows:</p> <p>(a) from -15.6°C (4°F) down to -18.9°C (-2°F)—0.1% of the standard rate per hour or part thereof;</p> <p>(b) less than -18.9°C (-2°F) down to -23.3°C (-10°F)—0.15% of the standard rate per hour or part thereof; or</p> <p>(c) less than -23.3°C (-10°F)—0.2% of the standard rate per hour or part thereof.</p>	<p><b>Cold temperatures</b></p> <p><u>from -15.6°C (4°F) down to -18.9°C (-2°F)</u></p> <p>\$0.87 per hour</p> <p><u>less than -18.9°C (-2°F) down to -23.3°C (-10°F)</u></p> <p>\$1.30 per hour</p> <p><u>less than -23.3°C (-10°F)</u></p> <p>\$1.73 per hour</p>	
<p><b>Sugar Industry Award 2010</b></p>	<p><b>21 Allowances - Field Sector</b></p> <p><b>21.2 Work in water and cleaning drains</b></p> <p>Employees employed in cleaning drains where the water is over 76.2 cm in depth must be paid 4.47% of the standard rate per hour in addition to the minimum rate during the time they are actually engaged on such work.</p>	<p><b><u>Field Sector</u></b></p> <p><b>Work in water and cleaning drains</b></p> <p>\$1.01 per hour</p>	



Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p><b>22. Allowances—milling, distillery, refinery and maintenance</b></p> <p><b>22.1 Applying obnoxious substances</b></p> <p>(a) An employee engaged in the preparation and/or the application of epoxy based materials or materials of a like nature including Swiftvulc paint must be paid 3.49% of the standard rate per hour extra.</p> <p>(b) Where there is an absence of adequate natural ventilation the employer must provide ventilation by artificial means and/or supply an approved type of respirator. In addition, protective clothing must be supplied.</p> <p>(c) Proper washing facilities together with towels, soap and a plentiful supply of water must be provided by the employer, as required.</p> <p>(d) For the purpose of this clause all materials which include or require the addition of a catalyst hardener and reactive additives or two pack catalyst system will be deemed to be materials of a like nature.</p>	<p><b><u>Milling, distillery, refinery and maintenance</u></b></p> <p><b>Applying obnoxious substances</b></p> <p>\$0.79 per hour</p>	
	<p><b>22.2 Asbestos</b></p> <p>Employees required to use materials containing asbestos or to work in close proximity to employees using such materials where such materials are used in connection with maintenance or replacement work, must be provided with and must use all necessary safeguards including the mandatory wearing of protective equipment (i.e. combination overalls and breathing equipment or similar apparatus) such employees must be paid 3.30% of the standard rate extra per hour whilst so engaged.</p>	<p><b>Working with or in close proximity to asbestos allowance</b></p> <p>\$0.75 per hour</p>	
	<p><b>22.4 Boiler cleaning—engine driver</b></p> <p>An engine driver engaged inside the gas or water space of any boiler, flue or economiser, in cleaning or scraping work must be paid 8.2% of the standard rate per hour extra while so employed, instead of the special rates for hot places, wet places, confined spaces, dirty work and boiler repairs.</p>	<p><b>Boiler cleaning—engine driver</b></p> <p>\$1.86</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p><b>22.10 Cleaning dirty machinery</b></p> <p>Employees required to clean by hand or whilst assisting to dismantle before cleaning, gear and/or cog wheels, engine or roller beds must be paid 2.55% of the standard rate per hour extra whilst so engaged.</p>	<p><b>Cleaning dirty machinery</b></p> <p>\$0.58 per hour</p>	
	<p><b>22.11 Cleaning molasses tanks</b></p> <p>Employees cleaning out molasses tanks from the inside must be paid 2.55% of the standard rate per hour extra whilst so engaged.</p>	<p><b>Cleaning molasses tanks</b></p> <p>\$0.58 per hour</p>	
	<p><b>22.12 Cleaning under carrier</b></p> <p>Employees required to clean under the carrier must be paid 2.55% of the standard rate per hour extra whilst so engaged.</p>	<p><b>Cleaning under carrier</b></p> <p>\$0.58 per hour</p>	
	<p><b>22.13 Confined spaces</b></p> <p>Employees required to carry out maintenance or cleaning inside the following when they are enclosed will be paid 3.49% of the standard rate per hour extra whilst so engaged—cold mill boilers, combustion chambers, water drums of boilers, fire boxes, flues, vapour pipes, the base of chimney stacks, flywheel or gearing pits, condensers, effets, evaporators, vacuum pans, clarifiers, mud tanks, filter drums, effet supply tanks, lime tanks, or lime mixer barrels, drier drums, distributors, crystalliser and fugal or fugal baskets.</p>	<p><b>Confined spaces</b></p> <p>\$0.79 per hour</p>	
	<p><b>22.17 Handling molasses</b></p> <p>Employees handling molasses in drums where the molasses has spilt so that the employees' clothes become appreciably contaminated must be paid 2.78% of the standard rate per hour extra whilst so engaged.</p>	<p><b>Handling molasses allowance</b></p> <p>\$0.63 per hour</p>	
	<p><b>22.18 Height money</b></p>	<p><b>Height money</b></p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>Employees required to perform work at a height of 15.24 metres to 22.86 metres above the ground, or low water level, or nearest horizontal plane, must be paid 1.66% of the standard rate per hour extra; and, for work performed at a height of more than 22.86 metres above the ground, or low water level, or nearest horizontal plane, must be paid 2.55% of the standard rate per hour extra whilst so engaged.</p>	<p><u>15.24m to 22.86m</u> \$0.38 per hour <u>More than 22.86m</u> \$0.58 per hour</p>	
	<p><b>22.20 Hot work etc.</b>  (a) Hot work—employees engaged on cleaning or maintenance work inside hot effets, hot flues, hot vacuum pans, hot boilers, hot combustion chambers or hot fire boxes of mill boilers where the ambient temperature, having been raised by artificial means, is 45 degrees Celsius or more, must be paid at double time for the time spent actually performing the work.</p>	<p><b>Hot Work - 45 degrees Celsius or more</b>  Double Time</p>	
	<p><b>22.20 Hot work etc.</b>  (e) Crushing season—juice superheaters—employees manually cleaning juice superheaters with brushes on weekdays during the crushing season must be paid 3.40% of the standard rate per hour extra whilst so engaged.</p>	<p><b>Hot work—manually cleaning juice superheaters with brushes on weekdays during the crushing season</b>  \$0.77 per hour</p>	
	<p><b>22.21 Insulation work</b>  (a) When working in a dust-laden atmosphere caused by the use of materials for insulating, deafening or pugging work, when, for instance, pumice, charcoal, or any other substitute, including cork and sawdust, is used or when working on insulating work in an average temperature of seven degrees Celsius or under, employees must be paid not less than 3.49% of the standard rate per hour extra whilst so engaged.  (b) An employee employed on work which involves the handling of charcoal, pumice, slagwool, insulwool or other loose material of a like nature used in the construction, repair or demolition of roofing, flooring,</p>	<p><b>Insulation Work</b>  <u>Working in dust-laden atmosphere - insulating, deafening or pugging work</u>  \$0.79 per hour  <u>Handling charcoal, pumice, slagwool,</u></p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>walls or partitions, for providing insulation against heat, cold or noise, must be paid at the rate of 3.29% of the standard rate per hour extra whilst so engaged.</p> <p>(c) Employees engaged at fixing insulation materials with hot bitumen must be provided with gloves and paid 3.49% of the standard rate per hour in addition to the rates prescribed whilst so engaged.</p> <p>(d) Employees using hot bitumen must be paid 3.29% of the standard rate per hour extra whilst so engaged.</p>	<p><u>insulwool or other loose material</u></p> <p>\$0.75 per hour</p> <p><u>Fixing insulation materials with hot bitumen</u></p> <p>\$0.79 per hour</p> <p><u>Using hot bitumen</u></p> <p>\$0.75</p>	
	<p><b>22.35 Work in rain</b></p> <p>When employees are required to work in rain they must be paid for all time so worked at double rates and until such time as they finish work or are able to change into dry clothing, unless they are provided with waterproof clothing.</p>	<p><b>Work in rain</b></p> <p>double time</p>	
	<p><b>22.36 Work in water and cleaning drains</b></p> <p>Employees who are required to work in water of a depth of 76.2 cm or more must be paid 2.24% of the standard rate per hour in addition to the rates prescribed by this award.</p>	<p><b>Work in water and cleaning drains at a depth of 76.2cm or more</b></p> <p>\$0.51</p>	
<p><b>Timber Industry Award 2010</b></p>	<p><b>21. Allowances</b></p> <p><b>21.14 Dirty work</b></p> <p>An employee performing work which the employer agrees is of an unusually dirty or offensive nature will, whilst so engaged, be paid an allowance per day of 0.33% of the standard rate. Provided that only one payment will be made in respect of the work during any one day or shift.</p>	<p><b>Dirty work allowance</b></p> <p>\$2.85 per day</p>	<p><b>21.22 Protective clothing, footwear and covering allowance</b></p> <p><b>(a) Allowance for the supply of clothing</b></p> <p>(i) Where an employee is required to wear protective clothing and equipment covered by this award; the employer must reimburse the</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>employee for the cost of purchasing such clothing and equipment.</p> <p>(ii) The provisions of this clause do not apply where the employer pays for the clothing and equipment.</p> <p>(iii) Before any clothing is provided by an employer free of cost to an employee, the employee may be required to sign a document in which they give an undertaking that on termination of employment, the clothing and/or equipment will be returned to the employer.</p> <p>(iv) The employer may observe a probationary period of three months' employment before the issue of protective clothing. The issue of this clothing and/or equipment will be considered to be the initial issue and further issues to be on the anniversary of appointment or on a wear and tear basis.</p> <p>(v) The wearing of protective clothing and/or equipment will be a condition of employment, except in special cases where individual physical disabilities preclude wearing a standard issue.</p> <p><b>(b) Allowance for the supply of safety footwear</b></p> <p>(i) The employer will reimburse employees the cost of one pair of safety boots/shoes to each</p>

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
			<p>employee and thereafter on a replacement basis, the cost of such footwear. The provisions of this clause do not apply where the above protective footwear is provided by the employer.</p> <p>(ii) The terms of this clause will not apply to an employee in circumstances where by the relevant legislation or applicable safety standard the nature of work performed by the employee does not warrant the wearing of safety footwear.</p>
	<p><b>21.15 Wet places</b></p> <p>(a) An employee working in any place where clothing or boots become saturated, whether by water, oil or otherwise, will receive an allowance of 0.06% of the standard rate whilst so engaged.</p> <p>(b) Provided that this will not be payable to an employee who is provided with suitable and effective protective clothing and/or footwear by the employer.</p> <p>(c) Provided further that an employee who becomes entitled to this extra rate will be paid such extra rate for the part of the day or shift as they are required to work in wet clothing or boots.</p>	<p><b>Wet places allowance</b></p> <p>\$0.52 per part of day/shift whilst so engaged</p>	
	<p><b>21.16 Hot work</b></p> <p>An employee working for more than one hour:</p> <p>(a) in the shade in a place where the temperature is between 46°C and 54°C will be paid an extra hourly allowance of 0.06% of the standard rate, whilst so employed;</p>	<p><b>Hot work allowance</b></p> <p><u>Between 46°C to 54°C</u></p> <p>\$0.52 per hour</p> <p><u>In excess of 54°C</u></p> <p>\$0.86 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>(b) in a place where the temperature exceeds 54°C, will be paid an extra hourly allowance of 0.1% of the standard rate, whilst so employed; or</p> <p>(c) where such work continues for more than one hour in a place where the temperature exceeds 54°C the employee will also be entitled to 15 minutes rest after every one hour's work without deduction of pay.</p>		
	<p><b>21.17 Cold places</b></p> <p>(a) An employee who works for more than one hour in a place where the temperature is below 0°C will be paid an extra hourly allowance of 0.06% of the standard rate per hour whilst so employed.</p> <p>(b) Where such work continues for more than two hours, the employee will also be entitled to a rest period of 20 minutes, after every two hours of work, without deduction of pay.</p>	<p><b>Cold places allowance below 0°C</b></p> <p>\$0.52 per hour</p>	
	<p><b>21.18 Confined spaces</b></p> <p>An employee working in a confined space (e.g. a compartment space) or where the dimensions necessitate the employee to work in a stooped or cramped position or work without proper ventilation will be paid 0.08% of the standard rate per hour or part thereof.</p>	<p><b>Confined spaces allowance</b></p> <p>\$0.69 per hour or part thereof</p>	
	<p><b>21.20 Height money</b></p> <p>An employee who is required to work:</p> <p>(a) at a height of or over nine metres directly above the nearest horizontal plane; or</p> <p>(b) on a suspended scaffold or boatswain's chair at any height,</p> <p>will be paid an extra flat daily rate of 0.2% of the standard rate for each day or shift or part thereof, whilst so employed. Only one such payment will be paid to an employee in respect of work during any one day or shift.</p>	<p><b>Height money</b></p> <p>\$1.73 per day or shift or part thereof</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
<b>Vehicle Manufacturing, Repair, Services and Retail Award 2010</b>	<p><b>19. Allowances and special rates</b></p> <p><b>19.11 Confined spaces</b></p> <p>(a) An employee working in a confined space, i.e. a compartment, space or place, the dimensions of which necessitate the employee working in a stooped or otherwise cramped position or without proper ventilation, will be paid 3.69% of the hourly standard rate per hour extra.</p> <p>(b) This provision will apply to work on the inside of tanks or tanker type vehicles such as those used in carrying petrol, milk, flour, cement and the like, but will not apply to other work on vehicles.</p>	<p><b>Confined Spaces</b></p> <p>0.84 per hour</p>	
	<p><b>19.12 Dirty work</b></p> <p>(a) An employee doing work which a foreperson and the employee agree is of an unusually dirty or offensive nature, will be paid 2.86% of the hourly standard rate per hour extra.</p> <p>(b) For any case falling within this clause the minimum payment on any day or shift will be 11.20% of the hourly standard rate provided that this amount will not be paid in respect of a specific job when other higher special rates are payable for that job on the same day or shift and such higher rates exceed 11.20% of the hourly standard rate, on the particular day or shift.</p>	<p><b>Dirty work allowance</b></p> <p>\$0.65</p>	
	<p><b>19.13 Hot places</b></p> <p>(a) An employee working for more than one hour in the shade will be paid as follows:</p> <p style="padding-left: 40px;">(i) In places where the temperature is raised by artificial means to between 46 and 54 degrees Celsius: 2.86% of the hourly standard rate per hour extra.</p> <p style="padding-left: 40px;">(ii) In places where the temperature exceeds 54 degrees Celsius: 3.69% of the hourly standard rate per hour extra.</p>	<p><b>Hot Places Allowances:</b></p> <p><u>Artificially raised to between 46 and 54°C</u></p> <p>\$0.65 per hour</p> <p><u>Over 54°C</u></p> <p>\$0.84</p>	



Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p><b>19.14 Wet places</b></p> <p>An employee who is not supplied with protective clothing as provided for in clauses 23.1(f) and 23.6 and who is required to work in any place where the employee's boots or clothing become saturated, whether by water, oil or otherwise will be paid 2.56% of the hourly standard rate per hour extra. Provided further that any employee who becomes entitled to this extra rate will be paid such extra rate for such part of the day or shift when required to work in wet clothing or boots.</p>	<p><b>Wet places allowance</b></p> <p>\$0.58 per hour</p>	
	<p><b>19.19 Height money</b></p> <p>An employee other than a rigger and splicer engaged in the erection, repair and/or maintenance of steel frame buildings and similar structures at a height of 15 metres or more directly above the nearest horizontal plane will be paid 2.21% of the hourly standard rate per hour extra.</p>	<p><b>Height money</b></p> <p>\$0.50 per hour</p>	
<p><b>Victorian Local Government Award 2015</b></p>	<p><b>15. Allowances</b></p> <p><b>15.9 Adverse working conditions</b></p> <p>(a) Operational and trade employees engaged in Levels 1 to 5 of this award will be paid an additional hourly allowance at the rate specified in clause 15.9(b) for all time worked by direction under adverse working conditions as defined in clause 15.9(c) provided that in all cases, in addition to the payment of this allowance, the employer will supply all appropriate protective clothing and equipment for working in the particular adverse conditions.</p> <p>(b) An employee will be paid an additional hourly allowance for each hour in which work under adverse working conditions is performed as follows:</p> <ul style="list-style-type: none"> <li>i. Level 1 working conditions—3.5% of the standard rate; or</li> <li>ii. Level 2 working conditions—5% of the standard rate; or</li> <li>iii. Level 3 working conditions—50% of the standard rate.</li> </ul>	<p><b>Level 1</b></p> <p>\$0.79 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>(c) Definition of adverse working conditions definition</p> <p><b>(i) Level 1 working conditions</b></p> <p>The Level 1 working conditions allowance compensates for all adverse conditions associated with working outdoors and/or for moderately obnoxious, offensive or dirty working conditions, including:</p> <ul style="list-style-type: none"> <li>i. working in confined or cramped spaces;</li> <li>ii. working in wet places;</li> <li>iii. working in hot places where temperatures are artificially raised above 45 degrees Celsius;</li> <li>iv. working at heights above 5 metres from the ground or other stable surface, including on temporary structures;</li> <li>v. working in dusty, muddy or dirty conditions;</li> <li>vi. cleaning of public toilets and animal shelters;</li> <li>vii. operating mechanical and pneumatic equipment;</li> <li>viii. removing or destroying dead animals;</li> <li>ix. handling or use of herbicides, insecticides and/or other poisonous or toxic substances;</li> <li>x. working with dirty materials such as asphalt, concrete, epoxy compounds, green or second-hand timber, insulation materials, grease, oil and other dirty building and construction materials;</li> <li>xi. collection, removal and/or disposal of non-putrescible waste;</li> <li>xii. collection, removal and/or disposal of non-putrescible waste by mechanical means; and</li> <li>xiii. fighting fires.</li> </ul>		
	<p><b>(ii) Level 2 working conditions</b></p>	<p><b>Level 2</b></p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>The Level 2 working conditions allowance compensates for the nature of highly obnoxious, offensive or dirty working conditions, which typically includes:</p> <ul style="list-style-type: none"> <li>i. clearing of sewer chokes;</li> <li>ii. maintenance, connections to and/or repair of sewerage equipment;</li> <li>iii. cleaning septic tanks, septic closets and/or chemical closets by mechanical means;</li> <li>iv. reopening or exhumation of graves; digging graves in wet ground or where there is seepage from adjacent graves;</li> <li>v. handling infected materials;</li> <li>vi. collection, removal and/or disposal of putrescible waste other than by mechanical means;</li> <li>vii. working at waste depots, waste collection and/or waste transfer stations (other than employees engaged in gardening and/or lawn maintenance and employees engaged to work in enclosed weighbridges); and</li> <li>viii. engaged in the collection, removal and/or disposal of, sludge from cess pits and/or grease traps.</li> </ul>	\$1.14 per hour	
	<p><b>(iii) Level 3 working conditions</b></p> <p>The Level 3 working conditions allowance compensates for the nature of extremely obnoxious, offensive or dirty work in septic and sewerage treatment services, which typically includes:</p> <ul style="list-style-type: none"> <li>i. working in digestion tanks at sewerage treatment works;</li> <li>ii. entering and cleaning aeration ponds or wet wells at sewer pump stations;</li> <li>iii. working in live sewers; and</li> </ul>	<p><b>Level 3</b></p> <p>\$11.35 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<ul style="list-style-type: none"> <li>iv. cleaning septic tanks, septic closets and/or chemical closets by other than mechanical means.</li> </ul>		
<b>Waste Management Award 2010</b>	<p><b>20 Allowances</b></p> <p><b>20.6 Industry allowance</b></p> <p>(a) A full-time employee must be paid an industry allowance of 11% of the standard rate per week in addition to the appropriate minimum wage. Part-time and casual employees must be paid the allowance pro rata.</p> <p>(b) The industry allowance is for all purposes of this award, including overtime and calculation of shift loadings.</p> <p>(c) The industry allowance is paid in total recognition of the unique features associated with the waste industry. These features, which may vary from workplace to workplace and between functions, include but are not restricted to the requirement to:</p> <ul style="list-style-type: none"> <li>i. work in areas regarded as unusually offensive and obnoxious;</li> <li>ii. handle obnoxious waste;</li> <li>iii. work in the open in all weather variables;</li> <li>iv. be able to adapt to and handle hydraulic lifting apparatus and compaction units associated with waste vehicles; and</li> <li>v. work at times with waste product which has the potential to be dangerous and therefore the requirement to abide by correct safe operating procedures including the wearing of appropriate protective safety equipment.</li> </ul>	<p><b>Industry Allowance</b></p> <p>\$94.78 per week</p>	
<b>Water Industry Award 2020</b>	<p><b>18 Allowances</b></p> <p><b>18.2(c) Adverse working conditions definitions</b></p> <p><b>(i) Level 1 working conditions</b></p>	<p><b>Level 1 working conditions</b></p> <p>\$0.79 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p>The Level 1 working conditions allowance compensates for all adverse conditions associated with working outdoors and/or for moderately obnoxious, offensive or dirty working conditions including:</p> <ul style="list-style-type: none"> <li>i. working in confined or cramped spaces;</li> <li>ii. working in wet places (other than places wet by sewerage) including standing in water;</li> <li>iii. working in hot places where temperatures are artificially raised above 45 degrees Celsius;</li> <li>iv. working in dusty, muddy or dirty conditions;</li> <li>v. cleaning of toilets;</li> <li>vi. operating mechanical and pneumatic equipment; or</li> <li>vii. handling or use of herbicides, insecticides and/or other poisonous or toxic substances.</li> </ul>		
	<p><b>(ii) Level 2 working conditions</b></p> <p>The Level 2 working conditions allowance compensates for the nature of highly obnoxious, offensive or dirty work, which typically includes:</p> <ul style="list-style-type: none"> <li>i. clearing of sewer chokes;</li> <li>ii. maintenance, connections to and/or repair of sewerage equipment;</li> <li>iii. handling infected materials;</li> <li>iv. cleaning septic tanks, septic closets and/or chemical closets by mechanical means; or</li> <li>v. collection, removal and/or disposal of, sludge from cess pits and/or grease traps.</li> </ul>	<p><b>Level 2 working conditions</b> \$1.14 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	<p><b>(iii) Level 3 working conditions</b></p> <p>The Level 3 working conditions allowance compensates for the nature of extremely obnoxious, offensive or dirty work in septic and sewerage treatment services, which typically includes:</p> <ul style="list-style-type: none"> <li>i. working in digestion tanks at sewerage treatment works;</li> <li>ii. entering and cleaning aeration ponds or wet wells at sewer pump stations;</li> <li>iii. working in live sewers; or</li> <li>iv. cleaning septic tanks, septic closets and/or chemical closets other than by mechanical means.</li> </ul>	<p><b>Level 3 working conditions</b></p> <p>\$11.35 per hour</p>	
<p><b>Wine Industry Award 2010</b></p>	<p><b>24.6 Disability allowances</b></p> <p><b>(a) Boilers and flues</b></p> <p>An employee engaged in washing out and chipping boilers or in cleaning flues must be paid 50% extra while they are engaged in such work.</p>	<p><b>Boilers and Flues</b></p> <p>50% extra</p>	
	<p><b>(b) Wet Work</b></p> <p>An employee who on any day works in a wet place must be paid 22.6% of the standard rate per day extra, unless provided with adequate protective clothing.</p>	<p><b>Wet Work</b></p> <p>\$38.99 per day</p>	
	<p><b>(c) Wine vats</b></p> <p>An employee engaged in burning and/or waxing closed wine vats must be paid 4.2% of the standard rate per hour extra.</p>	<p><b>Wine Vats</b></p> <p>\$0.95 per hour</p>	
	<p><b>(d) Confined spaces</b></p>	<p><b>Confined Spaces</b></p> <p>\$0.32 per hour</p>	

Modern Award	Relevant Clauses	Dollar Amounts	PPE Requirements and any associated costs
	An employee working in a confined space as a cooper must be paid 1.4% of the standard rate per hour extra.		
	<p><b>(e) Dirty work</b></p> <p>An employee performing work as a cooper which is of an unusually dirty or offensive nature must be paid 0.8% of the standard rate per hour extra.</p>	<p><b>Dirty Work</b></p> <p>\$0.18 per hour</p>	
	<p><b>(f) Cask firing</b></p> <p>An employee engaged in the cask firing as a cooper must be paid 23.8% of the standard rate per day or part thereof extra subject to a maximum of 119.2% of the standard rate per week extra.</p>	<p><b>Cask Firing</b></p> <p>\$41.06 per day</p>	

**BUILDING AND CONSTRUCTION AWARD PPE REQUIREMENTS**

**21. Expense related allowances**

To view the current monetary amounts of work-related allowances refer to the [Allowances Sheet](#).

**21.1 Tool and employee protection allowance**

- (a) A tool allowance must be paid for all purposes of the award in accordance with the following table:

<b>Classification</b>	<b>Tool allowance \$ per week</b>
Artificial stoneworker, carpenter and/or joiner, carpenter-diver, carver, bridge and wharf carpenter, floor sander, letter cutter, marble and slate worker, stonemason or tilelayer	32.11
Caster, fixer, floorlayer specialist or plasterer	26.55
Refractory bricklayer or bricklayer	22.79
Roof tiler, slate-ridger or roof fixer, tradespersons in the metals and engineering construction sector	16.82
Signwriter, painter or glazier	7.71

**(b)** The above allowance does not include the provision of the following tools or protective equipment. Where the following tools or protective equipment are provided by the employee then the employee must be reimbursed for the cost of such tools or protective equipment by the employer, or alternatively the employer may elect to provide such tools or protective equipment:

**(i) Bricklayers:**

- scutch comb;
- hammers (excepting mash and brick hammers);
- rubber mallets; and/or
- T squares.

**(ii) Carpenters and joiners:**

- dogs and cramps of all descriptions;
- bars of all descriptions;
- augers of all sizes;
- star bits and bits not ordinarily used in a brace;
- hammers, except claw hammers;



- glue pots and glue brushes,
- dowel plates;
- trammels;
- hand and thumb screws;
- spanners; and/or
- soldering irons.

**(iii) Stonemasons:**

- all cutting tools, except mash hammers, squares, pitching tools and straight edges up to four feet (1.2 metres) in length. On completion of engagement the cost of having all cutting tools sharpened; and/or
- jet sprays or some other suitable device for keeping the stone wet when using pneumatic surfacing machines and lathes.

**(iv) Plasterers:**

- all floating rules, trammels, centres, buckets and sieves. Stands for plasterers' mortar boards not less than 76 centimetres from the ground or where practicable and safe from a scaffold level; and/or
- overalls and the approved brush and roller to perform the work when required to brush on to walls and ceilings, bondcrete, plasterweld or similar substances.

**(v) Tradespersons in the metals and engineering construction sector:**

- power tools, special purpose tools, and precision measuring instruments for the use of tradespersons and for sheetmetal workers, snips used in the cutting of stainless steel, monel metal and similar hard metals.

A tradesperson will replace or pay for any tools supplied by their employer if lost through their negligence.

**(vi) Civil construction employees:**

- waterproof protective clothing required by an employee for particular tasks being performed;
- gloves, overalls, basil aprons and other appropriate protective clothing for employees using toxic substances, bitumen, tar, green timber, second-hand timber or bricks;

- a light coat or jacket with high visibility red markings for employees engaged on road work and/or railway work where traffic is not excluded by the use of continuous barriers or fences; and/or
- adequate detergents and solvents for the removal of excessive dirt, bitumen, emulsions, paint and similar substances from the employee's person.

Mess personnel will be reimbursed for the cost of purchasing at least three sets of appropriate clothing which will be laundered and maintained by the employer. These items will include shorts, shirts, trousers, aprons and caps. The provisions of this subclause do not apply where the items of clothing are provided free of charge by the employer. The items will remain the property of the employer.

**(vii) All employees:**

- all power tools and steel tapes over six metres;
- gloves and hand protective paste for employees engaged in handling hot bitumen, creosote, oiled formwork, refractory repair work and in washing down brickwork;
- protective clothing for employees required to use muriatic acid;
- suitable material and/or coloured glass for the protection of employees working on oxyacetylene or electric arc welding;
- suitable screens to protect employees from flash where electric arc operators are working;
- gas masks for employees engaged upon work where gas is present; and/or
- hand protective paste for any painter, signwriter, plasterer or glazier who requires its use.

