

**CORONAVIRUS**

**MANAGEMENT PLAN**



**Facts about Coronavirus**

**and**

**Coronavirus Action Plan**

**CORONAVIRUS MANAGEMENT PLAN**

***FILTERFAB PTY LTD***

**PRELIMINARY**

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| This information is intended to provide a general guide to the subject matter and must not be viewed as a definitive guide to the law or legal advice. Specialist advice should be sought regarding this subject matter in your jurisdiction and specific circumstances. Uncontrolled when printed. |

**PANDEMIC RESPONSE POLICY**

**POLICY STATEMENT**

This business is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all staff, employees, contractors, volunteers, customers and visitors to our workplaces. This commitment extends to ensuring that we reduce risk, so far as is reasonably practicable, to workers, employees, and other persons at our workplaces from any pandemic illnesses that may be present in the community at large.

**AIMS AND OBJECTIVES**

We recognise our moral and legal responsibility to provide a safe and healthy work environment in our workplaces for all persons, and that the health and safety and well-being of persons includes minimising the risk of infection by Pandemic viruses, including the Novel Coronavirus COVID-19. To achieve this, we will:

* identify and assess risks to our operations and activities in the event of a pandemic
* establish policies and procedures to be implemented during a pandemic or pandemic-like outbreak
* plan for the impact of COVID-19 on our business, suppliers, service providers, workers and customers
* allocate resources to protect workers and employees during an outbreak
* provide adequate facilities and provisions necessary to maintain personal hygiene practices in the workplace
* inform workers, employees and other persons of risks of COVID-19 and control measures to be followed, and
* provide support and assistance to workers and employees who may be impacted by COVID-19.

**IMPLEMENTATION**

We will ensure that adequate facilities to maintain high standards of person hygiene are provided and maintained, including hand washing facilities, supplies of anti-bacterial soap or handwash, and air dryers or paper towels, tissues and closed bins for their disposal. Instructions for correct hand washing will be displayed in work areas, kitchens and meal rooms, change rooms and toilets and at hand washing stations.

Where necessary, we will ensure that workers and employees who are suspected of having contracted COVID-19 or have been in close contact with a confirmed case are directed to not attend work until the recommended isolation period has elapsed and/or clearance to attend work is provided by a registered medical practitioner. Persons who are ill or are caring for a person who has or is suspected of having COVID-19 should use their paid personal/carer’s leave, or where this is exhausted, other available leave.

Persons exposed to COVID-19 and directed by the company to not attend work are entitled to be paid for the period of absence. Workers who are fit for work during quarantine or isolation periods may be required to work from home where practicable.

Where it is not practicable for the business to continue operations for reasons outside of its control (including staff shortages, inability to source supplies, etc.), the business may implement other measures (including stand-down procedures in line with Fair Work Act provisions and subject to any provisions in modern awards, agreements or employment contracts).

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**1 Duties of PCBUs and Employers**

**In this section:**

1.1 What are the legal duties of PCBUs and employers?

1.2 What must PCBUs and employers do?

1.3 Duties of workers and employees

1.4 What actions should a PCBU or employer take?

1.5 Legal liability

**1.1 What are the legal duties of PCBUs and employers?**

Health and safety laws require PCBUs and employers in all states and territories to ensure, as far as reasonably practicable, the health and safety of workers and other persons at the workplace. This includes the need to provide and maintain a workplace that is without risks to health and safety of any person.

**All businesses** must identify health and safety risks at the workplace, including exposure to infectious diseases. Businesses should also plan a response to cases of COVID-19 at work in line with advice provided by health authorities. This requires all PCBUs and employers to review their existing policies and procedures which should be updated to ensure that they cover duty of care requirements placed on them in the current pandemic situation.

The question of whether a control measure is reasonably practicable involves consideration of what is able to be done to manage a risk, and whether it is reasonable in the circumstances for the business to do so. The likelihood of the risk event occurring, the degree of harm that might result, and the availability and suitability of a control measure are key considerations in determining what measures are reasonable to implement in the particular circumstances.

**1.2 What must PCBUs and employers do?**

**All PCBUs and employers have a legal duty to protect their workers and employees** from risk of infection from COVID-19 in the workplace as far as is reasonably practicable. All businesses must adopt and implement policies and procedures to eliminate the risk, or if it is not reasonably practicable to eliminate the risk, to minimise the risk to the lowest practicable level.

PCBUs and employers should follow advice provided by public health authorities to reduce risks of spread of COVID-19 in their workplaces. Exposure to infection is a potential hazard for all employees and in particular, those with a high interaction with the public (retail, customer service) and specific advice from health authorities should be followed.

All PCBUs and employers should follow specific advice provided for their particular industry sector to reduce risks of spread of COVID-19 in their workplaces. Exposure to infectious diseases could be a potential hazard for vulnerable persons (e.g., persons with existing respiratory conditions, older workers, etc.) where specific advice from health authorities should be followed.

**1.3 What actions should a PCBU or employer take?**

To comply with health and safety laws, [*PCBUs*](https://www.safeworkaustralia.gov.au/glossary#PCBUs) and employers must identify [*hazards*](https://www.safeworkaustralia.gov.au/glossary#hazards) at the workplace and the associated [*risks*](https://www.safeworkaustralia.gov.au/glossary#risks), and do what is reasonably practicable to eliminate those [*risks*](https://www.safeworkaustralia.gov.au/glossary#risks), or where this is not reasonably practicable, to minimise those [*risks*](https://www.safeworkaustralia.gov.au/glossary#risks).

Depending on the workplace, an appropriate range of control measures could include:

* monitoring official sources
* reviewing and promoting policies and procedures on infection control
* ensuring workers are aware of Government advice on isolation or quarantine periods and when not to attend work, and
* providing clear advice to workers on what steps they should take if they become unwell or think they might have symptoms of coronavirus in accordance with advice from health authorities.

PCBUs and employers must monitor government restrictions, health advice and warnings, and orders relating to COVID-19 in areas and locations where they may be situated or operating and ensure that their workers and employees (including contractors) follow these instructions.

COVID Safe Plans address certain matters required by an approved COVID-19 Checklist. The Plan sets out what businesses and organisations are required to do to fulfill their obligations under public health orders and reduce the risk of transmission of COVID-19 on their premises or in their workplaces.

PCBUs and employers who are engaged in an industry where a COVID Safe Plan is required must complete the relevant COVID Safe Plan for their industry and instruct their workers and employees in the content of the Plan and how they are to comply. The PCBU or employer (or the person managing or supervising workers or employees) must be able to provide a copy of the Plan when required by an authorised person.

**1.4 Duties of workers and employees**

Workers have WHS duties that extend to practising good hygiene and other measures to protect themselves and others against infection.

Workers and employees have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of others. Workers should always practise good hygiene and other measures to protect against infections by:

* washing hands often using soap and water, or carrying hand sanitiser and using it as needed
* covering their mouth when coughing or sneezing, and
* advising their employer and seeing a health care professional if they start to feel unwell.

Workers must comply with any public health orders and restrictions in place, and to follow the content of any COVID Safe Plan that applies to their industry or the particular premises or workplace where they may be present or working.

**1.5 Legal liability**

PCBUs and employers have a legal duty to provide a work environment that is without risks to health of any person. A worker or employee who contracts COVID-19 may lodge a claim against their employer if they believe that their employment contributed to their contracting COVID-19, and it can be demonstrated that their employment put them at greater risk of contracting the virus. Similarly, a client or customer who contracts COVID-19 may make a claim against a business where it can be alleged that it failed to reasonably manage risks of exposure to the virus.

Having up-to-date policies and procedures in place to minimise the risk of infection of workers and other persons is essential to reduce risks of claims against a PCBU or employer by a person (including a member of the public) who has contracted (or been exposed to) COVID-19.

