COVID-19 Business Continuity Guideline

Revision No 1

Contents

1. Purpose

This guide is intended to support the development of a business-specific COVID-19 plan that tackles each of the COVID-19 risks in a way that is relevant and practical to that business.

Coronavirus (COVID-19) presents a rapidly evolving risk to businesses and their staff. The knowledge regarding transmission and the features of the illness are still emerging, so any COVID-19 plan will require frequent review in line with evolving understanding of the virus, its risks and mitigating factors.

In view of the rapidly changing nature of this pandemic, this guide will be updated every two weeks.

By registering your contact details with nuffield@nuffieldgroup.com you will receive the updates as they become available and can add them to your own customised guidelines to reflect the specific nature and unique operations of your business.

Our team at Nuffield Group is also keen to learn from the experiences of the users of this guide, so if you have additional information or experiences that could be shared with other users of this plan, please send them to the email address above so they can be incorporated in the next edition of these guidelines. In this way we can build and benefit as a community, sharing our knowledge to create best practise.

2. Scope

This generic guide is designed to be applied to any organisation by personnel familiar with its operations. Each hazard requires interpretation of likelihood and probability to determine the potential impact to that activity, and to ensure that any controls are relevant to the way the hazards present in that organisation. Refer to the organisation's Risk Matrix for assessing the risk.

The five key organisational hazards related to COVID-19 are:

- Exposure of employees to infection in the workplace.

- Exposure of customers and other third parties to infection when visiting the business.

- Disruption to operation during a period of post-infection cleaning.

- Disruption to supply-chain flow.

- Shut down of the business due to suspected or confirmed cases.

3. COVID-19 Infection Transmission

COVID-19 is transmitted when micro-droplets containing the virus are transferred from one person to another. This is thought to occur when an infected person sneezes, coughs or simply exhales. Due to their incredibly small size, these micro-droplets can remain suspended in the air for an extended period, allowing them to be inhaled by other people without their knowing.

Micro-droplets carrying the COVID-19 virus eventually settle on surfaces, where virus particles may be picked up by others and enter the previously non-infected person via hand-to-face transmission, such as rubbing eyes, mouth or nose. Infection can be spread by infected people before they are experiencing symptoms themselves.

Any person who is feeling unwell is required to self-isolate and have themselves tested for COIVD-19, they must continue to isolate at home until they receive the results of their COVID test. If the result is negative, they can stop self-isolation. If the test has returned positive for COVID-19, or they have come into close contact with someone who has the virus they must be isolated from the workplace and the community for a period of 14 days. Return to work is contingent on two COVID-19 tests taken several days apart both returning negative. This requirement can be highly disruptive for an organisation, regardless of the testing outcome, and even a negative case can interrupt efficient operations. Refer to the Department of Health and Human Services to current guidance on these requirements. Victorian Department of Health and Human Services

Organisations have a regulatory requirement to consult with workers and any elected Health and Safety Representatives (HSRs), conduct a risk assessment and implement control measures to eliminate, or if not reasonably practicable, minimise identified risks to as low as reasonably practical. Involving workers in the risk assessment and control development process will provide a result that will be more broadly supported by the workforce and be more practical.

3.1 Potential controls:

Distancing is the primary form of control for infection transfer. This can mean separating people physically to minimise the effective transfer of virus particles from one person to the next or by separating people by time. Effective distancing measures include:

- Where possible, require employees to work from home. Working from home eliminates the risk of employees contracting the virus at work. This measure also supports business continuance as employees working from home are able to continue working if they are suspected to have contracted COVID-19 but have little to no symptoms.

- Where employees are required to be present in the workplace, increased distancing between workers at all times will reduce the potential for infection. It is important to consider all possible points of contact where onsite attendance is required specifically:

  - Travelling to work – car pooling should be minimised.

  - Shared spaces such as change rooms, bathrooms, kitchen/meal spaces.

  - Work spaces where the actual work activities take place.

  There may be non-essential work activities that introduce increased infection risk that can be put on hold until pandemic restriction are reduced.