**(viii) All employees other than refractory bricklayers**

Where employees are required either by the employer or by legislation to wear steel toe capped safety boots the employer will reimburse employees for the cost of purchasing such boots on commencement of work. Subject to fair wear and tear, boots will be replaced each six months if required and sooner if agreed.

**(c)** An employee required to use toxic substances covered by clause 23.2(i) in surroundings where there is an absence of adequate natural ventilation must be provided with:

- (i)** an approved type of respirator and/or an approved type of hood with airline attached;
- (ii)** protective clothing as approved by the relevant safety authority;
- (iii)** soap and washing materials;

- (iv) pneumatic rubber tyred wheelbarrow for loads of bricks and materials;
- (v) overalls where necessary, when bricklayers are engaged on work covered by clauses 23.2(m) and 23.2(n).

**(d) Special conditions to apply to bricklayers engaged on construction or repairs to refractory brickwork**

The following special conditions will apply to bricklayers engaged on construction or repairs to refractory brickwork instead of clause 21.1(b)(viii) dealing with safety boots:

- (i) after six weeks employment, and on request from the employee, an allowance of \$90.78 must be provided for the purchase of boots. The same allowance must be provided to cover the cost of replacement boots, provided that the allowance need not be paid more than once in any six month period dating from the time the allowance is first provided. The allowance is not payable where the employer provides boots; and/or
- (ii) employees provided with the allowance, or the boots, will accrue credit at the rate of \$4.54 per week from the date of the request. An employee leaving, or being dismissed, before 20 weeks' employment after the date of the request will repay the difference between the credit accrued and the \$90.78; and
- (iii) an employer must reimburse an employee for an x-ray once every six months, if requested by an employee engaged in refractory brickwork, or working in a tuberculosis home or hospital. Such x-rays may be taken during working hours and count as time worked. An employee who ceases work in a tuberculosis home or hospital may also request an x-ray on cessation of work.

**21.2 Meal allowance**

...

**21.3 Compensation for clothes and tools**

[20.3(a) varied by [PR994519](#) from 01Jan10]

- (a) An employee whose clothes, spectacles, hearing aids or tools have been accidentally spoilt by acid, sulphur or other deleterious substances, fire, molten metal or corrosive substances, must be paid such amount to cover the loss suffered by the employee as may be agreed upon between the employee and the employer.
- (b) An employee must be reimbursed by the employer to a maximum of \$1862 for loss of tools or clothes by fire or breaking and entering whilst securely stored at the employer's direction in a room or building on the employer's premises, job or workshop or if the tools are lost or stolen while being transported by the employee at the employer's direction, or if the tools are accidentally lost over water or if tools are lost or stolen during an employee's absence after leaving the job because of injury or illness, or where the employee does not report for work because of illness or accident and has advised the employer of such absence.
- (c) An employee transporting their own tools must take all reasonable care to protect those tools and prevent theft or loss.
- (d) When an employer requires an employee to wear spectacles with toughened glass lenses the employer must pay the cost of the toughening process.

- (e) For the purposes of this clause:
  - (i) only tools used by the employee in the course of their employment will be covered by this clause;
  - (ii) the employee will, if requested to do so, furnish the employer with a list of tools so used;
  - (iii) reimbursement will be at the current replacement value of new tools of the same or comparable quality; and
  - (iv) the employee will report any theft to the police prior to making a claim on the employer for replacement of stolen tools.

#### **21.4 Adjustment of expense related allowances**

...

### **22. Site and general wage related allowances**

[Varied by [PR538792](#)]

#### **22.1 Special allowance**

- (a) Employees must be paid a special allowance of \$7.70 per week to compensate for the following matters:
  - (i) excess travelling time incurred by employees in the on-site building and construction industry; and
  - (ii) the removal of loadings from the various building awards in this industry.
- (b) This allowance will not be adjusted.

#### **22.2 Industry allowance**

In addition to the rates prescribed in clause **Error! Reference source not found.—Error! Reference source not found.**, an employee must be paid an allowance at the rate of 3.7% of the weekly standard rate per week to compensate for the following disabilities associated with construction work:

- (a) climatic conditions when working in the open on all types of work;
- (b) the physical disadvantage of having to climb stairs or ladders;
- (c) the disability of dust blowing in the wind, brick dust and drippings from newly poured concrete;
- (d) sloppy and muddy conditions associated with the initial stages of the erection of a building;

- (e) the disability of working on all types of scaffolds or ladders, other than a swing scaffold, suspended scaffold, or a bosun's chair;
- (f) the lack of the usual amenities associated with factory work, (e.g. meal rooms, change rooms, lockers).

### 22.3 Underground allowance

- (a) An employee, other than an employee in an Operator classification, who is required to work underground must be paid an additional allowance of 1.8% of the weekly standard rate per week for all purposes of the award in addition to the allowance prescribed in clause 22.2.
- (b) Provided that an employee required to work underground for no more than four days or shifts in any ordinary week must be paid an additional 0.4% of the weekly standard rate per day or shift and in addition the allowance prescribed in clause 22.2.
- (c) Where a shaft is to be sunk to a depth greater than six metres, the payment of the underground allowance will commence from the surface.
- (d) These allowances will not be payable to employees engaged upon pot and drive work at a depth of 3.5 metres or less.

### 22.4 Multistorey allowance

- (a) A multistorey allowance must be paid to all employees on-site whilst engaged in construction or renovation of a multistorey building to compensate for the disabilities experienced in, and which are peculiar to construction or renovation of a multistorey building.
- (b) Provided that for the purposes of this clause **renovation work** is work performed on existing multistorey buildings and such work involves structural alterations which extend to more than two storey levels in a building, and at least part of the work to be performed is above the fourth floor storey level in accordance with the scale of payments appropriate for the highest floor level affected by such work.

- (c) In this clause:

**multistorey building** means a building which will, when complete, consist of five or more storey levels

**complete** means the building is fully functional and all work which was part of the principal contract is complete

**storey level** means structurally completed floor, walls, pillars or columns, and ceiling (not being false ceilings) of a building and will include basement levels and mezzanine or similar levels (but excluding **half floors** such as toilet blocks or store rooms located between floors)

**floor level** means that stage of construction which in the completed building would constitute the walking surface of the particular floor level referred to in the table of payments.

- (d) Any buildings or structures which do not have regular storey levels but which are not classed as towers (e.g. grandstands, aircraft hangars, large stores, etc.) and which exceed 15 metres in height may be covered by this subclause, or by clause 23.3(a) by agreement between the employer and an employee.

(e) **Plant room:** a plant room situated on the top of a building will constitute a further storey level if the plant room occupies 25% of the total roof or an area of 100 square metres whichever is the lesser.

(f) **Rates**

(i) Except as provided for in clause 22.4(g), an allowance in accordance with the following table must be paid to all employees on the building site. The higher allowances presented in respect of work on the 16th and subsequent floors will be paid to all employees when one of the following components of the building—structural steel, reinforcing steel, boxing or walls—rises above the floor level first designated in the allowance scale:

<b>Storeys</b>	<b>Allowance per hour</b>
From the commencement of building to 15th floor level	2.6% of the hourly <u>standard rate</u>
From the 16th floor level to 30th floor level	3.1% of the hourly <u>standard rate</u>
From the 31st floor level to 45th floor level	4.8% of the hourly <u>standard rate</u>
From the 46th floor level to 60th floor level	6.2% of the hourly <u>standard rate</u>
From the 61st floor level onward	7.6% of the hourly <u>standard rate</u>

(ii) The allowances payable at the highest point of the building will continue until completion of the building.

(g) **Service cores**

(i) All employees employed on a service core at more than 15 metres above the highest point of the main structure must be paid the multistorey rate appropriate for the main structure plus the allowance prescribed in clause 23.3(a), calculated from the highest point reached by the main structure to the highest point reached by the service core in any one day period. (i.e. For this purpose, the highest point of the main structure will be regarded as though it were the ground in calculating the appropriate Towers allowance prescribed in clause 23.3(a)).

(ii) Employees employed on a service core no higher than 15 metres above the main structure must be paid in accordance with the multistorey allowance prescribed herein.

(iii) Provided that any section of a service core exceeding 15 metres above the highest point of the main structure will be disregarded for the purpose of calculating the multistorey allowance application to the main structure.

## 22.5 Laser operation allowance

### (a) Application

This subclause applies when laser equipment is utilised for work within the scope of this award.

### (b) Definitions

- (i) **Laser** means any device excepting a Class 1 device which can be made to produce or amplify electromagnetic radiation in the wave length range from 100 nanometres to one millimetre primarily by the process of controlled stimulation emission.
- (ii) **Laser safety officer** or **LSO** is an employee who in addition to the employees ordinary work is qualified to perform duties associated with laser safety and is appointed as such.

## 22.6 Laser safety officer allowance

An employee appointed by the employer to carry out the duties of a laser safety officer must be paid an additional 13.4% of the hourly standard rate per day or part thereof whilst carrying out such duties, paid as a flat amount without attracting any premium or penalty.

## 22.7 Carpenter-diver allowance

[21.7 substituted by PR538792 ppc 15Jul13]

Employees undertaking work normally performed by a carpenter-diver must be paid an additional 4.5% of the hourly standard rate per hour extra which will be regarded as part of the ordinary time hourly rate for all purposes of the award.

## 22.8 Refractory bricklaying allowance

- (a) A special allowance to compensate for disabilities associated with the work of refractory bricklaying must be paid as follows:

<b>Classification</b>	<b>Per hour % of the hourly <u>standard rate</u></b>
Refractory bricklayer	10.0
Refractory bricklayer's assistant	8.5

[21.8(b) substituted by PR538792 ppc 15Jul13]

- (b) This allowance must be paid instead of all special rates prescribed in clause 23—Special rates, except clauses 23.2(b) and 23.2(c) and will be regarded as part of the ordinary time hourly rate.

- (c) An apprentice Refractory bricklayer must be paid the allowance on a proportionate basis reflecting the appropriate percentage of the adult wage in clause **Error! Reference source not found.**

## **22.9 Coffer dam worker**

- (a) Not under air pressure—employees must be paid an additional 1.7% of the weekly standard rate extra per week;
- (b) Under air pressure—as agreed to between the employer and employees.

## **22.10 First aid allowance**

- (a) An employee who:
  - (i) is appointed by the employer to be responsible for carrying out first aid duties as they may arise;
  - (ii) holds a recognised first aid qualification (as set out hereunder) from the Australian Red Cross Society, St John Ambulance or similar body;
  - (iii) is required by their employer to hold a qualification at that level;
  - (iv) the qualification satisfies the relevant statutory requirement pertaining to the provision of first aid services at the particular location where the employee is engaged; and
  - (v) those duties are in addition to the employees normal duties, recognising what first aid duties encompass by definition;

will be paid at the following additional rates to compensate that person for the additional responsibilities, skill obtained, and time spent acquiring the relevant qualifications:

- (vi) an employee who holds the minimum qualifications recognised under the relevant State or Territory Occupational Health and Safety legislation (or, in Western Australia, a Senior First Aid certificate or Industrial First Aid certificate or equivalent qualification from the St John Ambulance Association or similar body)—0.36% of the weekly standard rate per day; or
  - (vii) an employee who holds a higher first aid certificate recognised under the relevant State or Territory Occupational Health and Safety legislation (or, in Western Australia, a Senior First Aid certificate or Industrial First Aid certificate or equivalent qualification from the St John Ambulance Association or similar body)—0.57% of the weekly standard rate per day.
- (b) An employee will be paid only for the level of qualification required by their employer to be held, and there will be no double counting for employees who hold more than one qualification.



## 22.11 Air-conditioning industry and refrigeration industry allowances

- (a) In addition to the appropriate minimum wage prescribed in clause **Error! Reference source not found.**, an air-conditioning tradesperson and a refrigeration mechanic must be paid a weekly allowance of 7.9% of the weekly standard rate as compensation for the various disabilities and peculiarities associated with on-site air-conditioning work or on-site refrigeration work.
- (b) An employee in receipt of this allowance will not be entitled to special rates in:
- clause 23.2(a)—Insulation;
  - clause 23.2(b)—Hot work;
  - clause 23.2(c)—Cold work;
  - clause 23.2(d)—Confined space;
  - clause 23.2(g)—Wet work;
  - clause 23.2(h)—Dirty work;
  - clause 23.2(l)—Asbestos eradication; and
  - clause 23.2(q)—Height work.

## 22.12 Electrician's licence allowance

...

## 22.13 In charge of plant

...

## **23. Special rates**

[Varied by [PR538792](#)]

### **23.1 Conditions in respect of special rates**

- (a) To avoid doubt, the special rates are allowances for the purpose of clause **Error! Reference source not found.**
- (b) The special rates prescribed in this award must be paid irrespective of the times at which work is performed and will not, except where specified, be subject to any premium or penalty conditions.
- (c) This limitation does not apply to the all purpose special rates prescribed in clauses 23.2(m) and 23.2(n).
- (d) Where more than one of the special rates provides payments for disabilities of substantially the same nature, then only the highest of such rates will be payable unless otherwise provided.
- (e) The special rates must be paid to employees in addition to the other rates in this award.

### **23.2 Special rates applicable to all sectors**

#### **(a) Insulation**

An employee handling charcoal, pumice, granulated cork, silicate of cotton, insulwool, slag wool, limpet fibre, vermiculite, or other recognised insulating material of a like nature, associated with similar disabilities in its use, must be paid an additional 4.0% of the hourly standard rate per hour or part thereof. This extra rate will also apply to an employee working in the immediate vicinity who is affected by the use of such materials.

#### **(b) Hot work**

- (i) An employee who works in a place where the temperature has been raised by artificial means to between 46 degrees and 54 degrees Celsius must be paid an additional 3.2% of the hourly standard rate per hour or part thereof. In temperatures exceeding 54 degrees Celsius, an employee must be paid an additional 4.0% of the hourly standard rate per hour or part thereof.
- (ii) Where such work continues for more than two hours, the employee will be entitled to 20 minutes rest after every two hours work without loss of pay, not including the special rate provided by this subclause.

#### **(c) Cold work**

An employee who works in a place where the temperature is lowered by artificial means to less than 0 degrees Celsius must be paid an additional 3.2% of the hourly standard rate per hour. Where such work continues for more than two hours, the employee will be entitled to 20 minutes rest after every two hours work without loss of pay, not including the special rate provided by this subclause.

**(d) Confined space**

- (i) An employee required to work in a confined space must be paid an additional 4.0% of the hourly standard rate per hour or part thereof.
- (ii) **Confined space** means a place the dimensions or nature of which necessitate working in a cramped position or without sufficient ventilation.

**(e) Swing scaffold**

- (i) An employee required to work from any type of swing scaffold or any scaffold suspended by rope or cable, bosun's chair, or a suspended scaffold requiring the use of steel or iron hooks or angle irons must be paid the appropriate allowance set out below corresponding to the storey level at which the anchors or bracing, from which the stage is suspended, have been erected. The allowance must be paid for a minimum of four hours' work or part thereof until construction work has been completed.

<b>Height of bracing</b>	<b>First four hours</b>	<b>Each additional hour</b>
	<b><u>% of the hourly standard rate</u></b>	<b><u>% of the hourly standard rate</u></b>
0–15 storeys	23.3	4.8
16–30 storeys	30.1	6.3
31–45 storeys	35.6	7.2
46–60 storeys	58.3	12.0
greater than 60 storeys	74.3	15.4

- (ii) An apprentice with less than two years' experience must not use a swing scaffold or bosun's chair, and further provided that solid plasterers when working off a swing scaffold must receive an additional 0.7% of the hourly standard rate per hour.
- (iii) Payments contained in this subclause are in recognition of the disabilities associated with the use of swing scaffolds.
- (iv) For the purposes of this clause:
  - **completed** means the building is fully functional and all work which is part of the principal contract is complete;
  - **storeys** will be given the same meaning as a storey level in clause 22.4.

**(f) Explosive powered tools**

An operator of explosive powered tools, who is required to use an explosive powered tool, must be paid an additional 7.6% of the hourly standard rate for each day on which the employee uses such a tool.

**(g) Wet work**

An employee working in any place where water is continually dripping such that clothing and boots become wet, or where there is water underfoot, must be paid an additional 3.2% of the hourly standard rate per hour whilst so engaged.

**(h) Dirty work**

An employee engaged on unusually dirty work must be paid an additional 3.2% of the hourly standard rate per hour.

**(i) Toxic substances**

**(i)** Employees using toxic substances or materials of a like nature must be paid an additional 4.0% of the hourly standard rate per hour. Employees working in close proximity to employees so engaged must be paid an additional 3.2% of the hourly standard rate per hour.

**(ii)** Toxic substances include epoxy based materials and all materials which include or require the addition of a catalyst hardener and reactive additives and include a two pack catalyst system.

**(j) Fumes**

An employee required to work in a place where fumes of sulphur or other acid or other offensive fumes are present must be paid an allowance which will be such rates as are agreed upon between the employee or the majority of employees and the employer.

**(k) Asbestos**

Employees required to wear protective equipment (i.e. combination overalls and breathing equipment or similar apparatus) as part of the necessary safeguards as required by the appropriate occupational health authority for the use of materials containing asbestos or to work in close proximity to employees using such materials, must be paid an additional 4.0% of the hourly standard rate per hour whilst wearing such equipment.

**(l) Asbestos eradication**

Employees engaged in the process of asbestos eradication (defined as work on or about buildings involving the removal or any other method of neutralisation of any materials which consist of or contain asbestos) on the performance of work within the scope of this award, must receive an additional 10.8% of the hourly standard rate per hour worked, but will not be paid special rates prescribed in this clause with the exception of:

- clause 23.2(b)—Hot work;
- clause 23.2(c)—Cold work;
- clause 23.2(e)—Swing scaffold;
- clause 23.3(d)—Plaster or composition spray;

- clause 23.3(h)—Second-hand timber; and
- clause 23.2(n)—Acid work.

**(m) Furnace work**

[22.2(m) substituted by [PR538792](#) ppc 15Jul13]

An employee engaged in the construction of, or alteration or repairs to, boilers, flues, furnaces, retorts, kilns, ovens, ladels, and similar refractory work must be paid an additional 8.5% of the hourly standard rate per hour. This additional rate will be regarded as part of the ordinary time hourly rate for all purposes.

**(n) Acid work**

[22.2(n) substituted by [PR538792](#) ppc 15Jul13]

An employee required to work on the construction of or repairs to acid furnaces, acid stills, acid towers and all other acid resisting brickwork must be paid an additional 8.5% of the hourly standard rate per hour. This additional rate will be part of the ordinary time hourly rate for all purposes.

**(o) Heavy blocks—employees laying other than standard bricks**

(i) Employees employed laying blocks (other than concrete blocks for plugging purposes) must be paid the following additional rates:

- where the blocks weigh over 5.5 kg and under 9 kg—3.2% of the hourly standard rate per hour;
- where the blocks weigh 9 kg to 18 kg—5.8% of the hourly standard rate per hour;
- where the blocks weigh over 18 kg—8.2% of the hourly standard rate per hour.

(ii) This special rate will not apply to employees being paid the extra rate for refractory work.

(iii) Stonemasonry employees not provided with mechanical means for the handling, lifting and placing of heaving blocks will be paid the rates prescribed in this clause.

**(p) Bitumen work**

An employee handling hot bitumen or asphalt or dipping materials in creosote, must be paid an additional 4.0% of the hourly standard rate per hour.

**(q) Height work**

An employee, other than an employee working on a bosun's chair or swinging stage, working on any structure at a height of more than nine metres where an adequate fixed support not less than 0.75 metres wide is not provided, must be paid an additional 2.9% of the hourly standard rate per hour. This provision does not apply in addition to the towers allowance prescribed in clause 23.3(a).

**(r) Suspended perimeter work platform**

- (i)** This allowance applies to employees engaged on construction work (including renovation or refurbishment work) performed on a suspended perimeter work platform (other than a swinging stage or bosun's chair) which uses a mechanical, hydraulic or other form of propulsion (not being rope or cable suspended) to relocate the work platform at different levels on the perimeter of a building or structure. An example of this type of system includes the Lubeca Façade System.
- (ii)** The allowance payable is an additional 4.9% of the hourly standard rate per hour and is to be paid instead of swing scaffold and multistorey allowance for all employees working on suspended perimeter work platform systems.

**(s) Employee carrying fuels, oils and greases**

An employee required by the employer to carry any fuels, oils and/or greases in the employees own vehicle for use in the employer's plant must be paid an additional 1.4% of the weekly standard rate per day in addition to any amount payable under clause **Error! Reference source not found.—Error! Reference source not found.**, for each day the employee is so required by the employer to carry such materials.

**(t) Pile driving**

Where a mobile crane in excess of 15 tonnes is required to perform pile driving at any site or installation, or is required to be involved in the extraction process, the operator must receive an additional 2.0% of the weekly standard rate per day or part thereof.

**(u) Dual lift allowance**

Where two or more forklifts or cranes are engaged on any lift the drivers thereof must be paid an additional 16.2% of the hourly standard rate for each day or part thereof so occupied.

**(v) Stonemasons—cutting tools**

If cutting tools are not provided the employer must pay an additional 0.2% of the hourly standard rate per hour.

**23.3 Special rates applicable only to the general building and construction sector**

**(a) Towers allowance**

- (i)** An employee working on a chimney stack, spire, tower, radio or television mast or tower, air shaft (other than above ground in a multistorey building), cooling tower, water tower or silo, where the construction exceeds 15 metres in height must be paid for all work above 15 metres, an

additional 3.2% of the hourly standard rate per hour with 3.2% of the hourly standard rate per hour additional for work above each additional 15 metres.

(ii) Stonemasonry employees not provided with mechanical means for the handling, lifting and placing of heaving blocks must be paid the rates prescribed in clause 23.2(o).

**(b) Cleaning down brickwork**

An employee required to clean down bricks using acids or other corrosive substances must be paid an additional 2.9% of the hourly standard rate per hour.

**(c) Bagging**

Employees engaged upon bagging brick or concrete structures must be paid an additional 2.9% of the hourly standard rate per hour.

**(d) Plaster or composition spray**

An employee using a plaster or composition spray must be paid an additional 3.2% of the hourly standard rate per hour whilst so engaged.

**(e) Slushing**

An employee engaged in slushing must be paid an additional 3.2% of the hourly standard rate per hour.

**(f) Dry polishing of tiles**

Employees engaged on dry polishing of tiles where machines are used must be paid an additional 4.0% of the hourly standard rate per hour or part thereof.

**(g) Cutting tiles**

An employee engaged at cutting tiles by electric saw must be paid an additional 4.0% of the hourly standard rate per hour whilst so engaged.

**(h) Second-hand timber**

Where, whilst working with second-hand timber, an employee's tools are damaged by nails, dumps or other foreign matter on the timber the employee will be entitled to an allowance of 12.6% of the hourly standard rate per day on each day upon which the employee's tools are so damaged. No allowance will be payable under this clause unless it is reported immediately to the employer's representative on the job in order that they may prove the claim.

**(i) Roof repairs**

Employees engaged on repairs to roofs must be paid an additional 4.0% of the hourly standard rate per hour, provided that instead of this rate roof slaters and tilers must be paid in accordance with the following:

- (i) An employee who works on a roof at a height of over 15 metres measured at the loading point of the tiles at ground level to the eaves, must be paid an additional 2.9% of the hourly standard rate per hour.
- (ii) An employee who works on a roof at a height of over 15 metres measured at the loading point of the tiles at ground level to the eaves and the pitch of which is over 35 degrees or over 40 degrees must be paid the sum of 4.0% and 5.8% of the hourly standard rate respectively, rather than the allowance in clause 23.3(i)(i).

**(j) Computing quantities**

Employees who are regularly required to compute or estimate quantities of materials in respect of the work performed by other employees must be paid an additional 23.3% of the hourly standard rate per day or part thereof. This allowance will not apply to an employee classified as a leading hand and receiving an allowance prescribed in clause **Error! Reference source not found.**

**(k) Grindstone allowance**

An allowance of 0.9% of the weekly standard rate per week must be paid to each carpenter or joiner where a grindstone or wheel is not made available.

**(l) Brewery cylinders—painters**

[22.3(l) substituted by PR538792 ppc 15Jul13]

- (i) A painter in brewery cylinders or stout tuns must be allowed a 15 minute spell in the fresh air at the end of each hour worked. Such 15 minutes will be counted as working time and will be paid for as such.
- (ii) The rate for working in brewery cylinders or stout tuns will be at the rate of time and a half. When an employee is working overtime and is required to work in brewery cylinders and stout tuns the employee must, in addition to the overtime rates payable, be paid one half of the ordinary time hourly rates.

**(m) Certificate allowance**

- (i) A tradesperson who is the holder of a scaffolding certificate or rigging certificate issued by the appropriate certifying authority and is required to act on that certificate whilst engaged on work requiring a certificated person must be paid an additional 3.2% of the hourly standard rate per hour.
- (ii) This allowance is not cumulative on the allowance for swing scaffolds.



**(n) Spray application—painters**

An employee engaged on all spray applications carried out in other than a properly constructed booth, approved by the appropriate certifying authority, must be paid an additional 3.2% of the hourly standard rate per hour.

**(o) Pneumatic tool operation**

A stonemason using pneumatic tools of 2.75 kilograms or over in weight must be paid an additional 17.6% of the hourly standard rate each day on which the employee uses such a tool.

**(p) Bricklayer operating cutting machine**

One bricklayer on each site is to operate the cutting machine and must be paid an additional 4.0% of the hourly standard rate per hour or part thereof while so engaged.

**(q) Hydraulic hammer**

An operator of a hydraulic hammer attached to an excavator must be paid an additional 5.4% of the hourly standard rate per hour for all purposes.

**(r) Waste disposal**

Plant operators working in landfill and garbage tips must be paid an additional 6.7% of the hourly standard rate per hour for each hour worked with a minimum payment of three hours each day. This allowance compensates for the special disabilities associated with the offensive and obnoxious nature of the duties of solid and liquid waste and garbage disposal. The allowance will be paid for each hour the employees are suffering the disabilities and will not form part of the ordinary wage for all purposes of the award.

**23.4 Special rates applicable only to the civil construction sector**

**(a) Pipe enamelling**

An employee engaged on the enamelling of pipe joints by hand, on-site, must be paid an additional 0.9% of the weekly standard rate per day or part thereof.

**(b) Powdered lime dust**

**(i)** Employees exposed for any period greater than one hour in any shift to powdered lime dust from the spreading or mixing of powdered lime used in the stabilisation of road making material must be reimbursed the cost of purchasing the following protective clothing:

- overalls;
- wide vision goggles;

- respirator;
- boots; and
- gloves.

- (ii) The provisions of this subclause do not apply where the protective clothing is supplied by the employer.
- (iii) In addition, the employer must maintain at or near the work site or other place where such lime is being used, adequate facilities to enable any employee whose skin is contaminated with lime either directly or through their ordinary clothing to wash the affected area. A supply of barrier cream and hand cleanser must be provided for the use of any employee required to handle powdered lime.
- (iv) Employees engaged in carrying out lime work will be obliged to wear the protective clothing supplied by the employer.
- (v) Each employee exposed to powdered lime dust whilst engaged in spreading or mixing powdered lime must, during the time they are so exposed, be paid an additional 3.5% of the hourly standard rate per hour in addition to all other rates payable in this award.

**(c) Sand blasting**

An employee required to use a sand blasting machine must be paid an additional 0.4% of the hourly standard rate per hour or part of an hour whilst so engaged.

**(d) Live sewer work**

An employee who works in a situation where there is direct aerial connection with a sewer through which sewerage is flowing, must be paid an additional 2.9% of the hourly standard rate per hour.

**(e) Timbering**

Any sinker required to timber any shaft, drive or trench must be paid an additional 3.6% of the hourly standard rate per hour or part thereof.

**(f) Special work**

A driver operating a tractor fitted with a blade and using such blade in breaking trail in heavy sidling country must be paid an additional 0.4% of the hourly standard rate per hour for each day or part of a day when so occupied.

**(g) Compressed air work**

Employees engaged in construction work in compressed air must be paid the following special rates:

<b>Gauge reading</b>	<b>Rate per hour worked and spent in compression and decompression % of the hourly <u>standard rate</u></b>
0 to 35 kPa	6.9
Over 35 and up to 65 kPa	8.7
Over 65 and up to 100 kPa	17.6
Over 100 and up to 170 kPa	35.0
Over 170 and up to 225 kPa	58.3
Over 225 and up to 275 kPa	111.7

**(h) Cutting stone**

An employee engaged at cutting stone, blocks and bricks by power saw will be paid an additional 4.0% of the hourly standard rate per hour or part thereof.

