

**Submission  
No 28**

**INQUIRY INTO WORKERS COMPENSATION  
AMENDMENT BILL 2021**

**Organisation:** Australian Salaried Medical Officer's Federation (ASMOF) NSW

**Date Received:** 22 December 2021

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**Submission by the Australian Salaried  
Medical Officers' Federation (NSW)**

**NSW Legislative Council, Portfolio  
Committee No 1**

**Inquiry into the Workers Compensation  
Amendment Bill 2021**

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20 December 2021

The Australian Salaried Medical Officers' Federation (The Doctors' Union) is the Union, representing over 5000 Registered Medical Practitioners in NSW, including Staff Specialists, Post Graduate Fellows, Clinical Academics, Career Medical Officers, Interns, Resident Medical Officers and Registrars.

We thank the Committee for the opportunity to contribute to this Inquiry.

As the Doctors' Union, our vision is to protect, promote and advance the interests of salaried doctors in a fair and just society underpinned by a high-quality public health system.

Our member's contribution to fighting the pandemic in NSW has been critical to the successes in combating the disease - health workers have been at the forefront of protecting and caring for the people of NSW. However, in fighting this, they are working long and arduous hours; sometimes, they have experienced shortages of PPE.

As part of the NSW Government response to the COVID-19 pandemic, workplace injury protections were introduced for essential workers who contract COVID-19. Under section 19B of the Workers Compensation Act 1987, doctors have been presumed to have been infected while on duty when making a workers' compensation claim for COVID-19. When this amendment was introduced, our members expressed their gratitude that the NSW Government "had their backs" if they caught COVID 19.

The Workers Compensation Amendment Bill 2021 will repeal Section 19B, and doctors will have to prove they caught COVID in the workplace. ASMOF NSW opposes the removal of the presumptive protection for workers who contract COVID at work. This Bill will significantly disadvantage health workers who continued to work through the COVID pandemic. Our members are still coming face to face to COVID-19 patients daily in their workplaces. Being vaccinated and wearing PPE has never been a foolproof way to avoid getting severe consequences from the disease.

ASMOF NSW believes it is critically important that Parliament does not support this Bill - for the local community and staff, and for the continuous delivery of health services in NSW.

It is vital to exempt doctors and other health workers from proving a COVID-19 infection was caught at work, given the high risk they encounter each day.

It is also difficult for doctors to prove they were infected at work, given they will often treat patients who are asymptomatic but infectious. How does a health worker prove

they caught COVID at work? The only reliable way is if genomic testing was done on the health worker, compared with known COVID infections at their workplace. If genomic testing wasn't done on the patients, there would be no proof. But undertaking genomic testing would be costly. Who is going to pay for that? The Bill has been introduced to save money. But any savings will be tiny compared to the impact on sick workers.

Our members are dedicated professionals who have gone above and beyond for the hospital, at times without payment, because they are committed to seeing the health system thrive and deliver high-quality care to patients and the community.

ASMOF recently surveyed our members regarding the Workers Compensation Amendment Bill 2021. Five hundred thirty-nine members completed in 4 days. The survey found that 95% of members are against the proposed changes.

The five key themes of the responses are:

1. The extreme difficulty in proving where COVID was contracted.
2. The unreasonable burden on doctors to prove where they caught COVID.
3. The high-risk setting doctors work in.
4. PPE and other measures do not provide enough protection.
5. Demoralising for health care workers - some suggested doctors will leave the workforce.

Three hundred fifty-six members chose to comment on their responses. We have included all responses in Attachment 1 and a sample of responses below. We believe the voices of the frontline health workers must be heard.

*Doctors and other healthcare workers should be protected. If the onus is placed on doctors to have to prove they were infected while on duty, this can create significant barriers for appropriate compensation. This can have significant impacts on the individual from an emotional, mental, and financial perspective. It can also have serious workforce implications as frontline doctors may have to reconsider their appetite for, and tolerance of, risk of potential infection in the workplace if no safeguards are in place for*

*compensation. There is a good chance of further Covid spikes with the Omicron variant in the country and relaxing restrictions in various states. Doctors may have no choice but to resign from their roles, thereby increasing staff shortages, if there are no clear protections in place.*

*I worked in the COVID ICU of a large tertiary hospital in Sydney at the height of the second wave. Each day before I went to work, I asked my wife and her elderly parents who we live with if they felt comfortable with me going to work that day, knowing the risk of bringing the virus home to them. They agreed, because they thought I would have the full support of our government and health system if anything happened to me or them. This motion undermines that and disregards the daily risks we have undertaken on behalf of broader society. You have limited our pay, ignored our community's advice, and continued to squeeze the medical community and their families. When you move on this motion, it is another sign not just to me but to all my families, friends, and patients, that doctors lack your support.*

*This creates an excessive and likely often impossible burden of proof. To work as a doctor in the current climate is to risk workplace exposure and indeed the most likely place to be exposed is while on duty. Such an amendment will only serve to deter and diminish the medical workforce and the only motivation for pushing this change is cost-cutting. The effective removal of supports in this way is a disgusting move against an already overstretched underfunded medical workforce.*

*This increases our personal risk unnecessarily when we come to work. The employer is responsible for OHS and this is an abrogation of their responsibility under this obligation. The effect on morale, and the anger that this proposal will generate does not take too much to imagine, particularly given the 1000's of HCWs who have died internationally, and the 1000's impaired by long COVID. It takes a long time to train HCWs, we are not disposable, or easily replaceable and deserve to be looked after as the conscripted shock troops in the government's move to open up while we have a 1/100-year pandemic.*

*Workplaces are inherently dangerous places. PPE (mask, gown, and eye protection) are often at lowest required standard on the wards. (wards told to*

*use surgical mask, and ED told to use N95). By the time a patient is found to be covid positive on the wards, many patients and staff would already have been exposed to it. We have agreed to work at the workplace, but do not agree to put our lives or health at risk, due to the minimal standards provided at the workplace. (we have ended up buying n95 masks from internet to use at work) and eat in outdoors areas/or in our cars at lunchtime.*

*There is a higher occupational exposure risk (especially in areas such as ICU, Emergency) that makes transmission more likely than the general population. This is even more likely with a lower community transmission rate as the comparison risk ratio is greater for occupational exposure. On the balance of probabilities, worker's compensation should protect healthcare workers for this exposure risk. Proving this is a work exposure is essentially impossible and so this is a removal of protection by stealth. There should potentially be a right to decline working with COVID patients if this protection is lost.*

*It is often very difficult to "prove" lines of transmission. I have been involved in COVID Outbreak management for over 18 months. As health care workers were at risk of exposure(s) multiple times every day.*

*Such 'proof' is near impossible. All clinicians work in close quarters with undifferentiated patients whose infectious illnesses -such as COVID 19 - may not be apparent. Under these circumstances, it is unclear how such a burden of proof would be met. If a doctor is unable to 'prove' this, and COVID-19 leaves them unable to care for themselves or their family, this places clinicians in an unfair situation where workers compensation cannot be claimed. Given the level of risk - that is, COVID-19 may be fatal - it seems grossly unreasonable to expect clinicians to work under such circumstances. This may lead to widespread resignations and further stress on the system, further increasing the likelihood of clinicians catching COVID-19!*

*It is reasonable to expect that we are protected at work. We are making great sacrifices to provide care as is our duty in NSW. This will be an extra burden on top of a burdened system that will contribute to burn out and leaving the system. We need to feel valued at work.*

*Proving chain of transmission is expensive and time consuming, and no perfect proof exists. The Bill will serve as a deterrent to valid claims as well*

*as to erroneous ones. Our legal system relies on a burden of proof on accuser and a presumption of innocence of accused. Semantic arguments could be applied to make the infected doctor either accuser or accused but the reality remains that the infected doctor is the victim and therefore should not be forced to bear the burden of proof. Any legislation requiring a burden of proof should impose that burden on the employer who places an individual in a position of risk. Compulsory life insurance premiums for front line health care workers yield lower levels of insurance payout than for comparable premiums for non-front-line staff - recognising unavoidable risk exposure associated with the nature of employment of doctors and other frontline staff. This is prima facie evidence that the nature of doctor's employment places them at personal health risk. This is accepted for life insurance purposes - why not for Worker's Compensation? This is single largest risk factor for doctors working clinically - workplace exposure.*

*We are constantly putting ourselves and our families at risk for a salary that is no more than mediocre when compared to interstate benchmarks. At the very least we should be given the benefit of the doubt.*

*Because I work in an extremely dynamic environment in operating theatres and to have the onus put on me to prove the chain of infection would be very difficult. It would likely involve delving into the past 2-3 months, and I certainly wouldn't be able to tell you who I had been working with on a particular day with any confidence. I would also expect there would be barriers about confidentiality and access to my colleagues' medical records. I would expect there to be to likely be missing links and it would make it very hard to have to prove that on my own. I've put myself at risk during this pandemic. To have to prove I caught it at work is a slap in the face.*

Andrew Holland

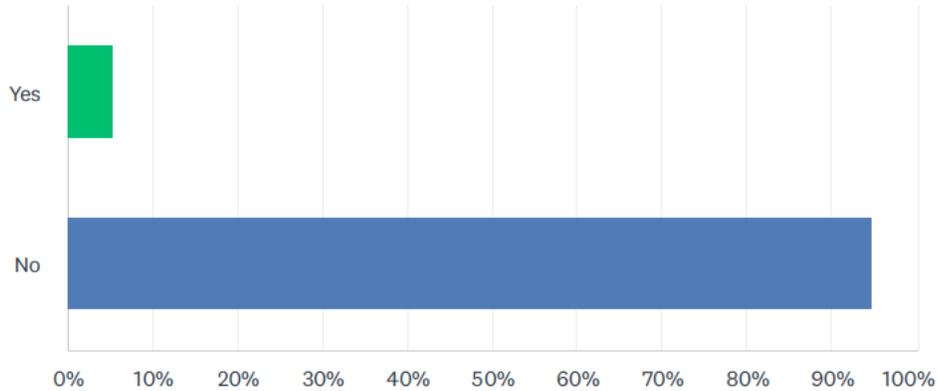
**Executive Director**

**The Doctors' Union**

# ATTACHMENT 1

## Q1 Do you think the Bill should be amended so that doctors have to prove they contracted COVID in the workplace?

Answered: 539 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	5.38%	29
No	94.62%	510
TOTAL		539