**2 Facts about Coronavirus**

**In this section:**

 2.1 Coronavirus

 2.2 What is COVID-19?

 2.3 Spread of COVID-19

 2.4 How is COVID-19 transmitted?

 2.5 Symptoms of COVID-19

**2.1 Coronavirus**

The present outbreak of Coronavirus has created a great deal of concern in the community world-wide, with fears of the fast-spreading pandemic killing huge numbers of people. The term used to describe the present outbreak, pandemic, is creating a lot of fear in many people.

Epidemic is a term that is often broadly used to describe any problem that has grown out of control. An epidemic is defined as ‘an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.’ An epidemic is an event in which a disease is actively spreading, and the term is often used to describe a problem that has grown out of control. In contrast, the term pandemic relates to geographic spread and is used to describe a disease that affects a whole country or the entire world.

Understanding the differences between these two terms is important when considering outbreaks of a disease. Additionally, these terms can direct a better public health response to an outbreak of a disease.

Notable pandemics in history include:

* Bubonic plague (541 AD) 25-50 million deaths
* Black plague (1347-51) 75 million deaths
* Spanish flu (1918) 50 million deaths
* Smallpox (20th century) 300-500 million deaths
* Asian flu (1956-8) 2 million deaths
* HIV/AIDS (2005-12) 36 million deaths

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

## **2.2 What is COVID-19?**

Coronavirus is a virus that can cause illness similar to the common cold and other more serious diseases, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The COVID-19 virus is believed to have originated in China and has rapidly spread across the world.

COVID-19 is a very different type of virus to those related to other recent pandemics (e.g., SARS). The transmission rate of COVID-19 is higher than SARS, but its mortality rate is a lot lower (average 2%). However, because of the higher infection rate, the absolute number of fatalities related to COVID-19 may be higher due to a greater number of people being affected by the virus.

**2.3 Spread of COVID-19**

COVID-19 was first reported in December 2019 in Wuhan City in China. The virus has spread to other countries with South Korea, the USA, France and Australia all reporting cases in mid-January 2020. It has since spread to many other countries world-wide with large numbers of fatalities reported.

Most early Australian confirmed cases acquired their infection overseas, including on board cruise ships or associated with overseas travel. However, there is a growing number of local cases of people who have contracted COVID-19 from people who have acquired the infection but who did not show symptoms until after they had spread the virus in the community.

Current controls (including travel restrictions, self-isolation and limiting group numbers) are designed to minimise the spread of the disease by reducing risk of exposure to infected persons.

**2.4 How is COVID-19 transmitted?**

Coronavirus is most likely to spread from person-to-person through:

* direct or indirect close contact with a person while they are infectious
* close contact with a person with a confirmed infection who coughs or sneezes, or
* touching objects or surfaces (such as door handles or tables) contaminated from a cough or sneeze from a person with a confirmed infection, and then touching your mouth or face.

Most infections are only transmitted by people when they have symptoms. It is possible for the virus to be spread by airborne transmission with the spread of the Delta variant linked to this route.

**2.5 Symptoms of COVID-19**

Symptoms of COVID-19 can range from mild illness to pneumonia, and can include fever, cough, sore throat, runny nose, tiredness and shortness of breath. Symptoms may not be evident for some time after initial infection (typically 5 to 6 days, but may range from 2 to 14 days). Typical symptoms include:

* Fever (usual)
* Cough (usual)
* Sneezing
* Sore throat
* Fatigue and weakness
* Chest discomfort (shortness of breath)

Complications include pneumonia and organ failure leading to death of the patient in severe cases.

**3 Coronavirus management planning**

**In this section:**

3.1 Legal duties of PCBUs and employers to manage risk

3.2 What PCBUs and employers must do to manage risk

3.3 Monitoring and maintaining the work environment and facilities

3.4 Provision of information, instruction and training

3.5 Preventing exposure to COVID-19

3.6 Determination of control measures

**3.1 Legal duties of PCBUs and employers to manage risk**

Health and safety laws require PCBUs and employers to provide and maintain a workplace that is without risks to health and safety of any person. This requires all businesses to identify health and safety risks at the workplace, including risk of exposure to COVID-19. Businesses should also plan a response to impacts of COVID-19 in their workplaces in line with advice provided by health authorities.

**All PCBUs and employers must regularly review their existing policies and procedures which should be updated to ensure that they cover duty of care requirements placed on them in a pandemic situation.**

**3.2 What PCBUs and employers must do to manage risk**

PCBUs and employers must eliminate risks arising from the work environment and facilities, or if that is not reasonably practicable, minimise the risks so far as is reasonably practicable.

PCBUs and employers must:

* provide and maintain work environments that are without risks to health and safety
* provide information and instruction needed to protect all persons from health risks that may arise from the work carried out by the business or undertaking, and
* monitor the conditions of the workplace for the purpose of preventing illness.

Persons who have management or control of a workplace must ensure, so far as is reasonably practicable, that the workplace and anything arising from the workplace are without risks to the health and safety of any person. This means that the duty to provide and maintain a safe work environment and adequate facilities may be shared between duty holders. Duty holders in these situations must, so far as is reasonably practicable, consult, and cooperate with each other to maintain a safe work environment.

**3.3 Monitoring and maintaining the work environment and facilities**

PCBUs and employers must monitor the conditions of the work environment, including facilities, to ensure the health and safety of workers. The conditions of the workplace should be monitored on a regular basis, particularly when there are changes to the type of work being done or to the workforce composition.

The work environment must be maintained so that it remains in a clean and safe condition. Facilities must be clean, safe, accessible and in good working order. Consumable items, including soap, paper towels and toilet paper, should be replenished regularly.

Workplaces and facilities should be cleaned regularly taking into account the type of work performed, the likelihood of contamination (including during shiftwork), and the type of facility, such as eating areas, toilets, handbasins and showers.

**3.4 Provision of information, instruction and training**

PCBUs and employers must inform workers and other persons of risks associated with COVID-19 in the workplace, instruct them in the control measures that must be implemented, and train them in the correct selection and use of equipment (including protective clothing and PPE), and safe use of chemicals (including cleaners and disinfectants, etc.).

Information should be based on authoritative information from reputable sources and be presented in manner that is easily comprehended and understood by recipients (e.g., toolbox talks, posters, etc.).

Instruction must be presented in a manner that allows recipients to clearly understand the subject matter, and be backed up by visual reminders (e.g., posters) placed in conspicuous locations in of the workplace. A means of assessing the understanding of the training by recipients should be established to ensure that the subject matter is understood and can be put into practice.

**3.5 Preventing exposure to COVID-19**

PCBUs and employers must eliminate risks of exposure to COVID-19, or if that is not reasonably practicable, minimise the risks of exposure so far as is reasonably practicable.

PCBUs and employers will need to:

* identify potential sources of infection from within and from outside of the workplace
* assess the likelihood of exposure to infection of any worker or employee while at the workplace, and
* identify and implement means of eliminating exposure to infection or, if exposure cannot reasonably be prevented, minimising risk of exposure to as low as reasonably practicable.

**3.6 Determination of control measures**

Control measures must be adequate for the degree of risk of infectious disease in the workplace.

Controls must be selected in accordance with the hierarchy of risk controls. Higher level controls must be implemented where practicable, with lower level controls implemented only where it is not reasonably practicable to implement higher level controls, or in addition to higher ranked controls where a risk still exists after their implementation.

***Avoidance (Level 1 control)***

Avoidance of risk by preventing exposure to COVID-19 is best practice but can be disruptive by requiring persons to work from a remote or alternative location (e.g., home) or by not attending work.

Depending on the type of employment, a worker or employee who has been instructed to not attend work but who has not been stood down may be entitled to be paid during this period of forced absence. However, a person who voluntarily refrains from attending work may not be entitled to payment but may need to take annual or other paid leave or personal/carer’s leave in extenuating circumstances.

