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COVID-19

Model Code of Practice

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Foreword

This Code of Practice on how to manage the risks associated with COVID-19 is an approved code of practice under section 274 of the *Work Health and Safety Act* (the WHS Act) (the Code).

An approved code of practice provides practical guidance on how to achieve the standards of work health and safety required under the WHS Act and the Work Health and Safety Regulations (the WHS Regulations) and effective ways to identify and manage risks.

A code of practice can assist anyone who has a duty of care in the circumstances described in the code of practice. Following an approved code of practice will assist the duty holder to achieve compliance with the health and safety duties in the WHS Act and WHS Regulations, in relation to the subject matter of the code of practice. Like regulations, codes of practice deal with particular issues and may not cover all relevant hazards or risks. The health and safety duties require duty holders to consider all risks associated with work, not only those for which regulations and codes of practice exist.

Codes of practice are admissible in court proceedings under the WHS Act and WHS Regulations. Courts may regard a code of practice as evidence of what is known about a hazard, risk, risk assessment or risk control and may rely on a code in determining what is reasonably practicable in the circumstances to which the code relates. However, compliance with the WHS Act and WHS Regulations may be achieved by following another method if it provides an equivalent or higher standard of work health and safety than the Code.

An inspector may refer to an approved code of practice when issuing an improvement or prohibition notice.

Scope and application

This Code is intended to be read by a person conducting a business or undertaking (PCBU), workers and other persons at a workplace. It provides practical guidance to all duty holders to ensure they are aware of control measures for managing the risks of COVID-19 to protect work-related health, safety and well-being. This Code may also be a useful reference for other persons interested in the duties under the WHS Act and WHS Regulations, such as health and safety representatives (HSRs).

This Code applies to all workplaces covered by a WHS Act.

How to use this Code

This Code includes references to the legal requirements under the WHS Act and WHS Regulations. These are included for convenience only and should not be relied on in place of the full text of the WHS Act or WHS Regulations. The words 'must', 'requires' or 'mandatory' indicate a legal requirement exists that must be complied with.

The word 'should' is used in this Code to indicate a recommended course of action, while 'may' is used to indicate an optional course of action.

Introduction

Management of the COVID-19 pandemic has required Australia and other countries to 'lock down', for people to 'stay at home except for essential activities' and for workplaces to either close or modify their operations to slow the spread, avoid health systems being overwhelmed and prevent unnecessary deaths.

Until there is an effective vaccine or treatment, there can be no return to business as usual for many workplaces. Workplaces must find a new normal. Following control measures to reduce the spread of the virus is not only a feature of how we now work, but how we live. This is because COVID-19 is a significant public health matter that has implications for workplaces that must be managed. While workplaces (and people in those workplaces) play a crucial role in managing the spread of COVID-19, which is reflected in this Code, measures implemented by workplaces will only be effective if the community also plays their part, for example by following the public health rules of their jurisdiction and by staying at home when they have COVID-19 symptoms or are awaiting results of being tested for COVID-19.

As a public health matter, the risks of COVID-19 must be managed in accordance with public health laws in your jurisdiction and any other laws that apply. Depending on your state or territory, there may be a number of public health laws that apply to determine what you can, and cannot do, during this pandemic. These may include requirements relating to physical distancing, gatherings and the development or completion of plans or checklists – for example, some jurisdictions require some businesses to have COVIDSafe plans in place.

Public health laws, National COVID-19 Safe Workplace Principles and Safe Work Australia's industry guidance

The information in this Code is necessarily general in nature. It should be read and applied in conjunction with state and territory public health laws, [National COVID-19 Safe Workplace Principles](#) agreed by National Cabinet on 24 April 2020 and Safe Work Australia's industry guidance available at <http://www.swa.gov.au/covid-19-information-workplaces>.

You should keep yourself informed of the public health laws that apply to you, and you must always comply with these laws. There may be significant penalties for failing to do so. This is the case even if this Code says you should do something else.

Further information on the National COVID-19 Safe Workplace Principles is available at Appendix A.

Further practical guidance on COVID-19 is available on the Safe Work Australia website at www.swa.gov.au and from Work Health and Safety (WHS) regulators. Further information on WHS regulators is available at Appendix B.

What is COVID-19 and what are its symptoms?