#	WHY OR WHY NOT?	DATE
1	Difficult to prove absolutely unless one is only attending work and otherwise not in the community, and has no household contacts.	12/13/2021 3:51 PM
2	Is the government going to "prove" that they have put in all available measures to PREVENT doctors from getting COVID at work?	12/13/2021 3:47 PM
3	Impossible to prove	12/13/2021 1:54 PM
4	taking tests takes time and money and there are implications - eg stay away from family until test negative this is discriminatory against the staff at the front line where work risk is increased why just doctors - why not include all front line workers ?????	12/13/2021 12:56 PM
5	It is often difficult to prove exactly when exposure occurred.	12/13/2021 12:33 PM
6	there is sufficient stress in our jobs it is very difficult to determine retrospectively who you contacted and where the system is adversarial enough already	12/13/2021 12:22 PM
7	It will be very difficult to prove infection at work unless genomic testing is done on all possible contacts. It should only be required to show that you were in contact with a known covid patient during your working duties.	12/13/2021 11:12 AM
8	Placing a requirement to prove Covid was contracted at work on the clinician means that clinicians would need to be able to show that they were Covid negative within some specific time prior to being in contact with a Covid positive case presumably. They would then need to prove that they became positive within a specified time frame of being in contact with that case. It is entirely possible to contract Covid within a NSW health facility without necessarily knowing the specific case with whom you were in contact. I think the burden is unreasonable on clinicians.	12/13/2021 10:47 AM
9	Impractical. May not be possible	12/13/2021 10:39 AM

## Amendments to Workers Compensation

10	U think the government is just trying to save a penny here and a nickel there and the easiest people they can bully are the healthcare workers. It is just so difficukt to prove that you have contracted the virus at work rather than the community hence they wont need to pay you compensation for it if you get the virus.	12/13/2021 8:43 AM
11	The difficulty of proving infection is due to a definite contact within or without of the workplace will add administrative burdens and distract from core health care work.	12/13/2021 7:49 AM
12	Working in high risk exposure area for prolonged hours..	12/13/2021 12:27 AM
13	doctors are high risk workers and it should be presumed that they have been infected while on duty, if making a workers' compensation claim for COVID-19. How are you meant to prove otherwise? Its like a high risk insurance policy that is being removed. Having a reduced hassle safety net is the least the government can do for those putting their health on the line everyday.	12/13/2021 12:20 AM
14	It is a risk for healthcare workers. There is not a choice about working in a Covid environment	12/12/2021 8:22 PM
15	healthcare workers exposed to dangers at the workplace resulting in contracting the virus must NOT carry the burden of proof	12/12/2021 5:33 PM
16	Not practical in a high transmission environment. Workplace exposure is orders of magnitude higher in a health workplace than at any other location given the relative hours of exposure, the poor environmental controls that have been demonstrated, and the very nature of the work - with sick people.	12/12/2021 4:37 PM
17	Burden of proof should fall on employer that COVID was not contracted in the workplace given the resources that the employer has compared to the employee.	12/12/2021 4:04 PM
18	There is no way that I COULD prove that I caught COVID at work!	12/12/2021 12:55 PM
19	The workplace is a high risk environment for COVID.	12/12/2021 10:09 AM
20	We are far more likely to be exposed during work. Our work is high risk and that should be reflected in our rights.	12/12/2021 6:27 AM
21	Because it is impossible to prove it was not contracted in the community. Therefore it will be impossible to receive compensation.	12/11/2021 10:29 PM
22	Commenting on this in the context of health care workers. This would be an unreasonable burden given numbers of potential exposures in hospitals with COVID 19 patients. Given probabilities most healthcare workers treating COVID 19 patients who contract covid 19 will contract COVID 19 in the work place. The burden of proof should therefore fall on proving it was not contracted within a work environment if such claims ae to be declined. Also changing this will adversely impact on staff morale and retention.	12/11/2021 10:07 PM
23	Incredibly difficult to prove	12/11/2021 7:24 PM
24	It will be the minority of cases from contacts out of work,and the contact tracing plus community checking will clearly identify non work related cases. A bill directed to the minority condition is a poor bill	12/11/2021 5:24 PM
25	It is absolutely ridiculous to think that doctors, nurses and other healthcare professionals are asked to work on the forefront of the pandemic and are the most exposed to the virus but then actually contracting the virus means it is more likely we contracted it outside of work. The logic does not add up.	12/11/2021 4:14 PM
26	Perhaps this obligation could be removed for doctors working in ED, infectious diseases or respiratory. This could be broadened to include all doctors who could show they had an increased risk of exposure to Covid as a specific part of their employment. Other acquired infections eg hep B I thought were accepted as an occupational hazard. In both cases, NSW Health employees are expected to have been vaccinated.	12/11/2021 3:27 PM
27	The nature of COVID infection, and the fact that it remains widespread in the community, means that it would be almost impossible to prove where one has contracted it from. An affected doctor would then be rendered unable to work, and also unable to access appropriate compensation. This in turn would discourage doctors from doing vital COVID work, due to uncertainties about accessing compensation in the event of complications associated with COVID infection	12/11/2021 3:23 PM

## Amendments to Workers Compensation

28	It is impossible to prove this.	12/11/2021 2:32 PM
29	Workplaces are inherently dangerous places. PPE (mask, gown and eye protection) are often at lowest required standard on the wards. (wards told to use surgical mask, and ED told to use N95). By the time a patient is found to be covid positive on the wards, many patients and staff would already have been exposed to it. We have agreed to work at the workplace, but do not agree to put our lives or health at risk, due to the minimal standards provided at the workplace. (we have ended up buying n95 masks from internet to use at work), and eat in outdoors areas/ or in our cars at lunchtime.	12/11/2021 1:54 PM
30	I don't think it's possible for us to prove where we got the virus. Unless the genomes are sequenced, which is not often done, you can't prove where you got it from but it also may be from a patient or colleague where the transmission between you is not clear.	12/11/2021 1:16 PM
31	The source of infection will be in doubt. Would genomic analysis be used? If so, who pays? It is too soon to change, may be a later year it might be reasonable.	12/11/2021 12:06 PM
32	There is a higher occupational exposure risk (especially in areas such as ICU, Emergency) that makes transmission more likely than the general population. This is even more likely with a lower community transmission rate as the comparison risk ratio is greater for occupational exposure. On the balance of probabilities, worker's compensation should protect healthcare workers for this exposure risk. Proving this is a work exposure is essentially impossible and so this is a removal of protection by stealth. There should potentially be a right to decline working with COVID patients if this protection is lost.	12/11/2021 11:51 AM
33	It is very difficult to prove where an infection was caught. Front line health staff such as doctors, nurses, allied health and receptionists are clearly at higher risk. Twisted ankles are covered, why not a potentially serious infection?	12/11/2021 11:41 AM
34	Onus should be on the employer to accept that by providing our services to the community, we do so in a high risk environment and that they should provide suitable accommodations for that. Virtually impossible for us to prove or disprove whether any such infection was acquired in the workplace. Maintenance of the current situation at least pays lip service to the purported gratitude of the LHDs and the general community to doctors as 'first line workers' in the pandemic. Such assertions would ring very hollow should the status quo change.	12/11/2021 10:32 AM
35	Working in a high risk environment caring for the sick and vulnerable in our community during a difficult time I would expect some compassion and understanding from the government towards the job we do.	12/11/2021 6:17 AM
36	It seems unfair to claim workers compensation if you caught the virus while on holiday or you attended a non work related super spreader event and hence the source of the infection is obviously not work. So simply the bill should be that workers compensation is non payable if there is no doubt that it was not acquired at work rather than being amended so that the doctor has to prove they contracted COVID in the workplace.	12/10/2021 10:04 PM
37	It is very difficult to prove unless genomic studies are done to see the seeding origin.	12/10/2021 9:48 PM
38	This is very difficult to prove and exposure at work is most likely	12/10/2021 8:47 PM
39	Proving chain of transmission is expensive and time consuming, and no perfect proof exists. The Bill will serve as a deterrent to valid claims as well as to erroneous ones. Our legal system relies on a burden of proof on accuser and a presumption of innocence of accused. Semantic arguments could be applied to make the infected doctor either accuser or accused but the reality remains that the infected doctor is the victim and therefore should not be forced to bear the burden of proof. Any legislation requiring a burden of proof should impose that burden on the employer who places an individual in a position of risk. Compulsory life insurance premiums for front line health care workers yield lower levels of insurance payout than for comparable premiums for non front-line staff - recognising unavoidable risk exposure associated with the nature of employment of doctors and other front-line staff. This is prima facie evidence that the nature of doctor's employment places them at personal health risk. This is accepted for life insurance purposes - why not for Worker's Compensation?	12/10/2021 8:37 PM
40	The most likely source of the COVID infection is from the workplace. Doctors are risk averse during the pandemic because they understand what it means to get the disease. I have not attended any social events the last year to protect both my patients and me from getting COVID.	12/10/2021 8:18 PM

## Amendments to Workers Compensation

41	I work in Intensive care. I am A frontline worker and my greatest risk of exposure comes from my work. My young colleague and I are at risk enough without having to proof exposure	12/10/2021 8:12 PM
42	Given the amount of exposure I have in the work place compared to the community the chance of catching it from a patient is much higher. I ensure that I wear a mask and avoid large crowds. I have no plans to go to parties, matches or other higher risk activities.	12/10/2021 5:47 PM
43	Doctors, by the very nature of their frontline employment, are at increased risk of contracting COVID-19 compared to employees who can work from home. Furthermore, due to the nature of their frontline clinical work, doctors are unable to work from home during lockdowns etc and are more likely to catch COVID-19 (including new variants). Proving they caught it in the workplace, would place an unnecessary burden on an ill employee, and would allow employers/insurers to spuriously or vexatiously decline claims.	12/10/2021 5:46 PM
44	Impossible to prove - this will unfairly discriminate against healthcare workers.	12/10/2021 5:39 PM
45	For as much as we access to PPE there are still multiple breaches at work. These are most often not reported. Mask such as the 3M 1870+ Aura are still not always available for those who are fitted for it, meaning we have to make do with what is available. There are a number of patients who refuse to comply with the requirement to wear masks (personal preference, mental health, drug affected) and whose behaviour puts all staff at risk on a daily basis. We are already facing the loss of frontline emergency doctors to other fields of medicine where there is a higher level of screening before the medical interaction occurs. Any amendment in the compensation act that does not continue the support for those of us who remain will make it harder to recruit and retain in these most critical positions. We have already shown that Emergency departments are finding it harder to recruit and retain doctors. Why make it harder? Why deplete a workforce that has already taken so many hits. It will not save us more money as a state.	12/10/2021 5:28 PM
46	Tha balance of probabilities is already that they got it at work, least if they work in ED or COVID clinic or ward it is	12/10/2021 5:15 PM
47	Working for weeks on end in Intensive Care at Westmead Hospital with COVID Patients and having no social life means in all likelihood I am more likely to get the virus from work. If NSW Health doesn't want to protect the public health system and it's workers then we need someone else in charge of government.	12/10/2021 5:02 PM
48	It is logical that there be some association between a workplace exposure/risk thereof and COVID acquisition, given transition to endemic COVID environment where community risk is arguably greater than that in hospital with PPE.	12/10/2021 4:43 PM
49	Doctors and health care workers are more likely to contract covid at work	12/10/2021 4:05 PM
50	How do you actually prove you got Covid-19 in a particular location? This puts an unfair impost on the health workforce who have already increased their workloads, put themselves at greater risk than the community, use PPE and are highly vaccinated so have made considerable effort to avoid infection.	12/10/2021 3:59 PM
51	This would be very difficult to prove - in my position I visit my patients in their homes and in aged care facilities as well as various health facilities. I also work in the Ministry of Health and attend other venues as part of my work. There are many places where I would be exposed to COVID and not be aware.	12/10/2021 3:39 PM
52	This creates an excessive and likely often impossible burden of proof. To work as a doctor in the current climate is to risk workplace exposure and indeed the most likely place to be exposed is while on duty. Such an amendment will only serve to deter and diminish the medical workforce and the only motivation for pushing this change is cost-cutting. The effective removal of supports in this way is a disgusting move against an already over-stretched underfunded medical workforce.	12/10/2021 3:11 PM
53	The nature of working in a hospital environment means that we are in contact with multiple medical teams, nurses, wardsmen and women, cleaners, patients and patients' families. It would be almost impossible to prove that we caught covid from one of these people.	12/10/2021 2:59 PM
54	Doctors and other healthcare workers should be protected. If the onus is placed on doctors to have to prove they were infected while on duty, this can create significant barriers for appropriate compensation. This can have significant impacts on the individual from an emotional, mental, and financial perspective. It can also have serious workforce implications	12/10/2021 2:50 PM

## Amendments to Workers Compensation

as frontline doctors may have to reconsider their appetite for, and tolerance of, risk of potential infection in the workplace if no safeguards are in place for compensation. There is a good chance of further Covid spikes with the Omicron variant in the country and relaxing restrictions in various states. Doctors may have no choice but to resign from their roles, thereby increasing staff shortages, if there are no clear protections in place.