In cases where it is impractical for the business to continue operations due to lack of staff or resources and the decision is made to suspend operations, the business may stand down affected workers and employees in accordance with provision included in awards or agreements in accordance with the Fair Work Act.

***Vaccination (Level 2 control)***

Vaccination plays an important part in the control of occupational exposure to infectious diseases (including seasonal infections such as influenza). Vaccination against seasonal infections is voluntary but recommended to prevent widespread absenteeism during a seasonal epidemic. Mandatory vaccination of relevant workers may be prescribed by health authorities to prevent the spread of infection to at-risk sectors of the community (e.g., aged care, health care) and/or the community at large.

***Workplace hygiene (Level 2 control)***

Workplace hygiene is essential to prevent the spread of infection by contact. PCBUs and employers should:

* make sure that workplaces are clean and hygienic
* ensure that surfaces (e.g., desks and tables) and objects (e.g., telephones, keyboards, etc.) are cleaned and disinfected regularly.

***Personal hygiene (Level 3 control)***

Personal hygieneincludes procedures such as hand hygiene (hand washing, sanitising)which is a proven control measure for protection from a wide variety of infectious diseases spread by contact transmission.

Cough etiquette is a control measure for prevention of spread of infection from infected persons via droplet and/or airborne transmission and surface contamination.

Information and instruction in personal hygiene practices is essential to ensure that all persons are aware of the procedures and their importance in the prevention of the spread of infection.

***Protective clothing and equipment***

Protective clothing and personal protective equipment (PPE) is essential for protection of persons who may come into contact with infected surfaces and objects in the workplace. Training in the correct selection, use, care and maintenance of PPE must be provided to users, and adequate supplies of PPE must be available to replace items that have been contaminated or damaged during work activities.

**4 Coronavirus infection management**

**In this section:**

4.1 Duty to manage risks

4.2 Routine management

4.3 Workplace infection control

4.4 Routine workplace cleaning

4.5 Routine surface cleaning

4.6 Vaccination of workers

**4.1 Duty to manage risks**

PCBUs and employers have duties to protect their workforce and others who may be impacted by their business and must actively consider their management plans and strategies to manage risks of COVID-19 in their workplaces. All businesses need to create a workplace hygiene plan that sets out how the health of workers and other persons at the workplace will be protected.

The basis of good infection control in the workplace during an outbreak of COVID-19 is to assume that everyone and everything is potentially infectious. Every workplace should have an infection control plan that includes hygiene controls and workplace cleaning procedures to prevent spread of infection. Proper hygiene and cleaning procedures must be followed at all times.

The frequency and methods of cleaning will be determined by the likelihood of exposure to COVID-19 within the particular area.

**4.2 Routine management**

Transmission of COVID-19 from the environment to workers and others may occur through direct contact with contaminated surfaces or objects, or indirectly via hands that are in contact with contaminated equipment or the environment and then touch a route of entry (e.g., eyes, nose, mouth) of the person.

Environmental surfaces can be safely decontaminated using less rigorous methods than those used in higher-risk (e.g., health care, food preparation, etc.) areas. The level of cleaning required depends on the objects involved and the risk of contamination—for example, surfaces that are more likely to be contaminated with infectious agents require cleaning between uses, which is more often than for general surfaces and fittings.

General infection control procedures relating to workplace cleanliness include:

* cleaning of frequently touched surfaces (e.g., tables, benchtops, etc.) with detergent solution at least daily, and
* regular cleaning of general surfaces and fittings.

**4.3 Workplace infection control**

Infection control procedures relating to workplace cleanliness include:

* regular washing of floors, washrooms and toilets, and surfaces (e.g., tables, benchtops) with hot water and detergent
* periodic washing of walls and ceilings
* thorough washing and drying of mops, brushes and cleaning cloths after every use
* using disinfectants on frequently touched surfaces and handled items, and
* spot cleaning where necessary.

Ensure correct disposal of contaminated PPE (gloves, disposable aprons, etc.) and cleaning materials (single-use cleaning cloths and wipes, etc.) by providing closed bins with sealable liner bags. Dispose of contaminated waste in accordance with local authority or health authority requirements.

Always follow infection control precautions (including protective clothing and PPE requirements) when carrying out cleaning of infected workplaces and premises.

**The use of spraying, misting or fogging processes to control COVID-19 is not supported by health authorities who recommend that surfaces and objects be cleaned by damp wiping with detergent solution and disinfected by wiping with a hospital grade disinfectant.**

1. **4.4 Routine workplace cleaning**

General surface cleaning requirements can be divided into two groups – minimally touched surfaces and frequently touched surfaces:

* *Minimally touched surfaces* including floors, walls, ceilings, windows, blinds and curtains, etc.
* *Frequently touched surfaces* including doors, door knobs and handles, stair rails, desks, tables and work benches, etc.

Always wear appropriate protective clothing and gloves when cleaning surfaces and when using disinfectant and other chemicals.

Always follow manufacturer’s instructions provided on SDS and product labels for use of cleaning chemicals and disinfectants.

**4.5 Routine surface cleaning**

Follow these procedures for routine surface cleaning:

* prepare all cleaning solutions immediately before use
* damp wipe down all work surfaces with a neutral detergent and warm water solution, rinse with clean damp wipe (or disinfectant if required) and dry before and after each work session
* follow manufacturer’s safety precautions and recommendations for use of disinfectants where required for surface cleaning
* launder or clean mops and wipes in detergent and warm water after use, rinse in hot water and store dry (mop heads should be detachable or mops stored with the mop head up)
* empty buckets after use, wash with detergent and warm water, rinse with hot water, and turn upside down and store dry.

**4.6 Vaccination of workers**

***Aged care sector***

Vaccination of workers is generally voluntary, however, government orders can require workers in certain industry sectors to be vaccinated against specific diseases including COVID-19 for some sectors. The federal government has mandated that health-care workers and aged-care workers receive at least their first dose of COVID-19 vaccine before mid-September 2021.

The Australian government has mandated that all aged care workers are to receive the COVID-19 vaccine. Residential aged care workers must have received at least the first dose by mid-September 2021 with the second dose administered as prescribed for the vaccine given (for Pfizer – at least 3 weeks; AstraZeneca – 12 weeks). All aged care workers are strongly encouraged to get fully vaccinated as soon as possible.

All aged care providers should ensure that workers who may be required to attend an aged care facility are vaccinated. Aged care providers can consult with their Primary Health Network and GPs to organise on-site vaccination clinics for workers and are strongly encouraged to consider self‑vaccination on-site by facilities under this program.

***Health care sector***

All frontline health care workers in Queensland who are or may be exposed to a risk or infection by COVID-19 are required to be vaccinated. There is no mandate in other states or territories; however, all governments have prioritised vaccination of health care workers in their roll-outs.

***Other industry sectors***

The test for whether vaccination can be made a requirement by employers will be the same as for other vaccines, which is that it is reasonable and necessary to address a safety risk for the employee or for people who are in regular contact with an employee. Factors relevant to that assessment will include:

* the extent to which workers may be exposed to the risk of infection as part of their work (this may be affected by the likely direct contact they will have with infected people and/or the proximity workers have to each other)
* the extent to which workers provide services to people with vulnerable health conditions, and
* the effectiveness of other control measures in the workplace. (In terms of the more contagious Delta variant, this may require close examination due to its ability to spread by airborne transmission).

**5 Coronavirus infection control**

**In this section:**

5.1 Standard precautions

5.2 Personal hygiene practices

5.3 Personal protective equipment

5.4 Transmission-based precautions

5.5 Selection and use of face masks

**5.1 Standard precautions**

The basis of good COVID-19 control in the workplace is to assume that everything is potentially infectious. Every workplace should have an infection control plan that includes cleaning procedures to prevent spread of COVID-19. Proper procedures have to be followed at all times.