COVID-19 is the illness caused by the SARS-CoV-2 virus. The most common symptoms of COVID-19 are (in order of frequency): fever/chills; dry or productive cough; sore throat; general weakness; muscle pain; runny nose; and diarrhoea. Other reported symptoms include headache and loss or change of taste and smell.

Do people with COVID-19 always have symptoms?

Not always. Most people will develop symptoms but these may take time. COVID-19 has a long incubation period – up to 14 days – and symptoms generally do not appear for 5-7 days.

While people are most infectious when symptoms appear, people can start being infectious in the 1-2 days prior to developing symptoms. Further, a small proportion of people may be infectious but never develop symptoms.

How is COVID-19 spread?

The most likely way someone will catch the virus is via droplet transmission by breathing in micro-droplets a person close to them has released by sneezing, coughing, or just breathing out.

A person can, however, also catch it via the hand-to-face pathway: touching a surface where live virus material is present, then touching their mouth, nose or eyes (otherwise known as fomite transmission).

Proximity is an important factor in how the virus is spread with 'close contact' presenting a higher risk of transmission. The Communicable Disease Network Australia (CDNA), an expert committee advising government on COVID-19, defines close contact as requiring:

- face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case, or
- sharing of a closed space with a confirmed or probable case for a prolonged period (e.g. more than 2 hours) in the period extending from 48 hours before onset of symptoms in the confirmed or probable case.

The CDNA is constantly reviewing the evidence underpinning the transmission characteristics of COVID-19. Its latest guidance can be found at:

www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm.

How long can the virus survive on a surface?

Once on a surface, the virus can survive for hours and possibly up to days. Factors that affect survival are the surface material and prevailing environmental conditions. Coronaviruses, like COVID-19, survive relatively well on smooth surfaces in cool conditions (4 degrees Celsius).

COVID-19 is quite easily inactivated through appropriate cleaning. Information about cleaning and disinfecting can be found later in this document and in [Safe Work Australia's cleaning guidance for COVID-19](#).

Who has duties in relation to COVID-19?

A number of duty holders have a role in managing the risks of COVID-19.

These include:

- persons conducting a business or undertaking (PCBU)
- persons with management and control of a workplace
- officers
- workers, and
- other persons at the workplace.

Person conducting a business or undertaking

WHS Act section 19

Primary duty of care

Generally, a PCBU must eliminate risks to their workers and other persons that arise from the work of their business or undertaking, so far as is reasonably practicable. As a public health pandemic, it is not possible for a PCBU to completely eliminate the risks of COVID-19 to workers and other persons. Therefore, a PCBU must minimise the risk of workers and other persons spreading and contracting COVID-19 that arise from the work of their business or undertaking, so far as is reasonably practicable.

Persons with management and control of a workplace

WHS Act section 20

Duties of persons conducting businesses or undertakings involving management or control of workplaces

Persons who have management or control of a workplace must ensure, so far as is reasonably practicable, that the workplace is without risk to the health and safety of any person, including in relation to the spreading and contracting of COVID-19. This means, for example, that a landlord or building manager may be required to implement measures, such as physical distancing, provision of hygiene facilities and cleaning of common areas, to manage the risks related to COVID-19.

Officers

WHS Act section 27

Duty of officers

Officers, for example company directors, have a duty to exercise due diligence to ensure the PCBU complies with the WHS Act and WHS Regulations. This includes taking reasonable steps to ensure the business or undertaking has and uses appropriate resources and processes to minimise the risks from COVID-19. Further information on who is an officer and their duties is available in the Interpretive Guideline: [The health and safety duty of an officer under section 27](#).

Workers

WHS Act section 28

Duties of workers

Workers have a duty to take reasonable care for their own health and safety and take reasonable care to not adversely affect the health and safety of other persons. This includes in relation to the risks of COVID-19. Workers must comply with reasonable instructions, as far as they are reasonably able, for example, an instruction not to attend work while they have COVID-19 symptoms, or while awaiting results of COVID-19 testing, and co-operate with reasonable health and safety policies or procedures that have been notified to workers, for example, washing hands on entry into the workplace.

Other persons in the workplace

WHS Act section 29

Duties of other persons at the workplace

Other persons at the workplace, like visitors or customers, must take reasonable care for their own health and safety and must take reasonable care not to adversely affect other people's health and safety. This includes in relation to the risks of COVID-19. They must comply, so far as they are reasonably able, with reasonable instructions given by the PCBU to allow that person to comply with the WHS Act, including any instructions in relation to physical distancing and hygiene while they attend the workplace.