Where workers are required onsite, the general guidance of a minimum of 4 square metres of space per person and maintaining a physical distance of at least 1.5 metres from others where possible will reduce the likelihood of exposure to the micro-droplets of others. The body temperature of people entering should be checked and if it is over 37.5oC then access must be denied and they should seek medical assessment. Hand washing/sanitizing facilities need to be available at the entry point and PPE such as face coverings must be worn.

- Record keeping will be very important for contact tracing purposes. Knowing who has entered the workplace, an indication of where they visited in the workplace and how long they stayed. This should be recorded on the day and shift rosters should not be relied on as these can change at late notice and therefore not reflect the actual personnel on site or the visitors who have attended.

- Splitting the workforce into shifts or teams that are not at the workplace at the same time is another important risk mitigation measure. Should a person infected with COVID-19 introduce the virus to the workplace, this strategy minimises the risk of the whole cohort being exposed. Workforce splitting does not eliminate the risk of infection transmission, but it does minimise the potential for exposing an infected individual to the whole workforce and putting them all at risk. This is especially important when there are critical roles that can be divided into teams such as plant maintenance crews, equipment operators, shelf stacking staff, wait staff, cooks etc. Look also to staffing rosters and schedules. Rolling staff rotations potentially exposing each employee to all of the others should be stopped.

- Advise any workers / contractors to self-isolate at home if:

  - They have been overseas, particularly to high risk countries

  - They have been in close contact with any confirmed cases of the disease

  - They have been in close contact with suspected cases of the disease, in which case the self-self-isolation is only required until the outcome of the test is known. If clear the person can return to work.

- They are felling unwell with symptoms such as a fever, coughing, sore throat, headaches, runny nose, loss of sense of smell, difficulty breathing or a high temperature. In this case they should be tested for COVID-19 and isolate until the results return negative. It is important that they notify their supervisor so that any possible broader outbreak can be identified as early as possible.

- Ensure provision and correct use of personal protective equipment (PPE) - must include information on how to use and maintain the PPE so it continues to provide the required level of protection.

- Personal hygiene measures should be reinforced with the workforce, such as:

  - Do not spit on the floor, including in the ablutions.

  - Advice on how to wash hands (post information regarding the recommended techniques in bathrooms), including

    ‣ Wash regularly and thoroughly with soap and warm water

    ‣ Before and after preparing food

    ‣ After going to the toilet

    ‣ Before and after eating

    ‣ After coughing, sneezing or blowing your nose

    ‣ After removing PPE, like mask and disposable gloves.

  - Sneezing, coughing and blowing the nose should be done onto tissue paper which should be disposed of with care

  - Avoid sharing of cups, cutlery, etc

  - Avoid physical contact such as shaking hands

  - Ensure hygiene stations are available and cleaning processes are in place for common areas e.g. kitchen areas, washrooms, meeting rooms – all to be disinfected daily.

- Consider where a worker(s) with an onset of fever and symptoms can wait safely while transport to receive medical care can be organised for them. It is important to consider others who may need to access this space and the route they will need to travel in order to leave the premises.

- Identify local hospital/medical clinics that personnel who become symptomatic can attend.

- A *Touch Survey* should be completed in order to identify items within the workplace that are commonly touched by the workforce and these should be included in an intensive cleaning program. High-touch items will include door handles, door push plates, taps, light switches, equipment buttons and controls, photocopier buttons and paper trays and computer keyboards and mouses (especially where they are not used by a single person). The *Touch Survey* is completed by watching personnel in the workplace and observing the items that they touch in their normal activities.

- For office environments, seek confirmation from building or facility managers / owners that the air conditioning systems are properly designed and maintained. Ensure all internal spaces are well ventilated.

Encourage workers to keep work areas clean and discourage workers from using other workers' desks, phones, offices or other equipment, where possible.

4. Third Parties

Visitors to a workplace can be a particularly high risk to an organisation as some will be moving from business to business, such as courier drivers, and therefore are more likely to be exposed to COVID-19 and either be an infection source or be implicated as potential close or casual contacts due to the larger number of places they visit. A close contact like this who is later confirmed to have contracted COVID-19 can introduce disruption to an organisation, or even shutdown, as a precautionary response.

