

## Port Macquarie Base Hospital Workers Implement Stop Work Action

Dear Member,

Members of the PMBH sub branch have implemented a Cease Work action under the *Work Health and Safety Act 2011 (NSW)*. This action relates to unsafe radio communications in place at the worksite. Health and Security Assistants have been submitting incident reports via the IIMS, yet up until now they have been ignored by management. Members working in cleaning services on afternoon and night shifts inside the main building and in the MNCCI have also come forward, stating they have to use the same system. The HSU has previously issued formal correspondence calling for the MNCLHD to meet with members under the WHS legislation, only to be ignored.

On behalf of members, the HSU has formally notified management of the Cease Work action signed by the affected workers. The action involves HSAs responding in pairs to all security duties until a safe communications system is provided by management.

The HSU applauds and supports members in undertaking this action as a genuine attempt to make the PMBH a safe worksite for all.

If you know someone who is not yet a member of the HSU, encourage them to join us in making the hospital a safer and better place to work. They can join by completing the attached membership form and returning to a delegate or to your local HSU Organiser. Alternatively, they can visit [www.hsu.asn.au](http://www.hsu.asn.au) or call the Union on 1300 478 679.

In unity,



Gerard Hayes  
Secretary, HSU NSW/ACT/QLD



**Health Services Union**

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ABN 85 037 751 682



# I wish to become a member of the HSU New South Wales Branch and Health Services Union

Surname:  Given Name(s):

DOB:  Occupation/Classification:

Worksite:

**Employment Status** (please tick  one box below): Department / Ward

What is your Award Classification?

Full Time  Part Time  Casual  Hours worked per week

Home Address:

Postcode:

\*E-mail:

Home Phone:  Mobile:

Work Phone:

Signature:

Date:  /  /

HSU Delegate Name:

HSU Delegate Membership No.:

**By signing this membership form, you agree to the terms and conditions of our privacy policy, which can be accessed at <http://www.hsu.asn.au/privacy-policy/> and you consent to us collecting, using, holding and disclosing your information as detailed therein. If you do not consent to any aspect of our privacy policy as it applies to you, please notify the Privacy Officer in writing attention to Privacy Officer - HSU Locked Bag 3 Australia Square NSW 1215**

**Payment Method: Direct Debit Request**

Please debit my Bank/Credit Card account

Fortnightly

Please start my Fortnightly Debit on  /  /  (day/month/year)

Monthly

All Monthly debits occur on the first of every month.

*Note: where your debit day (fortnightly / monthly) falls on a public holiday, your account will be debited on the next business day*

I request you, until further notice in writing, to debit my/our account described in the schedule above, any amount which HSU (user ID No. 017797) / HSU NSW Branch (user ID 428556) may debit or charge me through the Direct Debit System.

### ORGANISER REMARKS / NOTES

### Bank Account Details - Name of the account holder (Schedule)

Surname:  Given(s):

BSB Number:  Account Number:

Name of Financial Institution:

### Credit Card Payment

Please charge my; Mastercard  Visacard  American Express

Card No:

\$  Expiry Date:  /