Standard precautions are the work practices required to achieve a basic level of infection prevention and control. The use of standard precautions aims to minimise, and where possible, eliminate the risk of transmission of COVID-19.

Standard precautions consist of the following practices:

* hand hygiene before and after all contact with potentially infected surfaces, items and materials
* respiratory hygiene
* use of personal protective clothing and equipment including gloves, face masks, and eye protection
* cleaning and sanitising of reusable cleaning equipment
* routine workplace environmental cleaning, and
* waste management.

**5.2 Personal hygiene practices**

***Hand hygiene***

Hand hygiene is considered one of the most important infection control measures for reducing the spread of COVID-19. Hand hygiene is a general term that refers to any action of hand cleansing, such as hand washing or hand sanitising.

Ensure that adequate hand-washing facilities are available, including supply of soap (dispenser is preferred to minimise risk of cross-infection) and paper towels to dry hands. Suitable signs to remind people of the need to wash hands should be posted in areas such as kitchens, meal rooms, change rooms and toilets, etc, as a constant reminder of this critical step.

*Hand washing -* Hands should be washed with soap and water when visibly soiled and after using the toilet.

*Hand sanitising* ***-*** Hand sanitising with an alcohol-based hand sanitiser is an effective method for hand cleansing when hands are not visibly soiled and hand washing facilities are not readily available. Hand sanitisers should be applied to hands when dry.

**5.3 Personal protective equipment**

Personal protective equipment (PPE) protects the worker from exposure to pathogens and chemicals used for cleaning purposes. PPE that complies with relevant Australian Standards (or equivalent overseas Standards) should be readily available and accessible for workers. The following recommendations are for general workplaces. Additional protective clothing and PPE will be required for health care and other critical care workers.

***Gloves***

The use of gloves should not be considered as an alternative to performing hand hygiene. Hands must be washed with soap and water before putting on and after removing gloves. Instruct and train personnel in the correct selection, use and disposal of gloves as an infection barrier.

Wear single-use non-sterile gloves when there a potential risk of contact with contaminated surfaces or materials. Dispose of gloves immediately after use and wash hands with soap and water. Dispose of used gloves as contaminated waste.

***Aprons***

Disposable liquid-proof aprons may be suitable for tasks where contamination of clothing is possible while carrying out cleaning tasks (e.g., light cleaning of surfaces using wipes, etc.). Remove aprons after use and roll up carefully and dispose of as contaminated waste.

***Face masks***

Refer to Transmission-based Precautions table to select appropriate types of face masks for tasks to be carried out and infection risks encountered.

Face masks must be correctly worn and fit checks carried out before entering into an infected area. Good facial fit and seal is critical, and users should be close shaven (no beards or stubble) when face masks.

Persons using face masks must be trained in the correct selection, use and care of the equipment.

***Eye and face protection***

Eye protection (close-fitting safety glasses) or chemical-proof goggles must be worn where there is a risk of splash or contact of chemicals or infected materials to the eyes.

Face shields provide protection to the eyes and face for splashes of chemicals or infected materials. Face shields are not to be used as a primary means of eye protection but worn over safety glasses.

Eye and face protection should be washed and sanitised after use and allowed to dry before re-use.

**5.4 Transmission-based Precautions**

|  |  |
| --- | --- |
| **Infection control measure** | **Route of transmission** |
| **Airborne** | **Droplet** | **Contact** |
| Coveralls | Yes | Yes | Use where high risk of contact with potentially contaminated surfaces or hazardous chemicals  |
| Aprons | N/A | N/A | Use where low risk of contact with potentially contaminated surfaces or cleaning chemicals |
| Gloves\* | Yes | Yes | Yes |
| P2 Respirator | Yes | No | N/A |
| Face mask | No (use P2/N95) | Yes | Yes |
| Safety glasses/goggles\*\*  | Yes | Yes | Yes  |
| Face shield\* | No | No | Use over eye protection when using hazardous cleaning chemicals |

\* Single-use disposable latex gloves are suitable for light cleaning and disinfecting purposes. Refer to SDS for cleaning chemicals and disinfectants for PPE recommendations.

\*\* Use splash-proof googles where high risk of splash or aerosols in eyes when using hazardous cleaning chemicals.

***Examples of disinfectants and sanitisers for infection control cleaning***

|  |  |  |
| --- | --- | --- |
| **Disinfectant** | **Recommended use** | **Precautions** |
| Sodium hypochlorite:1,000 ppm of available chlorine (10%) | Disinfection of material contaminated with blood and body fluids | Use only in well-ventilated areas.Wear eye, hand protection and apron when handling bleach.Do not mix with strong acids. Corrosive to metals. |
| Alcohol:e.g., Isopropyl 70%; ethyl alcohol (methylated spirits) 60% | Smooth metal surfaces, bench and table tops, other surfaces where bleach cannot be used | Flammable and toxic. Use in well-ventilated areas only.Avoid inhalation.Keep away from heat sources, electrical equipment, flames and hot surfaces. Allow to dry completely. |

**5.5 Selection and use of face masks**

Medical-type face masks with loops for fitting and that can be moulded to fit over the bridge of the nose are preferred protection. There should not be any open space around the perimeter of the mask when fitted. Face masks should not be reused but be disposed of after use as general waste.

Respirators fitted with an exhalation valve are not considered as suitable for use for COVID-19 and their use as such is prohibited in some jurisdictions.

Cloth face masks must be close fitting and designed to effectively filter air being inhaled. Cloth masks should be laundered after each use using an anti-bacterial agent and be dried thoroughly before reuse.

***Types of face masks***



**6 Business Contingency Plans**

**In this section:**

6.1 Contingency planning

6.2 COVID-19 Action Planning

6.3 Business continuity plans

**6.1 Contingency planning**

All businesses must identify health and safety risks at the workplace, including exposure to risks of infectious diseases. Businesses should also plan a response to cases of COVID-19 at work in line with advice provided by health authorities.

PCBUs and employers may be faced with high levels of absenteeism due to:

* workers having contracted COVID-19
* workers who have been in close contact with a confirmed case, or
* carers and people in isolation or quarantine.

Businesses should develop contingency plans to limit disruptions to business and lessen the impact of COVID-19 on business continuity. They will need to identify areas of their business which will be more heavily impacted by an outbreak of an infectious disease.

Depending on the size of the business, there may be a need to establish a planning team to minimise the effects of an outbreak. Planning teams should:

* identify critical business processes, and rank them in order of importance
* identify essential physical, human and financial resources necessary to continue these critical processes
* identify any interdependencies that the business might have on others (e.g., suppliers, distributors, service providers, contractors, etc)
* establish a policy for visitors, etc, that would become operational during an outbreak, and
* develop contingency plans for the continuation of identified critical business processes.

External factors that may impact on a business could include –

* exposure of workers to risk of infection during travel on public transport, etc
* lack of child-care arrangements in the event of shutdown of child care centres
* effects of illness on family members of staff and workers.

***Developing contingency plans***

PCBUs and employers need to plan for a situation where they might lose a high number of staff and workers at the peak of an outbreak and prepare for a second and possibly third wave of absenteeism. In most cases, people may also be absent for a period of isolation following an exposure to a confirmed case.

Contingency planning could include –

* training workers in alternative roles
* making arrangements for staff to work from home
* arranging alternative suppliers or stockpiling essential inputs
* developing standard operating procedures so that everyone knows how to carry out different tasks, and
* capturing and storing all critical information where it can be easily accessed.

Where employees are placed into another role to cope with staff shortages, it is essential that they are familiar with the responsibilities and duties of the role that they will be required to carry out, and informed and trained the hazards and risks associated with the role and the applicable safety measures.