An organisation needs to establish which visitors are critical to operations and those who can have their visit postponed or complete their activity through alternative methods such as online meetings, Zoom or Facetime for example. Where physical access to a workplace is required, the flow of personnel movement needs to be analysed to minimise visitor contact with site-based personnel. For example, delivery drivers could have limited access to site spaces, portable toilets could be installed to keep them separate to the permanent site personnel, or, for short visits, drivers could be requested to remain in their trucks. Signage should be installed stating the requirements for entry, to minimise face to face exposure, visitors are to remain in their car, ring reception or wait at the entrance and use an intercom to explain their need to visit and only attend reception areas when advised to do so.

Prior to site access, a Health Checklist should be completed by each visitor to confirm that they are not currently experiencing any COVID-19 symptoms, or at risk of having been in contact with a confirmed case. The body temperature of people entering should be checked and if it is over 37.5oC then access must be denied and they should seek medical assessment. Hand washing/sanitizing facilities need to be available at the entry point and PPE such as face coverings must be worn.

5.   Disruption to Operation

All critical operational areas of an organisation that may have their usual function disrupted by the pandemic need to be identified so that changes to control and mitigate the effects can be made. For example, a plan for continuity of leadership should be prepared in the event of the absence of key decision makers and executives due to illness or physical isolation.

Focus should also be given to identifying core and essential business functions (prioritised activities); key contracts; and the essential workers who are needed to manage these. Consider staffing contingency alternatives for maintaining business activities should a high number of workers be unable to attend work. This could include identifying key tasks and potentially training an additional pool of workers or the identification of contractor service providers or cross-training workers.

Assess your business needs for continued face-to-face contact with your customers and suppliers and consider plans to modify the frequency and/or type of face-to-face contact (e.g. video or tele-conferencing instead of travelling to meetings) and with customers such as "click and collect" type operations where customers can wait in their car and phone through orders that are delivered to their vehicle, (such as for courier drivers picking up and dropping off deliveries).

Consider whether workers can work from home and what communications and information technology infrastructures are needed to support workers working from home. Testing the IT capabilities to support remote working arrangements are important before they are required to continue operational and financial activities when an IT disruption occurs.

The shutdown of other organisations in the community may also challenge the availability of personnel during a pandemic such as the closing of schools at short notice, commitment of employees who are volunteers with organisation such as the SES or the Australian Defence Forces Reserves and closing of borders where the workplace is on one side of the border and employees live on the other side. There may also be cases where some personnel who have compromised immunity or live with people with compromised immunity and are unable or unwilling to attend work due to their higher risk of infection or severe illness.

6.   Disruption to Supply Chain Flow

Maintaining the supply chain is a critical aspect to continuing organisational operations. Securing supply chain stability should include assessing for risks to operations, specifically:

- Identify essential suppliers and service providers and discuss continuity issues with them. Critical components and services may include 'everyday' items that could be considered minor during non-pandemic times such as:
    - Ingredients and condiments
    - Lubricants and process treatment chemicals

- Parts used to maintain plant and equipment
- Calibration and breakdown technical services
- Inspection and certification services
- Packaging, wrappings and printed items

- Identify essential customers and ensure that plans are in place to meet their needs.

- Identify supply chain disruption risks to each business, their triggers and develop potential workaround solutions.

- Consider your customers' needs during a pandemic and whether to review your business model and arrangements to continue to meet those needs.

To support the supply chain and provide increased resilience, areas for consideration should address:

- Alternative/dual suppliers

- Alternative delivery means to customers

- Stock levels on hand.

There may be critical activities that are required to maintain operations. If this is the case, it is important to build-in redundancy plans. For example, ensuring there are multiple personnel who are capable of completing a task, and establishing a process that allows one person on site to work under the remote oversight of another more experienced person via Zoom, Facetime or a mobile device.

Assess potential resourcing, supply and financial impacts and risks to your contracts, your business and your customers (such as reduced manning, deferred work, camp infections, restricted site travel [inspections and tests], supply chain interruption or delays). It is important to identify strategic imperatives and assign appropriate priority to your planning process.

Discuss with your suppliers/sub-contractors whether they have robust Business Continuity plans in place. Whilst this is being coordinated at a corporate level, it is also important to understand your local requirements and potential impact.