Other relevant duties

In addition to the primary duties to eliminate and manage the risk of COVID-19 in the workplace discussed above, this Chapter sets out other duties that must be complied with under WHS laws.

Consulting workers

WHS Act section 47

Duty to consult workers

PCBUs must consult, so far as is reasonably practicable, with workers who carry out work for the business or undertaking and who are (or are likely to be) directly affected by a health and safety matter.

This duty to consult is based on the recognition that worker input and participation improves decision-making about health and safety matters and assists in reducing work-related injuries and disease.

The broad definition of a 'worker' under the WHS Act means a PCBU must consult with employees and anyone else who carries out work for the business or undertaking. A PCBU must consult, so far as is reasonably practicable, with contractors and sub-contractors and their employees, on-hire workers, outworkers, apprentices, trainees, work experience students, volunteers and other people who are working for the PCBU and who are, or are likely to be, directly affected by a health and safety matter.

Workers are entitled to take part in consultations and to be represented in consultations by an HSR who has been elected to represent their work group and/or a union representative where it is required under previously agreed processes.

PCBUs must consider whether existing consultation requirements are sufficient in a COVID-19 environment. For example, if workgroups have been split up into different work crews for the purpose of physical distancing and elected HSR coverage is impacted, then the PCBU should consult with workers (or their representatives) on implementing new consultation and representation arrangements.

WHS Act section 48

Nature of consultation

If workers are represented or assisted by an HSR the consultation must involve the HSR. Consultation must also occur in accordance with agreed procedures and this may include consultation with workers' representatives.

PCBUs must consult workers when making decisions about the risk of transmission of COVID-19 in the workplace, including what control measures are implemented. This may include, for example, what facilities are required, how to implement physical distancing and what will happen when a worker has COVID-19.

Consulting, co-operating and co-ordinating activities with other duty holders

WHS Act section 46

Duty to consult with other duty holders

PCBUs must consult, co-operate and co-ordinate activities with all other persons who have a work health and safety duty in relation to the same matter, so far as is reasonably practicable.

There is often more than one business or undertaking which may each have responsibility for the same health and safety matters, either because they are involved in the same activities or share the same workplace.

In these situations, each duty holder should exchange information to find out who is doing what and work together in a co-operative and co-ordinated way so risks are eliminated or minimised so far as is reasonably practicable.

For example, for office-based work, the property owner, property manager and tenants in a building or workplace all have a duty in relation to workers and other persons who enter that office building or workplace. Each of these duty holders must consult, co-operate and co-ordinate activities with the others in relation to managing the risks of COVID-19 in that workplace, such as cleaning of shared facilities (toilets and lifts), determining how lifts will be used, cleaning of stairwells, provision of signage and controlling access to the building.

Many manufacturing and warehousing workplaces interact with a range of service providers such as delivery drivers and contractors. Each duty holder must consult, co-operate and co-ordinate activities such as cleaning and physical distancing requirements, so that everyone who enters the site understands what is required. Duty holders also need to have

arrangements in place to advise each other promptly when there is a suspected or confirmed case at the workplace.

Other examples where this duty is particularly relevant include hospitals, shopping complexes and building sites.

PCBUs must ensure appropriate controls are in place for managing risks related to COVID-19 where their workers are working from a workplace controlled or managed by another PCBU. PCBUs may ensure the outcomes by not necessarily taking the required action themselves, but by making sure another person is doing so. For example, a PCBU who provides maintenance technicians to service plant and equipment in a client's workplace must consult, co-operate and co-ordinate activities with their client, making sure adequate controls are in place. They must also make sure their workers are able to comply with health and safety requirements whilst at these workplaces.

Further guidance on consultation is available in the Code of Practice: *Work health and safety consultation, co-operation and co-ordination*.

Information, training, instruction and supervision

WHS Act s 19

Primary duty of care

WHS Regulation 39

Provision of information, training and instruction

The PCBU must ensure the provision of information, training, instruction or supervision that is necessary to minimise the risks to health and safety from work carried out as part of the business or undertaking. This includes providing up to date information on the risks of COVID-19 and any training necessary to address those risks in the workplace, including in relation to personal protective equipment.

Work environment

WHS Regulation 40

Duty in relation to general workplace facilities

WHS Regulation 41

Duty to provide and maintain adequate and accessible facilities

A PCBU at a workplace must ensure, so far as is reasonably practicable, the provision of adequate facilities for workers, including toilets, drinking water, washing facilities and eating facilities.