**6.2 COVID-19 Action Planning**

###### Identify high-risk areas

These are not areas where the risk of contracting Coronavirus is higher, but the areas of the business which will be more heavily impacted by an outbreak of COVID-19. Businesses may need to establish a planning team to monitor the effects of a COVID-19 outbreak (depending on the size of the business). Planning should include:

* identifying critical business processes and ranking them in order of importance
* identifying essential physical, human and financial resources necessary to continue these critical processes
* identifying any interdependencies that the business may have on other businesses (e.g., suppliers, distributors, service providers, contractors, etc)
* establishing a policy for visitors, etc, that would become operational during an outbreak, and
* developing contingency plans for the continuation of identified critical business processes.

Develop action plans

Businesses need to plan for situations where they might lose high number of their workers due to infection or exposure at the peak of a COVID-19 outbreak and prepare for further waves of absenteeism due to infection or lockdowns. In most cases, people will be absent for up to 14 days following an exposure to a confirmed case. Action plans should identify:

* critical roles and functions within the business
* key persons with core skills to fill critical roles and functions
* personnel who will play key roles in implementation of the plan
* adverse impacts and their effects on the business, and
* possible risk control measures that could be implemented during an outbreak.

Expect the unexpected

Every business will need to be prepared for the unexpected to occur. While they may be able to cover what may occur in their business, they cannot predict what will happen to those businesses that interact with theirs, whether upstream (e.g., suppliers, service providers) or downstream (clients or customers).

External factors that may impact on a business could include –

* exposure of workers to risk of contact during travel on public transport, etc
* lack of child-care arrangements in the event of shutdown of child care centres
* effects of illness on family members of staff and workers.

Preparedness planning should be disseminated to all staff and workers and to other key stakeholders where applicable. Businesses should test their planning for contingencies to ensure that the business is able to cope with the effects of an outbreak before the plan needs to be put into place when it occurs.

**6.3 Business continuity plans**

Businesses will need to identify what are the probable effects of the outbreak on the business and its operations. In particular, they need to identify effects on:

* supply of goods and services (effects on suppliers, service providers, contractors)
* productivity (reduced output and delays due to reduced workforce)
* customers (delayed or partial delivery of goods or services)
* cash flow (reduced income due to orders not being fulfilled, etc).

The Business Continuity Plan should address for each identified risk:

* the probability and impact of COVID-19 on the business and parts of the business
* the actions to be taken to mitigate the effects of COVID-19
* the responsibilities of roles and functions during the outbreak, and
* the resources required to maintain continuity of business or to recover after a forced shutdown of the business due to COVID-19.

Preparedness planning should be disseminated to all staff and workers and to other key stakeholders where applicable. Companies should test their planning for contingencies to ensure that their business is able to cope with the effects of an outbreak before the plan needs to be put into place when the outbreak occurs.

##### 7 Administrative controls

**In this section:**

7.1 How infection occurs

7.2 Infection prevention and control

7.3 Limiting exposure to COVID-19

7.4 Personal hygiene

7.5 Social distancing

7.6 Alternative working arrangements

7.7 Carers and self-isolation

7.8 Stand downs

7.9 Shut downs

**7.1 How infection occurs**

COVID-19 infection is caused by the virus getting into the body. It can take some time before the virus multiplies enough to trigger symptoms of illness, which means an infected person may unwittingly be spreading the disease during this incubation period.

There is no single method of transmission of the virus, and it can be transmitted by multiple routes. Multiple routes greatly increase the likelihood of transmission and can make control of spread more difficult to control.

COVID-19 is spread from person-to-person through:

* close contact with a person while they are infectious
* close contact with a person with a confirmed infection who coughs or sneezes, or
* touching objects or surfaces (such as door handles or tables) contaminated from a cough or sneeze from a person with a confirmed infection, and then touching your mouth or face.

It is possible for the virus to be spread by airborne transmission and there is sufficient evidence to support this route as being a growing cause of concern in the spread of the virus.

Most infections are only transmitted by people when they have symptoms which include fever, cough, sore throat, runny nose, tiredness and shortness of breath. Symptoms may not be evident for some time after initial infection (typically 5 to 6 days but may range from as low as 2 to as much as 14 days).

**7.2 Infection prevention and control**

Infection control relies on applying a package of interventions including monitoring, education and engagement. Raising awareness of risk factors for infection and protective measures that individuals can take is an effective way to reduce transmission.

PCBUs and employers should take the following steps:

1. Plan for any potential impact of an infectious disease on their business.

2. Plan for the impact of an outbreak on workers and customers.

3. Establish policies to be implemented during an outbreak (or potential outbreak).

4. Allocate resources to protect workers and customers during an outbreak.

5. Communicate with and educate their workers.

Risk reduction messaging should focus on several factors:

* **Reducing the risk of human-to-human transmission** from direct or close contact with people with symptoms. Isolation and monitoring of persons who may have been exposed to COVID-19 is essential to preventing spread of the virus.
* **Outbreak containment measures** including:
* prompt identification of people who may have been in contact with someone infected with COVID-19
* monitoring the health of contacts
* separating healthy persons from those infected to prevent further spread
* the importance of good personal hygiene, and
* maintaining a clean environment.

**7.3 Limiting exposure to COVID-19**

***Government restrictions, advice and orders***

PCBUs and employers must monitor government restrictions, health advice and warnings, and orders relating to COVID-19 in areas and locations where they may be situated or operating and ensure that their workers and employees (including contractors) follow these instructions.

Workers must comply with any public health orders and restrictions in place that apply to their industry or the particular area or location where they may be travelling to or through.

COVID Safe Plans

COVID Safe Plans address certain matters required by an approved COVID-19 Checklist. The Plan sets out what businesses and organisations are required to do to fulfill their obligations under public health orders and reduce the risk of transmission of COVID-19 on their premises or in their workplaces.

PCBUs and employers who are engaged in an industry where a COVID Safe Plan is required must complete the relevant COVID Safe Plan for their industry and instruct their workers and employees in the content of the Plan and how they are to comply. The PCBU or employer (or the person managing or supervising workers or employees) must be able to provide a copy of the Plan when asked to by an authorised person.

Workers must comply with the content of any COVID Safe Plan that applies to their industry or the particular premises or workplace where they may be present or working.

Travel restrictions

PCBUs and employers must regulate and limit non-essential business travel to known infected areas (if allowed). They must also monitor people who have been to infected areas, even on a personal basis or for holidays. They should regularly monitor Department of Health travel advices on [www.health.gov.au](http://www.health.gov.au) if any person within the business intends to travel overseas.

PCBUs and employers should regularly monitor travel advisories and make alternative arrangements for business meetings other than travel (e.g., video conferencing, online forums, etc) or delay the trip until the threat has abated (if possible).

PCBUs and employers must ensure that workers coming back to work after travel to a high-risk area or interstate go into quarantine or self-isolate for 14 days (where specified) and are free from symptoms of COVID-19 before being allowed back into the workplace.

Protection of workers in high-risk areas

**PCBUs and employers should maintain close communications with any overseas workers who have been infected or exposed to coronavirus, and provide whatever support is available in the circumstances.**

Essential workers needing to stay overseas should be provided with personal protective equipment (such as appropriate face masks, anti-bacterial hand cleaners, paper towels, etc). PCBUs and employers should advise them to limit their contact with other people if possible, and regularly monitor websites for updated information on how to ensure that they do not become ill.

PCBUs and employers should arrange for any non-essential workers located in outbreak areas to return to Australia, taking into account that they may not be able to return if travel restrictions prevent them.

**7.4 Personal hygiene**

**This simple step is vital in the prevention of an infectious disease spreading.**

Hand hygiene is a general term that refers to any action of hand cleansing, such as hand washing or hand sanitising. The COVID-19 virus can survive on hard surfaces for up to several days. and can easily spread through contact between people’s hands.