## Infection Control Expert Group

# COVID-19 Infection Prevention and Control for Residential Care Facilities

## Introduction

COVID-19 is an acute respiratory infection caused by SARS-CoV-2. Community transmission is increasing in Australia. Residential Care Facilities (RCF) are particularly vulnerable to outbreaks of respiratory infection and older residents are at risk of severe disease.

No COVID-19 vaccine is currently available. Avoiding exposure, through enhanced infection prevention and control (IPC) and social distancing measures is essential to reduce the risk of an outbreak occurring in a RCF and protect residents and staff if an outbreak occurs. Additional advice on the management of COVID-19 outbreaks in RCF has been published by the Communicable Diseases network of Australia.<sup>1</sup>

The COVID-19 outbreak globally, and in Australia, is evolving rapidly and recommendations will be modified, in future, to deal with changing conditions.<sup>2</sup>

This document provides advice for IPC for COVID-19 specifically in RCF.

## General principles of infection prevention and control in RCF

- Information about the elements of routine IPC should be provided to staff, residents (as far as possible) and visitors (as appropriate).
- All staff of RCFs should be trained in basic IPC practices, when they begin employment at the facility and at regular intervals e.g. annually.
- Training should be appropriate to their roles and include hand hygiene and the use of personal protective equipment (PPE).

## Routine IPC measures relevant to any infectious disease risk include:

- **Hand hygiene** using soap and water or alcohol-based hand sanitiser e.g. after going to the toilet, coughing, blowing the nose and before eating. Additional hand hygiene is required when caring for a resident with a respiratory infection.
- **Appropriate use of PPE<sup>3</sup>**, especially when caring for a resident with a respiratory infection
- **Cough etiquette and respiratory hygiene** for staff, residents (if possible) and visitors
- **Environmental cleaning** (at least daily) of floors and surfaces; more frequent cleaning of frequently touched or soiled surfaces<sup>4</sup>
- **Isolation or cohorting** of residents with infection
- **Annual influenza vaccination** of residents and staff
- **Standard, contact and droplet precautions** when caring for a resident with a respiratory infection.

<sup>1</sup> See Communicable Diseases Network of Australia *Coronavirus national guideline for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia* <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities>

<sup>2</sup> For the latest information about COVID-19 see <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert> and the equivalent government websites in your State or Territory

<sup>3</sup> Supplies of personal protective equipment may be limited during a significant outbreak especially if it is prolonged. State and Commonwealth authorities endeavour to secure and distribute adequate supplies. It should be used only as recommended.

<sup>4</sup> See *Environmental cleaning and disinfection principles for health and residential care facilities* <https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities>

- **Limiting unnecessary movement** of residents and staff within and between facilities to help reduce transmission of infection.

**Note:** see relevant sections below for more detail and explanation of term

## Spread of COVID-19

The virus that causes COVID-19 most commonly spreads through:

- Direct contact with droplets from an infected person's cough or sneeze, which can be avoided by cough etiquette and social distancing precautions (see below).
- Close contact<sup>5</sup> with an infectious person
- Indirect contact by touching objects or surfaces (e.g. bed rails, doorknobs or tables) that have been contaminated with respiratory droplets from an infected person and then touching the face, especially mouth, nose or eyes.

## Collection of respiratory specimens

Specimens for diagnosis of COVID-19 and other respiratory viral infection should be collected by a trained healthcare professional or pathology collector.<sup>5</sup>

## Placement of residents within the RCF

With appropriate IPC precautions, many RCF residents with COVID-19 and their contacts can be safely cared for within the facility.

## Placement of residents with suspected or confirmed COVID-19

Residents with **suspected or confirmed COVID-19** should be **isolated and cared for in single rooms**. When managing an isolated resident, the following applies:

- Residents should be isolated while they remain infectious (as determined by the public health unit)
  - During this period, if they are ambulatory and well enough, they may leave the room for exercise, with supervision, if contact with other residents can be avoided.
  - If residents must leave their room while infectious they should wear a surgical mask
- Staff and residents should be reminded of the importance of cough etiquette and respiratory hygiene.
- Staff and visitors in contact with ill residents should observe contact and droplet precautions (see below)
- Supplies of PPE should be available immediately outside the room.
- Special arrangements may be needed for care of residents with dementia who need to be isolated on a case-by-case basis.

**If a single room is not available**, the following principles can guide resident placement:

- Residents with the same virus<sup>6</sup> who are assessed by the RCF as suitable roommates, can be housed together (cohorted) in the same room within a section of the facility.
- Ill residents sharing a room should be physically separated (more than 1.5 metre apart) with privacy curtain between them drawn to minimise the risk of droplet transmission.

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<sup>5</sup> Refer to *Interim advice on non-inpatient care of persons with suspected or confirmed Coronavirus Disease 2019 (COVID-19), including use of personal protective equipment (PPE)* <https://www.health.gov.au/resources/publications/interim-advice-on-non-inpatient-care-of-persons-with-suspected-or-confirmed-coronavirus-disease-2019-covid-19-including-use-of-personal-protective-equipment-ppe>

<sup>6</sup> An acute respiratory illness may be due to COVID-19 or many other respiratory viruses. Laboratory tests are required to identify the cause. It is important that ill residents be separated until the causative pathogen for each ill resident is known. Only residents with the same respiratory pathogen may be cohorted together.

- Staff in direct contact with ill residents should observe contact and droplet precautions ([see below](#)).
- Staff caring for residents who have COVID-19 should be cohorted as far as possible to avoid potential exposure of additional staff and residents.

### Placement of residents who are close contacts of a confirmed COVID-19 case

- Any resident who has been in close contact with someone who has confirmed COVID-19 (another resident, staff member or visitor), in the 24 hours before the onset of symptoms, but remains well, should be quarantined in a single room for 14 days.
- They should be monitored for symptoms of COVID-19 (at least daily).
- Individual supervised exercise or activity outside the room should be limited to areas where contact with other residents can be avoided.
- If a single room is not available, residents who meet the criteria for quarantine can share a room, with the same precautions as for room-sharing by confirmed cases ([see above](#)). However, if COVID-19 is confirmed in only one resident the other will be classified as a close contact and need to remain in quarantine.

### Hospital transfer of residents with suspected or confirmed COVID-19

- Transfer to hospital should be considered for residents whose condition warrants it, in consultation with relatives and taking into account their previous health status and advanced care directive.
- If transfer is required, the ambulance service and hospital must be advised, in advance, that the resident is being transferred from a RCF where COVID-19 is suspected or confirmed.
- If urgent medical attention is required call 000 and advise the operator of the COVID-19 risk.

### IPC measures when a resident has suspected or confirmed COVID-19

**Standard Precautions** are IPC practices used routinely in healthcare and in any RCF with a suspected or proven COVID-19 outbreak, where **they apply to all staff and all residents**.

Key elements are:

- **Hand hygiene** before and after each episode of resident contact and after contact with potentially contaminated surfaces or objects (even when hands appear clean).
  - gloves are not a substitute for hand hygiene. When gloves are worn hand hygiene should be performed before putting them on and after taking them off.
- **Use of PPE** if exposure to body fluids or heavily contaminated surfaces is anticipated (gown, surgical mask, protective eyewear, and gloves).
- **Cough etiquette and respiratory hygiene**
  - cough into a tissue (and discard tissue immediately) or into the bend of the elbow; perform hand hygiene.
- **Regular cleaning of the environment and equipment.**
- **Provision of alcohol-based hand sanitiser** at the entrance to the facility and other strategic locations.

**Note:** All RCF staff should be **trained in the correct use of PPE**, appropriate to their role. Incorrect removal of PPE is associated with a risk of personal contamination and spread of infection.

**Transmission-based precautions** are IPC practices used ***in addition*** to standard precautions to reduce transmission due to the specific route of transmission of a pathogen.

Respiratory infections, including COVID-19 are most commonly spread by contact and droplets. Less commonly airborne spread may occur e.g. during aerosol generating procedures.

## A. Contact and droplet precautions

These precautions apply to:

- care of all residents with suspected or confirmed COVID-19
- all staff when in contact with ill residents
- health care providers during clinical consultation or collection of diagnostic specimens.

Key elements are:

- **Standard precautions** (as above)
- **Use of PPE** including gown, surgical mask, protective eyewear, and gloves **when in contact with an ill resident**
  - Protective eyewear can be in the form of safety glasses, eye shield, face shield, or goggles.
- **Isolation of ill residents** in a single room. If a single room is unavailable see: "Placement of residents with suspected or proven COVID-19" (above)
- **Enhanced environmental cleaning and disinfection** of the ill resident's environment<sup>7</sup>
- **Limit the number** of staff, healthcare workers, and visitors in contact with the ill resident
- **Nebulisers** have been associated with a risk of transmission of respiratory viruses and their use **should be avoided**. A spacer or puffer should be used instead.

**Note: When caring for an asymptomatic resident in quarantine**, contact and droplet precautions should be observed (PPE includes a gown, surgical mask, protective eyewear, and gloves), though eye protection is optional. If the resident later becomes symptomatic/is a confirmed case of COVID-19, staff contacts not wearing eye protection should not be quarantined as close contacts if all other precautions had been observed and they remain well, unless direct contact with respiratory secretions had occurred (i.e. a splash injury to the face).

## B. Airborne precautions

These precautions are recommended, **in addition to all precautions outlined above**, when performing certain high-risk procedures on patients with COVID-19 and **their use is unlikely to be needed in a RCF**.<sup>8</sup>

**Note:** P2/N95 respirators should be used only when required for high-risk procedures and when caring for severely ill patients who are coughing excessively (as per RCF guidelines) and only by staff who have been trained in their use. They should be fit checked with each use to ensure an adequate face seal is achieved.

## Exclusion from work RCF staff for COVID-19

- A RCF staff member who has **epidemiological risk factors for COVID-19<sup>9</sup>** or **symptoms of acute respiratory infection (ARI)** should stay away from work, seek medical advice and remain in quarantine until cleared.

## Preparing for and responding to COVID-19 outbreaks in RCFs

The RCF should form an **Outbreak Management Team** which should develop an Outbreak Management Plan, key IPC elements of which would include:

- Develop easily accessible internal policies and procedures on routine, standard and transmission-based IPC precautions (as outlined above) and an outbreak management plan.

<sup>7</sup> See *Environmental cleaning and disinfection principles for health and residential care facilities*  
<https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities>

<sup>8</sup> Refer to *Interim recommendations for the use of personal protective equipment (PPE) during hospital care of people with Coronavirus Disease 2019 (COVID-19)*. <https://www.health.gov.au/resources/publications/interim-recommendations-for-the-use-of-personal-protective-equipment-ppe-during-hospital-care-of-people-with-coronavirus-disease-2019-covid-19>

<sup>9</sup> CDNA National Guidelines for Oublic Health Units *Coronavirus Diseases 2019 (COVID-19)*.  
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

- Include or seek advice from an IPC professional in development of the outbreak management plan.
- Acquire adequate supplies of PPE, alcohol-based hand rub and cleaning materials.
- Ensure RCF staff know the symptoms and signs of COVID-19, and are trained in IPC procedures (as above), including use of PPE.
- If the numbers of cases, contacts and/or resident areas or zones affected increase significantly, the use of PPE may need to be extended beyond the indications recommended in this document.
- Develop a systematic strategy for case detection and management of residents or staff in the facility who develop symptoms of ARI such as fever or cough.
- Ensure daily hand-over time for ARI monitoring and outbreak detection for those assigned to this task
- Notify the local Public Health Unit if an ARI or COVID-19 case or outbreak is suspected.
- Ensure that residents have reviewed their Advanced Care Directives, in consultation with relevant family members or persons with medical power of attorney.

## Resident movement during an outbreak

- Avoid transfer of residents to other facilities to minimise spread.
- Limit internal movement of residents, visitors and staff within the facility, as far as possible, to minimise spread.
- Implement social distancing measures in communal living/dining areas
  - Suspension of group social activities for residents may need to be considered

## New admissions and readmissions during an outbreak

- Admissions of new residents into the facility should be restricted. Depending upon the extent of the outbreak and the physical layout of the building, restrictions may be applied to one floor, a wing or the entire facility.
- The reasons for recommended restrictions are:
  - the risk of infection for the newly admitted resident
  - the potential to prolong the outbreak by adding new, susceptible residents.
- Residents who have been transferred to hospital for any reason, including COVID-19, **should be readmitted to the facility** as soon as they are well enough to be discharged from hospital.
- New or returning residents should be screened for evidence of fever or ARI.

## Visitor restriction and signage

While COVID-19 is occurring in the community, movement of visitors into and within the facility should be limited and social distancing measures introduced.<sup>10</sup> The following **IPC precautions** should be implemented:

- Children under 16 should be excluded, as they may not be able to observe IPC precautions.
- If appropriate IPC precautions can be implemented to protect staff and other residents, visiting restrictions may be relaxed in the context of end-of-life palliative care.
- Encourage and facilitate phone or video calls between residents and their friends and family members to maintain social contact while visiting restrictions are in place.
- Ensure that all visitors, including essential external providers and visitors to residents:
  - Visit only one resident (or essential staff member).
  - Go directly to the resident's room or area designated by the RCF, and avoid communal areas.
  - Maintain separation of 1.5 metres from residents, if possible.
  - Use alcohol-based hand rub or wash their hands before entering and on leaving the RCF and the resident's room.
  - Practice cough etiquette/respiratory hygiene.

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<sup>10</sup> See Communicable Diseases Network of Australia *Coronavirus national guideline for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia* <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities>



- If visiting a resident who is in isolation or quarantine, observe contact and droplet precautions, as directed by RCF staff.
- Post signs or posters at the entrance and other strategic locations to remind visitors of the precautions including donning and doffing instructions at PPE station.
- Screen visitors on entry to the facility for epidemiological (recent travel, contact with a COVID-19 case) and clinical risk factors (acute respiratory infection).

## Duration of isolation precautions for confirmed COVID-19 patients

- Cessation of isolation precautions for residents who have had COVID-19 should be determined on a **case-by-case basis** by the local Public Health Unit.<sup>11</sup>
- Outbreak precautions for the facility should remain in place until at least 14 days after last case has been diagnosed or on advice from the Public Health Unit.

## Environmental cleaning

- During an outbreak, enhanced cleaning of communal areas and residents' rooms is required. Frequently touched surfaces should be cleaned frequently and any resident care equipment cleaned and disinfected between each use or used exclusively for individual residents.<sup>12</sup>

## Handling of Linen

- Soiled linen should always be treated as potentially infectious.
- Routine procedures are adequate for handling linen from residents in a RCF with a COVID-19, including those in quarantine or isolation .
- However, all linen should be laundered on site and not taken home for laundering by relatives, if that has been the practice previously.
- Grossly contaminated/soiled linen should be placed in a soluble plastic bag and then placed in the linen skip or the linen skip should be lined with a plastic bag for soiled linen.

## Food service and utensils

- The principles of food hygiene should be observed in food preparation and service.
- Staff should perform hand hygiene before preparing or serving food to residents .
- Disposable crockery and cutlery are not required.
- Crockery and cutlery should be washed in a dishwasher, if available; otherwise wash with hot water and detergent, rinse in hot water and leave to dry.
- Cutlery and crockery from ill residents does not need to be washed separately as hot water and detergent will inactivate any residual contamination.
- Staff should wash or sanitise their hands after collecting or handling used crockery and cutlery, from residents, as trays and utensils can be contaminated with saliva or respiratory droplets.

## Waste Management

- Waste can be managed in accordance with routine procedures.
- Clinical waste should be disposed of in clinical waste streams.

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<sup>11</sup> See Communicable Diseases Network of Australia *Coronavirus national guideline for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia* <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities>

<sup>12</sup> See *Environmental cleaning and disinfection principles for health and residential care facilities* <https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities>

- Non-clinical waste is disposed of into general waste streams.

## **Management of Deceased Bodies**

- Advice for handling of bodies affected by COVID-19 have been endorsed by CDNA and AHPPC.<sup>13</sup>
- Normal processes apply to the management of deceased bodies.
- The same precautions should be followed when handling the body as when caring for the resident during life i.e. contact and droplet precautions if the deceased has been suffering from COVID-19.
- Deceased bodies should be placed in a leak-proof bag; staff handling deceased bodies should wear gown, surgical mask, protective eyewear and gloves.

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<sup>13</sup> See *Advice for funeral directors* [https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-advice-for-funeral-directors-advice-for-funeral-directors-covid-19\\_1.pdf](https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-advice-for-funeral-directors-advice-for-funeral-directors-covid-19_1.pdf)

## APPENDIX 1: CONTACT AND DROPLET PRECAUTIONS FOR SUSPECTED OR CONFIRMED COVID-19

Requirements	Contact and Droplet Precautions for COVID-19
Single room	Yes, or cohort with patient with same virus (in consultation with infection control professional, or infectious diseases physician), or maintain spatial separation of at least 1.5 metres It is recommended that single patient rooms be fitted with ensuite facilities. In the advent of no ensuite facilities, a toilet and bathroom should be dedicated for individual or cohort patient use.
Negative pressure*	No
Hand hygiene	Yes
Gloves	Yes, if there is direct contact with the patient or their environment.
Gown/apron	Yes, if there is direct contact with the patient or their environment.
Surgical Mask	Yes, Surgical mask. Remove mask after leaving patients room.
Protective eyewear	Yes, may be in the form of safety glasses, eye shield, face shield, or goggles
Special handling of equipment	Single use or if reusable, reprocess according to IFU before reuse. Avoid contaminating environmental surfaces and equipment with used gloves.
Transport of patients	Surgical mask if coughing/sneezing and other signs and symptoms of an infectious transmissible disease spread by airborne or droplet route. Surgical mask for patient when they leave the room. Patients on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (if medical condition allows). Advise transport staff of level of precautions to be maintained. Notify area receiving the patient.
Alerts	When cohorting patients, they require minimum of 1.5 metres of patient separation. Visitors to patient room must wear a fluid resistant surgical mask and protective eyewear and perform hand hygiene. Remove PPE and perform hand hygiene on leaving the room. Patient Medical Records must not be taken into the room. Signage of room.
Room cleaning	Enhanced cleaning

## APPENDIX 2: RECOGNISING AND MANAGING COVID-19 IN RESIDENTIAL CARE FACILITIES

### QUICK REFERENCE GUIDE

Activity	DETAIL
COVID-19 suspected or Acute Respiratory Illness	<p>Symptoms present:</p> <ul style="list-style-type: none"> <li>○ a cough</li> <li>○ shortness of breath</li> <li>○ fever</li> </ul> <p>Inform your senior nursing staff on duty</p>
Implement precautions as soon as resident shows Acute Respiratory Illness symptoms	<ul style="list-style-type: none"> <li>○ Increase infection prevention and control measures</li> <li>○ Contact resident's GP</li> <li>○ Isolate resident if possible</li> <li>○ Collect swabs as directed by medical officer</li> <li>○ Warn visitors of risk</li> </ul>
Nominate an infection control coordinator	<p>Name: .....</p> <p>Ph: ..... Pager: .....</p>
Notify	<ul style="list-style-type: none"> <li>○ Your State/Territory Public Health Unit</li> <li>○ Resident's GP and relatives or representative, all staff, all visiting GPs, allied health workers, volunteers, or anyone in contact with your facility</li> </ul>
Document	<ul style="list-style-type: none"> <li>○ Details of resident(s), staff with symptoms</li> <li>○ Onset date of acute respiratory illness symptoms for each resident</li> <li>○ Types of symptoms</li> <li>○ Their contacts – to identify 'at risk' groups</li> </ul>
Manage residents who are ill	<ul style="list-style-type: none"> <li>○ Isolation from residents who are well</li> <li>○ Dedicated staff where possible</li> <li>○ Dedicated equipment: hand basin, single-use towelling, en-suite bathroom, containers for safe disposal of gloves, tissues, masks, towelling</li> <li>○ Staff use personal protective equipment</li> <li>○ Transfer to hospital if condition warrants</li> </ul>
Restrict contact	<ul style="list-style-type: none"> <li>○ Infected staff off work as determined by their medical officer</li> <li>○ Limit staff movement into restricted area</li> <li>○ Warn visitors and limit visit times</li> <li>○ Suspend all group activities</li> </ul>
Prevent spread	<ul style="list-style-type: none"> <li>○ Increase infection prevention and control measures</li> <li>○ Personal hygiene – wear gloves, mask, ensure good hand hygiene</li> <li>○ Environment – enhance cleaning measures</li> <li>○ Medical – Transfer to hospital if required</li> </ul>

### HAND HYGIENE BEFORE AND AFTER CONTACT WITH RESIDENTS



# FACT SHEET

## IN-HOME CARE WORKERS

29/04/2020

Our health care and in-home care workers are at the frontline of protecting older Australians from COVID-19. It is crucial that we support and protect them.

This information sheet should be read in conjunction with:

- [What you need to know about coronavirus \(COVID-19\)](#)
- [Self-isolation \(self-quarantine\) for coronavirus \(COVID-19\)](#)
- [Coronavirus \(COVID-19\) using personal protective equipment](#)
- translated [COVID-19 resources](#), including isolation guidance, in a range of languages found at [www.health.gov.au/covid19-resources](http://www.health.gov.au/covid19-resources).

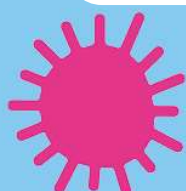
### Why do we need to take particular care to protect older Australians?

As health workers are aware, the risk of serious illness from COVID-19 increases with age. The highest rate of fatalities to date is among older people, particularly those with other serious health conditions or a weakened immune system. Australians over 70 years of age, over 65 years of age with existing health conditions, and Indigenous Australians over the age of 50 with existing health conditions and people of any age who have suppressed immunity are particularly at risk from COVID-19.

For people living with dementia or some form of cognitive impairment, the ability to follow instruction or to alert others about potential symptoms may be a challenge. This is especially so where there is a limited capacity to communicate verbally or express pain and discomfort.

### Can I go to work?

As an in-home care worker you are providing an essential service to some of our most vulnerable Australians. Home care services should be still delivered to care recipients with necessary precautions in place (see below) but it is vitally important during this unprecedented time that continuity of service by providers is maintained and that we all stay connected.



To keep care recipients safe you must not go to work and must alert your employer in the following circumstances:

- If you have returned from overseas in the last 14 days,
- if you have been a cruise ship passenger or crew who travelled in the past 14 days
- If you have been in contact with someone diagnosed with COVID-19, unless you were wearing personal protective equipment or
- If you have a fever, or you have any symptoms of respiratory illness (e.g. cough, shortness of breath, sore throat, runny nose or nasal congestion).

If you are in a group who are considered vulnerable to more serious infection (including aged over 70 years, non-Indigenous and are aged 65 years or older with a chronic illness or are Indigenous and aged 50 years or older with a chronic illness, or are a person of any age with suppressed immunity) you should discuss with your employer how best to manage your own risk at work.

## When should you be tested for COVID-19?

It's important to detect COVID-19 in health and aged care workers early.

You are eligible and should be tested for COVID-19 if you develop fever or respiratory symptoms (such as a sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) and are a health or aged care or residential care worker, or an in-home care worker.

Your doctor will confirm if you need to be tested and will arrange for the test.

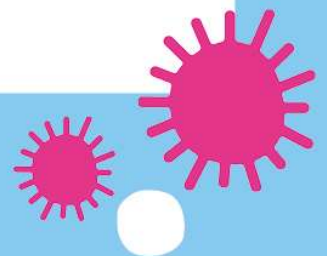
## How can I help prevent the spread of coronavirus?

There is currently no vaccination to prevent COVID-19. Avoiding exposure is the single most important way to prevent the spread of COVID-19.

To protect those in your care you must ensure that you:

- Practise and encourage good hand hygiene and good cough/sneeze etiquette.
- Depending on anticipated exposure, wear appropriate personal protective equipment (PPE).
- If you are not undertaking direct care duties, maintain a distance of 1.5 metres from home-care recipients and Commonwealth Home Support Programme (CHSP) clients.

You should continue to use standard precautions for preventing infection with all people in your care at all times. Standard precautions include hand hygiene before and after every episode of physical contact. Additional precautions will be necessary should there be a suspected or confirmed case of COVID-19 among the people in your care.



For further information on how you can protect yourself and those in your care, you are encouraged to complete the COVID-19 training available here:

<http://www.covid-19training.gov.au>

This training includes infection prevention and control training module designed for health care workers in all settings, as well as aged care specific training. If you are having trouble and can't access the aged care specific training email [support@covid-19training.gov.au](mailto:support@covid-19training.gov.au) for a priority response.

## What about influenza vaccinations for in-home care workers?

While it is not compulsory for in-home aged care workers to receive the influenza vaccination to continue working, we strongly encourage all staff and volunteers to receive the influenza vaccination this year if available to them. Ensuring staff and volunteers are vaccinated against influenza will not only provide protection for staff but also an additional layer of protection for care recipients, who are more vulnerable to serious complications from influenza.

For more information about the influenza vaccine see: [www.health.gov.au/health-topics/immunisation/immunisation-services/flu-influenza-immunisation-service](http://www.health.gov.au/health-topics/immunisation/immunisation-services/flu-influenza-immunisation-service)

## What about workers with visa work restrictions?

New visa arrangements are available to support the aged care workforce. Aged care providers can now temporarily offer more hours to international students to help ensure the continuity of care of older Australians.

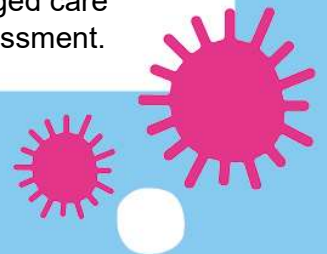
These changes apply to both residential and home care.

They are temporary measures and are designed to address any staff shortages caused by COVID-19. We need to support workforce continuity across the aged care sector in case a large part of the workforce is unable to come to work. Providers will ensure all staff are adequately trained.

For further information about this temporary measure and what you need to do to access these new arrangements, please contact the Department of Home Affairs on **131 881** or email [SVCR@homeaffairs.gov.au](mailto:SVCR@homeaffairs.gov.au)

## How can care recipients get urgent access to CHSP or other additional services if their care needs change due to COVID-19?

In the first instance, an individual seeking access to new or additional aged care services should contact My Aged Care on **1800 200 422** to discuss their aged care needs, have their client record created or updated and arrange for an assessment.



In cases where CHSP services are required for urgent and immediate care needs, a service provider may commence delivering services to a client before they have contacted My Aged Care and received an assessment. This provision is only intended to take effect where it is clear that urgent and immediate care is required to ensure client health or safety (e.g. the unplanned absence of a carer or the provision of essential support or food to a client in isolation due to COVID-19). For more information refer to the '[Assistance with food and meals for older Australians impacted by COVID-19](#)' fact sheet at [www.health.gov.au/resources](http://www.health.gov.au/resources).

The delivery of these services should be time-limited with the service provider assisting the client to contact and register (where necessary) with My Aged Care as soon as possible. Where urgent CHSP services are put in place for six weeks or less due to COVID-19, an assessment (or support plan review for existing clients) will not be required. Where urgent services are put in place for longer than six weeks, a follow up assessment (or support plan review) must be arranged.

In non-urgent circumstances, services should not commence before an assessment. CHSP providers must continue to only deliver services they are funded to deliver (e.g. they cannot start delivering domestic assistance when they are only funded for flexible respite).

Home care package care recipients can also access CHSP services on a time limited basis in emergency situations when their package is fully allocated. The service provider assisting the client will still need to contact My Aged Care and register the client. An assessment should be scheduled at a later date where appropriate.

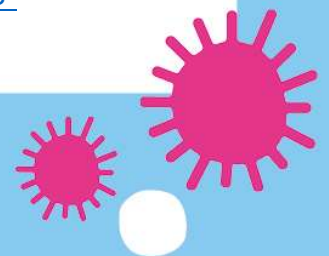
## What if care recipients want to cease their Home Care Package Service?

There are multiple reasons why a care recipient, or their representative, may ask to stop receiving care and services. If their circumstances have changed due to COVID-19, home care providers can offer to review the person's care plan and adjust their package of care and services.