55	The processes to prove this are onerous and too much obstructions are in place unless the process I supported by the employer.	12/10/2021 2:45 PM
56	studies have shown that the most likely place for HCW too contract Covid19 is at work. Asking doctors to prove they actually contrqcted the virus at work however, is difficult unless they are part of a case cluster, and would be easily deniable by insurers who deal in absolutes. This breaks the social contract with drs that says if you put your bodies and your health on the line for your communityy, we will look after you. Instead, we will be pushed into a transactional arrangment, where we only have value as long as we are not sick, an arrangement in which our employer behaves in my opinion immorally and takes no long term responsibility for our care. This potentially leaves doctors suffering acute and long term injury to their health, or death, without any guarantee of support from their employer or insurer. The employer also at this time provides substandard protection with inadequate PPEs (all HCWs should have N95 masks, especuially with Omicron) and we deserve to have ventialtion and clean air addressed in the hermetically sealed buildings we work in, with CO2 monitoring, and not just in select areas, like ED and COVID wards. This increases our personal risk unnecessarily when we come to work. The employer is responsible for OHS and this is an abrogation of their responsibility under this obligation. The effect on morale, and the anger that this proposal will generate does not take too much to imagine, particularly given the 1000's of HCWs who have died internationally, and the 1000's impaired by long COVID. It takes a long time to train HCWs, we are not disposable, or easily replaceable and deserve to be looked after as the conscripted shock troupes in the governments move to open up while we have a 1/100 year pandemic.	12/10/2021 2:43 PM
57	Doctors are putting their lives at risk treating patients who may have or are proven to have had Covid	12/10/2021 2:43 PM
58	This will place an additional burden of time and stress on an unwell doctor. It will make medical staff reluctant to participate in the care of covid positive or pathway patients because they will not be certain of the outcome should they become infected	12/10/2021 2:42 PM
59	Exposure continued and repeated at work	12/10/2021 2:37 PM
60	It should not be repealed because as a doctor, we spend extended periods of time in close contact with large numbers of patients and staff within confined spaces like the ED, wards etc. PPE is not infallible. The likelihood of catching COVID-19 in a hospital is significantly higher than elsewhere because you are 1) in direct contact with unwell patients who may have covid 2) spend extended periods of time with patients, speaking to them, examining them, performing procedures on them. 3) We are not offered a hospital change of clothes that fully protects us everyday so PPE is preventative and not completely protective. 4) We do not differentiate between unvaccinated and vaccinated, COVID positive or COVID negative patients. We interact with them all. We do our best to prevent, but with daily, regular exposure to these environments, our likelihood of catching COVID-19 at work is significantly higher. 5) There have been many examples of exposure events in hospital, and we move all over the hospital as part of our work, so how is it reasonable to expect us prove we did not catch it at work, when our biggest possible cause of contracting COVID-19 is HOSPITAL WORK.	12/10/2021 2:34 PM
61	It will clearly be impossible to prove that the infection was acquired at the workplace. Even if the virus has exactly the same nucleic acid sequencing as a patient or other staff member's virus, it will be impossible to prove that the virus caught came from one of them and not from someone in the community who has been tested, let alone someone in the the community who is infected but has not been tested. Layers will have a field day with this.	12/10/2021 2:25 PM
62	In a Pandemic you can pick up the infection anywhere. Healthworkers are at high risk and need to be covered and be given the benefit of doubt If we are not covered it may lead to many healthcare workers hiding their symptoms with grave consequences	12/10/2021 2:23 PM
63	Would be difficult to prove as not all patients or patient family members we come in contact with will have been swabbed.	12/10/2021 2:14 PM
64	If there are high case numbers then it will be difficult to prove where infections have occurred	12/10/2021 2:12 PM
65	We are constantly putting ourselves and our families at risk for a salary that is no more than	12/10/2021 2:08 PM

## Amendments to Workers Compensation

mediocre when compared to interstate benchmarks. At the very least we should be given the benefit of the doubt.

66	Working in a hospital is a high risk location. We see many patients face to face that could have asymptomatic Covid infections.	12/10/2021 1:52 PM
67	It would be near impossible to prove, and to access hospital public health information/patient information for purposes of another individual's healthcare/workers comp (in this instance a healthcare worker's) raises ethical, practical, legal, confidentiality, boundary, issues.	12/10/2021 1:34 PM
68	I see nmpo reason why medical staff should receive workers comp if the problem does not relate to work.	12/10/2021 1:25 PM
69	Near impossible to "prove" that you didn't contract covid outside of work. I can foresee NSW Health denying every claim of workplace exposure by citing PPE use therefore cannot have been exposed at work (even though PPE is obviously not 100%). I also expect they will blame healthcare workers for using PPE inappropriately / not following policy when they do have a workplace exposure - have already heard stories of this happening.	12/10/2021 1:23 PM
70	The onus of proof should be the other way around - i.e. prove they caught it not at work	12/10/2021 1:18 PM
71	I believe it will place patient care at greater risk. Doctors will be more reluctant to care for patients suspected to have or have COVID, because they'll know they don't have the support of the Government behind them anymore, if they contract COVID. So why increase their own risk.	12/10/2021 1:17 PM
72	the work is truly essential and the exposure risk is constant and high, there should be no onus on health care providers to prove anything about work place and occupational exposure and risk	12/10/2021 12:48 PM
73	The problem is that while it is certainly possible that doctors can be infected in the community, it will be extremely difficult to PROVE they caught Covid at work - so, shifting the onus of proof to the doctor is extremely unfair and will likely discourage people from working in the hospital system.	12/10/2021 12:29 PM
74	Contact tracing may not be possible to identify the index patient or staff member	12/10/2021 12:02 PM
75	impossible to conclusively prove . placing at risk in health system doing our job.	12/10/2021 11:53 AM
76	Highest risk at workplace	12/10/2021 11:46 AM
77	In the event that source is unknown workers should get the benefit of the doubt if they contract COVID in return for teh risk we take in being exposed in the workplace.	12/10/2021 11:36 AM
78	seems reasonable, just like any other workers comp case	12/10/2021 11:25 AM
79	workplace is the most likely site for contracting the virus	12/10/2021 11:25 AM
80	I accept that there is a risk in my workplace as I directly care for COVID patients and this risk extends to my family. Having to prove I contracted it in the workplace is impractical and unsupportive.	12/10/2021 11:24 AM
81	It would require retrospective genotyping of SARS-Cov-2 specimens which may not be able to be then done and consent from all and staff patients identified.. which is not feasible.	12/10/2021 11:24 AM
82	If a medical officer contracts COVID but are asymptomatic, they will need to isolate at home for 10-14 days (at least). The vast majority, unless in a consultant capacity, will have limited access / flexibility to permit Telehealth / remote services, which differs greatly to others in full-time employment. This important change in the workplace may signal the end of Pandemic Leave, and for those as PGY1 and PGY2 with little to nil sick leave, may go down as leave without pay. This is unfair	12/10/2021 11:19 AM
83	Doctors are already sacrificing and putting themselves at risk every day looking after COVID patients. To have to prove when they get sick from it is a slap to their face and adds extra stress to already tired workers	12/10/2021 11:16 AM
84	How do you "prove" to a court how/where you were exposed to COVID? All of my clinical work is outpatients.	12/10/2021 10:56 AM
85	We are told that we are not to wear N95 masks again now as everyone is screened at entry ( unless of course we are dealing with known COVID or undifferentiated resp illness). So it is	12/10/2021 10:48 AM

## Amendments to Workers Compensation

quite possible we can catch COVID from asymptomatic staff patients or visitors. If NSW Health will not support us wearing N95 masks at all times at work then we should not need to prove that we got infected while working for them

