

Protected Industrial Action - Stage 2 Guide

These work bans exist for one reason:

to force the Government and hospital management back to the table with a fair and liveable pay offer.

They have refused to do that voluntarily. They have delayed, stalled, and low-balled. That leaves us no choice but to escalate.

Some of the actions we are now taking have a clinical impact. We did not want to be here — but we will do this properly, lawfully, and with discipline.

Our industrial action is **lawful and fair**, and we will **never compromise urgent patient care**.

Hospitals are expected to manage their own staffing safely. They must demonstrate genuine need before asking for assistance.

Where there is a real, urgent risk to patients, we will step in and do what is right — but that goodwill must not be abused.

As set out in our Protected Industrial Action authorisation:

All of the industrial actions listed below must be undertaken in a manner consistent with occupational health and safety requirements, infection-control obligations, patient welfare, patient privacy, and all relevant legislative requirements. This authorisation does not apply to duties that are immediately necessary to prevent serious or imminent risk to the life, personal safety, or health of patients, visitors, or staff.

This is a collective action

This union represents workers in **every corner of the health system** — from major metropolitan hospitals to small country sites, from acute wards to aged care, and everything in between.

We represent people whose workdays don't look anything alike.

That means these bans are going to be applied differently in different places, in ways that fit how **you** actually work. That's not a flaw — it's the reality of a union this broad, this diverse, and this strong.

Unions are about collective strength and local organising. You should work with:

- Your colleagues
- Your delegates
- And your organiser

to apply these bans in the way that best fits your workplace while still building pressure.

If you can apply every ban, all the time — that is fantastic.

But if, for real reasons, you can only apply **75%** of the action in your workplace:

- Maybe you are in a small regional hospital treating your own family and community
- Maybe you are in aged care balancing industrial action with people's homes and dignity

Let me be clear:

75% is still powerful.

This is your action, and you should implement it in the way that you and your local team feel able to sustain.

Industrial action only works when people can hold it together.

Management will try two things: guilt and intimidation

Over the next few weeks, hospitals will raise patient safety issues. Some will be real. Some will not.

Use your **common sense and your critical thinking**.

If there is **any** doubt, help the patient first — then follow it up with your organiser.

I have made it clear to hospitals that we will extend goodwill to support genuine critical and give the benefit of the doubt.

But if that goodwill is abused, it will not be extended again.

The second tactic will be **intimidation**.

Let me be absolutely clear:

There has not been **one single successful disciplinary action** taken anywhere in the state over the last six weeks of protected industrial action. Not one.

Hospitals do **not** currently have the power to dock pay for partial work bans. There is a significant process before that could even be considered, and it has not been followed.

If you are pushed or bullied, the line is simple:

“I am taking lawfully protected industrial action. You need to raise this with the union.”

There is strength in numbers — and those numbers are growing every day.

BAN 29

A ban on cleaning non-clinical areas, including administrative offices, executive spaces, staff rooms, meeting rooms, cafeterias, public lobbies, and other non-clinical zones. This includes a ban on project cleaning such as floor polishing, carpet steam cleaning, window cleaning, cobweb removal, or any other non-essential presentation or refurbishment work. Bathrooms are excluded from this ban.

What this means on shift

Anything that is a **non-clinical area** is no longer cleaned.

Non-clinical means anywhere patients do not receive care.

You continue cleaning:

- Wards
- Treatment rooms
- Bed bays
- Clinical corridors

If part of your workload is banned and part is allowed, you:

- Do the allowed work
- Leave the banned work undone

You are not required to make up banned work.

Negotiated exemptions - We continue cleaning these areas

- ED waiting rooms
- Kitchens
- All toilets

Why these exemptions exist

- ED waiting rooms are high-traffic, high-infection-risk spaces
- Kitchens must meet food safety laws
- Toilets must be cleaned under OH&S and workplace safety requirements

BAN 30

A ban on theatre technicians performing all duties associated with elective surgical procedures. This ban does not apply to Category 1 elective procedures or to oncology or palliative care patients.