To manage the risks of COVID-19 in the workplace, adequate and accessible facilities should take into account the need for increased routine cleaning, adequate supplies of disinfectant, cleaning products and sanitisers, and any new PPE required. PCBUs should also ensure that any physical adjustments made to workstations and equipment to allow for physical distancing do not introduce new health and safety risks (e.g. creating trip or crush hazards).

PCBUs that send or receive freight on trucks should establish practices to ensure this work can be carried out safely and that drivers have appropriate access to facilities while at their workplaces, including toilets, handwashing facilities and fresh water.

Emergency plans

WHS Regulation 43

Duty to prepare, maintain and implement emergency plan

PCBUs must ensure an emergency plan is prepared, maintained and implemented for the workplace. An emergency plan is a written set of instructions that outlines what workers and others at the workplace should do in an emergency. PCBUs should consider preparing or revising emergency procedures to deal with the specific situation of a worker or other person in the workplace being diagnosed with COVID-19 and any new processes required for evacuation (e.g. in case of a fire) to ensure physical distancing can, to the extent reasonably practicable, be maintained.

How can the risk of spreading and contracting COVID-19 be managed in the workplace?

PCBUs must implement control measures to manage the risk of COVID-19 entering and spreading in their workplace. Essentially, PCBUs need to manage the risks of a person/persons in their workplace spreading and contracting COVID-19, including the risk that persons with COVID-19 may enter the workplace.

To understand the risks to workers and other persons, PCBUs should first consider the context of their business and how this has been impacted by the pandemic. For example:

- the requirements of public health laws
- how workers travel to work, including travel restrictions
- access to childcare and schooling, including school closures
- supply chain issues, including demand or availability of products/services
- changes in customer expectations or behaviours, including increased aggression and violence, and
- rates of COVID-19 in the surrounding community.

PCBUs must also consider the risks associated with COVID-19 in the context of their workplace, including the physical layout, the work carried out at the workplace and interactions between workers and other persons who attend the workplace.

PCBUs should also take into account existing WHS risks in their workplace, and the measures already in place to address those. The PCBU should:

- assess if these existing measures and controls need to be adjusted
- consider new WHS risks introduced by implementing additional measures to manage the risks of COVID-19
- plan and implement measures to address these new risks, and
- review this assessment regularly to ensure measures continue to be sufficient and whether any new risks have arisen.

Changes to work, systems of work or conditions at work may lead to the introduction of other risks, including psychological risks, or result in previously controlled risks no longer being adequately controlled.

For example, risks arising from:

- more workers working remotely, alone or in smaller groups
- increased and/or different use of PPE (for example pressure injuries from P2/N95 masks)
- increased work demands (for example, changed duties, increased hours of work, work intensification or work overload due to operational changes)
- increased exposure to violence and harassment towards workers
- reduced access to appropriate amenities and facilities
- lack of suitable workstations and equipment when working from home, and
- increased cleaning and disinfecting, for example, risks of respiratory or skin sensitization from cleaning products.

Finally, in selecting controls, PCBUs must have regard for the way the virus is spread, the duration and kind of contact people will have in the workplace, (for example, if it is face-to-face).

Further guidance on the risk management process is available in the Code of Practice: *How to manage work health and safety risks*.

A risk assessment template is available at Appendix C.

Vulnerable people

Anyone who contracts COVID-19 can potentially experience severe disease; however, the likelihood of getting very sick, needing to be hospitalised, or dying from COVID-19 is higher for older people and people who have underlying conditions. It is not a PCBU's role to determine an individual worker's level of vulnerability. Workers may provide advice to the PCBU from their treating medical practitioners about their own circumstances which should be taken into account.

In consultation with workers and their representatives, PCBUs should undertake a risk assessment for a vulnerable worker that takes into consideration the characteristics of the worker, the features of the workplace and the nature of the work. PCBUs must implement appropriate control measures to minimise risks of exposure to COVID-19 to protect vulnerable workers from harm, in consultation with the individual worker affected. Depending on the situation, measures may include appropriate and safe alternative duties or changed work locations, including work from home where possible.

A worker has the right to refuse work or cease work if there is a reasonable concern that they would be exposed to a serious risk to their health and safety from an immediate or imminent hazard. In these cases, a PCBU may direct the worker to carry out suitable alternative work at the same or another workplace until it is safe to return to normal duties.