7.   Communications

It is crucial that employees, contractors, suppliers and customers are all informed about your organisation's response to COVID-19 so that they are able to play their part in supporting its ongoing safe operation. A lack of communications can feed the rumour mill with incorrect or even disruptive information that can be disruptive to operations and cause increased and unnecessary anxiety amongst all of the affected parties.

A communications plan should be developed to ensure that there is a consistent and effective approach. Communications is a two-way activity, so there need to be clear channels for affected stakeholders to report back to the organisation with health and wellbeing issues and flag impacts to suppliers and customers; as well as a contact for others who may be impacted or impact the organisations such as neighbours, local government and local health care facilities.

Your *Communications Plan* needs to consider several components, including:

- Identification of a communications coordinator who will lead the dissemination of the communications in line with each stakeholder's needs.

- This plan should identify key contacts (with back-ups), chain of communications (including suppliers, customers and workers), and processes for tracking and communicating business and worker status.

- Establish and maintain clear internal and external protocols for both routine and emergency communication with workers, customers and other key stakeholders

- Workers should be informed of the business continuity planning measures that will impact them and be kept updated on the policies and progress on the measures to be implemented by the organisation in the event of a virus outbreak

- Identify the relevant stakeholders such as suppliers, service providers and customers, and key messages for each stakeholder group; and begin a dialogue with them on potential contingency measures.

- Where possible, pre-empt the response to external stakeholder queries on your pandemic readiness. This allows time for a considered response and appropriate levels of management review and approval.

- Up-to-date worker/contractor (and next of kin) contact information in case workers need to be contacted when not at work. Also ensure that workers have the current contact details for their supervisors, Human Resources or 24hr emergency contacts if required after hours.

- Establish a process for checking on workers who are currently in isolation regularly by phone or email during their absence from work to ensure they and their families are ok and have the required supplies. This will help to ensure that when they are able to return to work, workers will be in a physically and mentally fit state for work and are informed of any changes to the workplace or practices prior to arriving.

The circumstances of any pandemic are likely to change rapidly and so the Communications Plan should be reviewed periodically to ensure that it is still reaching all of the affected stakeholders.

Some of the communication methods that could be used are:

- Phone calls

- Email messages

- Text messages to individuals or groups using facilities such as Whispir

- Letters

- Social media posts to open or closed groups

- Notifications on websites

- Notice boards at the workplace entry or welfare areas

- Press releases to the media

7.1. Management and Supervision

Organisation management and supervisors need to be familiar with worker management policies that apply to COVID-19. These may include advice from Human Resources regarding the treatment of absenteeism, sick leave, flexible workplace arrangements, cancellation of leave, restrictions on local and overseas travel, workplace closures, and recall of non-critical workers and their families from affected countries and regions.

7.2. Employees and Contractors

Providing regular information to workers and contractors regarding the hazards and controls related to COVID-19 is a regulatory requirement but is also important to ensure that personnel are able to perform in a way to keep themselves and others safe and contribute to continued organisational operations.

Employee and contractor communications should include:

- Education for workers on infection control and good personal hygiene requirements at work (refer to section 3).

- Disseminate information to workers about your pandemic preparedness requirements and response plan for your business, including their role in this plan.

- The channels that employees and contractors can use to contact the organisation, including out of hours contact details.
- Remind workers about the availability of any Employee Assistance Program services and consider the impacts for an increased take-up of these welfare services.

7.3. Third parties

To allow timely and effective communications with all relevant third parties, your contact information for suppliers, customers and other third-party organisations should be kept up to date and communication channels for the third parties to contact your organisation should be confirmed. Timeliness is a key aspect to effective pandemic response, so removing impediments to communication flow will encourage smooth, two-way communications.

8. Personal Protective Equipment (PPE)

During a pandemic the availability of Personal Protection Equipment (PPE) can be extremely limited. It is important to forecast and ensure adequate supply of appropriate PPE is stockpiled at the workplace, including disposable gloves, disinfectant, antibacterial wipes, hand sanitisers, paper tissues, paper towel, and N95/P2 masks.