86	In the context of a pandemic, my biggest risk of exposure will be my workplace. Depending on the burden of proof required, it is likely to be onerous to 'prove' that I contracted COVID from my workplace, unless the contact was a proven COVID. The majority of my contacts will be likely in an outpatient setting who are unlikely to have been tested and not aware that they have COVID.	12/10/2021 10:45 AM
87	we work in a high risk environment and it is difficult to prove one did not catch COVID 19 at work	12/10/2021 10:44 AM
88	This virus is not going away in the foreseeable future. The vast majority of the population will at some stage be infected, irrespective of "current" vaccine status / wearing masks / social distancing / contact tracing / border closures / deep cleaning ~ etc etc. The only protection from significant illness that has shown to be useful is getting vaccinated ( a personal choice / not mandated). Everything else has at best been useless at best, at worst harmful. The sooner we start to think of this bug like any other infection the better. Our society has become a police / surveillance state The sooner "the government " & authoritarian health bureaucrats get out of our lives the better.	12/10/2021 10:44 AM
89	Impossible to prove	12/10/2021 10:42 AM
90	It is patently ridiculous to expect a front line health worker to have to determine the COVID status of every person (staff, visitor, patient) in order to make a claim for compensation for an infection that is far more likely to have been acquired at work than elsewhere in the community.	12/10/2021 10:37 AM
91	If we wish staff to confidently care for these patients, they must feel they are supported.	12/10/2021 10:37 AM
92	As a doctor I go to work and expose myself to covid, at its peak on pretty much almost a daily basis. I did not go out to reduce the chance of infecting others. I did my job diligently and looked after someone elses mother, father, sister, brother and child. This is a fucking slap in the face. It's great that idiots can sit in their well isolated offices and ask for us to prove shit like this. How about they come and work in the covid ward and have the constant fear of bringing it back to their own families. Those of us on the front lines are run down and exhausted. The public are tired of wearing masks and not being able to go out cry me a river. I'm tired of being overworked and afraid of infecting my entire family each day I go to work. This country is legitimately run by absolute morons. Instead of thanking healthcare staff for risking their lives and lives of their families they would like us to proof we got COVID at work yes that's how we thank frontline staff. Well done Australian government officials yet again thanks for being a bunch of useless turds throughout this entire crisis. If only doctors could go on strike for the stupid shit these idiots continous try to pull. Nurses magically manage to strike but doctors can't for some unknown reason. Perhaps it's because if we did there would be no fucking decisions made on anyones healthcare management and the only people that suffer at the patients. Unfortunately the doctors association is just as pretty much useless as well with all you infighting and stupid shit as clearly shown when ASMOF and AMA split and the unprofessional emails and statements that came out of that as a result.	12/10/2021 10:37 AM
93	Doctors spens the majority of their time at work. Plus they have to see and meet dozens of people in day who are potentially unwell.	12/10/2021 10:20 AM
94	We are putting our lives at risk on the front line. If we get COVID we shouldn't have to prove it. Also I suspect there will be a lot of victim blaming, saying we didn't use PPE properly or some other way to deny us the benefits.	12/10/2021 10:16 AM
95	It would be impossible to prove	12/10/2021 10:09 AM
96	Essential care workers should not be having to waste their time. They are in the front lines dealing with the pandemic and constantly under staffed and resourced and poorly compensated for the work they do. Amending this bill would mean a lack of appreciation of their hard work.	12/10/2021 10:08 AM
97	They should not have to prove it if they are in patient-facing roles, especially ED, ICU, respiratory wards, anaesthesia or working in poorly ventilated clinic rooms.	12/10/2021 9:59 AM
98	Contact tracing should be able to m,ake the determination on the source of infection	12/10/2021 9:54 AM

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99	too hard to prove	12/10/2021 9:53 AM
100	Even if a doctor had a covid test every day of the week, or even twice a day, this could not determine precisely when or from whom the doctor contracted covid. Since most doctors spend most of their waking hours at work, and see far more people in a day at work than the would any day that they they were socializing, it could be considered statistically more likely than not that the doctor would have contracted the virus at work. The exception might be if the doctor had been on annual leave for example for more than a week before a positive swab, but would still require the doctor to have had a negative swab for days in a row before going on leave and perhaps for a few consecutive days in a row at the start of leave. To prove infection was caught at work might require strain identification and obviously an enormous amount of documentation of where the doctor was, and who they were in contact with at every moment of the day. Very impractical?	12/10/2021 9:51 AM
101	it would be very hard to prove that exposure was in the medical setting. A good lawyer can always argue that there is an element of doubt. was it from the work setting or social event with colleagues, or even at the supermarket?	12/10/2021 9:51 AM
102	Clinical work is a complex environment where it is not always possible to pinpoint all contacts.	12/10/2021 9:46 AM
103	It can be impossible to prove. Unless there is a clear chain of transmission or a doctor is a nominated close contact it will not be possible to prove acquisition. There also may be more than one source of potential infection (home/work)- how will this be differentiated?	12/10/2021 9:45 AM
104	could as easily be contracted out of work as a work .... there needs to be at least a plausible link to work such as working on the same ward as a covid patient or in the same area of the hospital like AEC and IITU ... perhaps some watering down of the current arrangements would be resdonable	12/10/2021 9:42 AM
105	Front line workers - helping ALL patients, including COVID patients	12/10/2021 9:32 AM
106	I do not think it should be presumptive. I cannot find the word "prove" in the Bill so I'm not sure where this language has come from and I think it is misleading for the purposes of the survey. I think there should be something around the balance of probabilities. With PPE and other measures, I'm not sure that it is more likely that doctors who contract COVID will have contracted it in the workplace. I would ask that my Union revise the language of the survey and make clear reference to the language in the Bill.	12/10/2021 9:30 AM
107	Doctors are working in a high risk environment in hospitals. We are front line workers with a much higher likelihood of catching COVID at work then outside work. Therefore the presumption should be that we caught this at work provided there was evidence of close or casual contact. We should not have to waste our precious time and resources on trying to prove this. We have enough stress to deal with in our normal course of work without adding this burden on us.	12/10/2021 9:15 AM
108	We put ourselves at risk every day. Frontline works are very aware of the dangers of COVID19 (and other infetious diseases). Many colleagues of mine an myself included will still be overly careful in the community, such that we can not only continue working, but will not be placing the lives of our patients at risk. It is a slap in the face if we lose the right for health assistance in healing from COVID, should/when we catch this virus. If such a decision goes through, I can only imagine the loss of staff from all frontline positions.	12/10/2021 9:14 AM
109	How can you prove it? If you cant prove it then you are disadvantaged.	12/10/2021 9:14 AM
110	We are not special	12/10/2021 9:14 AM
111	Doctors are very good at infection control and complying with public health orders.and taking precautions when out of the workplace. In addition our employers have requested we limit potential exposure when out of the work place. My experience is that patients and families are not always honest about their exposure status because they want yo access health care such as elective surgery . So inadvertent exposure st work is highly likely. Health care workrs are exposed to large numbers	12/10/2021 9:10 AM
112	Working in a high risk environment means that this is the most likely source of contact.	12/10/2021 9:09 AM
113	The hospital is high risk for contracting COVID. With prevalence in the community low, even with 1000 cases per day, the most ikely is that a doctor will have caught it at work from a patient or less ikely a colleague.	12/10/2021 9:07 AM

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114	Doctors are more likely to contract COVID at work	12/10/2021 9:06 AM
115	That would be impossible to prove	12/10/2021 9:05 AM
116	We are working in institutions and work places that have known positive cases and are already risking our health etc to provide medical care. While we wear PPE in clinical areas, this is not infallible ( especially as the emergency departments that I work at, do not have adequate negative pressure ventilation or even isolation rooms!) Work is where our highest exposure and risk of contracting COVID occurs, for medical people . This attempted change to the Act is just unbelievable and unconscionable.	12/10/2021 9:04 AM
117	It's an OH&S issue.	12/10/2021 8:54 AM
118	We work in a high risk environment, take the required precautions but because of the high likelihood of an infected person coming into our workplace (even unknowingly) and despite precautions our risk is high and we have to treat these patients	12/10/2021 8:54 AM
119	In being labelled as an essential worker, there is an implication that due to the nature of your work, it should continue despite of the risk of infection. If this is widely recognised and accepted, then there is also needs to be the accompanying understanding that, if you were to catch COVID-19, the most likely place for you to have done so, would be at work do to the already established risk.	12/10/2021 8:54 AM
120	The defence should prove they didn't catch it at work	12/10/2021 8:54 AM
121	Work places healthworkers at risk, they need support and do not need added burden of proving source of infection.	12/10/2021 8:51 AM
122	We already accept considerable uncompensated risk in the workplace. How exactly are we going to prove it?	12/10/2021 8:50 AM
123	The health system remains a venue and vector for concentration of people with Covid. The risk is present to all health staff each and every day. If you are unfortunate enough to contract Covid, you should not be required to spend time proving your exposure site when you have been putting yourself at risk every day doing your job for the public.	12/10/2021 8:48 AM
124	Some evidence should be provided	12/10/2021 8:45 AM
125	It's very difficult and time consuming to prove. A change like this would further decimate our already burnt our workforce and result in further staff shortages. If you don't have the protection of a workers compensation claim for Covid illness, why would you consent to look after potential or actual Covid patients. Doctors don't claim WC unless they absolutely have to.	12/10/2021 8:41 AM
126	Doctors have provide service to patients every time they go to work, which is a place of high risk of contracting Covid. We risks our lives helping others and do not have to be subjected to try and prove where we contracted Covid.	12/10/2021 8:36 AM
127	This would be nearly impossible. I spend all my time face to face with largely untested patients / patients who you can't contact trace as they are unwell as part of running a community mental health service. My risk of contracting COVID is disproportionately weighted to happen at work as I am able to take other precautions outside of work e.g. not attend indoor places, socially distance et al. Tus the burden should be on my employer as a reward for the risk that I am prepared/ but also required to take on.	12/10/2021 8:32 AM
128	At least not at this point. We are still in a stage in the pandemic where it will be reasonable to presume that if a doctor contracted COVID-19 they much more likely than not contracted it at work. (Of course this should be a rebuttable presumption). There may be other categories of workers where this presumption would also logically apply, nurses being the most obvious example. Its important to maintain the confidence of the health workforce given that (at this point) it is possible that we could be plunged back into another wave.	12/10/2021 8:26 AM
129	The most likely COVID-19 exposure source for a healthcare worker is in the workplace. Placing ourselves at risk should involve the right to access compensation.	12/10/2021 8:23 AM
130	Will it be possible to have a set criteria to prove that ? How do we prove that the infection was or was not contracted through secondary contact? For example, my Gynae on-call registrar is also a designated Covid Registrar.	12/10/2021 8:23 AM
131	We spend the majority of our time at work in contact with patients. The work place remains higher risk than community settings where we are likely to contract the virus.	12/10/2021 8:22 AM