PCBUs must treat all personal information in accordance with relevant privacy laws. PCBUs must also comply with workplace and anti-discrimination laws.

What are the key control measures to manage the risks of COVID-19?

There is no completely reliable way to stop the spread of COVID-19 in a workplace. However, there are measures that can be taken to minimise this risk. This section sets out those measures. It is important to remember that not all measures will be required or appropriate for every workplace. See the Chapter 'When do control measures have to be implemented?' for further information. The checklist at Appendix D may also be a useful tool.

It is important to remember this Code should be read in conjunction with official government health advice, which may change over time. Advice from Health agencies should always be followed. Control measures should be monitored and reviewed regularly to ensure they reflect this advice.

Workplace procedures and communication

To reduce the likelihood of transmission of the virus, workers and other persons who have COVID-19 symptoms, or who have or may have COVID-19 (for example, due to close contact with a confirmed case) should not enter or attend a workplace. A workplace should have a policy/procedure that requires workers and other persons to not attend a workplace if they:

- have symptoms of COVID-19, for example, a fever, cough or sore throat
- are being tested for COVID-19 and have been advised to quarantine by health professionals
- are in quarantine, for example, because they have returned from overseas
- have been in close contact with a confirmed case of COVID-19.

As the pandemic evolves, workplace policies/procedures should be updated to remain current with advice from public health authorities. For example, quarantine may be made enforceable in other situations.

Workers must follow any reasonable health and safety instructions notified by their PCBU (where they have been instructed to do so).

Policies should make clear that workers have the right to refuse work or cease work if there is a reasonable concern that they would be exposed to a serious risk to their health and safety from an immediate or imminent hazard. Policies should also make clear that workers are obliged under WHS laws to comply with reasonable procedures in the workplace, such as not attending a workplace if they have COVID-19 symptoms.

Physical distancing

Physical distancing (also referred to as 'social distancing') refers to the requirement that people distance themselves from others. The current advice from the Australian Department of Health is that adults must keep at least 1.5 metres apart from others (outside of their household and family unit) where possible. Public health laws may also include density measures which limit the number of people allowed in certain workplaces or spaces.

Physical distancing is necessary because the most likely way of catching the virus is by breathing in micro-droplets from another person sneezing, coughing, or exhaling when in close contact with each other. Maintaining a physical distance of at least 1.5 metres from others where possible and taking steps to ensure appropriate and safe density in-line with public health or emergency management laws in your jurisdiction, will reduce the likelihood of exposure to micro-droplets of others.

Ways to ensure physical distancing could include:

- supporting workers to work safely from home where reasonably practicable
- adjustments to the layout of the workplace and workflows to enable workers and others to keep at least 1.5 metres apart, where possible, including how workers can move around the workplace, how work stations and work zones are set up, space in meal and toilet facilities, and how visitors, customers, clients, patients, visiting tradespeople, and others, can access the workplace
- work out how many people are permitted in an enclosed space and put up posters to prevent overcrowding

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- installing physical barriers where appropriate e.g. Perspex screens between workers and customers or between co-workers where physical distancing of 1.5 metres cannot be achieved
- using floor and wall markers to illustrate recommended distancing
- appropriate staffing ratios, this may require staggered start times and shifts or different rostering arrangements, so there are fewer workers at a workplace at the one time and less people entering the workplace at the same time
- changes to operations, for example, staggering seating times in restaurants, to ensure there are fewer customers, clients or patients in the workplace at the same time or requiring sign-in procedures to ensure appropriate numbers at the workplace
- limiting numbers using business vehicles, for example, on company mini buses where possible
- use of virtual meetings and gatherings
- limiting the number of workers and others allowed in enclosed workspaces, lunch areas, meeting rooms, lifts and facilities
- creating additional entry and exit points, including for high risk work areas or sites – restricting pedestrians to one-way traffic, and
- creating additional parking or end of trip facilities.

Template signs and posters are included at Appendix E.

Cleaning and disinfection

Appropriate and suitable cleaning and disinfecting processes for fixtures, fittings and plant at workplaces are necessary to minimise the risk of spreading or contracting the virus through contact with possible contaminated surfaces.

When and how often a workplace should be cleaned and disinfected will depend on a number of matters, including:

- the likelihood of contaminated material being present
- the type of workplace – high risk workplaces such as health care facilities, will need to be cleaned more regularly
- the time required to perform the work to an adequate standard,
- resources and equipment required.

