Template

# Plan to control increased risks associated with the transmission of COVID-19 from interstate workers into Qld workplaces and communities

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| **Company contact details** | |
| **Company name** | **ABN** |
| **Address of QLD site this plan applies to** | |
| **Number of workers at site** | |
| **Key contact 1** | |
| **Name** | **Position** |
| **Phone** | **Email** |
| **Key contact 2** | |
| **Name** | **Position** |
| **Phone** | **Email** |

In addition to existing Work Place Health and Safety procedures this plan:

* 1. describes the health screening steps that will be implemented for employees entering worker camps or isolated communities; and
  2. describes the steps, including maintaining health standards, that will be implemented to manage transmission amongst its employees and prevent transmission to the wider community; and
  3. has been submitted to a Queensland Health Public Health Unit .

**The company will take all reasonable steps to ensure that a person does not enter the premises of the workplace if they are unwell and/or do not clear the health screening steps below.**

**In order to prevent spread of illness to other geographical areas, any person who presents unwell while on the premises of the workplace should be managed onsite until medical assessment. If, following medical assessment, a worker remains onsite they should continue to be managed onsite until the worker meets the criteria to be classified as non-infectious.**

**If there are concerns regarding the clinical deterioration of the patient, usual processes using existing links with local health services should be followed.**

**The company may be directed by the local Public Health Unit to revise and update this plan if new advice and recommendations are made in order to prevent the spread of illness.**

A. Health Screening Steps – completed **BEFORE** the worker travels into Queensland

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| **Steps** | **Actions** |
| Workers are to confirm that they have not returned to Australia from overseas in the last 14 days | Those who have returned from overseas **must** self-quarantine for 14 days after entering Australia |
| Workers are to confirm they have not, in the last 14 days, been in [close contact](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/take-action/contact-tracing) (as defined in the current CDNA guideline <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>) with someone who has novel coronavirus (COVID-19) | Workers **must** self-quarantine if they have been in close contact with someone who has novel coronavirus (COVID-19) for 14 days after the last contact with an infectious case |
| Workers are to confirm that they have not had a fever, cough, sore throat or shortness of breath in the last 72 hours and are otherwise well and fit for work | Workers who have been unwell in the last 72 hours especially with cold or flu type symptoms must be isolated immediately and not enter the work place and should seek medical advice |

Health Screening Steps – completed at the work place in Queensland **BEFORE** commencing work

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| Steps | Notes |
| Workers’ temperatures are taken and symptom checks performed before work commences on site. This activity will be recorded, with records to be provided to the PHU if requested | If the worker has a temperature of 38°C or higher or has a cough, sore throat or shortness of breath, the worker is not fit for work, must isolate immediately and seek medical advice |

B. Managing and preventing transmission at the work site and community – in addition to Work Place Health and Safety procedures to maintain health standards

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| **Steps** | **Details of actions taken** |
| Information will be provided to all employees and contract staff, including domestic and cleaning staff where applicable, on relevant information and procedures to prevent the spread of coronavirus |  |
| Where safe to do so, workers will maintain a distance of 1.5 metres from other workers |  |
| Alcohol-based hand rub, tissues and cleaning supplies will be provided |  |
| Hand washing facilities are adequately stocked with liquid soap and paper towel and these are kept clean and in good working order |  |
| Good hygiene practices will be promoted e.g. display [handwashing 12 step guide](https://www.qld.gov.au/__data/assets/pdf_file/0013/120811/qh-handwashing-12-step-guide-poster.pdf) |  |
| The workplace will be kept clean and hygienic. Frequently touched surfaces, such as door handles and workstations, will be regularly cleaned (the minimum expected standard is daily and/or between shifts) to reduce contamination. Records of cleaning activities e.g. sign off will be maintained |  |
| Sleeping quarters will be appropriately cleaned between change-over of workers. The use of communal sleeping quarters should be minimised and workers will maintain a distance of 1.5 metres from other workers. Records of cleaning activities e.g. sign off will be maintained |  |
| Promotion of strictest hygiene among food preparation (canteen) staff and their close contacts. Records of cleaning activities e.g. sign off will be maintained |  |
| Separation of meal breaks and work groups to achieve maximum personal space. Where practicable, workers will maintain a distance of 1.5 metres from other workers |  |
| Workers who become ill with respiratory symptoms at work will be isolated and will be supported to access medical assistance. A clinical decision will be made as to where the ill person should be managed with consideration of reducing risk of geographical spread. |  |
| Co-workers will be informed about possible exposure to a confirmed case of COVID-19 but confidentiality will be maintained. | If a worker is confirmed to have COVID-19, call 13HEALTH (13 43 25 84) for advice. |
| Regular communication with all workers to provide up to date information for the procedures adopted for the site |  |
| Other additional measures being taken |  |

C. Sign-off

Please sign and submit plan to a Queensland Health Public Health Unit.

Contact details for your local Public Health Unit can be found at the link below

<https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units>

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| Signature: |
| Name: |
| Position: |
| Date: |

D. Public Health Unit Feedback & Approval

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| Approved | Yes / No (circle the appropriate response) |
| Feedback: | |
| Signature: |  |
| Position: | Date: |