If a client is concerned about exposure to COVID-19, providers can note their ongoing responsibility to prevent and control infection and detail their actions to manage COVID-19. Providers should also print copies of the handout '[It's ok to have home care](#)' and provide to clients when visiting or post the client a copy. It is available at [www.health.gov.au/resources/publications/its-ok-to-have-home-care](http://www.health.gov.au/resources/publications/its-ok-to-have-home-care)

If a client decides they do not want to receive care or services, they should be advised to suspend, or 'take leave' from their package. This qualifies as 'social leave' and is subject to the usual provisions found here:

[www.health.gov.au/initiatives-and-programs/home-care-packages-program/managing-home-care-packages/temporary-leave-from-home-care-packages#social-leave](http://www.health.gov.au/initiatives-and-programs/home-care-packages-program/managing-home-care-packages/temporary-leave-from-home-care-packages#social-leave)





A care recipient's security of tenure is not affected by the choice to take leave. They must, however, notify you that they are choosing to take leave from their package and specify the date that leave commences. This notification is not required to be in writing, but providers need to record the leave dates, and how and who informed them of the leave.

Section 11 of the Home Care Packages Program Operational Manual: A guide for home care providers outlines what providers need to do if someone wants to take leave from receiving services under their package. The Manual is available here: [www.health.gov.au/resources/publications/home-care-packages-program-operational-manual-a-guide-for-home-care-providers](http://www.health.gov.au/resources/publications/home-care-packages-program-operational-manual-a-guide-for-home-care-providers)

## How are assessments being conducted during COVID-19?

Telephone and Telehealth aged care assessments will be adopted as the default approach for community assessments by ACATs and RAS until further notice. Face to face assessments are still permitted where necessary to support the needs of the client. This will be reviewed as the situation evolves. All assessment organisations are also being asked to increase welfare checks with care recipients during this period.

## What should I advise my staff in these challenging times?

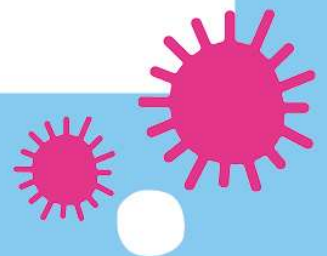
One of the important messages is the value of basic standard hygiene (hand washing, cough etiquette, social distancing) in preventing transmission.

As trusted care providers in our community, your assistance in communicating this message to your workforce, senior Australians, their families and friends is appreciated.

Employers should provide information and brief all employees, contract staff and volunteers, including domestic and cleaning staff where applicable, on relevant information and procedures to prevent the spread of coronavirus.

You should inform staff who have been in close contact with a confirmed COVID-19 case to remain isolated in their home. Workers should seek medical advice and advise their employer if they develop symptoms during the isolation period.

Public health authorities may contact employers in the event an employee, contract staff or volunteer is suspected or confirmed to have coronavirus.



## Will I have access to additional Government payments?

The Australian Government has agreed to additional temporary funding to support Aged Care providers and workers as we face the challenge of coronavirus.

One element of this temporary funding is a 'retention bonus payment' to eligible full-time direct care workers.

- Full-time home care workers will receive payments of up to \$600 per quarter, for two quarters. This includes workers providing clinical care, personal care, cleaning, home support activities and meal preparation, social support, shopping, community access and transport, allied health and respite.

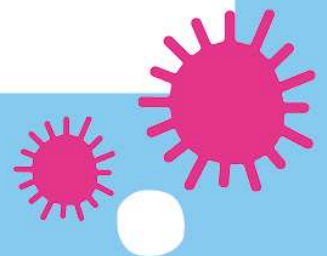
There will be pro rata payments for eligible part time and casual workers.

Payments are expected to be made in June and September for the preceding three month period. Details about the exact timing of payments and how they will be made will be advised in due course.

Workers who are unable to attend work because they have been diagnosed with COVID-19 or who are in isolation may qualify for Sickness Allowance (or JobSeeker Payment from 20 March 2020) if they do not have any employer leave entitlements, such as sick leave, and they meet general eligibility requirements in respect of residency, and income and asset tests.

Young people under the age of 22 who are unable to attend work because they have been diagnosed with COVID-19 or who are in isolation may qualify for Youth Allowance if they meet the same requirements.

For more information on the Jobseeker Payment, visit Services Australia <https://www.servicesaustralia.gov.au/>



## MORE INFORMATION

To protect older Australians and those with compromised immune systems we all need to work together to help stop the spread of COVID-19.

For the latest advice, information and resources, go to <http://www.health.gov.au>

Call the National Coronavirus Help Line on **1800 020 080**. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call **131 450**.

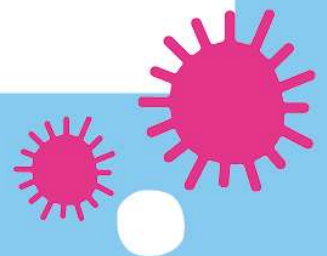
The [COVIDSafe](#) app speeds up contacting people exposed to coronavirus (COVID-19).

If you or a family member are in crisis, please contact Lifeline on **13 11 14**.

The phone number of each state or territory public health agency is available at <http://www.health.gov.au/state-territory-contacts>.

Support to protect your mental health and wellbeing as a healthcare worker: [beyondblue.org.au](http://beyondblue.org.au) or **1800 512 348**.

If you have concerns about your health, speak to your doctor.





## Information on the use of surgical masks

### Should I wear a surgical mask?

Most people will not benefit from wearing a surgical mask. Masks are of benefit to people who are sick so they don't cough on others, and health care workers who have frequent, close contact with sick people.

#### General public

Surgical masks in the community are only helpful in preventing people who have coronavirus disease from spreading it to others. If you are well, you do not need to wear a surgical mask as there is little evidence supporting the widespread use of surgical masks in healthy people to prevent transmission in public.

Specific requirements are in place for people who have returned from a country or region that is at high or moderate risk for COVID-19, or think may they have been in close contact with a confirmed case of coronavirus. Go to [www.health.gov.au/covid19-travellers](http://www.health.gov.au/covid19-travellers) for the list of at-risk countries and isolation requirements.

If you are required to isolate, you should use a surgical mask (if you have one) in the following circumstances:

- You need to leave your home for any reason and will be in public areas
- You are visiting a medical facility
- You have symptoms and other people are present in the same room as you.

#### Suspected case

If you are suspected of having coronavirus disease, your primary care provider will give you a surgical mask to wear when you enter the emergency department or general practice.

This is a precaution to reduce the risk of spreading COVID-19, especially through coughing.

You should follow your primary care provider's advice on how to fit and wear the surgical mask. You should continue to use the surgical mask in all public places until you are advised otherwise by public health authorities.

If you are suspected of having coronavirus, you can find more information at [www.health.gov.au/covid19-resources](http://www.health.gov.au/covid19-resources).

#### Confirmed case

If you are confirmed to have coronavirus disease, follow the advice of your primary care provider and public health authorities on wearing a surgical mask. You should wear a surgical mask if you need to leave the house; when you are in contact with health care workers; or, when other people are in the same room. If your health care provider has issued you with a surgical mask, please follow their instructions regarding the safe use and appropriate disposal of masks.

#### Health care workers

During the course of their work, health care workers may be exposed to patients who are suspected or confirmed of having COVID-19. When caring for patients with suspected or confirmed COVID-19, health care workers are required to wear appropriate personal protective equipment (PPE) (masks, gloves, eye shields and/or gowns) to protect themselves from infectious illnesses and help stop the spread of disease. The PPE required will depend on the

type of interaction. It is important that our health workforce remains strong and healthy during this time.

Information for health care workers looking after patients in hospitals and non-inpatients is available at [www.health.gov.au/covid19-resources](http://www.health.gov.au/covid19-resources).

## Pathology specimen collectors

Pathology specimen collectors should follow the advice for health care workers above and wear appropriate PPE when collecting specimens from confirmed or suspected cases to protect themselves and help stop the spread of the disease.

## Customer service staff

Customer service staff and public officials do not need to wear a mask as there is less chance they will come into close contact with suspect or confirmed cases. All staff are required to practice social distancing and good hygiene practises.

If you feel unwell, stay at home, let your supervisor know and seek further medical advice.

## How do I get a surgical mask?

If you suspect you are ill with coronavirus disease, you should seek health care from a hospital or your general practice GP, where you can also get further information on surgical masks.

The Australian Government is supporting general practices that are seeing patients with suspected coronavirus and are unable to access sufficient surgical masks. These surgical masks should be available through primary health networks (PHNs). General practices should contact their local PHN in the first instance and outline their needs.

General practices and medical practitioners are encouraged to refer to the Department of Health website which includes specific information on treating possible coronavirus patients.

## How can we help prevent the spread of coronavirus?

Practising good hand and sneeze/cough hygiene is the best defence against most viruses. You should:

- wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- cover your cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser, and
- if unwell, avoid contact with others (stay more than 1.5 metres away from people).

## More information

While coronavirus is of concern, it is important to remember that most people displaying symptoms such as fever, cough, sore throat or tiredness are likely suffering with a cold or other respiratory illness—not coronavirus.

For the latest advice, information and resources, go to [www.health.gov.au](http://www.health.gov.au)

Call the National Coronavirus Health Information Line on 1800 020 080. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

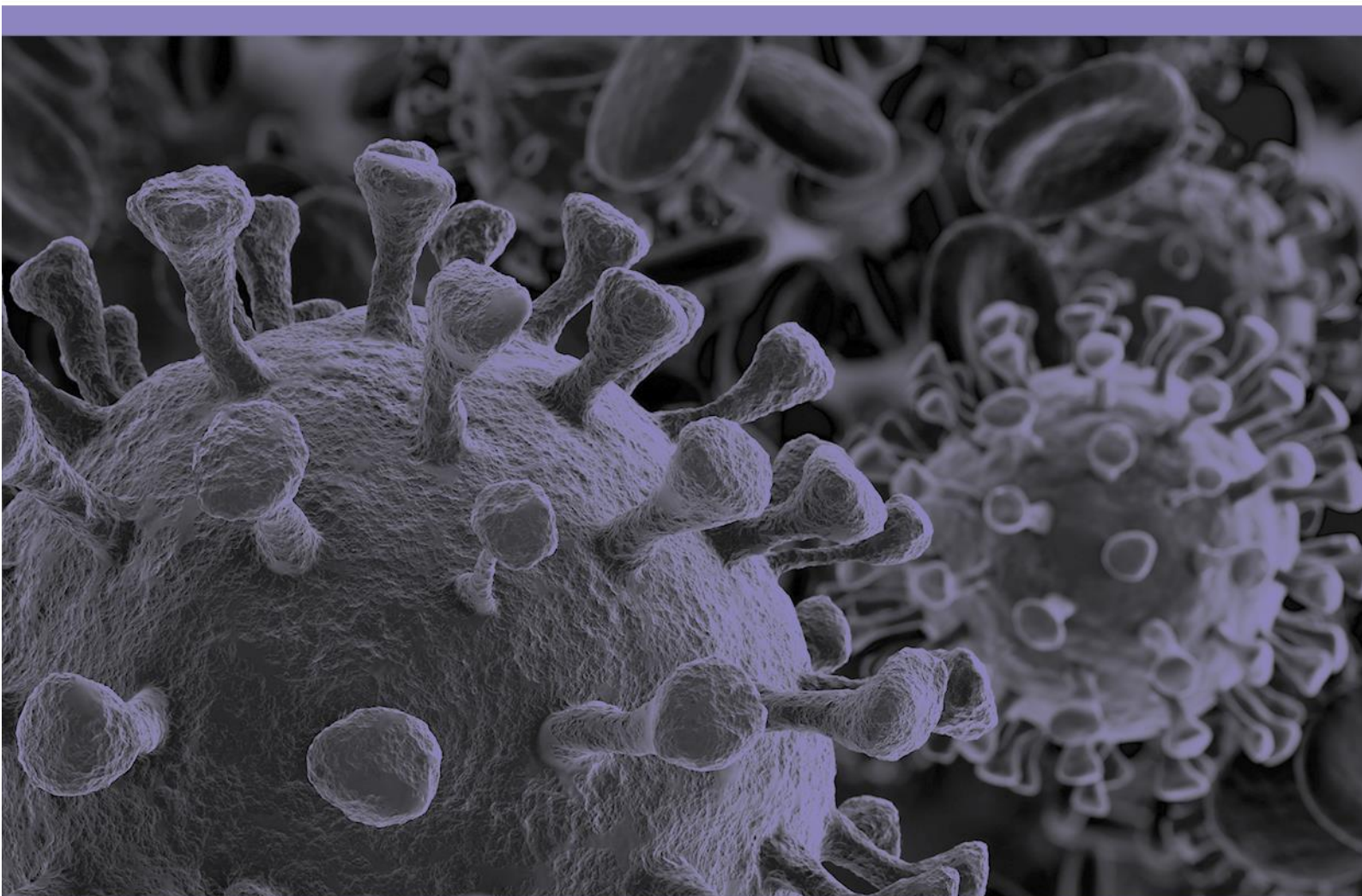
The phone number of each state or territory public health agency is available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts)

If you have concerns about your health, speak to a doctor.



**Australian Government**

**Department of Health**



# **MANAGEMENT AND OPERATIONAL PLAN FOR PEOPLE WITH DISABILITY**

**Australian Health Sector emergency Response Plan for Novel Coronavirus  
(COVID-19)**

April 2020

## **Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)**

Publications Number: 12752

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# Introduction

On 11 March 2020, the World Health Organization (WHO) announced that novel coronavirus (COVID-19) was a worldwide pandemic. The COVID-19 outbreak represents a significant risk to Australia. It has the potential to cause high levels of morbidity and mortality including mental health impacts, and to disrupt our community socially and economically. However, Australia is well prepared and has excellent health systems to deal with the virus. All areas of the health sector are well informed and actively engaged in the national response.

The Australian Government is committed to ensuring that people with disability and their families and carers have equitable access to health care during the outbreak, including accessible health and social care advice, and access to essential supports and services. In this document people with disability refers to people who have long-term physical, mental, intellectual, cognitive or sensory impairments or conditions.

The Government has taken a precautionary approach to COVID-19, working collaboratively with state and territory governments as well as whole of government partners to implement strategies to minimise disease transmission.

In order to guide the health sector response, the Government developed the first Australian Health Sector Emergency Response Plan for Coronavirus (the COVID-19 Plan). The COVID-19 Plan outlines how key activities will operate and how the Australian public can support the national response. The following information is provided in the plan:

- what we know about the disease and the outbreak
- what sort of risk COVID-19 represents
- what the Australian Government health sector will be doing to respond
- how the Government's response will affect people
- what people can do to contribute
- how people can manage their own risk, the risk to their families and their communities.

As we learn more about COVID-19 we are:

- regularly reviewing our response
- moving resources into activities which are working well
- scaling back activities that are not working.

COVID-19 presents a significant and unprecedented challenge for many people with disability, including children and young people, the people who support them, and the disability sector as a whole. Some people with disability are more likely to be vulnerable to the effects associated with COVID-19 including impacts which continue following the pandemic period.

The Management and Operational Plan for COVID-19 for People with Disability (the Plan) has been developed to provide a targeted response for people with disability, their families, carers and support workers.

The Plan also reflects the Government's commitment to upholding the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the National Disability Strategy 2010-2020. Both of these documents take a social model view of disability. The social model of disability recognises that disability results from the interaction between persons with impairments or conditions and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. In particular, this document seeks to ensure health services provided in response to COVID19:

- recognise that people with disability have an inherent right to life and its enjoyment on the same basis as others
- provide people with disability the same standard of health care as other persons
- provide people with disability access to health services as close to their own community as possible, including rural and remote areas
- promote dignity, autonomy, and respect for people with disability when receiving health care and that the provision of health care is free from bias or discrimination.

Additionally, under the *Disability Discrimination Act (Cth) 1992* the Australian Government is committed to eliminating discrimination against people with disability, and ensuring that the fundamental rights of people with disability are recognised on the same basis as the rest of the community.

Implementation of the Plan will also uphold the Government's commitments under the *Carers Recognition Act (Cth) 2010*.

For the purposes of this document the following definitions will be used throughout:

**Carer** means: a person who provides unpaid care and support to people with disability who are family members or friends.

**Support worker** means: a person who provides paid support to a person with disability, either directly employed by the person or employed or otherwise engaged by a provider chosen by the person with disability to deliver their supports. This includes a person who is a volunteer who might be engaged by an organisation to provide support to a person with disability.

# PART 1

## The Plan

The Plan has been developed for people of all ages with disability, their families, carers, support workers and the disability and health care sectors. It will provide high-level guidance on a range of factors that need to be considered in managing and preventing the transmission of COVID-19 for people with disability. The Plan will be informed by a risk-based approach, prioritising individuals whose disability, current health status and setting, places them at significant risk of adverse outcomes related to COVID-19.

The Plan will be a living document and will be reviewed periodically, in line with the Australian Health Sector Emergency Response Plan for Coronavirus. As new evidence and recommendations for how to manage the COVID-19 pandemic emerge, particularly in relation to disability, the Plan will be updated accordingly.

The Plan was developed, and its implementation will be overseen, by an Advisory Committee (see *Governance and Consultation*) and has been endorsed by the AHPPC.

The Plan has two main parts, the Management Plan and the Operational Plan.

- Part 1 – Management Plan
- Part 2 – Operational Plan
  - Initial action stage
  - Targeted action stage
  - Stand down stage.

## Objectives

The Plan focuses on broad clinical, public health and communication actions which will benefit all Australians including people with disability, as well as targeted action specific to people with disability.

The objectives of the Plan are to:

- minimise COVID-19-related transmission, morbidity and mortality among people with disability
- guide action across Australia, including rural and remote areas in reducing the risk of COVID-19 for people with disability, including children, young people and adults
- inform, engage and empower all people with disability, their families, carers and support workers in relation to COVID-19
- identify and characterise the nature of the virus, and the clinical severity of the disease as it relates to people with disability

- support effective care, including rehabilitation, for people with disability who contract COVID-19, and reduce additional burden from COVID-19 for healthcare and disability support workers
- support people with disability continuing to have access to essential health care for non-COVID conditions, including mental health conditions, through the pandemic period.

Consistent with the overarching COVID-19 Plan, decisions on the implementation of public health measures may vary across state and territory governments. This includes the timing of initiation of measures and the Stand down Phase outlined in Part 2. The AHPPC will aim to support a coordinated approach across jurisdictions wherever possible.

It is important to note that a key goal of the Plan and implementation approach is to achieve a response proportionate to the level of risk. This approach acknowledges the risk is not the same across all population groups, and reducing the risk for vulnerable populations such as people with disability is vital.

## Principles

The following principles underpin the Plan, from development through to implementation:

- **EQUITY:** The **human rights** of people with disability are upheld through an equitable, accessible and tailored health care response.
- **PREVENTION:** **Preventing** people with disability **becoming infected** is the primary focus.
- **INFORMED:** People with disability, their families, carers and support workers **understand what to do** during the pandemic and how to access support.
- **TARGETED:** Clear and **targeted information** and advice is communicated in a diverse **range of accessible formats**.
- **SUPPORT NETWORKS:** Supporters of people with disability (families, carers, support workers and others providing formal and informal supports) are **central to the safety of people with disability**, during the pandemic, and are a key target group for this plan.
- **PARTNERSHIPS:** There is a need for an **integrated partnership between the health sector and disability sectors** to appropriately respond to the diverse needs of people with disability, their families, carers and support workers.
- **CULTURAL CONSIDERATION:** **Aboriginal and Torres Strait Islander people** with disability need special focus in this plan and associated plans, with underlying **disadvantage, cultural considerations, remoteness** and other issues posing challenges for **equitable access** to health care and other supports.
- **WELLBEING:** protect the mental health and wellbeing of people with disability and their families by involving them in decision making and **minimising disruption to their daily lives**. Where appropriate, providing appropriate care in non-hospital settings as much as possible and facilitating the **essential support** that people with disability need.

## Rationale for the Plan

The COVID-19 pandemic presents a significant risk to the health and wellbeing of all Australians, but particularly people with disability. More than 4.4 million people in Australia have disability. This equates to almost one in five Australians. Exposure, susceptibility and impact vary according to the type of disability (e.g. intellectual disability, mobility impairments or conditions) as well as individual and contextual factors such as age, gender, socio-economic status, family environment, where someone lives, whether they are Aboriginal or Torres Strait Islander, whether they are from culturally and linguistically diverse backgrounds.

People with disability live and work in a range of settings and are active members of the community. Some people live at home by themselves, others live with family members, or in congregate disability accommodation services or group homes. Some work within organisations specifically providing employment opportunities for people with disability. Some settings may increase the risk of morbidity and mortality, including when an ageing person is responsible for the informal care of a person with a disability. Such settings require increased levels of risk mitigation and support to prevent COVID-19 transmission.

In certain settings, people with disability are over-represented and this includes the use of acute care services such as public hospital emergency departments and inpatient services. For example, people with intellectual disability present to emergency departments at two to three times the rate of the general population and experience longer lengths of stay as inpatients.

People with disability experience higher rates of morbidity, which includes managing additional health concerns such as mental health conditions, chronic conditions and complex comorbidities. They consequently experience higher rates of mortality. Fifty per cent of people with disability in Australia live in households in the lowest two income quintiles, compared with 24 per cent of other Australians.

Many people with disability also come from multiple 'priority' population groups; this can have a compounding effect on their health needs and outcomes. For example, many people with disability from rural and remote backgrounds also have a lower socioeconomic status, may identify as Aboriginal and Torres Strait Islander, identify as LGBTI+ or are from a culturally and linguistically diverse background. There are also a number of barriers that people with disability face when accessing health care.

Table 1 outlines the Government's advice on who is most at risk of contracting COVID-19 and people who are more likely to be at higher risk of serious illness from the virus.

Table 1 - The relationship between the risk factors for COVID-19 and people with disability

Risk Factors for COVID-19 <sup>1</sup>	Relation to People with Disability
People who have been in close contact with someone who has been diagnosed with COVID-19	In 2018, of the people with disability aged 0-64 years, 363,000 required assistance with self-care, 541,700 with health care and 185,000 with meal preparation. These activities are likely to require close contact. Overall, 1.39 million Australians with disability required assistance with one or more activities. <sup>2</sup> In addition, some people with disability may not be able to follow health recommendations related to COVID-19, for example, physical and social distancing and hand hygiene guidance and isolation.
People in correctional and detention facilities	People with disability are overrepresented in custodial facilities including prisons, forensic mental health facilities, remand centres and other detention facilities. In 2018, two in five prison entrants aged 45 and over self-reported a disability. <sup>3</sup>
People in group residential settings	In 2018, an estimated 14,400 people with disability aged 15-64 years, lived in cared-accommodation, including hospitals, aged care, cared components of retirement villages, hostels and other homes such as group homes. <sup>4</sup>
Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions	In 2018-19, 46 per cent of Aboriginal and Torres Strait Islander people had one or more chronic conditions. Additionally, 27 per cent of Aboriginal and Torres Strait Islander people reported they had a disability or restrictive long-term health condition. <sup>5</sup> Disability among Aboriginal and Torres Strait Islander people is likely to be under-reported due to diverse attitudes to impairment among Aboriginal and Torres Strait Islander communities.
People aged 65 years and older with chronic medical conditions	In 2018, 1.13 million Australians aged over 65 had one or more long-term health conditions. <sup>6</sup> Some people with chronic health conditions may experience disability due to the interaction between their condition and their environment, and a lack of access to the community and employment.
People aged 70 years and older	The likelihood of living with disability increases with age, with the majority of people with disability aged 65 years and older <sup>7</sup> .

Risk Factors for COVID-19 <sup>1</sup>	Relation to People with Disability
People with compromised immune systems and vulnerability to respiratory illnesses	Some disabilities are associated with a suppressed immune system and a greater incidence of complications (e.g. Down Syndrome <sup>8</sup> ). Some types of medications prescribed for specific disabilities can also cause immune-suppression.

1 = <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/what-you-need-to-know-about-coronavirus-covid-19>

2 = ABS Cat. no 4430.0 - Disability, Ageing and Carers, Australia, 2018 <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

3 = AIHW, The health of Australia's prisoners, 2018. <https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/report-editions>

4 = ABS Cat. no 4430.0 - Disability, Ageing and Carers, Australia, 2018. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

5 = ABS Cat. No. 4715.0 - National Aboriginal and Torres Strait Islander Health Survey, 2018-19, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4715.0Main%20Features12018-19?opendocument&tabname=Summary&prodno=4715.0&issue=2018-19&num=&view=>

6 = ABS Cat. no 4430.0 - Disability, Ageing and Carers, Australia, 2018. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

7 = <https://www.and.org.au/pages/disability-statistics.html>

8=Ram, G., & Chinen, J. (2011). Infections and immunodeficiency in Down syndrome. *Clinical and experimental immunology*, 164(1), 9–16. <https://doi.org/10.1111/j.1365-2249.2011.04335.x>

In addition, the following factors play a significant role in increasing risk for people with disability:

- poor health literacy, at times due to lack of accessible communication, may affect an individual's ability to comply with the evolving COVID-19-related prevention and management measures
- the reliance on other people including family members, carers and support workers to provide essential support at close contact, often on a daily basis
- people with high and complex support needs (including behaviours of concern) may need extra health support to ensure their essential needs are met, including communication or behaviour support. People in these situations may not be able to self-isolate in the same manner as the rest of the community – relying on wide networks of informal and formal supports to meet their daily needs.

The settings in which some people with disability live and work combined with public health directions for limited community movement, and in some cases self-isolation, may create the potential for greater risk of abuse, neglect and exploitation. This includes domestic and supported living settings. The regulation of supports, such as through the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission, the Aged Care Quality and Safety Commission and state and territory regulators and authorities for community settings, continue unchanged through the COVID-19 pandemic.

The actions outlined in the Operational Plan (Part 2) respond to the needs of people with disability in high-risk groups. These actions will be coordinated in line with actions taken under the Australian Health Sector Emergency Response Plan.

# Roles and Responsibilities

Many critical partners, including the health and disability agencies of the Australian and state and territory governments, people with disability, families, carers, support workers and the healthcare and disability sectors, all have a role to play in protecting the health of people with disability from COVID-19 infection.

## 1. Planning

The **Australian Government** will undertake a range of specific measures relevant to the health of people with disability in the context of COVID-19, including:

- Development of the Management and Operational Plan, in partnership with the Advisory Committee, states, territories and other stakeholders.
- Coordinating the implementation of the Plan, with oversight from the Advisory Committee.
- Provision of secretariat support to the Advisory Committee.
- Coordinating and communicating with the states and territories, through the Australian Health Ministers Advisory Council, the Australian Health Protection Principal Committee and relevant disability services coordination mechanisms, to support effective communication and health service provision for people with disability in response to COVID-19.
- Preparation and dissemination of national guidelines, procedures and other resources to support this Management and Operational Plan.
- Mobilising the resources of the National Medical Stockpile, and State/Territory resources where applicable, to support the appropriate provision of Personal Protective Equipment (PPE) and other resources, according to availability and need, to people with disability, their families, carers and support workers in health and disability care settings.

Developing and supporting a national communications plan specific to people with disability, to educate people with disability, their families, carers, support workers, health care workers and others about the spread of COVID-19 and effective prevention, screening, assessment and treatment approaches.

**State and territory governments** will develop, where appropriate, complementary operational plans for public health, clinical and disability service responses specific to people with disability, promoting and drawing on expert and specialised sources of advice wherever possible. State and territory governments will lead the health service response within their jurisdictions. States and territories are responsible for COVID-19 surveillance, communication of new cases and outbreaks, and for providing alerts to communities.

**Clinicians and public health professionals and practitioners** should engage with people with disability and their carers and support workers in any planning processes.

**Peak bodies, stakeholder groups** and wherever possible, **carers, families, support workers and people with disability** themselves should be engaged in the planning process through the Advisory Committee.



## 2. Epidemiological assessment of COVID-19 specific to people with disability

The **Australian Government** Department of Health works with state and territory public health units and the Communicable Diseases Network of Australia (CDNA) to review data and evidence about the spread of COVID-19 especially for the purposes of this Plan. The Department of Health will work with the NDIS Quality and Safeguards Commission, the Australian Institute of Health and Welfare and others to help develop the information available about COVID-19 outbreaks among people with disability in residential and other settings.

**State and territory** government health agencies will collect notification data in their own jurisdictions, including evidence from the sector of what responses are required in communities, which also contributes to understanding the spread of the disease across the country and inform their own jurisdictional public health response activities. Once it is apparent cases are detected among people with disability, immediate responses should be enacted as outlined in this Management Plan.