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132	This reflects the current reality of the pandemic. Most transmission now takes place outside of workplaces, in household and family contacts of cases, and other social settings. While doctors, other health care workers and indeed any worker adheres to correct protocols in the workplace, their risk of acquiring COVID is low. To presume that anyone that acquires COVID but is in the happy circumstance of having a job, has always acquired that infection in the course of their employment and nowhere else is simply false.	12/10/2021 8:21 AM
133	for a frontline health worker, covid19 is an occupational hazzard. protection is entirely dependent on the PPE provided by the employer: if supplies are low, or policies are lax, then ppe is inadequate. protection is also dependent on exposure which is related to rostering: making workers work longer hours or more shifts increases exposure. employers need an incentive to prevent workers getting covid 19 and to keep workers safe, this incentive will be lost by repealing the bill.	12/10/2021 8:17 AM
134	This places a significant and stressful burden on doctors who are risking their lives to look after people with the illness. This is a terrible idea.	12/10/2021 8:14 AM
135	We already work in a high risk facility(healthcare), many of us spend the majority of our time at work or doing work related activities. Having to prove where we contracted this despite the work and hours we do is both disappointing and unsavoury.	12/10/2021 8:11 AM
136	most transmission is community based.	12/10/2021 8:02 AM
137	too hard to prove	12/10/2021 7:58 AM
138	I think without specific genomic sequencing, which staff cannot themselves request or enforce it will be difficult to know where someone got covid. The message sent by this move is that the govt does not value workers commitment and sacrifice. The impact of covid on one staff member ripples across the staffing and everyone, including pts suffers. Whilst all workplaces have to step up for absences with the marginal staffing we have every single day in such a tense and time critical environment for pt care the stress and burnout is enormous. It will only take 1 or maybe 2 staff to get covid at work before there is huge attrition of already exhausted staff . (I work in ED)	12/10/2021 7:57 AM
139	It places an undue burden on frontline staff who are already under immense pressure	12/10/2021 7:42 AM
140	Providing proof will be too difficult and onerous.	12/10/2021 7:41 AM
141	The COVID 19 pandemic has made workplaces much higher risk. Staff need to be supported to work in this workplace. I doubt that there are many doctors working in the NSW Health system who are behaving in a risky manner, contravening COVID public health orders, unvaccinated or contracting COVID outside the workplace. The proposed amendment will make it harder for those who contract COVID in the workplace to be adequately compensated for that. I am fearful that as a result of COVID, many health care workers will leave healthcare, particularly ICU and ED (as it has been such an unpleasant environment in which to work, and we are at risk of contracting COVID). I do not feel that the NSW government or the ministry of health has respected health care workers during the pandemic, although our LHDs have. I feel a bit taken advantage of to be honest.	12/10/2021 7:28 AM
142	Due to the high risk environment we work in and such an amendment will be costly in time and efforts -- robbing our time and efforts to provide health care for NSW residents.	12/10/2021 7:23 AM
143	The burden of proof is difficult given the scope of community spread.how would you define proof?	12/10/2021 7:23 AM
144	Impossible to prove	12/10/2021 7:19 AM
145	Front line workers are most likely to catch Covid at work. If the NSW Government wants to change this right they may lose the willingness of front line workers to stay at the coalface of helping patients stay alive. I would keep working but many may feel that their government does not value what they are doing.	12/10/2021 7:19 AM
146	If so then we should have the choice whether or not we work on covid wards	12/10/2021 7:10 AM
147	Come into contact with too many high risk patients and looking at my check in app, the hospital is regularly a covid 19 exposure site. I also don't go anywhere other than Woolies these days and shop online	12/10/2021 7:09 AM
148	If you are a medical worker during a COVID epidemic, it seems cynical and disingenuous to	12/10/2021 7:09 AM

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	attempt to deprive that worker of compensation for a work related injury.	
149	Because technology is available (genomics) to at least give an medication of a health case related transmission cluster or otherwise	12/10/2021 7:06 AM
150	Potential Breach of patient confidentiality . Often look after many patients and may be difficult	12/10/2021 7:05 AM
151	There must be an absence of cases at home and within off site movements.	12/10/2021 6:57 AM
152	Doctors will be at a higher risk than average of contracting this virus due to the essential nature of their work, which can't be avoided. In my workplace despite proving WFH can be done, this option is now closed to us increasing exposure risk further. These risks are taken without complaint and should be appreciated by employers	12/10/2021 6:54 AM
153	The responsibility ought to rest with the employer to say otherwise. We're seeing plenty of potential COVID19 patients and it shouldn't be up to the employee to prove they caught it through work.	12/10/2021 6:49 AM
154	Clinical consultations require physical examination. This is a known exposure risk to COVID.	12/10/2021 6:46 AM
155	This new bill is a cop out so that the government can save money Most transmissions to health care workers are from their work place If Vaccination and PPE are used correctly there should not be an issue Except we are under resourced over worked and time pressured so doffing and donning of PPE may be compromised causing infection That is a work place issue that should be covered by OHS and work cover	12/10/2021 6:44 AM
156	This bill is undermines the effort health workers have put in during covid outbreak. As we spend majority of the time at work esp. high risk setting, and hence likelihood of exposure to covid is much more likely at work except for a few exceptions.	12/10/2021 6:38 AM
157	For doctors who exposed during the course of their work this should not be necessary	12/10/2021 6:25 AM
158	How do prove the source of any infection????? Bizarre proposed legislation.	12/10/2021 6:19 AM
159	We need some basic protection whilst practicing medicine. Removing that doesn't make sense. HCWs should not be spending their time and energy trying to provide proof of being infected at work place. It will disincentivise already short staffed and strained public health system in NSW.	12/10/2021 6:12 AM
160	impossible to prove where got it from	12/10/2021 6:10 AM
161	Prevalence High at Work, Low lb community Onus on employer to lok agter Staff ppe levels	12/10/2021 5:57 AM
162	Doctors are a high risk group for contracting COVID-19 in the workplace (possibly the highest risk group). They are also an essential service that needs to be encouraged to continue in their role in the community. And proving where such a prevalent disease such as COVID-19 was contracted would be extremely problematic.	12/10/2021 5:44 AM
163	My vaccinated physician husband has no choice but to treat the unvaccinated when they present to public hospitals. In the COVID era, he has spent proportionally more time at work and hardly any time mingling in public, making it highly unlikely for him to have contracted the infection anywhere else. My situation as a pathologist is different only in that I have less direct contact with patients.	12/10/2021 5:43 AM
164	The high risk of contracting Covid-19 posed to individuals working in healthcare settings is not equivalent to the other industries listed in 19B of this bill so healthcare workers should not be included in this amendment. The purpose of changing this section of the bill is so that insurance premiums are not raised too high for small business and the retail/hospitality sectors are mentioned. This blanket removal of all sectors is thus not appropriate and should be targeted to those industries that have a concern. There are other avenues that the NSW government can approach the insurance industry concern rather than taking away workers rights to compensation. This is particularly troubling as the comment that things are "business as usual" now with covid 19 is a stretch when NSW restrictions have only just eased, and not for unvaccinated individuals yet which will likely see case numbers rise and impact healthcare settings, and there is still a pandemic raging worldwide with fourth waves going through Europe. This is a far from business as usual moment in time. New variants will continue to emerge that may make vaccinations less effective - i.e. there are still many unknown variables. Presumptive workers compensation in healthcare should not be touched in this bill amendment.	12/10/2021 5:36 AM

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165	It is an occupational hazzard despite what politicians and managers believe.	12/10/2021 5:14 AM
166	Doctors work hard and risk their life in high risk areas and exposure to Covid put their families and loved ones at risk. They should not have the additional stress to prove that they acquired Covid I At work	12/10/2021 4:57 AM
167	Doctors are most likely to catch COVID-19 at their workplace seeing patients.	12/10/2021 2:52 AM
168	As doctors are working in high risk area how to prove who gave the COVID to the doctor it may or patients or the bystander or visitor. We don't check everyone and with big numbers contact tracing won't be possible. As a frontline worker doctors should be assumed got it from work than got it from home.	12/10/2021 2:09 AM
169	It is unlikely there will be a rigorous way to prove they caught it in the workplace, so it will just be an excuse to deny coverage.	12/10/2021 12:21 AM
170	H	12/9/2021 11:54 PM
171	too many potential exposure sources in hospital including other staff, visitors and patients almost impossible to contact trace the source without intensive public health survelliance this will significantly reduce staff morale	12/9/2021 11:53 PM
172	It's not fair to assume that it as contracted at the workplace.	12/9/2021 11:34 PM
173	We are being exposed every day in our workplace. It becomes unsafe if the hospitals can lay blame elsewhere without looking into how or why someone caught covid at work.	12/9/2021 11:32 PM
174	The workplace is the most likely place for most doctors to catch the infection. To keep the process simple for administrators, the default assumption for infected doctors should be that they caught it in the workplace. Doctors applying for Workers Compensation could still be required to fill in a questionnaire, with the status of a Statutory Declaration, checking for other possible site(s) of transmission. If their answers raise the possibility of other site(s) of transmission, that possibility could be clarified with appropriate investigation, perhaps involving genomic testing of the doctor's infection and possible source infections.	12/9/2021 11:23 PM
175	Why change the bill as it exists? I suggest that the government is trying to reduce its liability.	12/9/2021 11:16 PM
176	It's impossible to prove this in many situations	12/9/2021 11:13 PM
177	Impossible to prove. The burden of proof shouldn't be on us.	12/9/2021 11:13 PM
178	I am exposed to COVID daily at the workplace. PPE is not perfect.	12/9/2021 11:09 PM
179	If a doctor gets covid	12/9/2021 10:55 PM
180	When we have/treat Covid positive patients in our departments, rooms and hospitals, why on earth should we have to prove that we caught Covid from them and not in the community? And if we are treating Covid patients, the least the government can do is acknowledge the effort and risk that we take , instead of dismissing that risk & wriggling out of their responsibility	12/9/2021 10:52 PM
181	This is unreasonable, a drain on time resources and removes added protection for doctors on front line.	12/9/2021 10:45 PM
182	Anyone can prove contracting COVID-19 happened/did not happen in the workplace. Who knows where or when we contracted COVID. Fact is, we are in the line of fire anytime we front up to sick patients.	12/9/2021 10:45 PM
183	Doctors work in a high risk setting with COVID patients who are either diagnosed or undiagnosed (e.g. emergency departments) therefore have a high risk of contracting the illness at work. Doctors also treat unvaccinated patients (who are higher risk of having disease) and therefore are also at higher risk of contracting the illness - this is different to other businesses who can decline to serve unvaccinated members of the community.	12/9/2021 10:37 PM
184	Essential my impossible to do without direct genetic links on the strain the caught. Even then, it may be difficult to prove. What will be the burden of proof?	12/9/2021 10:30 PM
185	Impossible to prove	12/9/2021 10:16 PM
186	It is my impression that most doctors are contracting COVID from social and family settings, not work. We will need to present these figures.	12/9/2021 10:14 PM

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187	If doctors come into contact with patient/colleague who has Covid and catch it, then it is work related illness. There is no need for extra procedure to prove it as it creates extra stress and unnecessary red tape.	12/9/2021 10:13 PM
188	Doctors are a particularly select group of frontline workers who are very likely to come into contact with COVID . I think there needs to be a process though where it's traced back to a specific case/exposure though otherwise people will likely take advantage	12/9/2021 10:12 PM
189	It will be very difficult to prove workplace transmission of COVID-19 when contact tracing is being scaled back. Without genomic sequencing and diligent contact tracing the burden of proof can never be satisfied.	12/9/2021 10:10 PM
190	It seems to me that it would be very difficult to prove that you have caught Covid in the workplace.	12/9/2021 9:56 PM
191	workcover does put burden of proof on the employee/worker to prove injury was incurred at work. rather the insurer proves that the injury was non incurred at work.	12/9/2021 9:54 PM
192	It is impossible to prove one way or the other - the only scenario is when we are not physically at work during a period of time (eg 3 weeks) when we got the disease - in which case the doctor should not be able to claim it.	12/9/2021 9:54 PM
193	We are in an extremely high risk profession with significant workforce implications if covid positive	12/9/2021 9:44 PM
194	Current low cases (even a few 1000 for states like Victoria and NSW are low) mean that the probability is low for people to catch COVID in the community. All the COVID suspected or positive cases I know, I met in the hospital. It should be the employer proving, that COVID was not contracted at work (for instance employee was on leave etc...)	12/9/2021 9:43 PM
195	Some jobs, for example COVID wards, ICU, ED, no I don't think they should have to prove it. But there are plenty of doctors' jobs where it would be unlikely for them to be exposed to COVID more frequently than in the community. Especially if there is a lot circulating in the community.	12/9/2021 9:34 PM
196	The probability of health professional acquired COVID is much higher than community acquired. Proving correlation is always difficult. Perhaps bill should be proving not related instead of otherway round?	12/9/2021 9:34 PM
197	Healthcare workers are on the frontline. They are at an increased risk for COVID compared to the public. They shouldn't be required to prove they contracted COVID in the workplace -> that is a lot of unnecessary hoops to jump through given the services they provide.	12/9/2021 9:34 PM
198	We are serving the community in a high risk of contact.	12/9/2021 9:33 PM
199	Hard to prove genotype without access to this information.	12/9/2021 9:30 PM
200	That's ridiculous. More likely than not will contract it from work given the people we run in to, and if anything it's more important for us to stay away from work when sick as we deal with vulnerable populations.	12/9/2021 9:27 PM
201	The facility should have to prove they did NOT contract it at work .	12/9/2021 9:25 PM
202	I am more of a 'maybe' - I do think a stat dec should be given stating to the best of knowledge it was attained at work. That's about it. I don't mind some burden of proof, such as similar to providing a sick certificate.	12/9/2021 9:25 PM
203	Because I'm a front line worker. And with current case numbers I'm most likely to catch covid at work.	12/9/2021 9:22 PM
204	Given the great potential for an extended asymptomatic duration, it is impossible to prove someone has not contracted the virus from work, unless they have not worked for an extended period. Also, the state government has already penalised doctors enough by withholding the yearly wage rise in line with inflation.	12/9/2021 9:22 PM
205	This creates a legal barrier, and significant cost. If there is inadequate information, as collected by NSW Health, it will result in the effected individual having no chance of successful action, and denial of reasonable compensation.	12/9/2021 9:21 PM
206	The overwhelming majority of time spent for full time doctors is in the workplace, time spent	12/9/2021 9:20 PM