What this means on shift

You do not support elective surgery unless management clearly tells you **which approved exemption applies** (for example oncology, palliative, paediatric, obstetric, or Category 1)

It is management's responsibility to:

- Identify the case
- State which exemption applies
- Explain why it is exempt

If this is not clearly provided, you are entitled to:

- Ask for clarification

Negotiated exemptions

- Paediatric surgery
 - Obstetric surgery
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BAN 31

A ban on CSSD staff performing all duties that process or prepare surgical instruments for elective procedures. This ban does not apply to Category 1 elective procedures or to oncology or palliative care patients.

What this means on shift

You don't clean, sterilise, assemble or prepare any instruments unless the surgery they are for is exempt.

In many hospitals CSSD cannot see where equipment is going, so it is management's responsibility to clearly tell you:

- What surgery the instruments are for
- And which exemption applies

You should ask your supervisor or manager to identify this.

If they refuse or cannot confirm, you should make clear:

You cannot action any instruments without that information.

Negotiated exemptions

- Paediatric surgery
 - Obstetric surgery
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BAN 32

A ban on PSAs discharging one in every four patient beds. This ban does not apply to neonatal and paediatric cases, haemodialysis, maternity, oncology, palliative care, terminations of pregnancy, miscarriages, Intensive Care, Coronary Care or High Dependency Unit discharges, residential aged care residents while admitted to hospital, or where a discharge is required to accommodate an emergency admission.

What this means on shift

The way discharges are managed is different at every hospital, and the ban is designed to work across all of those systems.

As a general rule, if you are assigned work that assists in the discharge of beds (you should only complete **about 75% of the beds you are personally allocated**).

This ban is applied **person-by-person**, not hospital-wide.
It applies to **your own workload**, not to the hospital as a whole.

In practical terms, that means:

- For the beds you are personally assigned, you should **not discharge — or do the work that enables nurses to discharge — around 25% of them**.

This is about creating a **broad lawful impact**, not hitting an exact mathematical ratio. If in practice that ends up being **1 in 5, 1 in 4, or something similar**, that still has effect, so long as a meaningful portion of your discharge work is not done.

This ban **does not** apply to trolleys or equivalents

Patient safety always comes first when applying this ban.

BAN 33

A ban on theatre technicians providing any support to more than one operating theatre at a time. This ban does not apply to Category 1 procedures or emergencies.

What this means on shift

You support one theatre only.

If asked to cover a second theatre, you refuse unless it is a genuine emergency.

BAN 34

A ban on emptying bins in all areas of the workplace. This ban does not apply to bins located in operating theatres.

What this means on shift

You do not empty bins unless they are covered by an exemption.
This includes ward bins, toilets, waiting rooms, staff areas and offices.

Negotiated exemptions

- Kitchen bins
 - Theatre bins
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BAN 35

A ban on escorting patients unless at least two staff are present.

What this means on shift

If you are asked to move a patient and two staff have not been allocated, you must:

- Tell your supervisor you are banned from moving the patient
- Wait until a second staff member is assigned

This applies to beds, trolleys, wheelchairs, ED-to-ward, ward-to-ward and imaging.

In high risk areas, like ED, utilise common sense and where patient safety may seriously be at risk, act first to help the patient and then follow up later with your organiser.

BAN 36

A ban on working paid overtime, including a refusal to accept or perform any overtime shifts or duties beyond rostered hours that would ordinarily attract overtime pay, regardless of whether such overtime is directed, requested, or offered by the employer.

What this means on shift

You work **only** the hours you are paid for.

That means:

- No staying back
- No missing breaks
- No unpaid work to “get things finished”

When your shift ends, you leave.

BAN 37

A ban on redeployment, including a refusal to be directed or requested to work at a different campus, site, or location to the employee's usual workplace or workplaces, or in a different ward, unit, clinical area, or service area within the hospital from where the employee normally works on a regular basis.