## 3. Implementation of public health measures

Health care and disability settings providing care to people with disability should implement public health measures to minimise the spread of COVID-19, including:

- Preventive health advice directed at minimising droplet spread of the virus. This includes accessible messaging about hand washing, cough and sneeze etiquette and social distancing (also called physical distancing). Health services should work with the disability sector to develop accessible methods of disseminating this advice.
- Training the care workforce in infection control practices such as the Australian Department of Health's online COVID-19 training <https://covid-19training.gov.au/>

Should control measures—such as isolation and/or quarantine be required for people with disability—mitigation strategies and decisions should be implemented in collaboration with people with disability, their families, carers, support workers and stakeholder organisations.

To reduce the concurrent burden of influenza on people with disability and the confusion regarding diagnosis/causes of outbreaks, influenza and pneumococcal vaccination should be promoted by health care and disability workers supporting high-risk people with disability.

## 4. Safeguarding

All Australian governments play a role in minimising the risk of harm and protecting the rights of people with disability, through safeguarding systems in all jurisdictions. Disability service providers are required to ensure procedures, guidelines and standards are in place consistent with their obligations under Commonwealth as well as state and territory legislation.

## 5. Researching, planning and building outbreak control strategies

The Australian Government will commission research on the effectiveness and impact of public health measures in response to COVID-19, including for people with disability under this plan. The Commonwealth, state and territory governments will use this information to inform plans and provide updates continually throughout the COVID-19 outbreak.

## 6. Coordination

The Australian Government will coordinate national COVID-19 outbreak measures and allocate available national health resources across the country. It will support the health response in any jurisdiction, through the AHPPC, to coordinate assistance if jurisdictional capacity becomes overwhelmed.

The Australian Government and state and territory governments will work together to consider data and evidence, resource and sharing of information to determine whether and when a national response is required; advise on thresholds for escalation; share information on resource availability; and coordinate access to resources to maximise the effectiveness of the response.

State and territory governments will coordinate and provide COVID-19 healthcare services, including assessment and treatment centres as required. State and territory governments will undertake public health management of the response including contact tracing and directing isolation and quarantine.

## 7. Stand down and Evaluation

The Australian Government will: coordinate the stand down of enhanced measures; manage the transition of COVID-19 outbreak specific processes into normal business arrangements; and undertake public communication regarding changing risk and the stand down of measures.

The disability support sector and health care settings providing care for people with disability will advise on the timing and impact of reducing enhanced clinical COVID-19 outbreak services; and support stand down of measures. They will also manage the transition of novel coronavirus outbreak specific processes into business as usual arrangements as appropriate; and assist in communicating public messages regarding changing risk and stand down of COVID-19 outbreak measures.

## Governance and Consultation

On 2 April 2020, an Advisory Committee was formed to oversee the development and implementation of the Plan. The Advisory Committee was endorsed by the AHPPC and reports to the Australian Government Chief Medical Officer. Members of the Advisory Committee are experts from a range of backgrounds including people with lived experience, Disabled Peoples Organisations, the disability service sector, the research sector, the health care sector including

medical practitioners, allied health professionals and nurses, Australian Government officials, and state and territory government officials.

The Advisory Committee presented a draft Plan to a Roundtable of health and disability sector stakeholders, including representatives of all state and territory governments on 7 April 2020. This builds on the membership of a Roundtable on the health of people with intellectual disability, originally planned for that date.

The final version of the initial Plan will be presented to the AHPPC on 9 April 2020, and updates will be presented as required.

## PART 2

### Operational Plan as it relates to people with disability

#### Phase 1: Preparedness

*Maximise prevention of transmission of COVID-19 to people with disability*

Aim: Reduce the risk of infection in people with disability and facilitate community preparedness through:

- Preparing and tailoring plans and guidance materials
- Preparing and supporting the health workforce
- Preparing and supporting the disability sector and workforce
- Assessing the demand for, and enable access to, personal protective equipment (PPE)
- Maintaining and preparing clinical care and public health management, including existing services
- Tailoring and targeting communications
- Supporting planning and preparedness
- Understanding the disease
- Establishing leadership and decision making.

Focus	Possible actions	Special considerations
<p>Prepare and tailor plans and guidance materials</p>	<p>Prepare and update the Management Plan for People with Disability.</p> <p>Directly involve people with disability in the refinement of the Plan through the Advisory Committee, including feedback from priority populations such as Aboriginal and Torres Strait Islander populations, people with disability who identify as LGBTI+, children and young people with disability and people with disability from culturally and linguistically diverse backgrounds.</p> <p>Prepare and update relevant national guidelines to reflect the needs of people with disability, their families, carers and support workers, health services and others as needed to support the Management Plan, including but not restricted to:</p> <ul style="list-style-type: none"> <li>- the use of PPE</li> <li>- the establishment of support protocols</li> <li>- advice for healthcare workers in acute and primary health care settings.</li> </ul> <p>Tailor relevant national guidelines (such as CDNA guidelines) and protocols to disability support settings.</p>	<p>Urban/regional, rural/remote, other: group homes; residential care facilities, residential aged care facilities; in home care, hostels, places of employment, child protection facilities, prison and detention centres</p> <p>Respiratory disease is known to be one of the major underlying causes of death for people with disability. Areas of risk include:</p> <ul style="list-style-type: none"> <li>- people with psychotropic prescriptions and polypharmacy increasing hypersalivation, sedation and impaired swallowing exacerbating breathing difficulties</li> <li>- communication limitations to describe symptoms</li> <li>- delays in diagnosis or missed/shadow diagnosis</li> <li>- poor underlying health (such as chronic renal failure, chronic lung conditions, poorly controlled diabetes and poorly controlled hypertension), and compromised immune systems</li> <li>- people aged 65 years and over with chronic medical conditions</li> <li>- some types of disability which are more prone to respiratory illness and heart conditions.</li> </ul> <p>Areas of risk for people with disability needing formal and informal supports:</p> <ul style="list-style-type: none"> <li>- exposure to multiple people in an environment where others in the community are self-isolating – both formal and informal support arrangements</li> <li>- limited capacity for isolation given the need for continued access to formal and informal supports</li> </ul>

	<p>Use the Management Plan to inform jurisdictional plans and guidance.</p> <p>Health care and disability sector organisations to support dissemination of guidelines and other communications through existing and effective networks and channels, such as Healthdirect.</p>	<ul style="list-style-type: none"> <li>- potential issues with adhering to social distancing requirements</li> <li>- intimate supports and mealtime management requiring close contact with others.</li> </ul>
<p>Prepare and support health workforce</p>	<p>Provide information and guidance to engage health professionals and health care workers about:</p> <ul style="list-style-type: none"> <li>- the rights of people with disability to equitable access to health care in settings that are appropriate to their individual needs (including in-home health support)</li> <li>- engaging with and supporting people with disability and families, carers and supporters within each relevant health setting (emergency departments intensive care units, hospital wards, primary health care settings and health care in the community).</li> </ul> <p>Consider workforce needs including training in aspects of managing COVID-19 in relevant settings, framed in a rights based context, including:</p> <ul style="list-style-type: none"> <li>- the application of standard infection control strategies (including clear guidance on the appropriate use of PPE) and encourage infection control training of the workforce such as the Australian Government Department of Health’s online COVID-19 training <a href="https://covid-19training.gov.au/">https://covid-19training.gov.au/</a></li> </ul>	<p>Consider less invasive COVID-19 testing approaches for some people with disability in circumstances where the approaches are safe and effective, such as using telehealth, and GP home visit services.</p> <p>Consider more options for the provision of any treatments within the home of a person with disability or other familiar environment, where this is preferred by the person and review these arrangements should the person’s health continue to, or rapidly deteriorate. This includes timely and safe access and transportation to an alternative health care setting if required.</p> <p>Set out guidelines for support and management of people with complex needs (including behavioural support needs) requiring hospitalisation. This includes primary healthcare, community health, acute care and out of hospital specialist care settings.</p> <p>Set out guidelines for discharge procedures when a person recovers to enable return to home, or other accommodation with appropriate rehabilitation support.</p>

	<ul style="list-style-type: none"> <li>- disability awareness training (such as the NDIS Code of Conduct Workforce Orientation Module)</li> <li>- consider strategies to increase options when sourcing health care staff</li> <li>- consider the establishment of a specialised advisory phone service for health care professionals to meet the particular communication, nutritional, physical, behavioural and environmental needs of people with disability in the health setting.</li> </ul> <p>Prioritise influenza vaccinations for the key supporters of people with disability whose disability and current health status places them at significant risk of adverse outcomes related to COVID-19 infection.</p>	
<p>Prepare and support disability sector and workforce</p>	<p>Provide information and guidance to engage disability support professionals and carers on:</p> <ul style="list-style-type: none"> <li>- the application of standard infection control strategies (including clear guidance on the appropriate use of PPE) and encourage infection control training such as the Australian Government Department of Health’s online COVID-19 training <a href="https://covid-19training.gov.au/">https://covid-19training.gov.au/</a></li> <li>- guidance on behaviour support strategies and minimisation of restrictive practices</li> <li>- guidance for management of suspected or actual outbreaks</li> <li>- circumstances where PPE should be utilised.</li> </ul>	<p>Many people with disability whose health status places them at significant risk of adverse outcomes related to COVID-19 currently receive a relatively high degree of supports to enable them to live their daily lives.</p> <p>Support may include assistance with personal care, assistance with community access (e.g. health care), mealtime management, and medication management support. Continuity in health care support is required during the pandemic period. This includes access to prescriptions and equipment. These supports are delivered through regulated providers through the NDIS, or other disability support programs (both Commonwealth and state and territory).</p>

	<p>Provide support workers, families and carers with information and guidance on the risks of infection, avoidance of infection, infection control, and the underlying conditions which may exacerbate risks associated with infection.</p> <p>Equip people with disability, their families, carers and support workers to know how to access continuing health care, especially primary and mental health care for those they are supporting.</p> <p>Develop specific individual health care plans to reflect the COVID-19 pandemic, to ensure health and support needs are documented and immediately accessible.</p> <p>Develop strategies to rapidly on-board support workers to maintain critical supports where people with disability rely on these to maintain health, wellbeing and safety, and to avoid risk of harm, including where informal supports might no longer be available.</p> <p>Prioritise influenza vaccination for high-risk people with disability, carers, families and support workers.</p> <p>Formal support providers deploy business continuity planning to preserve critical supports to maintain the health, wellbeing and safety of people with disability.</p>	
<p>Assess demand and enable access to PPE and other resources</p>	<p>Mobilising the resources of the National Medical Stockpile to support the appropriate provision of PPE and other resources, according to availability and need, to people with disability and carers in health and disability care settings to:</p>	<p><u>For all settings:</u></p> <p>Consider options for additional supports or variation to supports where people with disability, who are confirmed</p>



	<ul style="list-style-type: none"> <li>- support carers and support workers to continue working with a person who is confirmed with or suspected to have COVID-19</li> <li>- support continuity of service, where PPE is a usual and essential requirement for the delivery of particular support activities</li> <li>- to enable access to PPE for people who receive supports which involve significant and close physical contact.</li> </ul> <p>Develop guidance to:</p> <ul style="list-style-type: none"> <li>- minimise inappropriate use of PPE</li> <li>- utilise PPE in the correct manner.</li> </ul> <p>Maintain access to other essential equipment (e.g. PEG feeding, wound management, ventilation and catheters).</p> <p>Guidance on prescription of psychotropic medications to avoid escalation of the use of restrictive practices.</p>	<p>with, or suspected to have COVID-19, cannot wear PPE or comply with requirements to wear PPE.</p>
<p>Maintaining and preparing clinical care and public health management</p>	<p>People with disability continue to have access to essential health care for non-COVID-19 related conditions through the pandemic period.</p> <p>Direct outreach to people with disability at higher risk, including people with complex support needs and underlying health issues, or where the nature of their disability, age, cultural profile or living environment may exacerbate risks associated with infection.</p>	<p>N/A</p>

	<p>Work with people in these groups to identify the best courses of action, such as:</p> <ul style="list-style-type: none"><li>- early presentation if they become ill</li><li>- support or clinical care adjustments if a confirmed case occurs in the person’s place of residence or they need to self-isolate. This includes access to temporary accommodation to enable isolation if that cannot be done safely in the person’s current living arrangement.</li></ul> <p>Develop pandemic-specific health care plans to manage any additional requirements associated with the pandemic response.</p> <p>Ensure, where possible, prescriptions are filled in advance and repeat prescriptions are accessible, where appropriate.</p> <p>Encourage adoption of ePrescribing and home delivery options.</p> <p>Develop protocols, including for emergency service staff and transport staff, which reflect the rights of people with disability to equitable access to health care.</p> <p>Develop strategies to enhance access and coverage of influenza and pneumococcal vaccinations for example through:</p> <ul style="list-style-type: none"><li>- immunisation outreach teams to enable influenza and pneumococcal vaccines to be given at home without requiring people to come into clinics or pharmacies;</li></ul>	
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	<ul style="list-style-type: none"> <li>- vaccination of all people providing informal and formal support to a person with disability, not just the person themselves; and</li> <li>- develop mechanisms to maintain outgoing specialist support if visiting services are suspended.</li> </ul> <p>Implement flexible health service delivery and healthcare models, including telehealth, to accommodate a range of communication needs to assess patients and/or to access GPs and specialist services who are in isolation.</p> <p>As safe and effective pathology testing methods and capacity becomes available, prioritise mechanisms to test people who interact regularly with people with disability, including families, carers and support workers.</p> <p>Develop new testing options, while ensuring safety and efficacy, which prioritise at home and less invasive options.</p> <p>Support appropriate advance care plans and directives for high-risk people with disability, in case they do not respond to treatment.</p>	
<p>Tailor and target communications</p>	<p>Include in the National Communication Plan for COVID-19 communication strategies which support the implementation of this Plan and meet the needs of:</p> <ul style="list-style-type: none"> <li>- people with disability</li> <li>- their families</li> <li>- carers</li> <li>- frontline workers including health care workers</li> <li>- disability support workers</li> </ul>	<p><u>For all settings:</u></p> <p>Engage and collaborate with people with disability, their families, carers, health workers, disability support workers, employers of people with disability, health care and disability sector representatives about appropriate and practical ways to minimise risk, including:</p>

	<ul style="list-style-type: none"> <li>- the broader community.</li> </ul> <p>Improve information and communications about COVID-19 to be inclusive for all people with disability, and people providing informal and formal support. Information and communications should be in accessible formats such as easy read, Auslan, braille, be culturally appropriate for Aboriginal and Torres Islander people, and suitable for people from culturally and linguistically diverse backgrounds.</p> <p>Adopt alternative measures for dissemination of information to people who do not have access to internet.</p> <p>Coordinate resource development and dissemination between national, state and local health authorities.</p> <p>Provide clear guidance about what is needed/what it means to quarantine or self-isolate at home. This includes shared residential arrangements or where people have support workers coming to their home.</p> <p>Develop targeted information on mental health and wellbeing strategies during the pandemic.</p> <p>Advise people with disability, their families, carers and support workers about how to engage with health services if they develop symptoms.</p> <p>Advise people with disability, their families, carers and support workers about the limitations of PPE and about appropriate use in healthcare and support settings.</p>	<ul style="list-style-type: none"> <li>- determining what is needed to reduce risk in group living arrangements and in the provision of in-home personal care supports</li> <li>- support people with intellectual and/or cognitive disability, their families, carers and support workers to understand national restrictions, including the importance of physical distancing</li> <li>- advise people with disability, their families, carers and support workers about how to adapt supports to minimise infection transmission.</li> </ul>
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	<p>Provide consistent updates to guidance for people with disability, their families, carers, support workers, employers, health services and others as needed, in accessible formats and channels.</p>	
<p>Support planning and preparedness</p>	<p>Establish guidelines to reduce the transmission of COVID-19 within shared residential and activity settings e.g. access to handwashing, hand sanitiser. Consider health promotion and education strategies to support these environmental measures.</p> <p>Consider maintenance of food, water and other essential supplies, including prescriptions and usual levels of PPE.</p> <p>Direct outreach to particularly vulnerable people who have highly complex disabilities and/or do not have networks of formal or informal supports.</p> <p>Consider any further options for exemptions from social isolation directions. This ensures people with disability, who require greater than 1:1 ratio of support in the community, can be safely supported by support workers and family carers where these are not already provided by jurisdictions.</p> <p>Provide advice on respiratory hygiene and hand washing and increase access to hygiene-related products.</p> <p>Ensure that widely disseminated public health advice is available and accessible to people with disability, their families, carers and support workers.</p>	<p>N/A</p>

<p>Understanding the disease</p>	<p>Collect and share data and evidence about the spread of COVID-19 and the health impacts to people with disability.</p> <p>Share the latest public health evidence and medical science, especially about risks to, and responses for, people with disability.</p>	<p>N/A</p>
<p>Establish leadership and decision making</p>	<p>Conduct regular meetings of the COVID-19 Disability Advisory Committee.</p> <p>Members of the Advisory Committee to seek input from people and groups not directly represented.</p>	<p>Expert advice from Advisory Committee members will be used as a vehicle for consultation between key parties engaged in the response, including the Australian Government, state and territory governments and health services.</p>

## Phase 2: Targeted action

*Suspected or confirmed COVID-19 infection of people with disability*

Aim: Optimise health and support responses to help recovery and minimise further transmission

- Reviewing previously implemented actions
- Triaging patients and potential patients
- Early identification of cases and treatment of confirmed cases
- Manage and support the health and disability workforce, including carers and support workers.

Focus	Possible actions	Special considerations
Review	Review “Phase 1” steps above.	N/A
Triage patients and potential patients	<p>Individuals and health services to use videoconferencing, telehealth consultations, including Healthdirect if appropriate, to enable assessment of people with disability in a way which minimises disruption, and the need for transportation.</p> <p>Access to Translation Information Services (TIS) for people with disability is prioritised to support effective communication during any triage process.</p> <p>Enable people with disability and those supporting them to access diagnostic testing including:</p> <ul style="list-style-type: none"> <li>- providing information to patients in a format that is appropriate to their needs (easy read, braille, Auslan)</li> <li>- ensuring those providing disability supports know how to support a person who requires testing, and how to respond should there be a positive test result</li> <li>- developing advice sheets for GPs and clinics around testing considerations</li> <li>- providing accessible testing.</li> </ul>	N/A



	<p>For people presenting with respiratory symptoms, use respiratory/fever clinics with heightened infection prevention and control capacity to:</p> <ul style="list-style-type: none"><li>a. Redirect demand for face-to-face services away from emergency departments and usual primary health care providers for respiratory presentations</li><li>b. Reduce transmission risk by focussing care for respiratory presentations in a dedicated setting</li><li>c. Enable specialist expertise to be sourced for risk factors affecting people with disability</li><li>d. Maximise efficient use of PPE supply</li><li>e. Enable people to be accompanied by families, carers or support workers (if required).</li></ul> <p>Where respiratory/fever clinics are not available, prepare local clinics with access to appropriate PPE and containment measures. This may include: educating staff on the risk factors for people with disability; notices; screening; and reducing the number of visitors/other patients in the clinic.</p> <p>Consider the health needs of people with disability in remote retrieval and remote primary care service planning and delivery,</p>	
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	including linking with the strategies in the Management Plan for Aboriginal and Torres Strait Islander Communities.	
Early identification of cases and treatment of confirmed cases	<p>Should COVID-19 be suspected or detected:</p> <ol style="list-style-type: none"> <li>1) Contact relevant state/territory public health units to assess risk, and consider mobilising additional staffing to assist in testing, treating and adjustments to formal and informal supports as required to maintain continuity of disability supports during assessment and post-diagnosis</li> <li>2) If appropriate, treat people with symptoms which fit the clinical case definition until laboratory confirmation of the case, and instigate infection control measures including isolation logistics in the context of the person's living arrangements.</li> <li>3) Reduce the risk of severe complications by rapid testing and assessment, clinically appropriate treatment of cases with specific clinical criteria relating to the person's other health care and disability requirements.</li> <li>4) If laboratory confirmation of the case is received, instigate infection control measures, including isolation of confirmed cases and contact management to maintain or enhance</li> </ol>	<p><u>For all settings:</u></p> <p>The person with disability, their families or guardians should be part of decision-making around quarantine and self-isolation, including:</p> <ul style="list-style-type: none"> <li>- individual home isolation</li> <li>- communal isolation in common property</li> <li>- using temporary accommodation</li> <li>- in-home medical support</li> <li>- if required, increase behaviour support strategies to minimise the use of additional restrictive practices.</li> </ul> <p>Alternative support settings should be considered if:</p> <ol style="list-style-type: none"> <li>1) severe cases of people with COVID-19 require transition to a tertiary facility</li> <li>2) where isolation is not an option</li> <li>3) where the person infected lives with others who are more vulnerable to severe effects of exposure to COVID-19, including death</li> <li>4) where a person wishes to temporarily relocate to avoid the risk of infection.</li> </ol> <p><u>For hospital settings:</u></p> <p>People with disability may present frequently to ED. Past inpatient experiences may affect the willingness of a person to present if COVID-19 symptoms present.</p>

	<p>critical supports, in accordance with guidelines.</p> <p>Families, carers, support workers and organisations to consider how they will support individuals or households who are in quarantine or self-isolating, including:</p> <ul style="list-style-type: none"> <li>- access to meals which meet dietary requirements;</li> <li>- access to activities to engage the person;</li> <li>- facilitating communication between the person and their families and friends; and</li> <li>- assisting the person to maintain personal hygiene.</li> </ul> <p>Rapid triage and response when people with disability present to EDs, clinics and paramedics.</p> <p>To support effective responses, develop and disseminate advice sheets which assist health care staff to adjust their practice to support people with disability in EDs, clinics and other settings during the COVID-19 pandemic.</p> <p>To ensure overall health and COVID-19 specific care needs are communicated efficiently, provide updated individual health care plans to ED and other first responders.</p>	<p>Some people with disability may experience diagnostic overshadowing (by support workers, and healthcare workers in EDs, ICUs and other tertiary settings) or experience more rapid clinical and behavioural deterioration. These issues could, in some instances, place the person, or health workers, and other patients at risk.</p> <p>Support equitable access to health care including ICU treatment, and triaging of care for people with disability.</p> <p>Support discharge planning for people with disability and where appropriate, include support workers and families in the process.</p> <p><u>For residential support settings:</u></p> <p>Sample procedures and protocols are widely available for service providers to use in the event of a suspected or confirmed case.</p> <p>Establishing a support worker network which enables rapid deployment of staff to replace support workers who may be required to isolate.</p>
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	<p>Establish a national network of experts in disability-related health care to provide telephone and online support.</p>	
<p>Manage and support health and disability workforce, and informal supporters</p>	<p>Implement surge workforce options, such as sourcing nursing or other support staff to assist with the health care needs of a person with disability if their families, carers and/or support workers have confirmed COVID-19 infection.</p> <p>Develop guidelines for the best use of the limited supply of PPE.</p> <p>Develop options for technology and equipment, including telehealth, to enable remote monitoring of patients, particularly for people remaining in their home environment, and people living in rural and regional settings.</p>	<p>N/A</p>

## Phase 3: Stand down and Evaluation

Aim: Stand down enhanced measures through:

- Sharing information between responders
- Public communication
- Assess and restock PPE and medical equipment
- Monitoring for subsequent infection risks
- Review and learn.

Focus	Possible actions	Special Considerations
Sharing information between responders	Meetings and small group discussions with people with disability, representative and industry bodies, health representative bodies, and the Advisory Committee to evaluate the response, and any response support needs which remain.	Use the review of the COVID-19 pandemic response to inform adjustments in normal health care operations to enhance the experience of people with disability. This includes the ability to access health care in a post-pandemic context to meet the needs of people with disability, and improves the equity of access and experience in order to achieve equality with the rest of the population.
Public Communication	<p>Provide specific information to people with disability, and the disability and health care sectors about the transition of services in post-pandemic. In particular, ensure people with disability which have been isolated due to COVID-19, are not isolated for longer than required.</p> <p>Conduct consultations with people with disability, representative bodies and other experts to explore and understand the perspectives and experiences of people with disability during the response.</p> <p>Develop and implement mental health supports for people with disability, their families, their carers and support workers to address any trauma associated with the pandemic experience.</p> <p>In order to reduce the risk for people with disability during future pandemic outbreaks, explore the issues, barriers, infection containment strategies</p>	N/A

	<p>used, and areas for improvement in order to develop appropriate and effective strategies for the future.</p> <p>Use mechanisms to include people with disability with the full range of communication and engagement needs in this stage.</p> <p>Meet with the disability sector, industry and health leaders for feedback on key evaluation findings and/or the lessons learned.</p>	
Assess and restock PPE and medical equipment	<p>Assess the status of PPE and other equipment required by people with disability, and restock depleted.</p> <p>Assess workforce needs.</p>	N/A
Monitoring for subsequent infection risks	<p>Maintain infection control measures.</p> <p>Monitor for subsequent infections in previously affected settings, or changes in the virus.</p> <p>Analyse data and review processes and policies.</p> <p>Review health care capacity, processes and policies.</p>	N/A
Review and learn	<p>The COVID-19 Disability Advisory Committee, with input from people and groups not directly represented, will:</p> <ul style="list-style-type: none"> <li>- review COVID-19 pandemic processes and policies in collaboration with people with disability</li> </ul>	<p>As part of the review, consider as indicators:</p> <ul style="list-style-type: none"> <li>- infection rates and settings</li> <li>- death rates and settings</li> <li>- the extent to which formal support services had to be withdrawn in infection cases</li> <li>- health care responses and methods</li> </ul>

	- update protocols and plans in line with the lessons learned.	- rates of abuse, neglect and exploitation.
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## **COVID-19, Australia: Epidemiology Report 12:**

Reporting week ending 23:59 AEST 19 April 2020

COVID-19 National Incident Room Surveillance Team

# Communicable Diseases Intelligence

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## Weekly epidemiological report

# COVID-19, Australia: Epidemiology Report 12:

Reporting week ending 23:59 AEST 19 April 2020

COVID-19 National Incident Room Surveillance Team

*Notified cases of COVID-19 and associated deaths reported to the National Notifiable Diseases Surveillance System (NNDDSS) to 19 April 2020.*

## Summary

The reduction in international travel and domestic movement, social distancing measures and public health action have likely slowed the spread of the disease (Figure 1).

Notifications in Australia remain predominantly among people with recent overseas travel, with some locally-acquired cases being detected. Most locally-acquired cases can be linked back to a confirmed case, with a small portion unable to be epidemiologically linked. The distribution of overseas-acquired cases to locally-acquired cases varies by jurisdiction.

The crude case fatality rate (CFR) in Australia remains low (1.0%) compared to the World Health Organization's globally-reported rate (6.8%) and to other comparable high-income countries such as the United States of America (4.7%) and the United Kingdom (13.5%). The low CFR is likely reflective of high case ascertainment including detection of mild cases. High

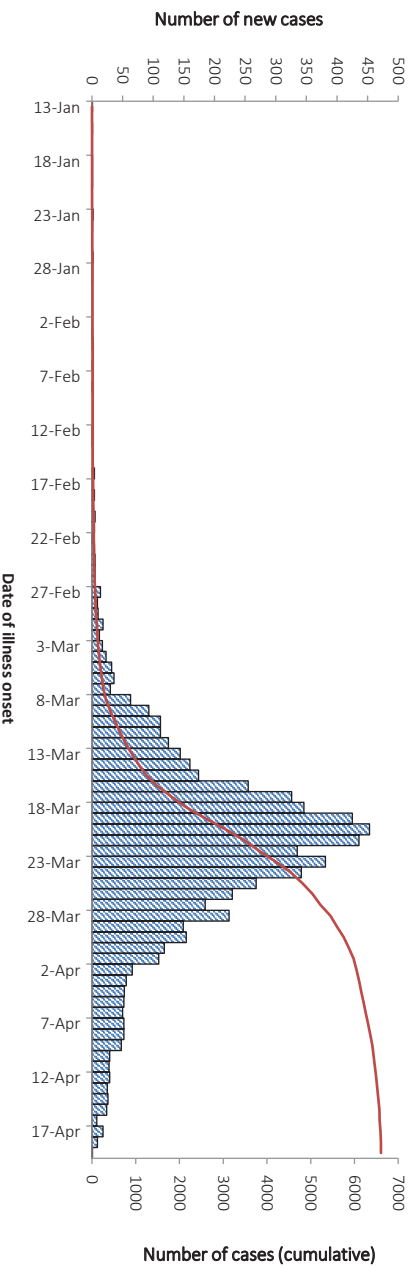
**Confirmed cases in Australia notified up to 19 April 2020<sup>1</sup>**

Notifications	6,606
Deaths	69

case ascertainment and prompt identification of contacts enables the public health response and a reduction of disease transmission.