Hands should be washed with soap and warm water (if available) for at least 20 seconds after handling potentially infected surfaces or objects, before eating, drinking or touching the eyes, nose or mouth, and after using the toilet. Hand sanitiser is useful if hand washing is impractical.

**7.5 Physical distancing**

COVID-19 can spread easily from an infected person even before they realise that they have contracted the disease themselves. Limiting exposure to risk by reducing time spent in public areas or on public transport can significantly reduce risk of contracting and spreading COVID-19.

Avoid close contact with other persons when in a public place during an outbreak. Health authorities recommend keeping a safe distance away from other persons where possible and avoid groups of persons (except for close family or household members). The use of floor markings to indicate the required distance between persons is commonly used where numbers of persons are likely to queue or congregate.

Public health orders may specify physical distancing requirements (at least 1.5 metres) and may also place limits on the number of persons who may be in an area or venue at any time. This may be expressed as I person per stated number of square metres, and/or specify a maximum allowable number of persons. Areas where these occupancy limits apply should display the maximum number of persons allowed at each entrance to the location.

All persons should carry a face mask when required by a public health order and wear it either at all times if required by the order or when physical distancing cannot be maintained.

**7.6 Alternative working arrangements**

PCBUs and employers have an obligation to protect the health and safety of all of their workers, employees and other persons who may be affected by activates carried out at the workplace. This obligation extends to any communicable disease or illness and means that COVID-19 must be considered as a workplace health and safety issue.

Businesses must plan and implement a procedure to deal with such cases as they arise. The steps that a business must take will be governed by the degree of risk that is associated with any possible illness.

Option 1 – Isolation or quarantine

A business may direct a worker who may be suspected of being infected by COVID-19 not to attend work until the specified isolation period has elapsed. This would apply to persons who have been to a known ‘danger area’ where infection is known to be occurring, and also to workers where a member of their household has fallen ill or is suspected of possible infection. (This option would require consultation with a medical practitioner to verify that the worker should be isolated and not attend work).

Option 2 – Working from home

Any work from home arrangement should follow existing working from home arrangements in force (excepting attendance at the workplace) and must meet the needs of employees subject to any isolation or quarantine arrangements.

A PCBU or employer must ensure that persons who work from home are not exposed to risk of injury or illness, by ensuring that the home-based workplace is safe and without risks to the worker’s health. Assessments of workplaces should be carried out by an appropriately trained person and should be restricted to only the part of the home that will be used as a workplace.

**7.7 Carers and self-isolation**

Persons caring for a person who is sick or is suspected of being infected with COVID-19 must take additional precautions to protect themselves and others from infection.

Only household members who are essential for caring for the patient should stay in the home. Other people living in the home should consider staying elsewhere if possible. The infected person should stay in a different room to other persons, or be separated as much as possible, and use a separate bathroom if available. The patient should avoid shared or communal areas and wear a surgical mask when moving through these areas.

Carers must practice hand hygiene including hand washing and use of gloves. Surfaces in shared areas such as door handles, taps and benches should be cleaned daily with household disinfectant or a diluted bleach solution

All persons in the household who have been in contact with the infected person will be required to self-isolate for 14 days and cannot leave to attend public places or receive visitors until cleared to do so by the local public health unit.

**7.8 Stand downs**

***Permanent employees (full-time and part-time)***

**A stand down period does not break the continuity of service of the affected employee.**

*Stand down* means placing an employee in a position in which, for the time being, their rights and duties as an employee and the rights and duties of the employer to them are suspended. Stand downs should only be considered when other working arrangements (such as working from home) are not reasonably practicable and the employee cannot be usefully employed. Note: An employee is not ‘usefully employed’ when the performance of work would harm the business, e.g., the cost of wages when an employee is unable to perform their work.

Stand downs can only apply when work cannot usefully be performed by the employee for reasons beyond the control of the employer (such as restrictions imposed by the Government or government agency). Standing down of employees can only occur when rights to do so are covered by provisions of an employment contract, a modern award or enterprise agreement, or the *Fair Work Act*.

An employer does not have to pay an employee when the Commonwealth or a State or Territory Government or officer makes an order, determination or direction that is enforceable under the law (called an enforceable government direction), that prevents an employee from working.

This could happen, for example, where:

* an enforceable government direction requires an employer to close down a work site or reduce staffing levels, and employees can’t work remotely, or
* where an enforceable government direction prevents a particular employee from working because they’re required to self-isolate.

In these instances, the employer doesn’t have to pay the employee, unless the employee takes paid leave. Whether or not the enforceable government direction prevents an employee from working will depend on the facts in each case.

Steps that must be followed by a PCBU or employer when standing down employees are:

1. **Identify the right to stand down employees.** PCBUs and employers will need to comply with stand down provisions in a modern award enterprise or employment agreement, or as provided for under the Fair Work Act.
2. **Verify that conditions exist to exercise the right to stand down employees.** PCBUs and employers must be able to produce evidence to show that cessation of work was done due to reasons outside of the control of the business.
3. **Identify those employees who are to be stood down.** PCBUs and employers who are not shutting down their business completely will need to identify employees who cannot be usefully employed due to the circumstances initiating the stand down.
4. **Notify employees of the stand down in writing.** The notice must include the reason for the stand down, when the stand down will commence, the expected duration of the stand down, and a notice stating that the stand down does not break the continuity of their service, but that the stand down period is not counted for accrual purposes.

Note: An employee who has been stood down may be able to work for another employer for the period of the stand down without affecting their employment with the PCBU or employer. The employee must obtain agreement from their PCBU or employer before commencing work for another business.

***Other employees***

Persons who are engaged on terms that enable the employer to cease the employment with short notice (e.g., contractors, labour-hire workers and casual employees) may be laid off instead of being stood down.

***Labour Hire Workers***

PCBUs and employers should check whether the labour supply agreement with the labour hire agency may require them to give minimum periods of notice to labour hire personnel before laying them off.

**7.9 Shut downs**

A shut down occurs when a business cease to operate in any significant way rather than at a reduced capacity. The retention of a skeleton workforce does not prevent a business from being considered to be shut down. A PCBU or employer may ask employees to volunteer to take paid leave at short notice as an alternative to being stood down with no pay.

##### 8 Tools, Forms and Checklists

### **In this section:**

8.1 Business Continuity Risk Assessment

8.2 Coronavirus Risk Assessment Checklist

8.3 COVID-19 Action Plan

8.4 Action Plan Worksheet templates

8.5 Infection Control Measures

8.6 Workplace Infection Control Cleaning Checklist

8.7 Chemical safety controls

**8.1 Business Continuity Risk Assessment**

***Step 1 Identify the risk***

Identify what are the probable effects of the outbreak of COVID-19 on the business and its operations. In particular, identify effects on:

* supply of goods and services (effects on suppliers, service providers, contractors)
* productivity (reduced output and delays due to reduced workforce)
* customers (delayed or partial delivery of goods or services)
* cash flow (reduced income due to reduced demand, orders not being fulfilled, etc).

***Step 2 Assess the risk***

Assess the risks to business operations based on the following questions:

1. What are the likely consequences of the outbreak on identified risk areas?

2. What is the probability that the consequences will actually occur?

Assess risks using the Risk Calculator to accurately identify the level of risk that threatens the business.

|  |  |
| --- | --- |
| **RISK CALCULATOR** | **Consequences of event occurring** |
| **Probability of occurrence**How likely is it that the event will occur? | Devastating impact on business | Major impact on business | Moderate impact on business | Minimal impact on business |
| Will definitely occur | **Extreme** | **Very High** | **High** | **High** |
| Strong chance of occurring | **Very High** | **High** | **High** | **Moderate** |
| May occur | **High** | **High** | **Moderate** | **Low** |
| Unlikely to occur | **Moderate** | **Moderate** | **Low** | **Low** |

***Step 3 Identify and decide on control measures***

All businesses will have different survival needs, but the most common will be staff numbers, which may fall to below critical levels if an outbreak occurs. Supply of goods and services will also become problematic if service providers are unable to meet their customer’s needs due to staff shortages. Select control measures to address each particular risk in conjunction with controls being implemented for other risks.