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	doing other activities being minimal and varied.	
207	Proving you acquired COVID in your workplace requires collating the epidemiology and whole genome sequencing results. This information requires specialist review and coordination, and would be difficult for most doctors to obtain themselves.	12/9/2021 9:18 PM
208	Medical staff will hopefully be fully compliant with checking in and out of any venues that they might attend when not at work.... but most of us are predominantly working, sleeping/eating and back to work..... so it should be quite easy to determine from check in data on the ServiceNSW App where they were to contract COVID. The onus should be on Workers Comp to prove that medical staff could not possibly have contracted the virus at work, not on the doctors to prove that they did.	12/9/2021 9:13 PM
209	Doctors (and nurses) tend to be cautious and are aware of their own susceptibilities to infection because of their own chronic diseases but exposure when dealing with sick people is inevitable for some - and some of the most difficult/aggressive patients they have to deal with will likely be from the "never vaxxed" groups, some of whom will have the virus and if hypoxic,, be likely to be delirious as well - would the parliament invite these people in to parliament House to shake every MLA's hand ?	12/9/2021 9:13 PM
210	This is an appalling proposed change, given the numbers of health care staff that have contracted Covid-19 and either suffered significant morbidity or lost their lives as a result of this pandemic in the worldwide context. We need Medical staff to be prepared to care for patients with Covid-19 and this places them at increased risk for becoming infected themselves despite PPE use. I believe the effects of this proposal if enacted will be significant and serious, impacting on medical staff morale (which has already been negatively affected during this pandemic), is likely to result in reluctance for staff to be willing to work in an alternate/ extended capacity to cover Covid-19 patient care in a surge and will adversely affect patient care. I strongly oppose this proposed change.	12/9/2021 9:13 PM
211	On probability basis, it is likely that covid 19 was caught at the workplace in health workers and we should not have to prove it.	12/9/2021 9:12 PM
212	Doctors, as a whole, have worked tirelessly throughout the pandemic. Our workloads have been increased and we have been exposed to risk in our daily work. We are generally a very conscientious lot, and take precautions at work and outside work with regard to infection control. Work has not always been good with protecting us - we have continued to work regardless. Providing some sense of solidarity and actually supporting us would be greatly appreciated.	12/9/2021 9:08 PM
213	How is it possible to definitively prove that doctors contracted Covid in the workplace? We could get it from talking to patients briefly in ED, from standing too close to the bedside of a patient next to ours, from sharing an elevator. We are at a much higher risk of exposure generally and should have security around pay/leave due to that fact.	12/9/2021 9:07 PM
214	It is very difficult to prove where it was caught and health workers have been expected to continually face the possibility of a COVID infection	12/9/2021 9:07 PM
215	too difficult to prove site of infection	12/9/2021 9:06 PM
216	As this change will not be COVID specific, other occupational exposures including blood-borne viruses etc will be unfairly argued to have been acquired elsewhere.	12/9/2021 8:59 PM
217	Most of the time it would be impossible to prove that you caught it at work. If the employer says that you may have caught it at the supermarket then that is true. The point is that the likelihood is that it was caught at work because that is where health workers are most exposed.	12/9/2021 8:56 PM
218	Most doctors have far greater exposure to COVID19 in the workplace than they do outside the workplace through frequent and unavoidably close contact with patients. Placing the burden of proof on doctors when the balance of probability is so clearly in favour of the disease having been contracted at work is unreasonable and disproportionately harsh.	12/9/2021 8:55 PM
219	Impossible to prove, and progressively harder the higher risk the incidence in the community - though this is precisely when the risk to essential workers is highest while at work	12/9/2021 8:53 PM
220	High risk workplace is a health hazard. Staff are all vaccinated - difficult to "prove" where you caught it. How do staff prove or disprove the workplace as a source?	12/9/2021 8:49 PM

## Amendments to Workers Compensation

221	We are mandated to take all possible precautions to prevent infection so if we get infection then it is despite taking all precautions possible and so we should not have to try and prove that we got it from work because we got it despite our best efforts to keep safe.	12/9/2021 8:47 PM
222	Doctors don't have the time or money to do genomic testing on every person they meet. The obligation is on the employer to provide a safe working space- either by testing everyone who comes into our place of work or by providing workers compensation.	12/9/2021 8:46 PM
223	The onus should not be on the worker to prove that they contracted at work. Most colleagues I know who developed covid got it from a patient and not outside of work.	12/9/2021 8:45 PM
224	If the person has been caring for a Covid positive patient within 5 days of returning a positive test or becoming symptomatic, they should not have to prove that they contracted the infection at work.	12/9/2021 8:44 PM
225	Nobody can prove or disprove where they caught it. It's all based on probability. People should be required to disclose where they've been outside of work hours, and if there's a probable source of infection outside the place of work then any WC Claim might be challenged. But the default assumption otherwise should be that they caught it at work.	12/9/2021 8:43 PM
226	This is not necessarily feasible in scenarios where there is community transmission.	12/9/2021 8:40 PM
227	When you spend your time looking after sick people including those with covid, you shouldn't have to prove this.	12/9/2021 8:39 PM
228	CCLHD Colocates covid and non covid patients on same ward	12/9/2021 8:33 PM
229	Majority of our day is spent at the hospital.	12/9/2021 8:33 PM
230	Highest risk situation remains in the workplace.	12/9/2021 8:33 PM
231	If a patient has Covid it makes more sense that a health professional would catch Covid from that person.	12/9/2021 8:32 PM
232	It is impossible for an individual within the Hospital system to prove that they have acquired the disease within the Hospital /Health Care environment, rather than outside. If the burden of proof is put onto the staff , it is likely that we should be documenting all our movements outside the Hospital as well as in the Hospital, and we should be reimbursed to enable that to happen. If you are an ambulance employee that would involve a potential audit of every case picked up and the people within a house they have picked up from . Considering the difficulties and inherent risk of doing that ( say in a drug addled household or domestic violence situation , it is almost impossible without a police presence to do that. Likewise, in conducting outpatient sessions we would need to record all accompanying carers / relatives who attend , which we do not do at present and potentially we would have to seek permission to record such information .	12/9/2021 8:25 PM
233	If case numbers rise it will be impossible to prove	12/9/2021 8:25 PM
234	Impossible to prove and the concept of innocent until proven guilty should be applied, ie if you work in a high risk environment you should be assumed to have contracted COVID there and not have to prove anything.	12/9/2021 8:24 PM
235	We are forced to have contact with the public regardless of COVID care or vaccination status	12/9/2021 8:23 PM
236	Doctors and other frontline workers are at higher risk of contracting COVID especially as we open up and ease restrictions. Even though the test in the new Bill would be on the balance of probability, this requirement to prove the infection was acquired at work places an added and onerous burden on these workers. Workers in high risk settings should continue to be exempt from proving the infection was acquired at work.	12/9/2021 8:23 PM
237	No possible to do in most cases. If they make remove protection which should anyone take the risk. Workers will simply resign.	12/9/2021 8:16 PM
238	With seeing so many patients and with Covid being more present in the community especially when everything opens up, it will become very difficult to prove how the Covid was acquired. I think this will negatively impact medicos wanting to treat patients as well if they will not be easily compensated if they get Covid while at work.	12/9/2021 8:16 PM
239	It is very difficult to provide proof in many circumstances	12/9/2021 8:14 PM