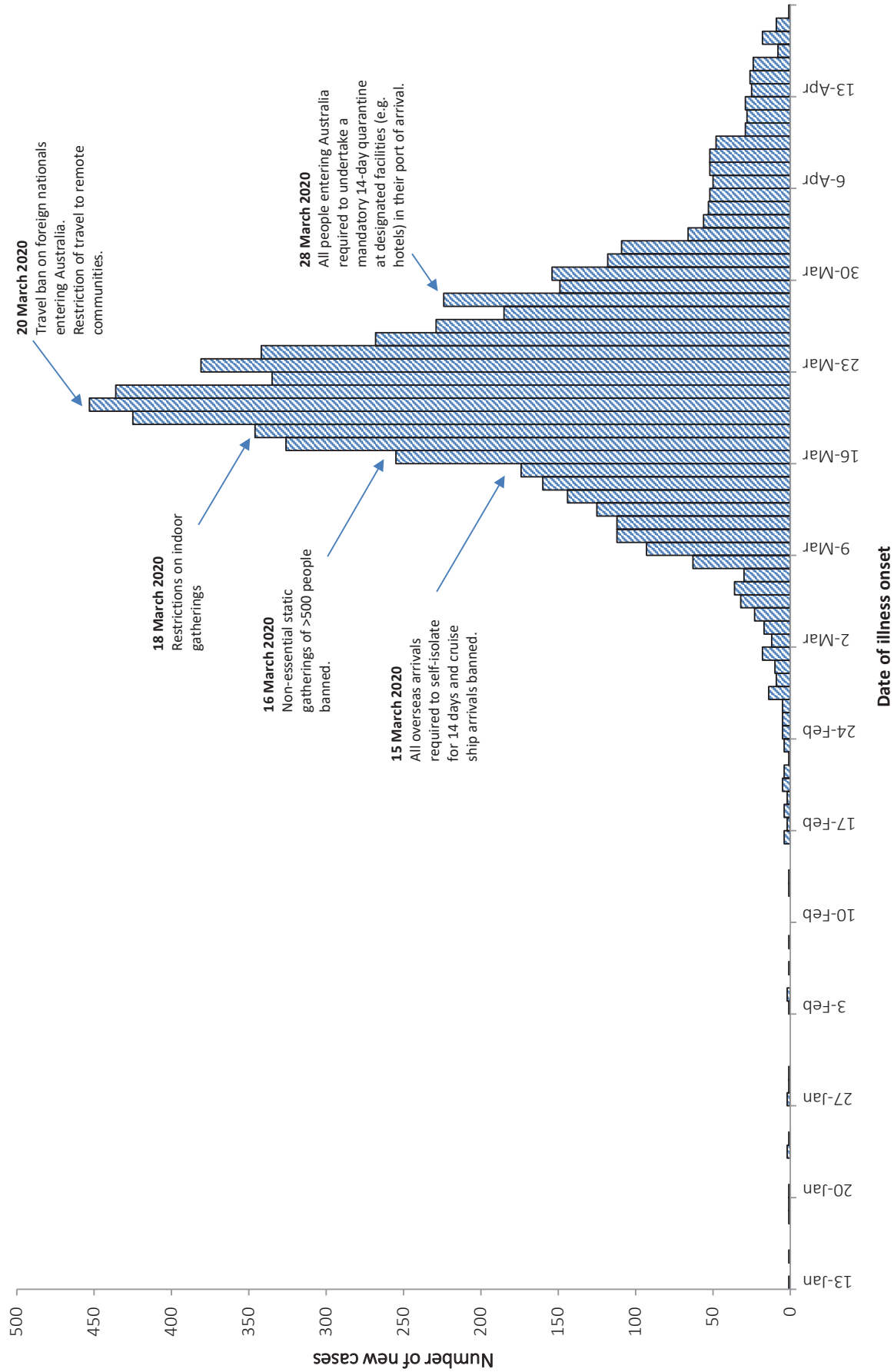
Internationally, cases continue to increase. The rates of increase have started to slow in several regions, although it is too soon to tell whether this trend will be sustained. Interpretation of international epidemiology should be conducted with caution as it differs from country to country depending not only on the disease dynamics, but also on differences in case detection, testing and implemented public health measures.

**Keywords:** SARS-CoV-2; novel coronavirus; 2019-nCoV; coronavirus disease 2019; COVID-19; acute respiratory disease; epidemiology; Australia



<sup>1</sup> Data caveats: Based on data extracted from the National Notifiable Diseases Surveillance System (NNDDSS) on 21 April 2020. Due to the dynamic nature of the NNDDSS, data in this extract are subject to retrospective revision and may vary from data reported in published NNDDSS reports and reports of notification data by states and territories.

**Figure 1: COVID-19 notifications in Australia by date of onset, from 13 January to 19 April 2020,<sup>a</sup> with timing of key public health measures**



<sup>a</sup> Due to reporting delays, interpret the latest days' new cases with caution.

**Table 1: Rate of weekly notifications of COVID-19, March to April, Australia**

Jurisdiction	Incidence (per 100,000 population)		
	13–19 April	6–12 April	30 March to 5 April
NSW	1.3	2.6	8.5
Vic	0.1	2.3	7.6
Qld	0.4	1.4	3.9
WA	1.0	2.2	5.0
SA	0.3	1.3	6.0
Tas	10.2	13.4	3.2
NT	0	0	5.3
ACT	0	2.9	3.6
Australia	0.8	2.4	6.6

## Australian cases: descriptive epidemiology

### National trends

For the week ending 19 April 2020, there were 212 cases of COVID-19 notified to the NNDSS, bringing the total number of confirmed cases notified in Australia to 6,606 (as of 23:59 AEST 19 April 2020).

The number of new cases continues to decrease (Table 1) which indicates a reduction in disease transmission, as demonstrated by a flattening of the cumulative cases curve. While the reduction in international travel has decreased the number of imported cases, the public health response (such as social distancing measures) remains important in continuing to limit domestic transmission.

### Aboriginal and Torres Strait Islander persons

Forty-seven cases (0.7%) have been reported in Aboriginal and Torres Strait Islander persons since the start of the outbreak. These cases were

reported across several jurisdictions, with the majority reported in areas classified as ‘major cities of Australia’ based on the case’s usual place of residence (Table 2). No cases have been notified from remote or very remote Australia.

Across all Australian cases, completeness of the Indigenous status field was approximately 92%.

Fifty-five percent (n = 26) of cases in Aboriginal and Torres Strait Islander persons have acquired their infection overseas, with 36% (n = 17) of cases acquired domestically. Four cases (9%) are still under investigation.

The median age of COVID-19 cases among Aboriginal and Torres Strait Islander persons was 36 years (interquartile range: 23.5–56.8 years), which is lower than the median age of non-Indigenous COVID-19 cases.

Of the cases notified amongst Aboriginal and Torres Strait Islander persons, 10% were admitted to hospital, with no such cases reported as being admitted to ICU. This is less than the proportion of cases hospitalised from the non-Indigenous population.

**Table 2: COVID-19 cases notified among Aboriginal and Torres Strait Islander persons, Australia, by remoteness classification**

Major cities of Australia	Inner regional Australia	Outer regional Australia
32	11	4

## Geographical distribution

During the reporting week, cases of COVID-19 were reported from all jurisdictions except the Northern Territory and the ACT (Table 3). New South Wales and Tasmania had the highest year-to-date rate of COVID-19 notifications (37.1 and 38.1 per 100,000 respectively) and the Northern Territory had the lowest (10.9 per 100,000). The majority of new cases over this past week continue to have been reported in New South Wales and Victoria.

Compared to the previous reporting week, the number of new cases in the current reporting period decreased in all jurisdictions except the Northern Territory which reported no new cases in either reporting week.

Outside of Tasmania, most cases over the past fortnight were reported to reside in major metropolitan areas. (Figure 2 and Figure 3).

## Age and gender distribution

Cases of COVID-19 were reported across all age groups. The median age of all COVID-19 cases was 48 years (interquartile range, IQR: 30–62 years) (Figure 4).

The median ages of hospitalisation (median: 60.5, IQR: 42–72 years) and death (median: 79, IQR: 74–84) were higher than for cases overall. This is consistent with international reporting and reflects a greater risk of severe disease, complications and deaths in the elderly and those with comorbidities (Table 4 and Figure 4).

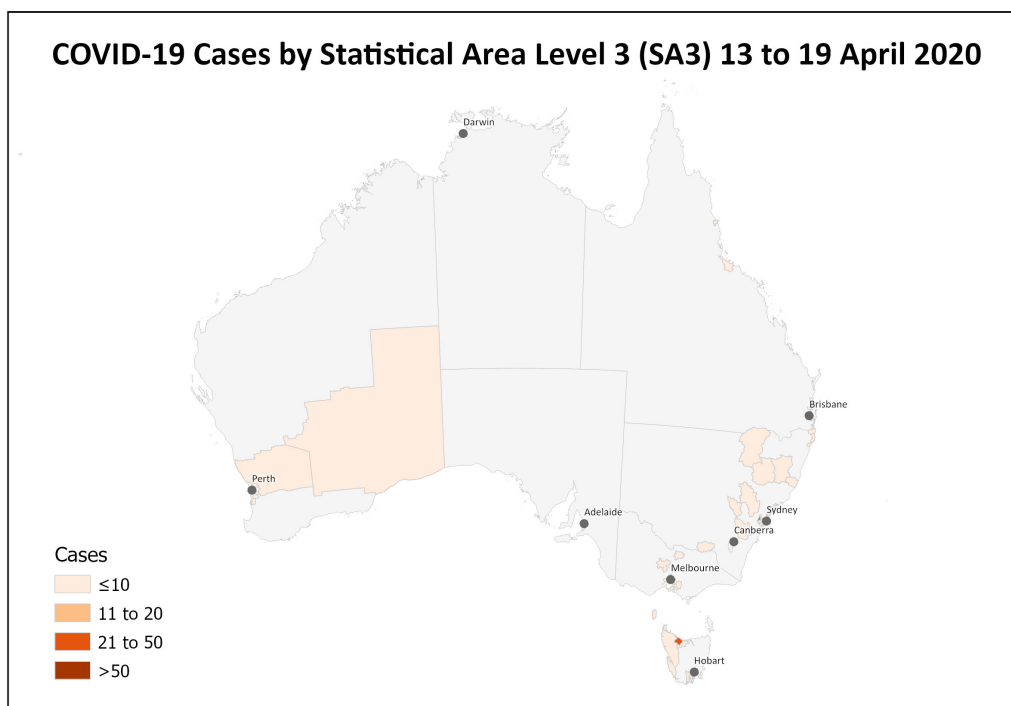
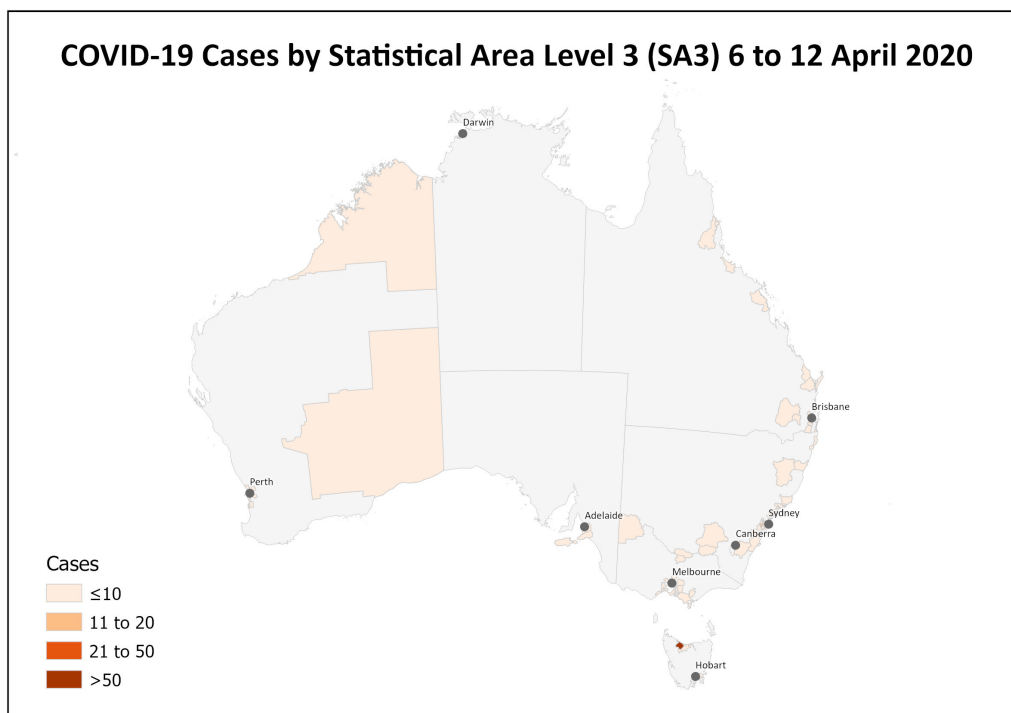
The number of cases was highest in the 20–29 years age group; a high proportion have reported recent overseas travel history. The highest rate of disease was among those in the 60–69 years age group, followed closely by the 70–79 years age group (Figure 5). The high rate amongst those in the 60–69 and 70–79 years age group may be linked to outbreaks on cruise ships, with 28.3% of cases in the 60–69 years age group and 42.0% in the 70–79 years age group acquiring their infection at sea.

Children make up a very small proportion of cases nationally, with 1% of cases aged less than 10 years and 3% aged 10–19 years. One hundred and fifty-six cases were school-aged children aged 5–18 years. This is consistent with international studies which suggest that children are not a primary driver of transmission.

**Table 3: Notifications and rates of COVID-19 and diagnostic tests performed, Australia, by jurisdiction**

Jurisdiction	Number of new cases this reporting period (00:00 AEST 13 April to 23:59 AEST 19 April 2020)	Total cases (to 23:59 AEST 19 April 2020)	Rate (per 100,000 population)	Cumulative number of tests performed (proportion of tests positive %)
NSW	102	2969	37.1	165,137 (1.79)
Vic	5	1322	20.5	82,000 (1.62)
Qld	21	1021	20.3	84,735 (1.20)
WA	25	526	20.3	28,888 (1.89)
SA	5	436	25.1	43,310 (1.00)
Tas	54	201	38.1	6,320 (3.04)
NT	0	27	10.9	3,713 (0.73)
ACT	0	104	24.7	6,893 (1.49)
<b>Australia</b>	<b>212</b>	<b>6,606</b>	<b>26.4</b>	<b>420,996 (1.57)</b>

Figure 2: Number of cumulative new confirmed cases of COVID-19, Australia, by location of usual residence and statistical area level 3 (SA3)<sup>a</sup>, 7 day heat maps as at 12 April and 19 April 2020<sup>b</sup>

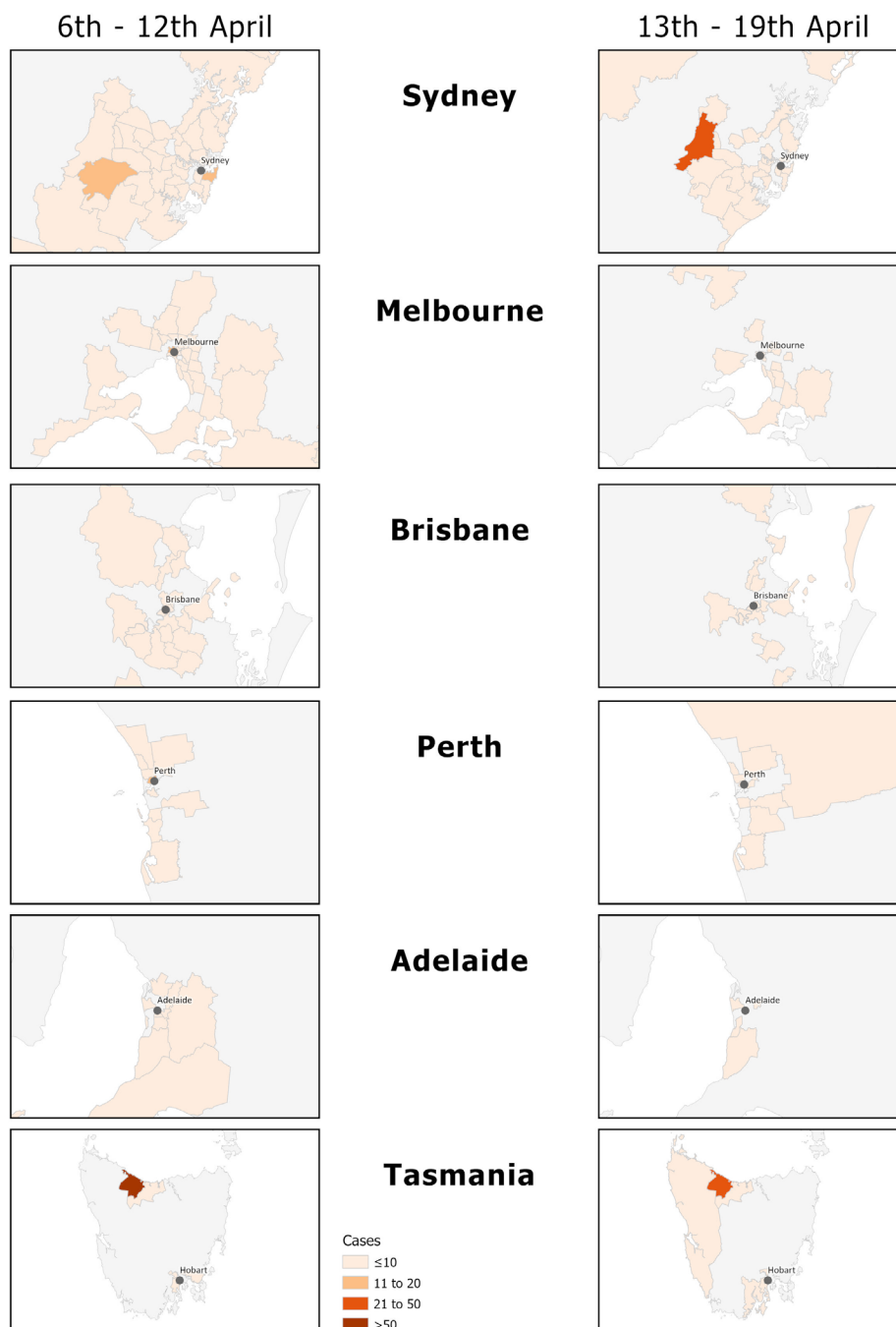


a. Represents the usual location of residence of a case, which does not necessarily mean that this is the place where they acquired their infection or were diagnosed. Overseas residents who do not have a usual place of residence in Australia are not shown.

b. Based on diagnosis date from NNDSS reporting period up to 23:59 AEST 19 April 2020.



Figure 3. Number of cumulative new confirmed cases of COVID-19, across selected regions within Australia, by location of usual residence and selected areas<sup>a</sup>, 7 day heat maps as at 12 April and 19 April 2020<sup>b</sup>



a. Represents the usual location of residence of a case, which does not necessarily mean that this is the place where they acquired their infection or were diagnosed. Overseas residents who do not have a usual place of residence in Australia are not shown.

b. Based on diagnosis date from NNDSS reporting period up to 23:59 AEST 19 April 2020.

**Table 4: Demographics of all cases, hospitalised cases and deaths**

Demographics of all cases, hospitalised cases and deaths			
	All cases	Hospitalisation	Death
Crude CFR	1%	6%	–
Median age (interquartile range)	48 (30–62)	60.5 (42–72)	79 (74–84)
Gender (male to female)	1:1	1:1	3:2

**Table 5: Rate of weekly confirmed cases by date of illness onset<sup>a</sup> and place of acquisition, Australia, 23 March to 19 April 2020**

Date of illness onset <sup>a</sup>	Place of acquisition – rate (per 100,000 population)			
	Overseas acquired	Locally acquired-close contact of a confirmed case	Locally acquired, not epi linked	Under investigation
23–29 March	3.6	1.8	<0.1	1.5
30 March – 5 April	0.9	0.8	< 0.1	0.7
6–12 April	0.4	0.5	< 0.1	0.2
13–19 April	< 0.1	0.3	0.1	< 0.1

a Based on diagnosis date from NNDSS reporting period up to 23:59 AEST 19 April 2020.

Notifications by gender were approximately equal in most jurisdictions except the ACT and Tasmania. Among cases reported in the ACT, there were slightly more males than females; among cases reported in Tasmania, there were slightly more females than males.

Notifications by gender differed by age group with a higher rate of disease in females in the 20–29 age group and a higher rate of disease in males in those aged over 60. It is unlikely that this disparity reflects differences in underlying susceptibility to COVID-19, instead it is more likely linked to transmission and possibly differences in behavioural patterns.

### Source of infection

The incidence rate of overseas-acquired COVID-19 cases in Australia has decreased in the last three weeks. The rate of locally acquired cases has also decreased (Table 5).

Of cases with a reported place of acquisition, 64% had a recent international travel history and 25% were considered to have been locally acquired (Figure 6):

- The majority of overseas-acquired cases continue to report a travel history to the European Region, the Americas Region or on board cruise ships (Figure 7);
- Of the locally-acquired cases, most were considered to be contacts of a confirmed case, with a very small proportion of cases not able to be epidemiologically linked to a confirmed case; and
- Cases where a place of acquisition has not been reported (0.9%) are currently under public health investigation.

Figure 4: Age distribution of all cases, hospitalised cases, and deaths with median, interquartile range, and range

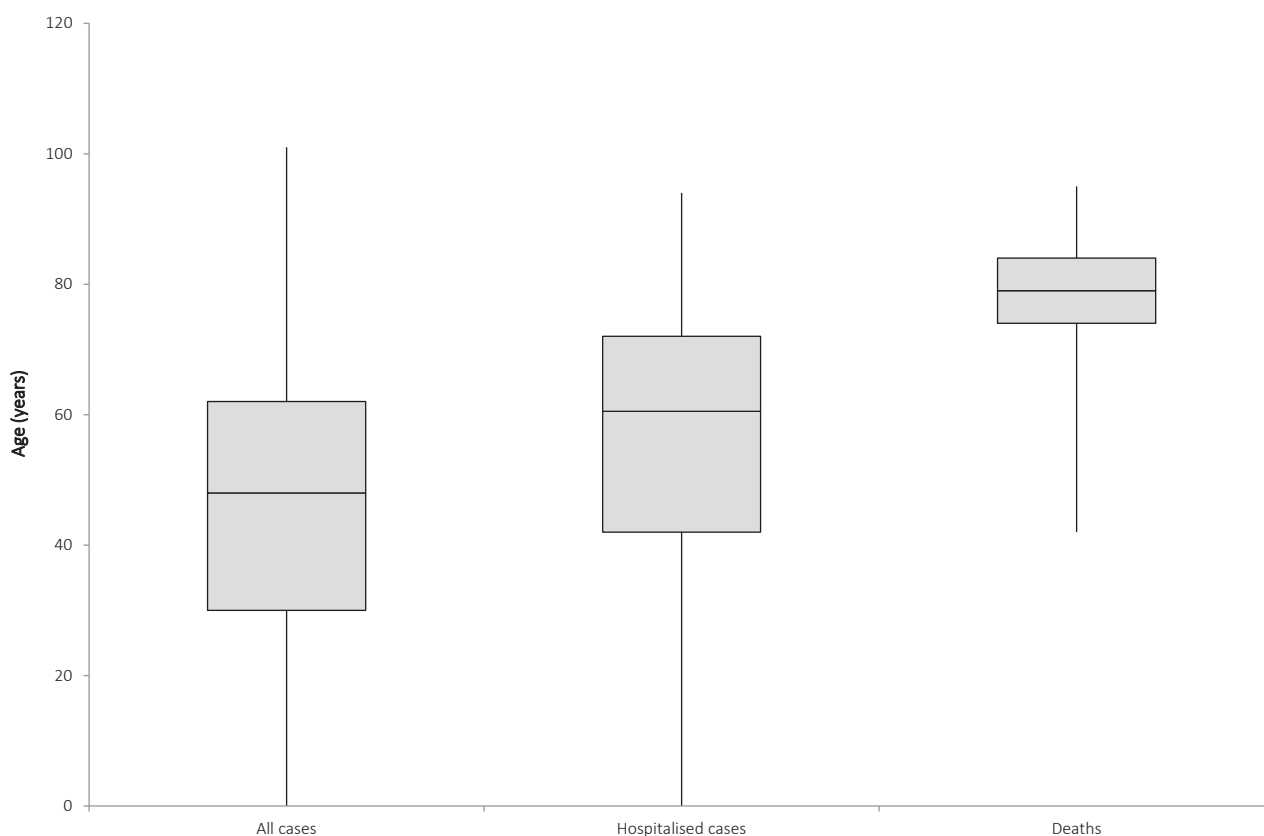


Figure 5: COVID-19 rates per 100,000 population of all cases notified in Australia, by age group and gender