It may be necessary for a PPE supply to be maintained for operational requirements, or supplemented with an emergency supply should a person show symptoms while at the workplace (for example, for use by a potentially infected person and those who are helping to transport them offsite for medical attention).

While a facemask may be effective in blocking splashes and large-particle droplets, a facemask, by design, does not filter or block very small particles in the air that may be transmitted by coughs, sneezes or certain medical procedures. Facemasks also do not provide complete protection from germs and other contaminants because of the loose fit between the surface of the facemask and the wearer's face.

Note: Surgical masks are generally chosen (rather than P2/N95 masks) for suspected COVID-19 cases to wear, to prevent spread of respiratory droplets. Surgical masks are intended as single use items. They should cover the mouth and nose. Avoid touching the mask once it is on. Discard the mask in the bin after use and wash hands.

Provision of suitable bins for the disposal of PPE needs to be made available at appropriate locations such as where personnel take breaks and in car parks where they leave for home. Where possible, bins with no-touch lids (such as foot operated pedal bins) are best so that people are not required to lift the lid of the bin to place their waste inside after they have taken their gloves off prior to entering their car.

To be effective, masks should be changed regularly or, if soiled or wet, and wearers should wash their hands with soap and water after disposing of the soiled mask.

Advice from Safe Work Australia (April 2020)

9.   Shut Down of the Business

Shut down of an organisation is a potential outcome of COVID-19 exposure. A number of items need to be reviewed to ensure the organisation understands its options and legal commitments, specifically:

- Review insurance coverage (business interruption and credit insurance)
- Check Force majeure provisions to see if a pandemic makes it impossible or unlawful to fulfil contractual obligations
- Review existing notification obligations relating to possible delays, suspension, or termination of contractual obligations
- Confirm the circumstances under which you might be able to scale back resourcing or suspend operations due to a pandemic.
- Review Corporate solubility requirements
- Review Employee entitlement commitments

10.   Transitioning Back

Transitioning away from pandemic restrictions is likely to be a staged process and will require the continued review of the practices at the workplace. It should not be expected that business will switch back to pre-pandemic arrangements as some of the additional controls that will have been implemented during the pandemic response may be an improvement in the way to operate; And others may well need to be introduced to achieve effective hazard control and meet regulatory requirements ongoing.

11.   Work Health and Safety Incident Notification Requirements

The following information from Safe Work Australia is for people conducting a business or undertaking (PCBU) on the approach to Work Health and Safety (WHS) incident notification for COVID-19 in their State or Territory, including details on who to notify, how and when required.

In most jurisdictions, notification to your State or Territory WHS regulator and health authority is required. However, notification to health authorities is usually required by the relevant medical practitioner rather than a PCBU.

State and Territory health authorities receive notification to monitor and control occurrences of COVID19.

Work Health and Safety incident notification allows WHS regulators to investigate serious work health and safety incidents and potential contraventions of WHS laws. This notification also supports WHS regulators to provide targeted advice and information to business on how best to manage risks and prevent future COVID-19 infections in workplaces.

Safe Work Australia does not receive incident notifications.

For further information, please contact the WHS regulator in your jurisdiction.

Australian Capital Territory

PCBUs should notify WorkSafe ACT if it is suspected that a person may have contracted COVID-19 and requires treatment in hospital or meets the prescribed serious illnesses from within the workplace. Notification must be made immediately after the PCBU becomes aware of the incident.

Notification is made by submitting the online incident notification template or by calling the ACT Government call centre on 13 22 81.

Notifications must be made regardless of whether ACT Health Protection Service is already aware of the case.

New South Wales

PCBUs must notify SafeWork NSW of a case of COVID-19 arising out of the conduct of the business or undertaking that requires the person to have immediate treatment as an in-patient in a hospital, and any **confirmed** infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work that involves providing treatment or care to a person, or that involves contact with human blood or bodily substances.

Notification is made by calling SafeWork NSW on 13 10 50.

A mine operator or PCBU regulated by the NSW Resources Regulator must notify the NSW Resources Regulator when they become aware of a case of a worker or other person at the mine or petroleum site.