## Amendments to Workers Compensation

240	The onus of proving that COVID is contracted at workplace is difficult and requires widespread testing of patients and population which would not necessarily be the case going forward. Workplace remains the highest risk for COVID exposure for healthcare workers. Amendment of the bill would lead to potential early retirement out of the medical workforce if staff member feels that they would be potentially put at risk both health and financially without work cover if they cannot adequately prove contraction of COVID at workplace.	12/9/2021 8:13 PM
241	Sometimes it's not possible to absolutely prove it but have a high likelihood that it was contracted in the workplace	12/9/2021 8:12 PM
242	likely impossible to prove either way, and will become an easy excuse not to honour workcover.	12/9/2021 8:10 PM
243	Impossible to prove. Relies on genomics of every patient seen If regularly see covid pos patients then fair	12/9/2021 8:10 PM
244	As a frontline healthcare worker who works with covid patients I am at high risk of picking up the infection at work, especially if there are changes or shortages to available PPE. I am concerned we will be expected to 'prove' we have got infected at work.	12/9/2021 8:07 PM
245	What "proof" is required to meet these changes? Who will pay for it (tests etc)?	12/9/2021 8:07 PM
246	It is impossible to prove catching Covid at work.	12/9/2021 8:07 PM
247	Because if you are working with COVID patients, it should be already assumed that you caught it from them. Or else if we have to "prove" it, there will always be an excuse or "if/but" in the terms and condition that makes you ineligible.	12/9/2021 8:06 PM
248	obvious reasons. Our workplace by definition will have covid patients an the risk of contracting covid would be an issue at work.	12/9/2021 8:01 PM
249	My biggest uncontrollable risk of being exposed is whilst performing my job as an anaesthetist managing patients' airways. Tomorrow I am performing a mask induction of a child who is a close contact of a positive case and is still in their quarantine period. My other job as a retrieval specialist regularly exposes me to Covid +ve patients where I am confined in a vehicle with them for long periods of time. I can control where I go whilst not at work, but I cannot control my exposures whilst caring for Covid +ve patients.	12/9/2021 7:53 PM
250	It is impossible to prove or disprove a source of infection. The belief that contact tracing and genomic sequencing are "proof" is flawed and is based on a best guess scenario. True, that this can be reliable and robust when small numbers of cases are noted, but this cannot be maintained as true when large numbers of cases are overwhelming hospital and testing facilities. It is also unreasonable for us to prove that we were exposed to a specific patient or person at work who has been our source of infection. I have walked down corridors of hospitals with COVIC patients being transferred from ED to ward with little or no warning of that patient being COVID positive. The patient is unknown to me and the risk of transmission in this context is low but not zero. I cannot be asked to prove who that patient was, when this occurred or if it was that one incident that resulted in contact exposure. Patients, staff and visitors may also be infectious and asymptomatic, thereby rendering our ability to "know" who we caught COVID from with any certainty to be able to "prove" we caught it at work. Also, working in a high risk environment means that we are at most risk of contracting COVID in that work environment and must be assumed to be secondary to that work place exposure. It is unacceptable that a workers compensation claim could be disregarded based on a "lack of proof" that exposure occurred in the workplace.	12/9/2021 7:53 PM
251	Most likely exposure site are covid concentration wards and ED. Which are public hospitals. If the Bill is amended then working in covid ward should be voluntary and doctors should be free to choose not having to work in covid ward. Upper house and law makers can work in the wards.	12/9/2021 7:52 PM
252	Doctors work in a high risk environment and if they advise they caught it at work, we should acknowledge the hard work they have put in. Also we should acknowledge the good will of medical staff to report their illnesses honestly. If the government is going to start doubting doctors, who will they trust their lives with? Why would a doctor bother lying about this?	12/9/2021 7:52 PM
253	Because our professional work makes it more likely than not that one would have contracted CoVid at work.	12/9/2021 7:52 PM
254	Not necessary	12/9/2021 7:51 PM

## Amendments to Workers Compensation

255	For most of us the workplace poses by far the greatest risk	12/9/2021 7:51 PM
256	The majority of our colleagues have found to contract COVID-19 outside of the working environment.	12/9/2021 7:51 PM
257	It is often impossible to trace contact with patients/ visitors back. I can potentially visit 4-5 wards in one day and enter 6-7 operating theatres. How can that be traced inside the hospital?	12/9/2021 7:49 PM
258	There is significant chance that source of infection can not be proved	12/9/2021 7:49 PM
259	It can be difficult to contact trace in a busy hospital or medical centre setting. It may not be possible to say how the infection was acquired. The responsibility for contact tracing lies with Public Health. It involves private health information which a doctor would not usually be able to access.	12/9/2021 7:45 PM
260	My biggest exposure to COVID is in the ED where I work. If I get sick from COVID I will see the Government in Court They want front line workers helping those sick with COVID but they don't want to protect those workers if they get sick. Typical of the Government	12/9/2021 7:40 PM
261	This is hard to prove and there is an unbalanced playing field in terms of the legal and data resources available to employees and employers	12/9/2021 7:37 PM
262	Too difficult to determine where you got it. Essential workers are/ have to put themselves at increased risk as part of their job	12/9/2021 7:35 PM
263	We are constantly working in a high risk environment. Despite PPE, we remain at risk of contracting COVID-19 at work. Anecdotally, I know at least one doctor whose patient they cared for daily tested positive shortly before they themselves did.	12/9/2021 7:35 PM
264	We work in a big risk environment and treat covid patients all the time knowingly or unknowingly Public hospitals treat people with lowest health literacy	12/9/2021 7:32 PM
265	Because it's fucking obvious I would catch it in the ED where I'm a senior emergency staff specialist.	12/9/2021 7:31 PM
266	It's enough that we put our lives on line. Unlike other sectors we can't work from home to protect ourselves and minimise contact with other people. In fact, we have to specifically go towards this disease and look after infectious people. The least our employer can do is to look after our wellbeing! It's like the army that doesn't look after it's front line soldiers! NSW Health just sucks us dry as it is. I and now they want to absolve this responsibility! It's shameful!	12/9/2021 7:29 PM
267	It is ridiculous.	12/9/2021 7:28 PM
268	Healthcare workers are always at risk of contracting covid in the workplace. Proving method of acquisition can be burdensome and the onus should be on employers, not the healthcare worker.	12/9/2021 7:27 PM
269	With multiple exposures at work and the community how can you effectively tell the difference	12/9/2021 7:24 PM
270	Significantly increased risk of exposure to COVID in workplace compared to general exposure. Reviewing and caring for patients constantly require proximity less than 1.5m whereas in public physical distancing is possible.	12/9/2021 7:24 PM
271	Medical profession is a honest occupation. We work under immense workforce shortage and first line defence by putting us and our families at risk.	12/9/2021 7:22 PM
272	We are placed in direct harms way in the workplace. It seems as if we should be offered the right to be protected from financial harm secondary to the risks we are exposed to.	12/9/2021 7:21 PM
273	The burden of proof should rest on the employer.	12/9/2021 7:18 PM
274	Doctors and other frontline health workers have made immense physical and emotional sacrifices during this COVID-19 pandemic. It is only just that the NSW government repays this hard work with the presumption of contraction of COVID-19 at work to avoid further burnout of the workforce and resignations.	12/9/2021 7:17 PM
275	Doctors are putting themselves at risk often daily by treating COVID patients and serving their community. They are far more likely to come into contact with COVID in their work environment than socially	12/9/2021 7:16 PM

## Amendments to Workers Compensation

276	We are at high risk of covid and lack of worker compensation will make it difficult to ask us and accept to take this enormous risk.	12/9/2021 7:15 PM
277	Doctors and clinicians are spending more and more unrostered overtime at work to manage bed crises and bed blocks, lack of staffing, and to cover colleagues who are forced to furlough due to being close contacts, or in mental health crises, or who outright catch Covid 19. We work hard for the sake of our patients to plug these gaps in manpower and to keep the public health system functioning. Doctors DO NOT HAVE TIME or much opportunity to walk around and catch Covid in the community. We don't go to raves or parties because we're paranoid about catching Covid and being forced on furlough. If a doctor catches Covid, it will almost certainly be at work, while working long, unpaid hours. We are committed to caring for the sick, no matter the risk to ourselves, and to our loved ones. Many of us have vulnerable family members, we don't want to get Covid! BUt here we are exposing ourselves to Covid every day at work. The least the government could do would be to acknowledge this ever present risk and danger, and allow doctors a straightforward path should we need to file for compensation due to Covid 19. If the Bill goes through let's STRIKE	12/9/2021 7:12 PM
278	We don't have the ability to test the patient we caught it from, must rely on employers and having seen their behaviour towards my colleagues who caught it at work I do not trust them.	12/9/2021 7:10 PM
279	Because it is extremely difficult to prove occupational exposure and that means we are not protected whilst at work	12/9/2021 7:09 PM
280	It is difficult to "prove" and the level of proof will no doubt become more onerous to prove. It may have a negative impact on individuals being willing to stay in the workforce.	12/9/2021 7:09 PM
281	Its disrespectful to make that assumption. You cant prove where it was caught	12/9/2021 7:08 PM
282	Balance of probability for civil cases is very subjective. For front line clinicians who routinely perform high risk procedures, we know that our protocols and PPe rescued risk, but that risk will never be zero. The workforce is exhausted. Emergency, ICU and front line health workers are demoralised and burnt out. The change to this legislation will likely further diaaincentiviay an already over worked and under appreciated workforce. Why would anybody chose to start a career in a profession that will not support them when they are unwell.	12/9/2021 7:07 PM
283	The burden of proof shouldn't be on the doctors. How can you possibly prove where you caught COVID if you are treating COVID patients?	12/9/2021 7:06 PM
284	It is entirely inappropriate for doctors to have to prove they have caught COVID in the workplace when they are regularly exposed to the risk of contracting COVID from patient care. The presumption of causation in these circumstances should be maintained.	12/9/2021 7:03 PM
285	Healthcare workers, in particular doctors and nurses, are at an obviously elevated risk of contracting COVID given the need to provide care for persons who might be infectious. As a hospital doctor I feel there is an undeniable logistical and practical element to this risk. Hospitals and clinics are very busy environments, often with shared staff spaces, communal and public corridors, and communal amenities, not all of which are necessarily intensively ventilated. Given the mobility of the hospital doctor role, including consults and emergency department referrals, even with optimal PPE and related practices there is an elevated risk with a workload that would make exact identification of the contact highly impractical. Further, most hospitals and clinics have a single check in point or identity which presumably would make confirmatory contract tracing yet more difficult, possibly impossible. Therefore I do not believe it is either fair or practical to remove the right to assume a healthcare worker has contracted COVID at work.	12/9/2021 7:03 PM
286	The most likely place doctors will catch Sars-Cov-2 is in the workplace. Proving this is then the case will be onerous and expensive.	12/9/2021 7:02 PM
287	High frequency exposure in health environment	12/9/2021 7:01 PM
288	Because the risk of Covid exposure is exponentially higher at work than in the community.	12/9/2021 7:00 PM
289	Difficulty to prove the case and yet many asymptotic carriers as patients could have passed the virus onto the workers.	12/9/2021 7:00 PM
290	It is a ridiculous & onerous policy to adopt. About 75% of my awake hours are spent in the workplace or traveling to work. We put ourselves at risk all those hours looking after those who cannot look after themselves & with many infectious illnesses. Appalling ....	12/9/2021 7:00 PM