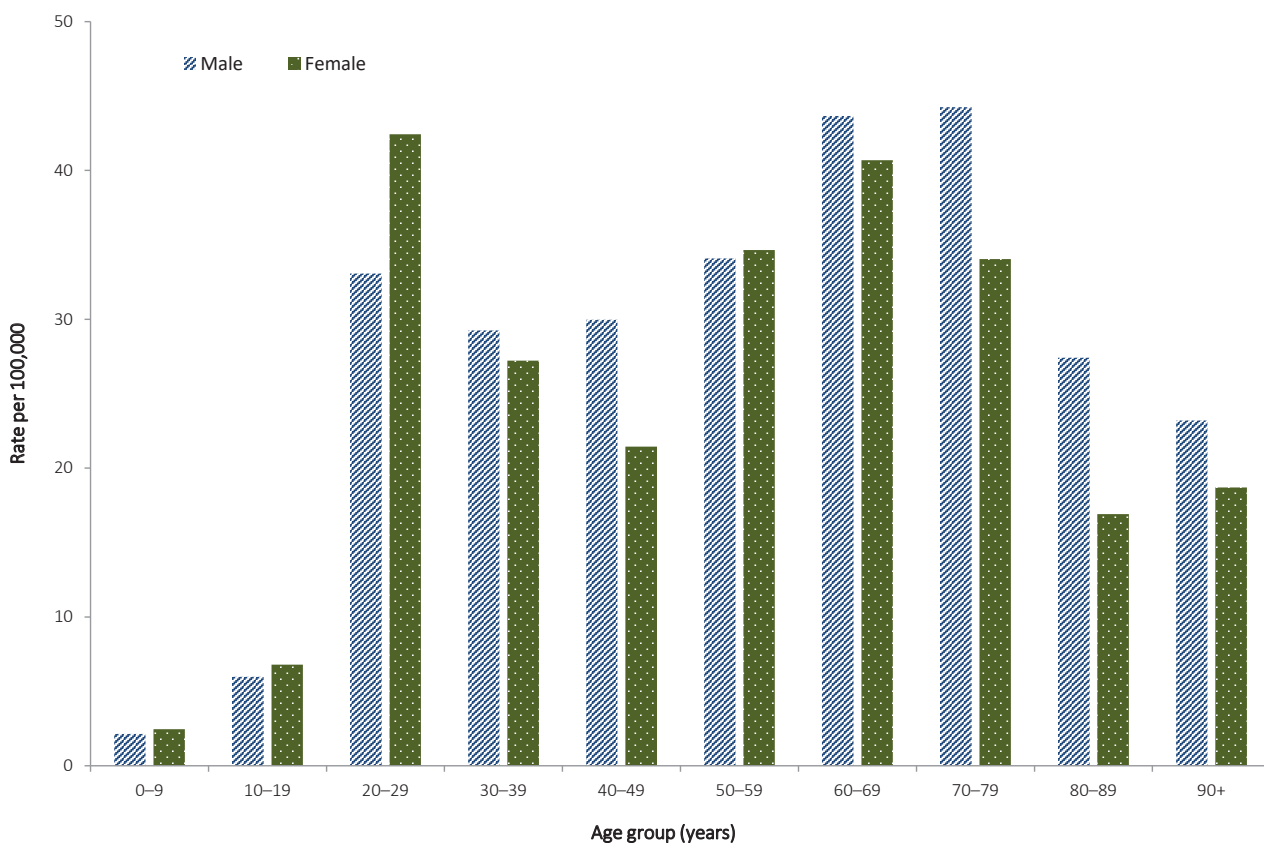
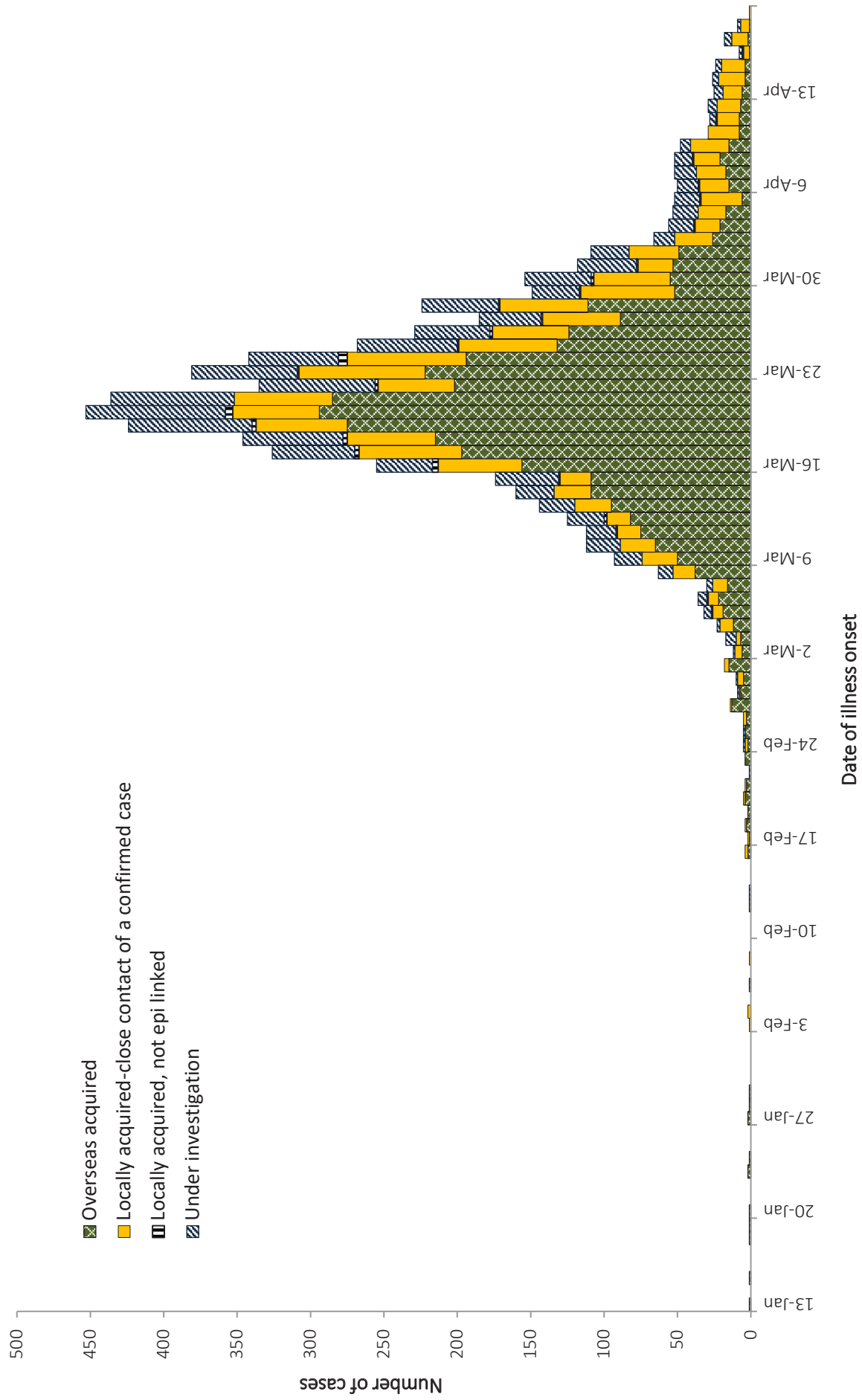
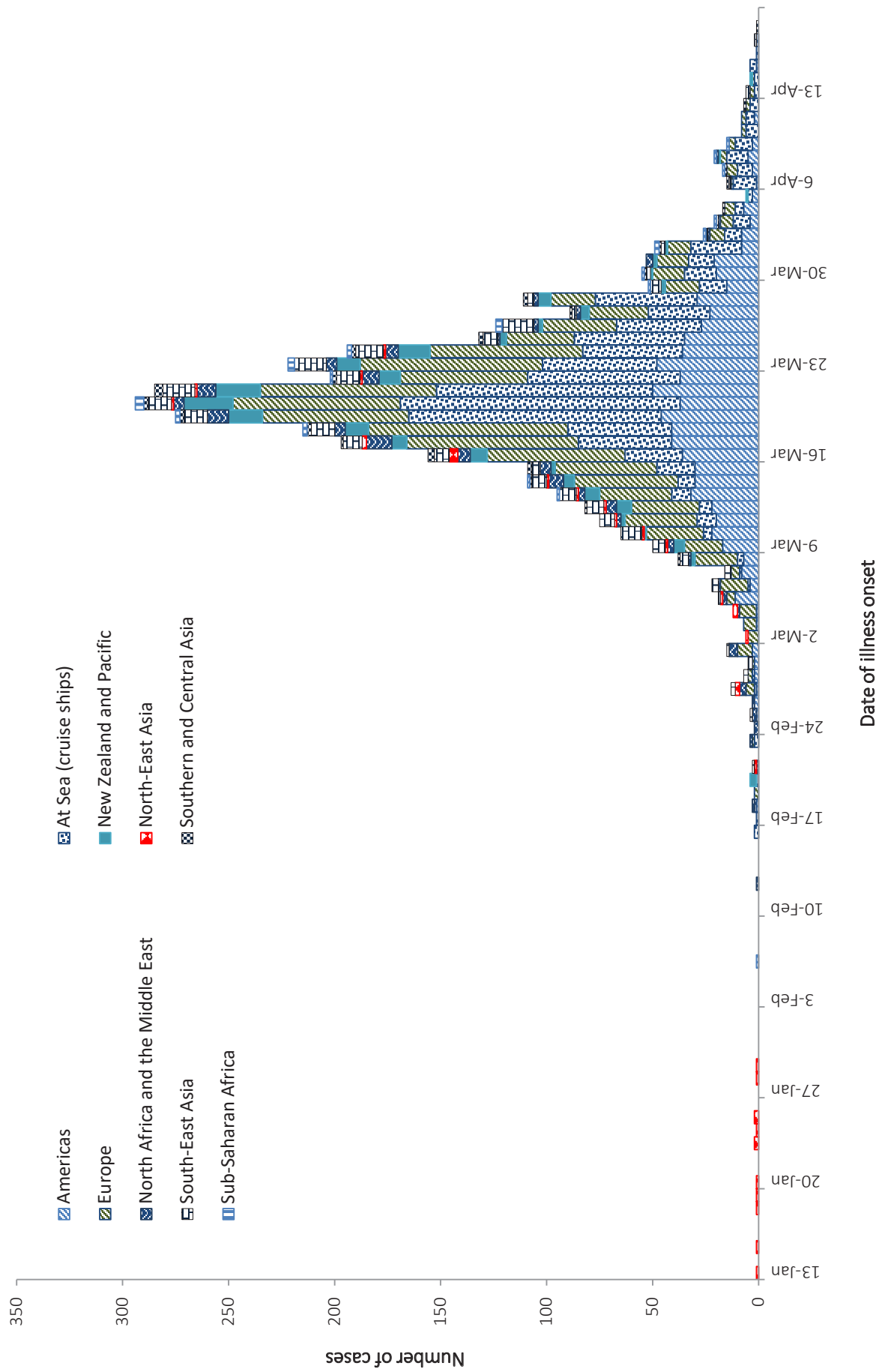


Figure 6: Number of COVID-19 cases by place of acquisition over time, Australia<sup>a</sup>



<sup>a</sup> Note that this graph is from NINDSS where there is a data completeness lag compared to more current proportions presented in text.

Figure 7: Confirmed cases of overseas-acquired COVID-19 infections (n = 3,638)<sup>a</sup>



<sup>a</sup> Note that this graph is from NNDSS where there is a data completeness lag compared to more current proportions presented in text.

**Cluster:**

- The term 'cluster' in relation to COVID-19 refers to two or more cases (who do not reside in the same household) that are epidemiologically related in time, place or person where a common source (such as an event or within a community) of infection is suspected but not yet established.

**Outbreak:**

- The term 'outbreak' in relation to COVID-19 refers to two or more cases (who do not reside in the same household) among a specific group of people and/or over a specific period of time where illness is associated with a common source (such as an event or within a community).

## Cluster and outbreak investigations

Investigations are taking place in states and territories in relation to a number of clusters and outbreaks of COVID-19. To date the largest outbreaks have been associated with cruise ships, with some other large domestic clusters associated with aged care and healthcare facilities and private functions, such as weddings.

Cruise ships account for a substantial proportion of cases of COVID-19 in Australia. Of cases with a reported place of acquisition, 18% were acquired at sea on a cruise ship. This is an 8% increase in COVID-19 cases acquired on a cruise ship since the last reporting period. There have been 22 deaths in Australia among cases acquired on cruise ships.

Residents of aged care facilities are at increased risk of COVID-19 infection due to the environment of communal living facilities. These residents are more vulnerable to serious complications if they do become infected. As of 19 April 2020, there have been 90 cases of COVID-19 associated with 24 residential aged care facilities in Australia, with 20 recoveries and 11 deaths. Fifty-three of these cases occurred in aged care residents; the remaining 37 cases were in care staff. In addition, there have been 34 cases associated with 24 in-home Commonwealth funded aged care services providing support to older Australians who live at home, with 6 recoveries

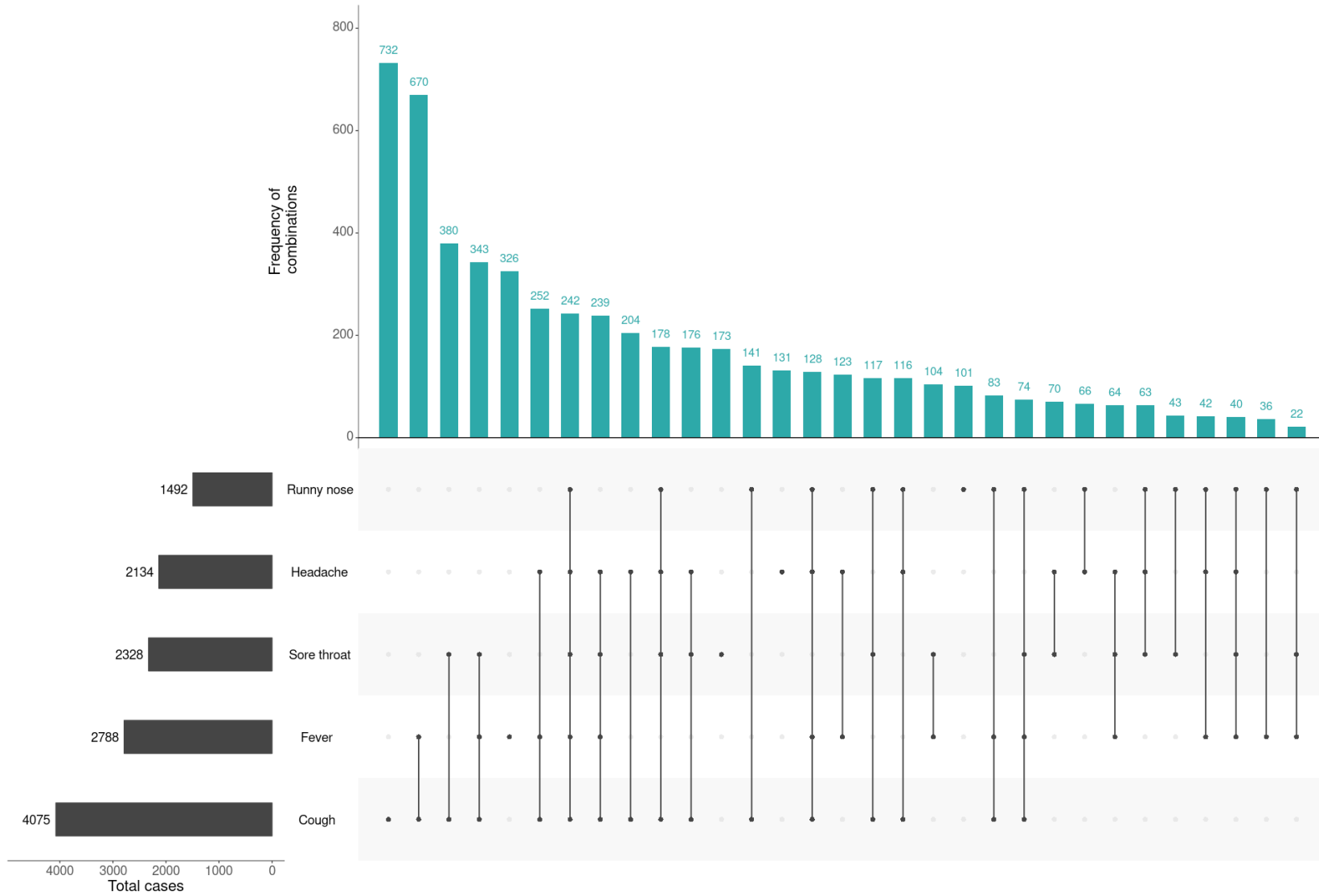
and 1 death. Twenty-five of these cases occurred in care recipients; the remaining nine cases were in care staff. Advice and guidelines have been provided to aged care services, including the release of an outbreak management guide.

There have been instances of COVID-19 outbreaks occurring in Australian healthcare settings. The outbreak of COVID-19 in hospitals in north-west Tasmania began in late March 2020. Cases occurred among healthcare workers, patients and household contacts. As of 20 April 2020, there were 112 persons associated with the outbreak, including 72 staff members. The outbreak resulted in widespread quarantine of healthcare workers, patients and visitors to the affected hospitals. Investigations into the outbreak are continuing.

## Symptom profile

Of the symptoms reported, cough (70%) was the most common (Figure 8). Forty-eight percent of cases reported fever, 40% reported sore throat, and 36% reported headache. Only 4% or fewer of all cases reported either pneumonia or acute respiratory disease (ARD). In addition, loss of taste was reported from 494 cases and loss of smell from 526 cases. These conditions were reported in approximately 11% of cases, noting that this is currently not a standard field in NNDSS, and is likely to under-represent those presenting with these symptoms.

Figure 8: Variation in combinations of COVID-19 symptoms in confirmed cases, Australia<sup>a</sup>



a This figure shows the variation in combinations of symptoms observed in reported cases (n = 5,863 for the five most frequently observed symptoms (cough, fever, sore throat, headache, runny nose)). The horizontal bars on the left show the frequency of symptom occurrence in any combination with other symptoms. The circles and lines indicate particular combinations of symptoms observed in individual patients. The vertical green bars indicate the frequency of occurrence of the corresponding combination of symptoms

**Table 6: Common COVID-19 comorbidities for all cases, hospitalised cases, cases admitted to ICU and cases ventilated in ICU**

	All cases (n = 4,072) <sup>a</sup>	Hospitalised cases (n = 497) <sup>a</sup>	Cases admitted to ICU (n = 104) <sup>a</sup>	Cases ventilated in ICU (n = 28) <sup>a</sup>
Cardiac disease	354 (9%)	93 (19%)	23 (22%)	6 (22%)
Diabetes	311 (8%)	96 (19%)	25 (24%)	8 (30%)
Chronic respiratory condition	153 (4%)	70 (14%)	13 (13%)	2 (7%)
Obesity	171 (4%)	41 (8%)	16 (15%)	7 (26%)

a Excludes those with missing data on comorbidities or where comorbidity is unknown

## Severity

Of total cases of COVID-19 (n = 6,606) notified, 810 (12%) were admitted to hospital. This is substantially less than the proportion of diagnosed cases requiring hospitalisation reported from EU/EEA countries (32%).<sup>1</sup> The median age of hospitalised cases was 60.5 years (interquartile range: 42–72 years), with the highest proportion of hospitalised cases in the 60–69 years and 70–79 years age groups. The most commonly reported comorbid conditions among hospitalised cases were cardiac disease, diabetes (each 19%) and chronic respiratory condition (14%). Obesity was reported as a comorbid condition by 8% (n=41) of hospitalised cases.

Of the hospitalised COVID-19 cases, 17% (n = 141) were admitted to an intensive care unit (ICU), with 39 cases receiving ventilation. The most commonly reported comorbid conditions among cases admitted to an ICU were diabetes (24%) and cardiac disease (22%), which is similar to those reported among hospitalised cases. However, a greater proportion of cases admitted to an ICU and receiving ventilation reported being obese (15% and 26% respectively).

The median time between onset of symptoms and laboratory testing was 2 days (IQR: 1–4 days).

Sixty-nine COVID-19 associated deaths were confirmed in Australia up to 19 April 2020. The median age of cases who died was 79 years (IQR: 74–84 years). Forty-two of the cases were

male and 27 were female. The most commonly reported comorbid conditions among COVID-19 deaths were diabetes (33%), cardiac disease (27%) and chronic respiratory disease (24%).



**Table 7: Timeline of key COVID-19 related events, including Australian public health response activities, from 1 March to 19 April 2020**

Date	Event / response activity
16 April 2020	AHPPC provides advice on reducing the potential risk of COVID-19 transmission in schools. <sup>2</sup>
9 April 2020	Air crew on international flights will be required to self-isolate at their place of residence (or hotel if not in their local city) between flights or for 14 days, whichever is shorter. <sup>3</sup>
30 March 2020	Special provisions be applied to vulnerable people in the workplace and application of additional regional social distancing measures to combat COVID-19. <sup>4</sup>
29 March 2020	Both indoor and outdoor public gatherings limited to two persons only.
28 March 2020	All people entering Australia required to undertake a mandatory 14-day quarantine at designated facilities (e.g. hotels) in their port of arrival.
26 March 2020	Restricted movement into certain remote areas to protect community members from COVID-19.
24 March 2020	<ul style="list-style-type: none"> <li>• Temporary suspension of all non-urgent elective procedures in both the public and private sector;</li> <li>• Progressive scale up of social distancing measures with stronger measures in relation to non-essential gatherings, and considerations of further more intense options; and</li> <li>• Aged care providers limit visits to a maximum of two visitors at one time per day.</li> </ul>
25 March 2020	<ul style="list-style-type: none"> <li>• School-based immunisation programs, with the exception of the delivery of meningococcal ACWY vaccine, are paused; and</li> <li>• Australian citizens and Australian permanent residents are restricted from travelling overseas.</li> </ul>
21 March 2020	Qld, WA, NT and SA close borders to non-essential travellers.
20 March 2020	Travel ban on foreign nationals entering Australia; Restriction of travel to remote communities; and Tasmania closes borders to non-essential travellers.
18 March 2020	<ul style="list-style-type: none"> <li>• DFAT raises travel advice for all overseas destinations to Level 4 'Do Not Travel';</li> <li>• Continuation of a 14-day quarantine requirement for all returning travellers; and</li> <li>• Restrictions on indoor gatherings.</li> </ul>
16 March 2020	Non-essential static gatherings of > 500 people banned.
15 March 2020	All overseas arrivals required to self-isolate for 14 days and cruise ship arrivals banned.
8 March 2020	Restrictions on COVID-19 contacts and travellers from listed higher risk countries.
5 March 2020	Restrictions on travel from Republic of Korea.
1 March 2020	Restrictions on travel from Islamic Republic of Iran.

## Public health response

Since COVID-19 first emerged internationally, Australia has implemented public health measures in response to the disease's epidemiology, both overseas and in Australia. These measures are focused on restrictions on domestic and international travel and public gatherings; priorities for testing and quarantining of suspected cases and close contacts; guidance on effective social distancing; and the protection of vulnerable populations such as those in residential care facilities and remote Aboriginal and Torres Strait Islander communities. Key aspects of Australia's evolving public health response are summarised in Table 7.

During the current reporting period, the Australian Health Protection Principal Committee (AHPPC) has issued advice to inform the national public health response to the pandemic including practical guidance and advice for school leaders engaging with children, parents, teachers, and support staff to reduce even further the relatively low risk of COVID-19 transmission in schools. AHPPC has also released a statement on the next phase of modelling to better understand the present state of the epidemic, and to define the effectiveness of current public health interventions in reducing COVID-19 transmission to shape future decisions on response strategies.<sup>5</sup>

## International situation<sup>6</sup>

As at 23:59 AEST 19 April 2020, the number of confirmed COVID-19 cases reported to the World Health Organization (WHO) was 2,241,359 globally. COVID-19 was reported across a total of 216 countries, territories and areas.

The number of new cases reported globally increased by 76% since last week. This is an increase by 26% on the previous week's number of new cases.

The reported epidemiology varies by country, with different trajectories of outbreaks after

their first 100 cases. Figure 9 highlights that for a number of countries outside of mainland China which have reported more than 100 cases, their rates of increase continue to be high, particularly USA, Spain and Italy, although at a slower rate than the previous week. For Singapore and Japan, there continues to be a slow but steady rate of increase in their number of new cases, while the Republic of Korea and Hong Kong are reporting very few new cases each day. Reported case numbers will be influenced by rates of testing, case definition, and case detection as well as overall health system capacity.

Globally, 152,551 deaths have been reported. The risk of death is reported to increase with age. The case fatality rate is reported as 6.8%. This is highly likely to be an overestimate due to variable levels of under-ascertainment of cases, especially those with mild infections and presence of a comorbid condition such as diabetes, cardiovascular disease and chronic respiratory disease.

Of all deaths reported globally, approximately half have been from the USA (21%), Italy (15%) and Spain (13%). For several other countries or regions including Japan and Republic of Korea, there continues to be a slow increase in their number of deaths, with both countries reporting few new deaths each day, which is consistent with their broader epidemic case trends (Figure 10).

The crude case fatality rate (CFR) in Australia is 1%. This is substantially lower than the global WHO reported rate of 6.8%. Crude CFR is reflective not only of disease severity and health care capability in different countries but also of case ascertainment. Cases with high severity are more likely to be detected by public health surveillance and as such can artificially inflate the reported CFR. Internationally the CFR varies by country. The low CFR in Australia is likely to be reflective of high case ascertainment, which further enables an effective public health response so as to control disease spread.

Figure 9: Number of COVID-19 cases (logarithmic scale) by selected country or region and days since passing 100 cases, up to 19 April 2020

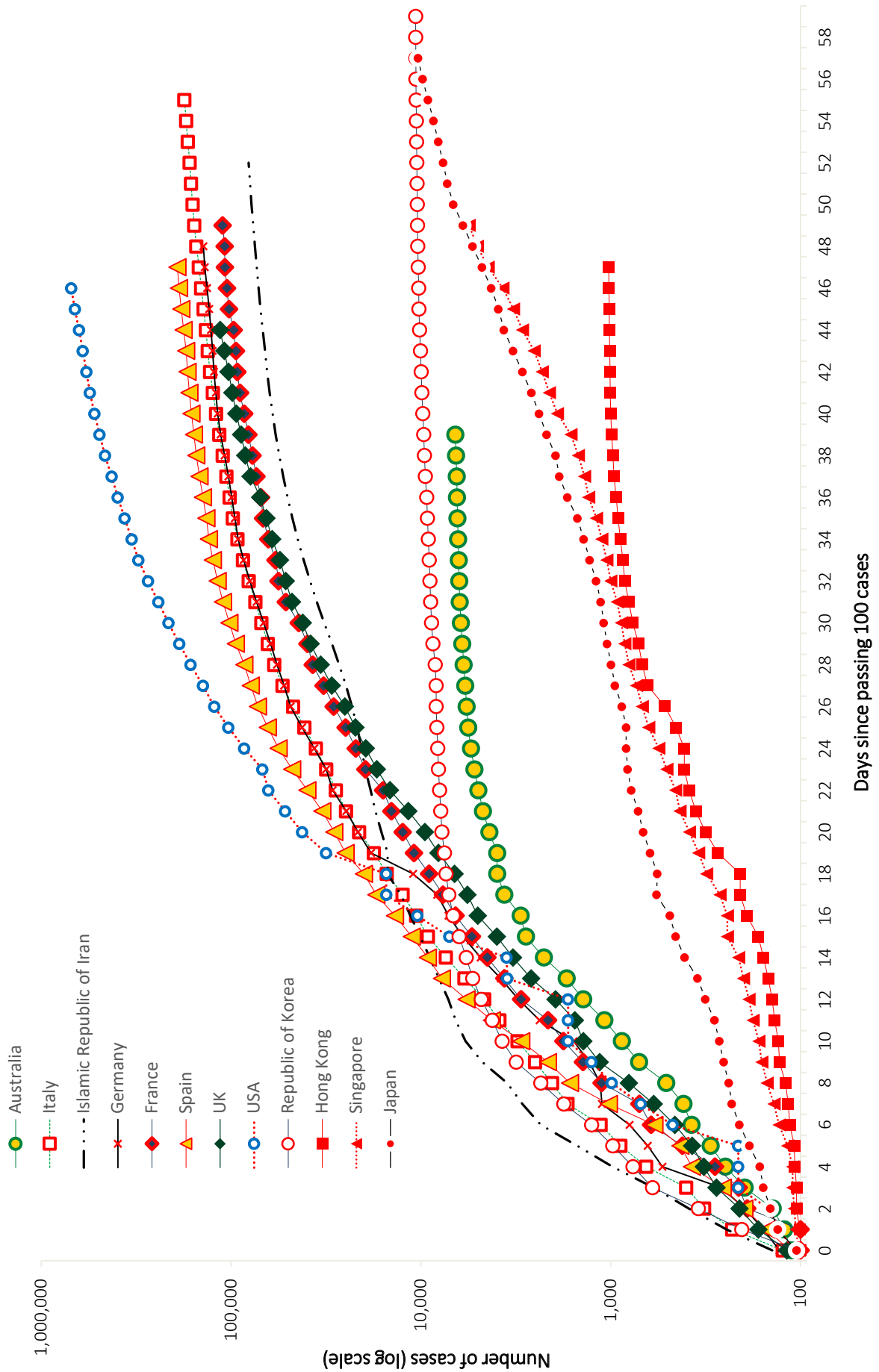
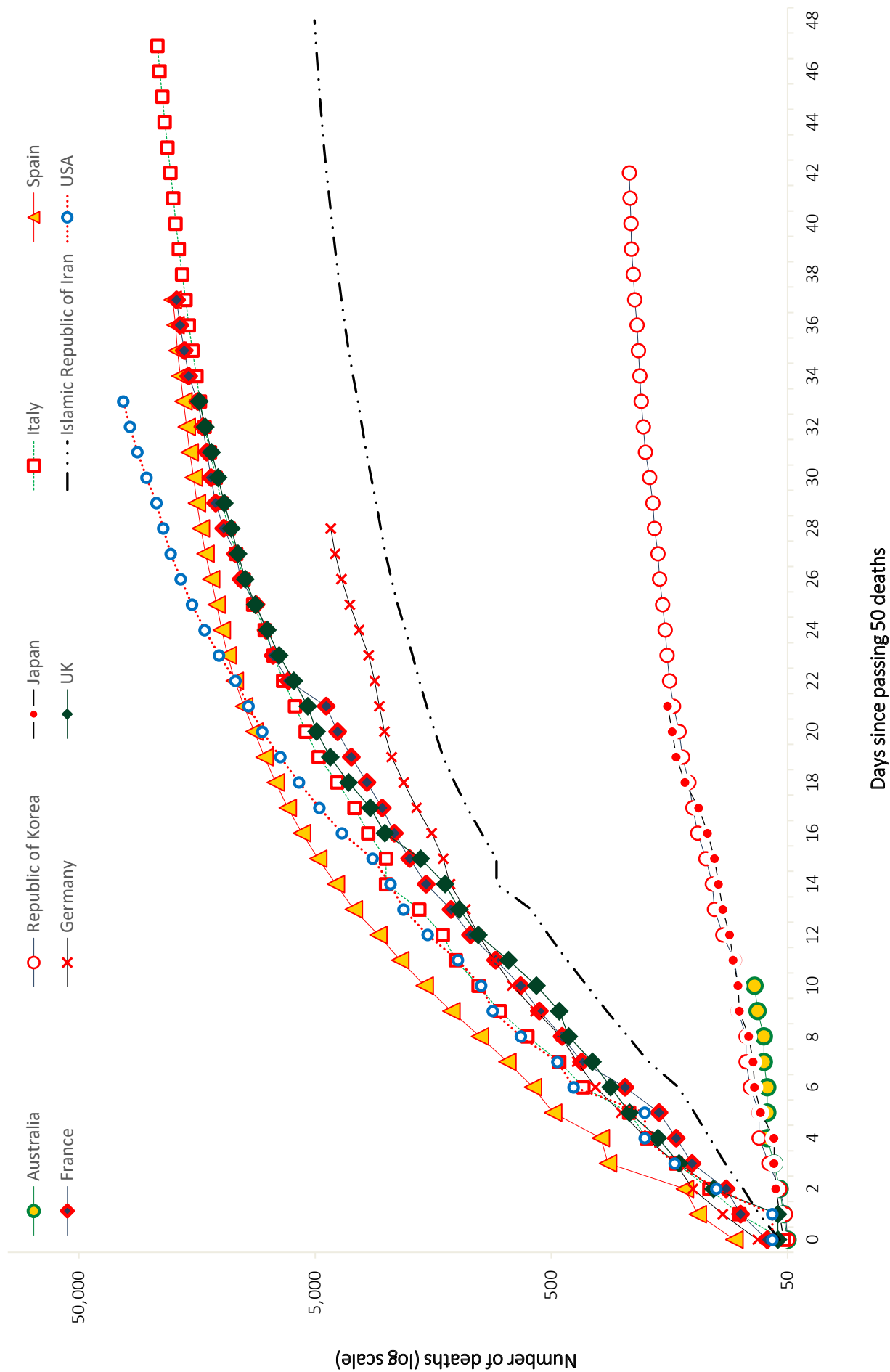


Figure 10: Number of COVID-19 deaths (logarithmic scale) by selected country and days since passing 50 deaths, up to 19 April 2020



## Background

*The current estimates on epidemiological parameters including severity, transmissibility and incubation period are uncertain. Estimates are likely to change as more information becomes available.*

## Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact.<sup>7</sup> A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with pharyngeal virus shedding during the first week of symptoms. However, current evidence does not support airborne or faecal-oral spread as major factors in transmission.