However, generally:

- workplaces should be cleaned at least daily
- material, equipment and other objects entering the workplace that could be contaminated should be cleaned
- shared equipment should be cleaned after each use
- high touch surfaces such as door handles, counters, phones, debit/credit card payment machines, lift controls and amenities should be cleaned more regularly
- once cleaned, high touch surfaces should be disinfected
- surfaces that are visibly dirty, or have a spill, should be cleaned as soon as they are identified, regardless of when they were last cleaned, and
- workers must be provided with suitable cleaning and disinfecting products and PPE and instructed and trained on how to use them.

Changes to cleaning requirements may require additional changes to operations, including induction processes, rosters and time allocation to perform certain tasks.

Further information on cleaning and disinfecting is in [Safe Work Australia's cleaning guidance for COVID-19](#).

Good hygiene

A key measure for managing the spread of COVID-19 is good hygiene. Good hygiene includes everyone at a workplace, and could include:

- washing hands regularly with soap and water for at least 20 seconds and drying them completely, preferably with clean, single-use paper towels, including before eating and after using the toilet and after touching high touch surfaces such as lift buttons
- using an alcohol-based hand sanitiser with at least 60% ethanol or 70% isopropanol as the active ingredient regularly when it is not possible to wash hands
- coughing and sneezing into the elbow or a clean tissue and not spitting
- avoiding touching the face, eyes, nose and mouth
- disposing of tissues and cigarette butts hygienically, for example, in closed bins
- not sharing equipment, including desks and PPE, or where this is not possible, equipment being appropriately cleaned between uses
- not sharing food and drink or kitchen utensils, and
- having no intentional physical contact, for example, shaking hands and patting backs.

Ventilation

As COVID-19 is spread via droplets, limiting the volume of recirculated air will help lower the risk of spreading the virus. All internal spaces should be well ventilated and if possible, fresh air should be allowed to flow. In some health care settings, negative pressure air rooms will be required, particularly where aerosol generating procedures are occurring, and HEPA filtration will be required.

Other risks may be associated with restarting of air conditioning systems or cooling towers, for example the risk of legionella. Particular care needs to be taken when buildings with air conditioning systems are being reoccupied after a period of being closed. Further guidance is available in Safe Work Australia's Guide Heating, Ventilation and Air Conditioning (HVAC) Systems at <https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/other-resources/heating-ventilation-and-air-conditioning-hvac>.

Personal protective equipment

Personal protective equipment (PPE) refers to anything used or worn to minimise risk to worker health and safety. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment, such as face masks. It is crucial that if PPE is used in a workplace, all users are instructed how to safely put on and remove PPE. Unsafe use of PPE is a major infection control risk.

If other additional PPE is required to manage the risks related to COVID-19:

- training and instruction must be provided on when and how PPE should be used
- it must be provided free of charge
- it must be used appropriately, for example it must never be shared and single use PPE must not be reused
- it must be correctly fitted, for example health workers requiring P2/N95 masks, must be fit tested to ensure that the mask is an appropriate fit for the user and forms an airtight seal
- it must be disposed of safely after use or appropriately reprocessed if it is reusable

- if wearing PPE is likely to lead to increased fatigue, appropriate controls, such as increased breaks, should be considered.

If workers are required to use PPE to protect against risks unrelated to COVID-19 they should continue to do so. Consideration should be given as to whether this PPE requires extra cleaning or more regular replacement due to the risk of COVID-19.

PCBUs should not rely only on PPE to control the risk of COVID-19 in their workplace. To do so may result in significant risk to the health of workers and failure to comply with WHS laws.

When do control measures have to be implemented?

Under WHS laws, a PCBU must implement all 'reasonably practicable' control measures to reduce the risk of COVID-19 spreading in the workplace. Whether a control measure is reasonably practicable will depend on a number of key factors such as the level of risk, the availability and suitability of the control measure and the costs associated with implementing the control measure.

Under WHS laws, there is a clear presumption in favour of safety ahead of cost. The cost of eliminating or minimising risk must only be taken into account after identifying the extent of the risk and the available ways of eliminating or minimising the risk. Where the cost of implementing control measures, individually or together, is grossly disproportionate to the risk, it may be that implementing that option is not reasonably practicable.