The hierarchy of risk control measures should be applied to each risk. These are –

1. eliminate the risk where practicable, or, if not reasonably practicable,
2. substitute the risk with a lesser risk (this control may not be applicable for infection management)
3. isolate the hazard
4. minimise the risk by engineering means
5. apply suitable administrative measures to minimise exposure to the risk, and
6. use appropriate personal protective equipment if other control measures cannot be applied or fail to adequately control the risk.

***Step 4 Monitor effectiveness of control measures***

Monitor applied control measures to ensure that they are operating effectively. Prompt remedial action must be taken as soon as a problem is discerned to allow corrective actions to be applied before the problem escalates or gets out of control. Alternative solutions may be identified and should be listed in the case of a failure of a primary control measure.

***Step 5 Review the plan***

The purpose of the review is to determine –

* what worked well
* what didn’t work well, and
* what should be done if a similar event occurs again.

Any changes to the plan should be documented, and an amended plan which incorporates the changes issued. The plan should also be reviewed if changes occur in company operations, structure or size, etc.

**8.2 Coronavirus Risk Assessment**

**Coronavirus Risk Assessment**

**Use this checklist to assess whether there is a risk of COVID-19 within or likely to affect your workplace.**

|  |  |  |
| --- | --- | --- |
| **Have you, any member of your staff, or family members:** | **Yes** | **No** |
| Recently returned from travelling or residing overseas in other countries where outbreaks have been reported? |  |  |
| In self-quarantine or self-isolation? |  |  |
| Exhibited any of the following main symptoms of COVID-19 infection: |  |  |
| Fever? |  |  |
| Fatigue, tiredness? |  |  |
| Sore throat? |  |  |
| Coughing, sneezing? |  |  |
| Shortness of breath? |  |  |
| Been in close contact with persons who have exhibited any of the above symptoms? |  |  |
| Developed flu-like symptoms after contact with an identified COVID-19 patient within 2 to 14 days?  |  |  |

**A “YES” response to any of the above questions means that there may be a high risk of infection in your workplace, and you need to ensure that measures to prevent the spread of the illness are implemented immediately.**

|  |  |  |
| --- | --- | --- |
| **Have you put the following prevention strategies in place?** | **Yes** | **No** |
| 1 | Initiated a hygiene strategy to prevent spread of COVID-19, including adequate hand-washing facilities, supplies of anti-bacterial cleaners and paper towels? |  |  |
| 2 | Initiated education programmes to inform workers about preventative measures? |  |  |
| 3 | Implemented policies that require workers to advise when they or family members exhibit Coronavirus-like symptoms? |  |  |
| 4 | Developed procedures to prevent the spread of infection should a staff member become ill? |  |  |

**A “NO” response means that you and your workers are at risk should an outbreak occur, or a risk of rapid spread of COVID-19 within your workplace should anyone become infected by it.**

**8.3 COVID-19 Action Plan**

***Step 1 Preliminary planning***

*Key personnel*

Identify the personnel who will play key roles in the implementation of the plan, and ensure that they are familiar with the roles and duties that they will be required to carry out. It is essential that alternative persons are allocated to each of the roles to ensure that the functions will still be carried out even if key personnel are unavailable during an outbreak.

Example (use Worksheet 1 for this step):

|  |  |  |
| --- | --- | --- |
| **Role or function** | **Person 1** | **Person 2 (alternative)** |
| Management Team leader | *Arthur Wallace* | *Wally Arthurson* |
| Team member (s) | *Fred Bloggs* | *Peter Potter*  |
| Liaison/communications | *Harold Ericsson* | *Joan Pollimott* |

*Critical operations and functions*

Identify operations, roles and functions that are critical to the running of the company to ensure that sufficient staff and resources are available to continue viable day to day running of the business. Less critical functions should be identified to ensure that staff (who may be in short supply) are not diverted away from more critical tasks. Prioritise each of the identified operations or functions to ensure that the more important operations or functions receive a higher priority.

Example (use Worksheet 2 for this step):

|  |  |  |
| --- | --- | --- |
| **Critical operation/role/function** | **Priority** | **Minimum staffing level** |
| *Administration* | 1 | *2* |
| *Customer support/help desk* | 2 | *1* |
| *Accounts* | 3 | *2* |
| *Sales/call centre* | 4 | *2* |
| *IT, data and telecommunications* | 5 | *1* |
| *Facility management*  | 6 | *1* |
| *Manufacturing* | 7 | *5* |
| *Maintenance* | 8 | *1* |

*Persons with core skills*

As well as identifying the critical operations and functions, it is essential to identify the key persons with core skills to fill those roles, especially where there may be only a limited number of persons with the required skills. All persons with the required skills should be identified for other roles that they can fill.

Example (use Worksheet 3 for this step):

|  |  |  |
| --- | --- | --- |
| **Role/function** | **Core skill** | **Persons with core skills** |
| **Person1 (incumbent)** | **Person 2 (alternative)** |
| Administration | *Switchboard, Outlook* | *Mary* | *Jane* |
| Customer support | *Product knowledge* | *Roger* | *Peter C.* |
| Accounts | *MYOB* | *George* | *Ruth* |
| Sales/call centre | *Inventory* | *Peter R.* | *John J.* |
| IT, data, telecom. | *Networking* | *Bill G.* | *Steve J.* |
| Facility mgmt. | *Building maintenance* | *Bob B.* | *None* |
| Manufacturing | *Tool setter* | *Tom T.* | *Bill S.* |
| Maintenance | *Electrical* | *Fred M.* | *None* |

***Step 2 Risk identification***

*Identify adverse impacts*

Identify the adverse impacts on the business that may occur due to an outbreak. Consultation with staff and workers is essential to ensure that all potential risks to company operations and activities are identified and assessed. Consultation with customers and suppliers is also critical to determine the risks associated with delays in delivery of goods or service, and potential problems in the supply of essential plant and equipment, materials and goods and services.

Example (use Worksheet 4 for this step):

|  |  |  |
| --- | --- | --- |
| **Risk No.** | **Identified risk** | **Impact(s) on business** |
| *1* | *Inability to fill customer orders* | *Possible loss of existing customer* |
| *2* | *Lack of experienced sales staff* | *Possible loss of new business* |
| *3* | *Computer system crash* | *Loss of data, delays in accounting* |

***Step 3 Risk assessment***

Assess the level of risk to the business presented by each of the identified risks. Apply the risk calculator to the risks and answer each question in turn on the matrix to assess the level of risk.

Example (use Worksheet 5 for this step):

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk No.** | **Probability of Occurrence** | **Consequences of event occurring** | **Risk level** |
| *1* | *Strong chance* | *Major impact on business* | *High* |
| *2* | *Strong chance* | *Moderate impact on business* | *Moderate* |
| *3* | *May occur* | *Major impact on business* | *Moderate* |

***How to use this risk assessment:***

1. Identify the risk(s) to the business.
2. Identify the impact(s) that each risk will have on the business if the risk was to eventuate.
3. Use the risk calculator to determine how much of a threat is posed by this particular risk.
4. Identify what risk control options are available.
5. Rank the risk controls in order of preference.

|  |  |
| --- | --- |
| **RISK CALCULATOR** | **Consequences of event occurring** |
| **Probability of occurrence** How likely is it that the event will occur? | Devastating impact on business | Major impact on business | Moderate impact on business | Minimal impact on business |
| Will definitely occur | **EXTREME** | **EXTREME** | **HIGH** | **HIGH** |
| Strong chance of occurring | **EXTREME** | **HIGH** | **HIGH** | **MODERATE** |
| May occur | **HIGH** | **HIGH** | **MODERATE** | **LOW** |
| Unlikely to occur | **MODERATE** | **MODERATE** | **LOW** | **LOW** |

***Step 4 Risk control measures***

From the example above, it is evident that the inability to meet customer needs is the most critical risk, and should be given higher priority over other risks. In a pandemic or similar situation, loss of experienced or trained staff and workers will be the prime cause of the risk manifesting. The key areas will be identified by the risk assessment process, and all that is needed now is to decide on the appropriate measures to counter the risk.