Notification is made by calling the Resources Regulator hotline on 1300 814 609. Provision of personal details of the affected person is not required.

Notifications must be made regardless of whether NSW Health is already aware of the case.

Northern Territory

PCBUs should notify NT WorkSafe where:

- a person dies from COVID-19 and the infection arises out of the conduct of the business or undertaking
- a person requires immediate treatment as an in-patient in a hospital for COVID-19 and the infection arises out of the conduct of the business or undertaking

Notification is made by calling NT WorkSafe on 1800 019 115.

Notification is required regardless of whether the NT Department of Health is already aware of the case.

Queensland

If there is a confirmed or probable case of COVID-19 at your workplace, Queensland Health will be notified by the medical professional who confirms the diagnosis.

A person conducting a business or undertaking (PCBU) must notify Workplace Health and Safety Queensland (WHSQ) of a confirmed or probable case of COVID-19 as diagnosed by a medical practitioner and arising out of the conduct of the business or undertaking:

that requires the person to have immediate treatment as an in-patient in a hospital; or

to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work that involves providing treatment or care to a person, or that involves contact with human blood or bodily substances.

To raise a concern about a work health and safety issue, use our online form or call 1300 362 128. For non-COVID-19 notifiable incidents, use our incident notification form.

South Australia

PCBUs must notify a case of COVID-19 to SafeWork SA, if the case can be reliably attributed to a workplace exposure, and either

- results in treatment by a doctor within 48 hours of exposure to a substance (e.g. airborne contaminants, human substances), or
- death.

Notification to SafeWork SA can be made using the incident notification form which can be submitted online or emailed to notifications.safework@sa.gov.au. Alternatively, call SafeWork on 1300 365 255. SafeWork SA may request confirmation of incident details in writing within 48 hours of your telephone notification.

Notification is required regardless of whether SA Health is already aware of the case.

Tasmania

PCBUs must notify WorkSafe Tasmania when it is **confirmed** that a person has contracted COVID-19 through carrying out work and:

- the person dies; or

- the person is required to have treatment as an in-patient in a hospital; or

- the reason the person contracted COVID-19 is reliably attributable to carrying out work that involves providing treatment or care to a person; or involves contact with human blood or body substances. In this case, the carrying out of work must be a significant contributing factor to the infection being contracted.

Notification must be made immediately after the PCBU becomes aware of the incident. Notification is made by calling WorkSafe Tasmania on 1300 366 322 or by submitting WorkSafe Tasmania's incident notification form.

Notification is required regardless of whether the Tasmanian Department of Health is already aware of the case.

Victoria

Employers and self-employed persons must notify WorkSafe Victoria when they become aware of a case of COVID-19 which has occurred in the workplace and where it is the cause (or one of the suspected causes) of a death at a workplace. Information on how to make a notification is available on the WorkSafe Victoria website.

Notification is required regardless of whether the Victorian Department of Health and Human Services (DHHS) is already aware of the case. Subject to Victorian Privacy and Data Protection Act, Health Records Act and any other statutory restrictions on the disclosure of information, DHHS may inform WorkSafe Victoria of a case of COVID-19 where a risk of transmission has been identified in a Victorian workplace. WorkSafe Victoria may also be consulted about cases of COVID-19 in workplaces.

Western Australia

Employers, principle contractors and contractors must notify a case of COVID-19 to the Department of Mines, Industry Regulation and Safety, WorkSafe where it is the cause (or suspected cause) of a death at a workplace.

Employers, principal contractors and contractors are not required to notify non-fatal incidents of COVID-19 to the Department of Mines, Industry Regulation and Safety, WorkSafe as WA Health are already notified of confirmed cases by medical practitioners.

Notification is made by calling 1800 678 198.

Commonwealth

PCBUs should notify Comcare of all confirmed COVID-19 cases that are work related and arise from the business or undertaking of the PCBU. Notification must be by the fastest possible method and as soon as the PCBU becomes aware of the incident.

Notification to Comcare can be made using the incident notification form which can be emailed to notify@comcare.gov.au or submit an online notification. Alternatively, call Comcare on 1300 366 979. When notifying by phone, you may be asked to provide notification in writing within 48 hours. If calling outside office hours, you can be redirected to the on-call inspector.