In deciding which control measure you should implement and how, it is important to remember, a control measure will not be reasonably practicable if:

- it is inconsistent with a law, including a public health law (everyone must follow public health laws regardless of whether it may be considered reasonably practicable to do so)
- it is not appropriate for the workplace, for example, using specialist masks outside of a health care setting
- it does not effectively minimise the risk of infection of COVID-19, for example, temperature checking visitors to your workplace.

Until there is an effective vaccine or treatment, it is not possible to eliminate the risk of spreading the virus in the workplace. PCBUs should consider the application of a hierarchy of appropriate controls where relevant in determining the controls for their workplace. The most effective way to manage the risks of COVID-19 is through implementation of a combination of the key control measures – practices to reduce people with COVID-19 being in a workplace, physical distancing, excellent hygiene, cleaning and disinfection and ventilation. Solely relying on PPE does not adequately protect workers and other people from the risks of COVID-19.

Some states and territories have issued separate public health directions about wearing face masks or use of other PPE in public and workplaces. This is based on the local situation. It is important to closely monitor any directions that apply nationally, and in your state or territory, and ensure that these are followed at your workplace. The Australian Government Department of Health does not generally recommend the wearing of face masks by healthy people in the community. However, there may be occasions when it is recommended that the general public wear face masks where there is community transmission and physical distancing is difficult to maintain. Unless workers are in a workplace or role where the risk of transmission of COVID-19 is very high (e.g. health and aged care), or there is a high rate of community transmission, the role of PPE in providing additional protection can be limited. Face coverings can provide some protection against transmission of COVID-19, however

specialist PPE (e.g. respirators, masks to protect workers from dust and other industrial airborne hazards) should be reserved for those who need them to perform their jobs.

Further guidance on the meaning of what is reasonably practicable is available in Safe Work Australia's Guide: *How to determine what is reasonably practicable to meet a Work Health and Safety duty*.

Consultation

PCBUs must consult with workers and, where relevant, their representatives in relation to the management of all work health and safety risks and before deciding which control measures to implement. It is particularly important in circumstances where risks to health and safety have changed due to the risk of spreading or contracting COVID-19 or where new risks arise from the introduction of infection control measures.

Consultation with workers will also help to reduce the risk of psychological harm caused by inadequate communication regarding risks to health and safety posed by the potential of contracting COVID-19.

Monitoring measures

PCBUs should ensure appropriate monitoring of all implemented control measures to reduce the risk of COVID-19 entering and transmitting in the workplace. When deciding on control measures, PCBUs should also consider how the effectiveness of the controls will be monitored, timeframes for when the control will be monitored and by whom.

The health and safety of workers must also be monitored to ensure workers are not adversely affected as a result of the implementation of controls.

Communicating control measures

Control measures are most effective when workers and other persons fully understand what they are, and what is expected of them to comply. PCBUs must provide information and guidance on all control measures, including regular reminders and additional information should they change or if additional controls are implemented. Signage, posters and workplace voiceovers are ways of communicating what control measures apply in the workplace.

It is also important that workers and other persons understand that they are obliged under WHS laws to comply with any reasonable instructions, policies and procedures given by the PCBU at the workplace, including in relation to physical distancing, hygiene and not coming to work if they have COVID-19 symptoms.

Signage and templates are available at Appendix E.

Psychological health and safety

COVID-19 presents a wide range of risks to workers' psychological health and safety, as well as their physical health and safety. These risks may be associated with changes in working conditions and concerns about contracting or spreading the virus. Increased anxiety among the general population also means that workers in certain sectors may be at risk of increased exposure to violence, harassment, abuse and aggression from customers, clients and patients, including in retail, education, health, banking and finance, public transport and government services.

The psychological risks in relation to COVID-19 include those from:

- isolated or remote work and prolonged absences from home
- poor or confusing communication
- difficulty balancing paid work and caring responsibilities
- high or low job demands
- increased or decreased workload
- reduced social support from managers and colleagues
- poor management of workplace changes, and
- increased exposure to domestic and family violence.

PCBUs must take a systematic, consultative approach to identifying, assessing and managing the work-related psychological health and safety risks related to COVID-19. Early intervention is crucial. Failure to effectively manage work-related psychological health and safety can lead to both psychological and physical injuries.

For further guidance, see Safe Work Australia's Guide: *Work-related psychological health and safety: A systematic approach to meeting your duties*.

What should a PCBU do where there is a case of COVID-19 in the workplace?