A study in China showed an association between household contacts and travel with a confirmed COVID-19 case and an increased risk of infection.<sup>8</sup>

A case report of nine COVID-19 patients in Germany found that RNA viral shedding from sputum still occurs after symptoms have cleared. In 50% of the patients, seroconversion occurred after seven days with a range of up to 14 days; this seroconversion was not followed by a rapid decline in viral load.<sup>9</sup> However, it is unknown if detection of viral RNA correlates with shedding of live virus and transmission risk.

A recent study suggests that children do not play a key role in household transmission and are unlikely to be the primary source of household infections.<sup>10</sup> In a population-based study in Iceland, children under 10 years old had a lower incidence of SARS-CoV-2 infection than adults; 6.7% vs. 13.7% in children and adults respectively.<sup>11</sup>

## Incubation period

Estimates of median incubation period, based on seven published studies, are 5 to 6 days (ranging from 0 to 14 days). Patients with long incubation

periods do occasionally occur; however, they are likely to be 'outliers' who should be studied further but are unlikely to represent a change in epidemiology of the virus.<sup>12,13</sup>

## Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are mostly in returned travellers from China, the Islamic Republic of Iran, Europe and the USA, and thereby reflect this global diversity. Recent work describes an emerging clade linked to the epidemic in the Islamic Republic of Iran.<sup>14</sup>

## Clinical features

COVID-19 presents as mild illness in the majority of cases with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions.<sup>7,15</sup>

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. As such, it is possible that invasion of the central nervous system is partially responsible for the acute respiratory failure of COVID-19 patients.<sup>16</sup>

There is some evidence to suggest that impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/ageusia) is associated with COVID-19.<sup>17,18</sup> This is supported by research finding a biological mechanism for the SARS-CoV-2 virus to cause olfactory dysfunction.<sup>19,20</sup>

Examination of cases and their close contacts in China found a positive association between age and time from symptom onset to recovery. The study also found an association between clinical severity and time from symptom onset to

time to recovery. Compared to people with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in time to recovery, respectively.<sup>8</sup>

Several studies have identified cardiovascular implications resulting from COVID-19. Vascular inflammation has been observed in a number of cases and may be a potential mechanism for myocardial injury which can result in cardiac dysfunction and arrhythmias.

Recently published literature outside of Wuhan found that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation.<sup>21,22</sup> This number is higher than the 3% previously reported in Wuhan.

## Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care.<sup>23</sup> Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents, including remdesivir, lopinavir/ritonavir, and chloroquine or hydroxychloroquine.<sup>24</sup>

## Data considerations

Data were extracted from the NNDSS on 21 April 2020, by diagnosis date. Due to the dynamic nature of the NNDSS, data in this extract are subject to retrospective revision and may vary from data reported in published NNDSS reports and reports of notification data by states and territories.

## Acknowledgements

This report represents surveillance data reported through CDNA as part of the nationally-coordinated response to COVID-19. We thank public health staff from incident emergency operations centres in state and territory health departments,

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## Appendix A: Frequently asked questions

### Q: Can I request access to the COVID-19 data behind your CDI weekly reports?

A: National notification data on COVID-19 confirmed cases is collated in the National Notifiable Disease Surveillance System (NNDSS) based on notifications made to state and territory health authorities under the provisions of their relevant public health legislation.

Normally, requests for the release of data from the NNDSS requires agreement from states and territories via the Communicable Diseases Network Australia, and, depending on the sensitivity of the data sought and proposed, ethics approval may also be required.

Due to the COVID-19 response, unfortunately, specific requests for NNDSS data have been put on hold. We are currently looking into options to be able to respond to data requests in the near future.

We will continue to publish regular summaries and analyses of the NNDSS dataset and recommend the following resources be referred to in the meantime:

- NNDSS summary tables: <http://www9.health.gov.au/cda/source/cda-index.cfm>
- Daily case summary of cases: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers>
- Communicable Diseases Intelligence COVID-19 weekly epidemiology report: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/novel\\_coronavirus\\_2019\\_ncov\\_weekly\\_epidemiology\\_reports\\_australia\\_2020.htm](https://www1.health.gov.au/internet/main/publishing.nsf/Content/novel_coronavirus_2019_ncov_weekly_epidemiology_reports_australia_2020.htm)
- State and territory public health websites.

### Q: Can I request access to data at post-code level of confirmed cases?

A: Data at this level cannot be released without ethics approval and permission would need to be sought from all states and territories via the Communicable Diseases Network Australia. As noted above, specific requests for NNDSS data are currently on hold.

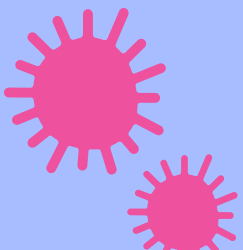
A GIS/mapping analysis of cases will be included in each *Communicable Diseases Intelligence* COVID-19 weekly epidemiology report. In order to protect privacy of confirmed cases, data in this map will be presented at SA3 level.

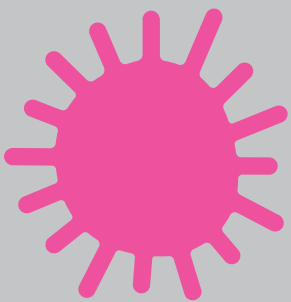
### Q. Where can I find more detailed data on COVID-19 cases?

A: We are currently looking into ways to provide more in-depth epidemiological analyses of COVID-19 cases, with regard to transmission and severity, including hospitalisation. These analyses will continue to be built upon in future iterations of the weekly *Communicable Diseases Intelligence* report.



# GUIDE FOR HOME CARE PROVIDERS





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# Overview and purpose

This document is intended as a guide for providers of assistance to persons living at home.

## Preparation guide for home care providers

### ORGANISATION

- Review clinical governance processes and apply to the current situation, which may change rapidly. Develop plans with local GPs and other primary care colleagues, to agree on escalation processes, and communication plans about consumers' changing care needs.
- Review business continuity plans and consider how the service will respond if staff unwell or unable to work, this may include deploying an alternative workforce.
- If parts of organisation have closed (e.g. day centres or day respite) consider how staff can be redeployed according to their skills and personal circumstances.
- Consider whether your organisation can implement flexible work hours in order to maintain services.
- Consider which teams need to extend operational hours, or link to other services (such as out of hours general practice) to provide the best possible care for consumers in the community.
- Consider how to contact consumers who are temporarily not receiving services to monitor their safety and wellbeing. Organisation might explore alternative models of care, including tele-care, to provide advice and guidance to consumers and their loved ones.

### EQUIPMENT AND RESOURCES

- Aged care providers that require Personal Protective Equipment (PPE) must now email [agedcarecovidppe@health.gov.au](mailto:agedcarecovidppe@health.gov.au) for all requests.
- The following information must be provided in your email request:
  - the facility, program or service requiring PPE
  - if you have had a confirmed case of COVID-19 at your facility, program or service
  - types and quantities of PPE required – please note, only masks are available at this stage and other PPE will be provided when available
  - details of other suppliers you have attempted to source PPE stock from.
- In addition, confirm that hand sanitiser and/or liquid soap is available for carers delivering face to face care.
- Monitor stock levels of PPE, and implement measures to reduce opportunities for theft.
- Review cleaning practices, and implement regular, scheduled cleaning of frequently touched objects and services (several times a day, or when visibly soiled).

## STAFF

- Review and update all staff contact details, and emergency contact details.
- Provide regular updates to staff as new information is released, and when there is any change to processes and priorities. Identify how you will communicate regularly with staff and who is responsible for contacting staff.
- Identify any staff members in at risk groups, staff who are unwilling to deliver face to face care, and in what circumstances.
- Identify whether these staff can be redeployed to alternative roles, such as making phone calls to consumers who are unwell at home, monitoring daily staffing and updating supervisors, contacting families of any concerns or emergencies, completing paperwork etc.
- Identify who staff should contact if they are unwell or are unable to come to work, and provide that person's contact details to all staff.
- Keep records of training, particularly training relating to infection prevention and control.
- Identify the moments of hand hygiene, when delivering care to consumers in the community e.g. immediately before entering the home, before touching the consumer, after touching the consumer or surfaces within their home, immediately after exiting the home.
- Confirm availability of hand sanitiser and liquid soap for all staff.
- Confirm whether the organisation has developed procedures to address unforeseen circumstances, and who will be responsible for managing and coordinating the response to unforeseen circumstances.
- Identify who is responsible for providing information to consumers and families as situations change.
- Keep a record of staff members who have recovered from COVID-19 and therefore may be immune.
- Encourage and promote flu vaccination. Keep records of staff immunisation.

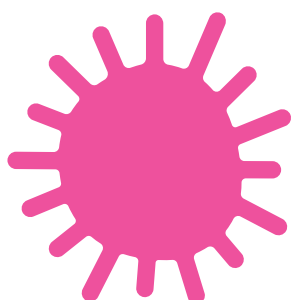
## CONSUMERS

- Update consumers' records, including their contact details, emergency contact details, and current GP.
- Make a record of any consumers who may only be contacted by a face to face visit (for example, if they do not have a phone, or cannot use the phone independently).
- Consider the implications for each consumer, if the delivery of services is interrupted.
  - For example, the risk to the consumer might be low, if the provider is unable to mow the consumer's lawn. However, for other services (such as cooking) the provider may need to consider alternative delivery models (such as delivering premade meals) to mitigate the high risk to the consumer.
- Make contact with the consumer's family members and friends, to discuss alternative delivery models if required. Identify whether the consumer has family or friends who can provide assistance in the short-term if the delivery of services is interrupted (e.g. cooking meals for the consumer).

- Identify whether the consumer has the support of family or friends to do online shopping for groceries, and/or delivery of medications.
- Identify any consumers in high risk categories (such as frail consumers, or those on immunosuppression medications or those with underlying chronic medical conditions).
- Provide consumers and their family with a phone number to call if there is any change to their health condition or circumstances e.g., if they are in self-isolation, have been in contact with a confirmed COVID-19 case, or develop respiratory symptoms. The number must be monitored by a staff member with the capacity to provide advice, assess risk, and notify relevant parties.
- Identify any consumers at risk of harm due to non-compliance with public health requirements e.g., hand hygiene, or self-isolation.
- Identify consumers who have advance care plans, and keep a copy if possible.
- Encourage advance care planning, and discussion between consumers, their doctors and families to clarify wishes and intentions.
- Encourage and promote flu vaccination.

## CONSUMERS' EMERGENCY PLANS AND READINESS

- Develop an emergency plan for use by consumers and carers.
- The emergency plan should contain:
  - details of the name, address and other contact details of the consumer;
  - emergency contacts, such as their friends, family, legal representative, or others;
  - details of any medications they take, including dose and frequency;
  - details of current GP and any other relevant professionals;
  - details of any ongoing treatment; and
  - details of the advanced care plan (if the consumer has one).
- Encourage the consumer to ask their GP for a shared health summary on their MyHealthRecord (if the consumer has not opted out), and update the shared health summary as applicable.
- Consumers who are at risk should have a hospital bag prepared, which includes the details listed above, as well as any planned care appointments and things they might need for an overnight stay (snacks, pyjamas, toothbrush, medication etc.). Remember to pack phone and charger if going to hospital.





## MEDICAL CONSIDERATIONS

- Make a list of any services which the consumer's GP can deliver to keep them safe, such as telehealth consultations, testing for COVID 19 (where required), and advice on local testing arrangements etc
- Identify the contact details for the relevant Population/Public Health Unit, State Department of Health, and Commonwealth Department of Health.
- Keep up to date with the current protocols and logistics for admission to local hospital services as they become more stretched and practices change.

## OTHER PARTIES

- If other organisations or volunteers are involved in care of consumers, maintain contact and assist each other in times of need.
- Consider how volunteer groups can stay in touch with consumers to provide psychosocial support, especially consumers who have become socially isolated.

## Potential scenarios



### THE CARE WORKER

#### A CARE WORKER IS CONCERNED THEY HAVE COVID-19

If a member of staff or care worker is concerned they have COVID-19 they should seek medical advice from their GP or call the National Coronavirus Hotline on 1800 020 080. The member of staff should tell their doctor or the hotline they are a care worker.

If the care worker is advised to self-isolate they should follow the self-isolation guidance on the Department's website.

If advised to self-isolate at home, they should not visit or care for people (consumers) until told it safe to do so. Care workers should notify their employer immediately.

#### THE CARE WORKER HAS PROVIDED CLOSE PERSONAL CARE TO A PERSON WHO IS DIAGNOSED WITH COVID-19

If staff have been in close contact with a confirmed COVID-19 case, and did not don PPE, they must notify their employer. Organisations must then notify the local public health unit in the relevant territory/state. The carer will be required to self-quarantine for 14 days and be alert for symptoms of the COVID-19.

If staff have been in close contact with a confirmed COVID-19 case, while donning PPE, the staff member can continue to deliver care to consumer. The staff member does not need to self-isolate. However if PPE was not used correctly, staff should be alert for symptoms for 14 days and deployed to other roles if possible (including care for people have COVID-19). The Public Health Unit can provide advice regarding whether PPE was used correctly.

## THE CONSUMER

### THE PERSON BEING CARED FOR HAS CONFIRMED COVID 19 OR IS A SUSPECTED CASE WAITING FOR A TEST RESULT

Carers should not enter the home of a person who is unwell until their status is ascertained, and PPE utilised as appropriate. Carers should notify their employer of any confirmed or suspected COVID-19 cases.

Organisations should minimise the number of carers who come into contact with the consumer, and consider which services are critical to keep the consumer safe.

Carers should also notify the consumer's family and friends (with their consent), and request their assistance to monitor the consumer's health condition. If the consumer's condition deteriorates, carers should escalate to the consumer's GP or call an ambulance.

### PERSONAL PROTECTIVE EQUIPMENT

Carers should complete **online training** to understand how COVID-19 is transmitted.

When caring for consumers with undiagnosed respiratory infections, carers should use standard, contact and droplet based precautions.

Standard precautions are a group of infection prevention practices always used in healthcare settings.

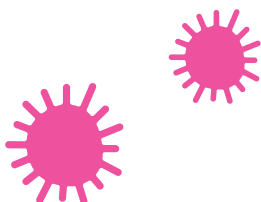
Standard precautions include performing hand hygiene before and after every episode of contact with a consumer (5 moments), the use of PPE (including gloves, gown, and appropriate mask) depending on the anticipated exposure, good respiratory hygiene/cough etiquette and regular cleaning of the environment and equipment.

Contact and droplet precautions are the additional infection control precautions required when caring for consumers with suspected or confirmed COVID-19. Contact and droplet precautions include gloves, surgical masks, and gown.

The care worker should don (put on) the PPE before they enter the home. Hand hygiene should always be performed before donning PPE and immediately after removal. PPE should be removed in a manner that prevents contamination of the carer's clothing, hands and the environment.

Gloves, gowns and masks must be disposed of in an infectious (biohazard) waste bag. Alternatively, PPE may be stored in disposable rubbish bags. These bags must be placed in another bag, tied securely and kept separate from other waste. Rubbish should be put aside for at least 72 hours before being put in the household waste bin for disposal. After 72 hours the material should no longer be infectious.

Care workers must change their PPE and perform hand hygiene after every contact with an ill person, when leaving the home, or coming into contact with a new person.



## CLEANING

If care workers undertake cleaning duties, they should use usual household products. Frequently touched surfaces should be cleaned several times a day, and also if visibly dirty or soiled.

Cleaning is an essential part of disinfection. Cleaning reduces the soil load, allowing the disinfectant to work. Removal of germs such as the virus that causes COVID-19 requires thorough cleaning followed by disinfection. This can be done by a 2-in-1 clean – a physical clean using a combined detergent and TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) i.e. a combined detergent/disinfectant wipe or solution.

A 2-step clean requires physical cleaning with detergent, followed by disinfection with a chlorine based product such as bleach. The bleach will not kill the virus if the surface has not been cleaned with a detergent first.

Further information is available in the fact sheet '**Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities**'.

Personal waste (for example, used tissues, continence pads, other items soiled with bodily fluids and used PPE) and disposable cleaning cloths should be disposed of in an infectious (biohazard) waste bag.

Alternatively, they may be stored in disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste. Rubbish should be put aside for at least 72 hours before being put in the household waste bin for disposal. After 72 hours the material should no longer be infectious.

## LAUNDRY

If care workers support a person with laundry, they should not shake dirty laundry before washing. This minimises the possibility of dispersing the virus through the air.

Wash items using hot water in accordance with the manufacturer's instructions.

Dirty laundry that has been in contact with an ill person can be washed with other laundry. If the ill person does not have a washing machine, wait a 72 hours after the isolation period has ended, then the laundry may be taken to a public laundromat.

If laundry is heavily soiled (for example, with vomit or diarrhoea), or cannot be washed, dispose of the items after getting permission from the consumer.

Clean and disinfect clothes hampers or baskets which held dirty clothes.

## THE PERSON BEING CARED FOR (CONSUMER) DOES NOT HAVE SYMPTOMS BUT IS PART OF A HOUSEHOLD THAT IS ISOLATING

If the consumer and their care worker can remain at a safe distance from the symptomatic member of the household, then care can be provided without additional precautions. For example, the symptomatic family member should remain in their own room, use separate bathroom facilities, and stay at least 2 metres away from other family members.

If the symptomatic persons cannot remain a safe distance away from other members of the household or the care worker, then other members of the household and the care worker should implement standard, contact and droplet based precautions.

Care workers should stay more than 1.5 metres away from any household member that has symptoms and avoid touching surfaces.

General interventions may include increased cleaning and keeping property properly well ventilated by opening windows.

The carer has also been working in a residential care facility when there is a confirmed COVID-19 case in that facility but they have not had any contact with this case

Care workers do not need to self-isolate or wear PPE if they had no close contact with a confirmed COVID-19 case.

### **THE PERSON (CONSUMER) IS FOUND TO BE UNWELL OR HAVE NEW SYMPTOMS**

At times carers may arrive at the home of a consumer and find they are unwell and have not sought medical advice. Carers should not enter a consumer's home if they are unwell, until the person has been assessed by a medical practitioner and/or the carer has access to PPE (if required). If the person is very unwell then the carer should call an ambulance.

Further guidance is available through the **online training module**.

### **THE PERSON BEING CARED FOR (CONSUMER) HAS SOME SYMPTOMS OF COVID-19 BUT THEY ARE NOT A CONFIRMED CASE AND NOT CONSIDERED A SUSPECTED CASE BY HEALTH PRACTITIONERS**

This scenario may occur if the consumer has a chronic cough.

Carers should implement standard precautions, and general interventions such as increased cleaning and keeping the property well ventilated by opening windows.

Further guidance is available through the **online training module**.

### **THE PERSON (CONSUMER) DOES NOT HAVE SYMPTOMS OF COVID-19**

If neither the care worker nor the person receiving care are symptomatic, then personal protective equipment is not required. However, carers should still implement standard precautions to minimise the risk of infection.

Care workers should strictly follow advice on hand hygiene at all times.

# Appendix

## DEFINITIONS

### SYMPTOMS OF COVID-19

- The most common symptoms of COVID-19 are: fever, cough, sore throat, and shortness of breath.
- Other symptoms of COVID-19 include: headache, fatigue, myalgia/arthritis (muscle and joint aches), chills, confusion, nausea or vomiting, haemoptysis, loss of appetite, diarrhoea, and chest pain.

### WHAT IS CLOSE CONTACT?

A 'close contact' is defined as requiring:

- Greater than 15 minutes face-to-face contact in any setting with a confirmed (or probable) case in the period extending from 24 hours before onset of symptoms in the confirmed (or probable) case, or
- Sharing a closed space with a confirmed (or probable) case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed (or probable) case.

### PPE

- Aged care providers that require PPE must email [agedcarecovidppe@health.gov.au](mailto:agedcarecovidppe@health.gov.au) for all requests.
- All requests will be triaged by the Department of Health with **priority given to facilities, programs and care workers where there has been a confirmed case of COVID-19.**
- Requests can be made by aged care services and any care workers providing support to people receiving aged care support living in the community.
- The following information must be provided in your email request:
  - the facility, program or service requiring PPE
  - if you have had a confirmed case of COVID-19 at your facility, program or service
  - types and quantities of PPE required – please note, only masks are available at this stage and other PPE will be provided when available
  - details of other suppliers you have attempted to source PPE stock from.
- If your facility, program or service is experiencing an outbreak of influenza the above process applies.
- The Department of Health will triage your request to determine priority and may be in contact with you for further information.

Training on the use of PPE is **available online.**

## Resources

The Australian Government has launched a new **COVID-19 training program** for care workers. The program includes modules on:

- Module One: Personal Safety
- Module Two: Families and Visitors
- Module Three: COVID-19 and aged care
- Module Four: Outbreak management procedures
- Module Five: Personal Protective Equipment
- Module Six: Laundry
- Module Seven: Catering
- Module Eight: If you suspect a case
- Module Nine: COVID-19 in-home care settings



# Information sheets for consumers

## NOTICE TO FAMILY AND VISITORS – GENERAL WARNING AND INFORMATION

COVID-19 is a respiratory illness caused by a new virus that is currently rapidly spreading throughout the world. It is important to limit the risks to vulnerable people

The virus spreads from person to person through:

- close contact with an infectious person (including in the 24 hours before they started showing symptoms);
- contact with droplets from an infected person's cough or sneeze; and
- touching objects or surfaces (such as doorknobs or tables) that have cough or sneeze droplets from an infected person, and then touching your eyes, nose or mouth. People are considered to be infectious from 24 hours before they develop symptoms, though they are most infectious while symptomatic. Even people with very mild symptoms can be infectious

COVID-19 is a particular risk of serious illness and death to:

- people with compromised immune systems (e.g. cancer, transplant);
- elderly people (older than 60 in the general population and older than 50 in the Aboriginal and Torres Strait Islander population);
- Aboriginal and Torres Strait Islander people (as they have higher rates of chronic illness);
- people with chronic medical conditions (e.g. heart, liver, lung, kidney disease, diabetes);
- people in group residential settings (such as residential aged care facilities); and
- People in detention facilities.

Symptoms of COVID-19 include fever, cough, sore throat and shortness of breath. If you experience symptoms of COVID-19 you should stay at home until you can see a doctor for a medical assessment. Wherever possible, you should not visit higher risk people including older Australians, to protect them and prevent them from becoming unwell.

If older people become unwell, in addition to the above symptoms, they may also experience increased confusion, worsening of chronic lung conditions, and loss of appetite. Be on the lookout for symptoms when visiting older Australians to help identify illness.

There is no vaccine for COVID-19. Scientists from around the world are working on developing a vaccine. The World Health Organisation believes this may be available within 18 months.

To prevent the spread of COVID-19, it is important to practice good hygiene and social distancing.

### GOOD HYGIENE INCLUDES:

- covering your cough or sneeze with your elbow or a tissue (and then disposing of tissues properly);
- washing your hands frequently with soap and water or an alcohol-based hand rub, including before and after eating, and after going to the toilet;
- cleaning and disinfecting frequently-touched surfaces and objects such as phones, keys, rails, and door handles (several times a day, and when visibly soiled); and
- staying home if you are sick.

### PRACTISING SOCIAL DISTANCING SLOWS THE SPREAD OF VIRUSES.

#### SOCIAL DISTANCING MEANS:

- stay at home and only go out if it is absolutely essential;
- stay at least 1.5 metres away from other people, even to talk;
- no more than one person per 4 square metres of space;
- avoid physical greetings such as handshaking, hugs and kisses;
- travel at quiet times and avoid crowds; and
- avoid public gatherings and at-risk groups like older people (where possible).

For more information about your particular circumstances please visit the Department of Health website or call the national coronavirus helpline on **1800 020 080**.

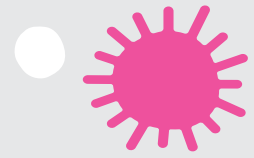




## PLAN AHEAD

- All carers and people they care for should develop an emergency plan – this is important for you and all those you look after.
- Having a plan in place can help ease your worries if you are not able to care for those you look after at any point in the future.
- The emergency plan should contain:
  - details of the name, address and other contact details of the consumer;
  - emergency contacts, such as their friends, family, legal representative, or others;
  - details of any medications they take, including dose and frequency;
  - details of any ongoing treatment; and
  - details of the advance care plan (if the person has one).
- Encourage the person to ask their GP for a shared health summary on their MyHealthRecord (if they have not opted out), and update the shared health summary as applicable.
- Elderly people who are at risk could have a hospital bag prepared, which includes the details listed above, as well as any planned care appointments and things they might need for an overnight stay (snacks, pyjamas, toothbrush, medication etc.). Remember to pack phone and charger if going to hospital.





## **ATTENTION: ALL STAFF LETTER**

There is currently a global pandemic of COVID-19. COVID-19 primarily causes respiratory illness in humans, and while all types of respiratory viruses can cause sickness in the elderly, COVID-19 is a particularly contagious infection that can cause severe illness and death for vulnerable people.

### **IF YOU HAVE SYMPTOMS OF ANY RESPIRATORY ILLNESS (FEVER, SORE THROAT, COUGH, SHORTNESS OF BREATH):**

- you should isolate yourself in your home until you can be medically assessed;
- notify your supervisor immediately; and
- call the National Coronavirus Helpline on 1800 020 080 to seek advice about medical care and testing;

### **YOU MUST NOT RETURN TO WORK UNTIL YOU ARE FREE OF SYMPTOMS, OR YOUR DOCTOR ADVISES YOU ARE FIT AND SAFE TO RETURN TO WORK.**

There is a risk that any of us will acquire COVID-19. To prevent the spread of viruses, it is important to practice good hygiene and social distancing:

- notify your supervisor if you believe you are in a special risk group;
- cover your cough and sneeze with your elbow or a tissue (and dispose of tissues properly).
- Wash your hands frequently with soap and water or alcohol-based hand rub;
- Clean and disinfect commonly touched items and surfaces frequently;
- stay at least 1.5 metres away from other people;
- avoid physical greetings, such as handshakes, hugs and kisses;
- get your annual influenza vaccination.

### **WHEN CARING FOR CONSUMERS THAT ARE UNWELL WITH RESPIRATORY INFECTIONS, YOU SHOULD USE STANDARD, CONTACT AND DROPLET BASED PRECAUTIONS, INCLUDING:**

- performing hand hygiene before and after every episode of contact with a consumer (5 moments),
- using PPE as required (including gloves, gown, and appropriate mask); and
- practice cough and sneeze etiquette.

You should don (put on) the PPE before entering the consumer's home. Hand hygiene should always be performed before donning PPE and immediately after removal. You must change PPE and perform hand hygiene after every contact with an ill person, when leaving the home, or coming into contact with a new person.

Thank you for your co-operation.

**Sincerely, Manager/DoN**