Notifications must be made regardless of whether the relevant Health agency is already aware of the case.

12.   Links to Resources

Restrictions and enforceable government directions are changed in response to the risks and conditions with little warnings sometimes and so the best source of information regarding these is directing from the authorities

Australian Capital Territory

- ACT Government - public health directions

- ACT Government - COVID Safety Plan guidelines

New South Wales

- NSW Health - public health orders

- NSW Government - COVID-19 Safety Plan

Northern Territory

- Northern Territory Government - Chief Public Health Officer directions

- Northern Territory Government – COVID-19 Safety Plan checklist

Queensland

- Queensland Health – Chief Health Officer public health directions

- Workplace Health and Safety Queensland - Work health and safety plan for COVID-19

- Queensland Government - COVID Safe checklists and factsheets

- Business Queensland – Industry COVID Safe plans

South Australia

- SA Emergency Declarations and Directions

- Government of South Australia – COVID-Safe plan form

Tasmania

- Tasmanian Government Coronavirus disease (COVID-19) Resources (under the heading 'Current Directions')

- WorkSafe Tasmania – COVID19 Safety plan templates and checklist

Victoria

- Victorian Department of Health and Human Services – State of Emergency

- Business Victoria – COVID-19 industry guidelines

Western Australia

- Western Australian Government – State of Emergency Declarations

- Western Australian Government - COVID Safety Guidelines and Plans

Commonwealth

Biosecurity laws cover issues such as travel restrictions, cruise ships, international airports and remote communities.

- Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Overseas Travel Ban Emergency Requirements) Determination 2020 (25 March 2020)

- Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements – Retail Outlets at International Airports) Determination 2020 (28 March 2020)

- [Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020 (5 June 2020)](#)

- [Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Cruise Ships) Determination 2020 (21 May 2020)](#)

13. COVID-19 Preparedness Checklist

Activity	Done	By whom	When
Evaluated opportunities for personnel to work from a remote location.			
Evaluated the spacing between personnel at the workplace, including: • Travelling to work – car pooling should be minimised. • Shared spaces such as change rooms, bathrooms, kitchen/meal spaces. • Work spaces where the actual work activities take place.			
Are there non-essential activities that can postponed until a more appropriate time?			
Can shift rosters be arranged to reduce contact between work groups?			
Has a communications plan been developed and implemented? Including: • Hygiene expectations • Isolation and notifications requirements • Employment/leave arrangements • Stakeholders identified • Method for contacting employees Refer to Section 7 for more details			
Have the contact/next of kin details of employees, contractors, customers and suppliers etc. been confirmed and the relevant organisations contact details been provided to these?			
Has the PPE requirement been evaluated, ordered and suitable storage identified?			
Has training in the effective use and maintenance of PPE been organised?			
Have hygiene stations been set up in appropriate locations?			
Has a Touch Survey been completed and a complementary targeted cleaning routine implemented?			

Activity	Done	By whom	When
Do you have a space for ill workers to wait until they can reach medical attention?			
Do you have a medical clinic identified to respond when someone is unwell?			
Confirm with building services managers that the building ventilation systems are suitable to minimise transmission risk.			
Established criteria or approvals required to control physical access and minimise numbers at the workplaces?			
Set up an attendance register with signed confirmation of health status to track all people who physically attend the worksite?			
Review emergency response plans, confirming they are current, personal identified are available and alternates are identified in case of illness or isolation.			
Identify non-contact means of interaction with customers, suppliers and visitors where appropriate.			
Identify personnel who have external commitments that mean they may not be available during community emergencies.			
Confirm the capability of organisation's IT systems to cope with remote operations.			
Identify suppliers and service providers who are critical to maintain operations – understand their ability to maintain ongoing support during a pandemic shutdown.			
Identify critical customers and their ability to receive goods and services during a pandemic shutdown.			
Have insurance, contractual and governance requirements been confirmed and relayed to the appropriate personnel?			
Is there a way to capture plans for transitioning back to nan-pandemic operations that has been established?			
Have the work health and safety incident notification requirements been communicated to the relevant people?			