What this means on shift

You work where you **usually work or are rostered to work.**

You should **not be sent to:**

- Another ward
- Another unit
- Another service
- Another campus

during your shift, even if your position description is broad.

This ban is based on your **real, day-to-day working pattern.**

BAN 38

A ban on undertaking single-person security patrols or responding alone to code calls or security incidents.

What this means on shift

Security responses must be done by **two staff**, if management have not appropriate rostered staff it should be flagged urgently with your organiser.

BAN 39

A ban on restocking or replenishing supplies, consumables, or equipment in non-clinical areas, including administrative offices, executive spaces, cafeterias, staff lounges, and other non-clinical zones. This ban does not apply to items required to maintain OH&S standards, including but not limited to toilet paper, paper towels, hand sanitiser, hand soap, and basic cleaning products.

What this means on shift

You do not restock staff-only or admin areas.

You continue to restock safety-critical and hygiene items.

BAN 40

A ban on performing maintenance tasks that are not directly related to patient, public or staff safety.

What this means on shift

If management believes a maintenance task must still be done, they must clearly identify and state in writing how that task is directly related to patient, public or staff safety.

If that written justification is not provided, the maintenance task should not be performed.

BAN 41

A ban on assisting with patient repositioning, turns, or pad changes. This ban does apply to work performed in operating theatres.

What this means on shift

You do not perform turns, repositioning or pad changes in areas covered by the ban.

Negotiated exemptions

- ICU
 - PICU
 - Palliative care
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BAN 42

A ban on contacting agency staff for the purposes of filling vacant shifts.

What this means on shift

The ban is on **the act of contacting agency staff.**

If you are asked to phone, email, text or otherwise contact an agency to fill vacant shifts, you must **refuse to do that task.**

Management or non-union staff may choose to contact agencies themselves. That is outside your control.

If agency workers do arrive, and you have the chance, you should:

- Explain what is going on
 - Explain how agency labour undermines the action
 - Encourage them to stand with the workforce
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BAN 43

A ban on dental assistants providing any support for one in every four dental chairs in operation. This ban does not apply to oncology patients.

What this means on shift

This ban follows the same directions as **Ban 32**

You should **not support one in every four dental chairs.**

This is applied **on a person-by-person basis**, not on a site-wide basis.

BAN 44

A ban on moving gazunda equipment at normal speed, with staff to move it at the slowest possible setting.

What this means on shift

All gazundas should be moved at the slowest possible speed, even if this delays work.

BAN 45

A ban on processing or approving purchasing or procurement orders that are not directly related to patient care.

What this means on shift

You should not process or approve any purchasing or procurement orders **unless they are directly related to patient care.**

It is management's responsibility to clearly identify:

- What the item is
- What patient care it is for
- And why it is required

If that information is not provided, you are entitled to:

- Ask for clarification
- Refuse to process the order until it is made clear

BAN 46

A ban on completing advanced practice tasks or duties that require supervision or authorisation by Allied Health Professionals (AHPs) or other senior clinicians.

What this means on shift

You should not perform any advanced practice tasks or duties that require supervision or authorisation by Allied Health Professionals (AHPs) or other senior clinicians.

BAN 47

A ban on dispensing, preparing, recording, or auditing Schedule 8 and Schedule 11 medications, including completing controlled drug registers or balance checks, unless required by law. This ban does not apply to the ordering or procurement of Schedule 8 or Schedule 11 items.

What this means on shift

You should not dispense, prepare, record, audit, or otherwise handle Schedule 8 or Schedule 11 medications **unless the law requires it.**

If management believes something must still be done, they must:

- Identify the legal obligation
- And confirm that the task is required by law

If that is not clearly stated, you should not perform the task.

This includes controlled drug registers, balance checks, and auditing unless legally required.

BAN 48

A ban on performing more than one mailroom delivery round per day.

BAN 49

A ban on cleaning microfibre or string mops onsite using facility washing machines.