If someone is confirmed as having COVID-19 or is getting tested for COVID-19, the PCBU must direct them not to attend the usual workplace. This includes clients, customer or other visitors. The PCBU should ensure that they follow the advice of public health officials in relation to measures they must take for example, isolation periods.

Where PCBUs reasonably suspect someone in their workplace as having COVID-19, for example, they have the relevant symptoms and have been in contact with a confirmed case, the PCBU must isolate that person as soon as possible from others at the workplace. The PCBU must also provide appropriate PPE, such as a disposable surgical mask, hand sanitiser and tissues, if possible. The PCBU must also ensure anyone assisting the person has appropriate PPE.

The PCBU must ensure that the person leaves the workplace as soon as possible, to the extent reasonably practicable, to minimise the risk of transmission. The PCBU must ensure the person has transport home, to a location they can isolate, or to a medical facility if necessary.

The PCBU should ensure that they have current contact details for the person and information about the areas they have been in the workplace, who they have been in close contact with in the workplace and for how long. This will inform the PCBU about risks to others and areas to clean and disinfect. This information may also assist the state or territory public health unit if they need to follow up with you at a later time.

The state or territory WHS regulator may also be able to provide specific WHS advice on the situation.

If the person has serious symptoms such as difficulty breathing, the PCBU must ensure that emergency services is notified (on 000) and urgent medical help is sought.

Workers who have been isolated after having tested positive for COVID-19 can return to work when they have fully recovered and have met the criteria for clearance from isolation.

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The criteria may vary depending on circumstances of the workplace and states and territories may manage clearance from isolation differently. Clearance may be by the public health authority or the person's treating clinician.

There are specific criteria for clearance which apply to health care workers and aged care workers. As these may change, these workers should check with a medical practitioner or the public health authority as to whether the criteria for clearance from isolation has been met before they return to work.

Workers who have completed a 14-day quarantine period (either after returning from travel or because they were a close contact with a confirmed case), and who did not develop symptoms during quarantine, do not need a medical clearance to return to work.

Employees who completed a required quarantine period (for example, after travelling or because of close contact with a confirmed case) but didn't develop symptoms shouldn't generally be asked to get tested for coronavirus before returning to the workplace. PCBUs should defer to the public health directions for their particular jurisdiction and industry.

Detailed guidance and the Infographic: [What to do if a worker has COVID-19](#), are available on Safe Work Australia's website at www.swa.gov.au.

Clean and disinfect

The PCBU should immediately close off and refuse access to affected areas until they have been appropriately cleaned and disinfected. The PCBU should increase natural air flow, if possible, in affected areas, for example, by opening outside doors and windows.

All affected areas – any areas that the person may have entered – must be appropriately cleaned and disinfected. Further information on how to clean and disinfect where there is a case of COVID-19 in a workplace is at Appendix F.

The PCBU must ensure that cleaners wear appropriate PPE, to the extent reasonably practicable, for example disposable gloves or gloves appropriate to the cleaning chemicals being used, and safety eyewear to protect against chemical splashes. If there is visible contamination with respiratory secretions or other body fluids in the area, cleaners must also wear a disposable apron.

There is no automatic requirement under WHS laws to close an entire workplace following a suspected or confirmed case of COVID-19. The PCBU must consider whether this is a reasonably practicable control measure in the circumstances, for example, if the worker has been in contact with all of the workplace, it may need to be closed until cleaning and disinfecting is undertaken. However, it would not be necessary if the worker has only visited parts of the workplace or if government health officials advise that the risk of others being exposed in the workplace is very low.

Whether the PCBU needs to suspend operations in the workplace will depend on factors such as the size of the workplace, nature of work, number of people and suspected areas of contamination in the workplace.

Notifiable incidents

If someone at the workplace is confirmed to have, or suspected of having, COVID-19, a PCBU may need to notify the relevant WHS regulator under WHS laws or health agency under public health laws. You should seek advice from your WHS regulator and relevant Health Department on the reporting or other measures that are necessary for you to take.

Glossary

Appendices

[A. National COVID-19 Safe Workplace Principles](#)

[B. Jurisdictional WHS regulators](#)

[C. Risk assessment template](#)

[D. Checklist: What can I do to keep my workers safe at the workplace and limit the spread of COVID-19](#)

[E. Template signs and posters](#)

[F. How to clean and disinfect where there is a case of COVID-19 in a workplace](#)

Other information