Example (use Worksheet 6 for this step):

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk No.** | **Identified risk** | **Risk control options** | **Preference** |
| *1* | *Inability to fill customer orders* | *Reallocate staff from sales team* | *2* |
|  |  | *Source temporary staff from agency* | *1* |
|  |  | *Wait until everyone is back on deck* | *3* |

Once possible risk controls have been identified, it is a simple matter to select the most appropriate control measure in the particular circumstances. The very nature of an outbreak means that there will be fewer people available for work both within and outside of the business. For this reason, it is critical to ensure that as much of the business can operate as usual.

**Health and safety issues must also be addressed to ensure that the health and safety of re-allocated workers is not put at risk by their working in a different occupation or workplace. Induction and orientation must be provided where necessary.**

**8.4 Action Plan Worksheet templates**

***Worksheet 1 – Key Personnel***

Workgroup or area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Role or function** | **Person 1** | **Person 2 (alternative)** |
| Management Team leader |  |  |
|  |  |  |
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***Worksheet 2 – Critical operations/roles/functions***

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| --- | --- | --- |
| **Critical operation/role/function** | **Priority** | **Minimum staffing level** |
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***Worksheet 3 – Persons with core skills***

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| --- | --- | --- |
| **Role/function** | **Core skill** | **Persons with core skills** |
| **Person1 (incumbent)** | **Person 2 (alternative)** |
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***Worksheet 4 – Risk identification***

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| --- | --- | --- |
| **Risk No.** | **Identified risk** | **Impact(s) on business** |
|  |  |  |
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***Worksheet 5 – Risk assessment***

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk No.** | **Probability of Occurrence** | **Consequences of event occurring** | **Risk level** |
|  |  |  |  |
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***Worksheet 6 – Risk control options***

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk No.** | **Identified risk** | **Risk control options** | **Preference** |
|  |  |  |  |
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**8.5 Infection control measures**

***Preventative strategies***

|  |  |  |
| --- | --- | --- |
| **Have the following prevention strategies been put in place?** | **Yes** | **No** |
| Hygiene strategy to prevent spread of disease, including adequate hand-washing facilities, supplies of anti-bacterial cleaners and paper towels? |  |  |
| Education programmes to inform workers about preventative measures? |  |  |
| Policies that require workers to advise when they or family members exhibit coronavirus-like symptoms? |  |  |
| Procedures to prevent the spread of infection should a staff member become ill? |  |  |

|  |
| --- |
| **A ‘NO’ response means that everybody is at risk should an outbreak occur, or a risk of rapid spread of the virus should anyone become infected by COVID-19.** |

**Staff and workers must be reminded not to share cups, dishes, and cutlery, and ensure that they are thoroughly washed with soap and hot water after use.**

**Remove all magazines and newspapers from common areas (such as kitchens, meal rooms) and reception/waiting areas.**

***Protection measures***

|  |  |
| --- | --- |
| **Protection measure** | **Where applicable** |
| Hand washing,  | Everyone, all of the time |
| Respiratory hygiene | Cough and sneeze etiquette, face mask for infected persons when other persons present |
| Social distancing | At least 1 m (or as prescribed) from infected person when unprotected |
| Protective barriers | Isolate or quarantine Infected persons to prevent spread of infection. |
| Protective clothing  | Disposable coveralls, disposable gloves, face mask, eye protection, other PPE as recommended by the health authority. |
| Disposable surgical mask  | Workers in community or health care who are dealing with the sick (including first responders), also used as an adjunct to protective barriers. |
| Environmental hygiene | Cleaning of potentially infected surfaces and objects by damp wiping with detergent solution.Disinfect surfaces and objects by damp wiping with hospital grade bleach or other approved agent. |

**8.6 Workplace Infection Control Cleaning Checklist**

Note: This list is not exhaustive, and other items or processes may be added to address local requirements.

|  |
| --- |
| **WORKPLACE INFECTION CONTROL CLEANING CHECKLIST** |
| **Company:**  | **Address:** |
| **Work location:** | **Supervisor:**  | **Date:**  |
| **Work to be carried out:** |

|  |
| --- |
| **EQUIPMENT AND TOOLS REQUIRED** |
| **Site security** | **Y** | **N** | **Details and precautions** |
| Portable barriers |  |  | Check condition, adequate for all locations |
| Easels |  |  | No Entry; Wet Floor; etc. |
| Other: |  |  |  |
| **Electrical appliances** | **Y** | **N** | **Details and precautions** |
| Electrical equipment (other than cordless tools) |  |  | Visual inspection, leads, safety tag, before use |
| Cordless tools and equipment |  |  | Visual inspection before use |
| Other: |  |  |  |
| **Access equipment** | **Y** | **N** | **Details and precautions** |
| Stepladders (use for one-handed work only) |  |  | Open fully, lock braces, do not use top 2 steps. |
| Step platforms |  |  | Open fully, lock braces, do not lean out to sides. |
| Other: |  |  |  |
| **Hand tools, etc.** | **Y** | **N** | **Details and precautions** |
| Cleaning tools (mops, brushes, etc.) |  |  | Handles fitted correctly, not loose |
| Buckets, bins |  |  | Handles secure, lids close on bins |
| Cleaning cloths, disposable wipes |  |  | Separate bin for used cloths, closed bin for wipes |
| Other: |  |  |  |
| **PROTECTIVE CLOTHING AND PPE REQUIRED** |
| **Item** | **Type** | **Y** | **N** | **Details and precautions** |
| Coveralls |  |  |  |  |
| Apron |  |  |  |  |
| Gloves |  |  |  |  |
| Eye protection  |  |  |  |  |
| Face shield |  |  |  |  |
| Respirator |  |  |  | Fit check for disposable types |
| Other: |  |  |  |  |
| **CLEANING CHEMICALS AND DISINFECTANTS (Chemicals Register with SDS and risk assessments to be provided)** |
| **Used for** | **Name of chemical** | **Risk level** | **Eye prot.** | **Gloves** | **Other** |
| Floors, walls |  |  |  |  |  |
| General surfaces |  |  |  |  |  |
| Metal surfaces |  |  |  |  |  |
| Glass |  |  |  |  |  |
| Toilets |  |  |  |  |  |
| Disinfectant |  |  |  |  |  |
| Other: |  |  |  |  |  |
| **OTHER PRECAUTIONS, COMMENTS** |
|  |
|  |
|  |
| **INSTRUCTION OF WORKERS** |
| **Name** | **Signature** | **Name** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Name of instructor** |  | **Date carried out** |  |

**8.7 Chemical safety controls**

PCBUs and employers must ensure the health and safety of persons using cleaning chemicals and disinfectants for infection control cleaning purposes. Control measures for the safe use of chemicals include:

* Obtain a current Safety Data Sheet (SDS or MSDS) for each chemical used
* Carry out a risk assessment for the chemical based on the method of use and risk of exposure
* Compile a Chemicals Register that contains SDSs, risk assessments and health and safety control measures (including protective clothing and PPE) for each chemical
* Instruct workers in the safe storage, handling, use and disposal of chemicals
* Provide appropriate protective clothing and PPE to workers, and instruct them in the correct use, care and maintenance of the equipment
* Instruct workers in protocols for cleaning all areas of the workplace including exclusion of persons from areas where risks may be present during workplace cleaning.