## Amendments to Workers Compensation

291	Impossible to convincingly prove	12/9/2021 6:58 PM
292	Thanks s would be extremely difficult to do in some circumstances, but doctors are most at rest so in the workplace.	12/9/2021 6:56 PM
293	Doctors work in a high risk environment and it is more likely than not that they caught it at work. It is very difficult to prove this and if there is a disincentive to obtain workers comp, why would doctors continue to expose themselves to COVID patients?	12/9/2021 6:56 PM
294	Burden of proof should be on the employer if they wish to state employees contracted virus elsewhere	12/9/2021 6:55 PM
295	Why is this a bill at all? Since when is workplace health and safety a matter of legislation to decide? It's aggressive in nature and undermines the workforce. It suggest the government doesn't want to be held accountable for poor infection control or access to PPE. It doesn't want to support staff in the event that a new variant comes around. If there is no accountability for NSWHS to help staff whom contract covid, then why provide efficient access to PPE, N95's, and good infection control?	12/9/2021 6:49 PM
296	It is not practically possible to prove the place where COVID infection has been contracted	12/9/2021 6:48 PM
297	Such 'proof' is near impossible. All clinicians work in close quarters with undifferentiated patients whose infectious illnesses -such as COVID 19 - may not be apparent. Under these circumstances, it is unclear how such a burden of proof would be met. If a doctor is unable to 'prove' this, and COVID-19 leaves them unable to care for themselves or their family, this places clinicians in an unfair situation where workers compensation cannot be claimed. Given the level of risk - that is, COVID-19 may be fatal - it seems grossly unreasonable to expect clinicians to work under such circumstances. This may lead to widespread resignations and further stress on the system, further increasing the likelihood of clinicians catching COVID-19!	12/9/2021 6:48 PM
298	Impossible to prove where the virus was contracted. Doctors put themselves at risk of COVID infection, including a risk of serious illness and death - it is therefore reasonable for their employer to indemnify them for this outcome	12/9/2021 6:46 PM
299	It is too difficult to prove that the virus is the same genotype as the one caught at work.	12/9/2021 6:45 PM
300	I work hard everyday in the community to keep my patients and family safe, by adhering to stringent standards. The most likely place I am to catch COVID is in the work environment. The last thing I need if I get ill at work, is having to prove that patient X was the source of my infection.	12/9/2021 6:45 PM
301	doctors are by far most at risk in the workplace	12/9/2021 6:44 PM
302	We expose ourselves on a daily basis and the tracing system in the hospital is not advanced enough to check people in and out of areas properly.	12/9/2021 6:44 PM
303	It is incredibly difficult to prove & costly. The government should be the ones to have to prove, beyond reasonable doubt that it was contracted outside work.	12/9/2021 6:43 PM
304	Seems impossible and an unfair burden on someone who is potentially home sick with COVID to then prove they caught COVID from work.	12/9/2021 6:41 PM
305	It will be difficult to prove unless there is adequate contact tracing which may not occur if the system gets overwhelmed and also may be difficult to do with the evolution of QR codes in the community. Maybe the government should instead prove that we did not catch it at our workplace.	12/9/2021 6:41 PM
306	It's not easy to prove you caught it at work. We work in a high risk environment. The onus should not be on us to prove it.	12/9/2021 6:41 PM
307	It is clear a hospital is the most high risk environment - if this was removed I would reconsider whether it's worth my while volunteering to look after patients with covid	12/9/2021 6:41 PM
308	Isn't it obvious. Working in high risk environment with PPE on al day knowing viruses are easily transmitted in such enclosed environments	12/9/2021 6:41 PM
309	We are the front line in treating covid 19 patients. The NSW government has already showed their disrespect for medical staff by reducing our award agreed pay increase at the height of the pandemic extra work for front line staff in treating covid patients. NSW has the worst	12/9/2021 6:41 PM

## Amendments to Workers Compensation

working conditions for medical staff when compared to other states. Just another kick in the crotch.

310	The onus of proof cannot be on doctors. I work as a Career Medical Officer in a Sydney Emergency Department, where doctors and nurses frequently have close up contact with persons suspected of having contracted COVID-19. in such a high risk environment, there is a real possibility of contracting the now highly contagious Corona virus variants Delta and Omicron.	12/9/2021 6:40 PM
311	This is single largest risk factor for doctors working clinically - workplace exposure	12/9/2021 6:39 PM
312	Because of abuse of the workers compensation system. Doctors should set an example for the public to follow.	12/9/2021 6:38 PM
313	It is very difficult to prove.	12/9/2021 6:37 PM
314	Most of our time is spent in the workplace, and often times seeing COVID-swabbed patients	12/9/2021 6:37 PM
315	I have only ever been in contact with people with covid through my workplace. So the risk of me catching it elsewhere is comparatively minimal. Proving where I had caught it would be a massive undue burden and almost impossible. Given the difficult conditions we have worked in for this past year or so, especially with intermittent shortages of PPE and sanitiser, this is truly the least we deserve.	12/9/2021 6:36 PM
316	Because I work in an extremely dynamic environment in operating theatres and to have the onus put on me to prove the chain of infection would be very difficult. It would likely involve delving into the past 2-3 months, and I certainly wouldn't be able to tell you who I had been working with on a particular day with any confidence. I would also expect there would be barriers about confidentiality and access to my colleagues' medical records. I would expect there to be to likely be missing links and it would make it very hard to have to prove that on my own. I've put myself at risk during this pandemic. To have to prove I caught it at work is a slap in the face.	12/9/2021 6:36 PM
317	I work 50+hrs per week for my LHD and am only paid for 40hrs. I do little else except sleep eat and work. I rarely go out of my house except to come to work. The chance of me contracting CV19 anywhere except work is extremely low. My exposure to risk at work is by far the highest risk I have of contracting CV19	12/9/2021 6:35 PM
318	Because this is nigh on impossible to prove.	12/9/2021 6:35 PM
319	With the widespread rates of infection in the community, it is as likely as not that doctors catch covid in the community rather than at work	12/9/2021 6:34 PM
320	Would like to see stats first	12/9/2021 6:32 PM
321	It is impossible to prove one way or the other	12/9/2021 6:32 PM
322	If this change is passed, it will make me review my future as an emergency doctor and I would be likely to leave hospital medicine altogether.	12/9/2021 6:31 PM
323	I'm not sure it's feasible to prove it was contracted at work. Perhaps for non-COVID facing departments, this would be possible I work in ED and at the height of infections would see 3-4 different patients every day. Each possibly with a different strain. How is it possible to prove which patient was the source? Certainly my contact with these patients was closer and more prolonged than any community contact I have so it's still (to this day) reasonable to assume it was contracted at work.	12/9/2021 6:31 PM
324	This is the highest risk environment	12/9/2021 6:30 PM
325	Work place is the most likely place to occur in health care workers who work long hours at the hospital with no time to go out anywhere to get exposed to COVID	12/9/2021 6:27 PM
326	It is ridiculous	12/9/2021 6:27 PM
327	Risks of caring for infectious patients carried by us	12/9/2021 6:27 PM
328	It is reasonable to expect that we are protected at work. We are making great sacrifices to provide care as is our duty in NSW. This will be an extra burden on top of a burdened system that will contribute to burn out and leaving the system. We need to feel valued at work	12/9/2021 6:26 PM
329	It will be almost impossible to prove this	12/9/2021 6:26 PM

## Amendments to Workers Compensation

330	Of any class of workers doctors and other hospital health workers are the most likely to be infected with C19 in the workplace. It is an insult to require proof, because it will be essentially possible to prove it wasn't caught outside of work.	12/9/2021 6:26 PM
331	Too burdensome. Employer should have to prove otherwise.	12/9/2021 6:25 PM
332	We haven't been offered any hazard pay for covid - haven't even been given a bar of chocolate. It's just insulting that we not only get no benefits for putting ourself at risk this year, but could also be unfairly treated if we were to contract covid at work. Sure we can contract it elsewhere but give us a break.	12/9/2021 6:25 PM
333	Community transmission is more common than workplace transmission, as HCW use appropriate PPE in the workplace but not outside	12/9/2021 6:24 PM
334	I worked in the COVID ICU of a large tertiary hospital in sydney at the height of the second wave. Each day before I went to work, I asked my wife and her elderly parents who we live with if they felt comfortable with me going to work that day, knowing the risk of bringing the virus home to them. They agreed, because they thought I would have the full support of our government and health system if anything happened to me or them. This motion undermines that, and disregards the daily risks we have undertaken on behalf of broader society. You have limited our pay, ignored our community's advice, and continued to squeeze the medical community and their families. When you move on this motion, it is another sign not just to me but to all my families, friends and patients, that doctors lack your support.	12/9/2021 6:23 PM
335	Highest exposure for me is in the hospital, I rarely go to any crowded areas	12/9/2021 6:22 PM
336	Why should we put our lives and all our loved ones's lives at risk if we are not protected?	12/9/2021 6:22 PM
337	Doctors work in a high risk work place regarding Covid transmission. We already know that there are numerous instances of Covid transmission in health care settings. I do think that if a medical staff contracts Covid, then it should be presumed that transmission occurred in the work place.	12/9/2021 6:22 PM
338	As a Doctor you will be coming in patient contact all the time and there is no requirement for patients to be tested before they visit the practice or the hospital.	12/9/2021 6:21 PM
339	Workers Compensation is for work-related injury. It MUST be established that the injury occurred in work related activity, otherwise it's just free for all compensation...	12/9/2021 6:21 PM
340	This is too onerous and too difficult to provide difinitive proof either way.	12/9/2021 6:21 PM
341	You could only "prove" where COVID is acquired by comparing viral isolates by whole genome sequencing	12/9/2021 6:20 PM
342	This would be a further barrier that will further exacerbate the burnout doctors experience working in the already-stretched healthcare system.	12/9/2021 6:20 PM
343	Doctors are more at risk, more likely to have been exposed at work and spend more time at work that most other people that work	12/9/2021 6:19 PM
344	Way too onerous for this to be done. Doctors are generally so busy especially in the hospital system that trying to amass details of all patients they see, other staff members they have close contact with etc is very unfair and unrealistic.	12/9/2021 6:19 PM
345	Our risk of contracting COVID is very high from work The risk outside work is really low Also it will be really expensive and time consuming to prove that we contracted it at work It will be very stressful to do all this while already working in a stressful situation	12/9/2021 6:18 PM
346	We are putting our health and lives at risk by working with Covid patients so we should have peace of mind we would be covered financially if we caught Covid....and the onus should be on the hospital to prove we didn't get Covid from work not the other way round	12/9/2021 6:18 PM
347	I think that if doctors have not been to another place identified clearly as a close contact, then it can be assumed they got it at work. So perhaps yes there can be a simple process where if there is no other categorical evidence of having caught COVID elsewhere, it can then be presumed it was caught at work.	12/9/2021 6:17 PM
348	We work in a high risk environment with unwell patients and interact with a higher percentage of unvaccinated individuals than the general public. We also see people who have legitimate	12/9/2021 6:16 PM

## Amendments to Workers Compensation

	medical exemptions to vaccination.	
349	It is often very difficult to "prove" lines of transmission. I have been involved in COVID Outbreak management for over 18 months. As health care workers we are at risk of exposure(s) multiple times every day.	12/9/2021 6:16 PM
350	Probability of catching COVID remains highest risk at work - I have personally been exposed to asymptomatic COVID patients who have later been found positive on surveillance swabbing only	12/9/2021 6:16 PM
351	It places an unfair burden on us.	12/9/2021 6:15 PM
352	The risk of being infected with COVID significantly greater at work than at any other place!	12/9/2021 6:15 PM
353	When you are risking your own safety looking after COVID patients, and become unwell with COVID, your focus should be in looking after your health, not fighting to get sick pay. This is an extra worry and burden that is not needed by already burnt out front line staff	12/9/2021 6:15 PM
354	This is another tactic for the hospitals to remove their responsibilities towards care of their staff. When will this stop! They are happy for us to sacrifice our time (unpaid) and now our lives	12/9/2021 6:15 PM
355	Because hospitals are most likely to be the place where they contract COVID given the national and international experience of healthcare workers. Why would we be prepared to care for COVID patients if we are not backed up when we get sick? And how is this different from any other occupational exposure such as asbestosis?	12/9/2021 6:15 PM
356	Health care workers risk themselves when looking after covid patients. They should be provided the safety of this bill.	12/9/2021 6:14 PM