

YOUR COVID-19 SAFETY PLAN



Business name:

Completed by:

Date completed: D D M M Y Y Y Y

Were workers and/or their HSRs consulted as you developed this plan? Yes No

Next review: D D M M Y Y Y Y

Completed by:

Signature:

Keep your completed Safety Plan at your workplace: you do not need to submit this to WorkSafe Tasmania.



Stay home if unwell

Please indicate how you ensure that people who are unwell do not report to work or enter your workplace:

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| ▶ Have you trained your workers on what the symptoms of COVID-19 are and what to do if they feel unwell? | Yes | No |
| ▶ Have you instructed workers who show any symptoms to stay away from the workplace until tested for COVID-19 and cleared to attend work? | Yes | No |
| ▶ Do you have signs up at the entrance to your premises telling customers not to enter if they are unwell or if they have COVID-19 symptoms? | Yes | No |
| ▶ Have you put in place procedures so workers can work from home (where possible) while waiting for test results? | Yes | No |
| ▶ Have you instructed your supervisors to monitor workers and customers for signs and symptoms that they are unwell (and empowered them to take action where necessary)? | Yes | No |
| ▶ Do you make it easy for workers to stay at home if unwell, such as providing access to COVID leave/sick leave? | Yes | No |
| ▶ What else do you do to encourage people who are unwell or waiting on test results to stay away from your business? | | |



Maintaining physical distance

Please indicate how you manage physical distancing in your workplace:

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| ▶ Have you placed signs up at the entrance to, and inside, the premises reminding people to maintain physical distancing when entering? | Yes | No |
| ▶ Have you placed decal markers on the floor indicating where people should stand to maintain 1.5 metres of separation? | Yes | No |
| ▶ Do you need workers to remind customers to not congregate and remain separated? | Yes | No |
| ▶ Have you conducted an assessment of the workplace and identified locations where congregation may occur and made adjustments so congestion is reduced? | Yes | No |
| ▶ Do you provide and encourage the use of masks if 1.5 metres of separation is not able to be achieved between people in your workplace? | Yes | No |
| ▶ Have you considered density limits in your workplace, and how this may impact the ability to maintain physical distancing? | Yes | No |
| ▶ What else do you do to manage physical distancing in your workplace? | | |



Cleaning

Please indicate how you ensure that regular cleaning and disinfecting occurs in your workplace:

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| ▶ Have you identified and documented high frequency touch points in your workplace? | Yes | No |
| ▶ For each touch point identified, have you defined the frequency (at least daily) that cleaning and disinfecting is to occur? | Yes | No |
| ▶ Have you identified those surfaces that are not high frequency touch points that will require routine cleaning (weekly)? | Yes | No |
| ▶ Have you defined the products you use to clean surfaces? | Yes | No |
| ▶ Have you documented a cleaning schedule for your workplace? | Yes | No |
| ▶ Have you trained/instructed workers in how to apply the cleaning schedule and in the safe use of the chemicals? | Yes | No |



Cleaning cont.

Please indicate how you ensure that regular cleaning and disinfecting occurs in your workplace:

- | | | |
|--|-----|----|
| ▶ Do you monitor your workplace to ensure that the cleaning is conducted in accordance with the cleaning schedule? | Yes | No |
| ▶ What else do you do to ensure adequate cleaning practices in your workplace? | | |



Provision of information, training and instruction to workers

Please indicate what COVID-19 information, training and instructions has been provided to staff in your workplace:

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| ▶ Have you provided information, training and instructions to workers on the risks of COVID-19 and the importance of being vigilant in reducing these risks? | Yes | No |
| ▶ Have you provided information, training and instructions to workers on the controls that your workplace applies to protect workers and customers? | Yes | No |
| ▶ Have you provided information, training and instructions to workers on the procedures that are to be applied to reduce your COVID-19 risks? | Yes | No |
| ▶ Do your workers understand their role in preventing COVID-19 impacting on your business? | Yes | No |
| ▶ Do you have regular COVID-19 meetings to provide refresher information, training and instructions to workers? | Yes | No |
| ▶ Have you provided information, training and instructions to your supervisors so they are aware of their responsibilities in ensuring that COVID-19 controls are applied correctly? | Yes | No |
| ▶ Have you got records to demonstrate that you have provided information, training and instructions to staff on the risks of COVID-19? | Yes | No |
| ▶ What else have you done to provide information, training and instructions to workers about managing COVID-19 risks? | | |



Provision of adequate supervision (in implementing the plan)

Please indicate who is responsible to implementing COVID-19 controls in your workplace:

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|--|-----|----|
| ▶ Have your supervisors been involved in developing of your COVID-19 Safety Plan? | Yes | No |
| ▶ Have you provided information, training and instructions to supervisors on their role in implementing the COVID-19 Safety Plan? | Yes | No |
| ▶ Have you empowered your supervisors to take action when the plan is not being applied correctly or where non-compliance is identified? | Yes | No |
| ▶ What else have you done to ensure that supervisors are implementing your COVID-19 Safety Plan? | | |



Hygiene Factors

Please indicate how you ensure that people practice good hygiene while in your workplace:

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| ▶ Have you defined what good hygiene is and provided the necessary resources to help people comply? | Yes | No |
| ▶ Have you placed signs up in your workplace reminding people of good hygiene practices? | Yes | No |
| ▶ Do you have sanitiser at the entry to your premises and at easy-to-access places throughout your premises? | Yes | No |
| ▶ Do you provide soap and water for handwashing in bathrooms and, if relevant, work areas? | Yes | No |
| ▶ Have you trained/instructed your workers on what good hygiene is and the procedures they need to follow? | Yes | No |
| ▶ Do you monitor the workplace to ensure that hygiene supplies (soap/sanitiser) are available? | Yes | No |
| ▶ Are hand washing stations regularly cleaned? | Yes | No |
| ▶ What else do you do to encourage good hygiene practices in your workplace? | | |



Vaccination of workers

Please indicate how vaccinations are used to reduce your risk of COVID-19:

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| ▶ Have you undertaken a risk assessment to determine if it is necessary to mandate vaccinations for all workers? | Yes | No |
| ▶ Have you decided to mandate vaccinations for all workers as a result of the risk assessment? | Yes | No |
| ▶ List the factors you identified to support mandatory vaccinations: | | |
| | | |
| ▶ Did you consult with your workers when undertaking the risk assessment? | Yes | No |
| ▶ Are you encouraging workers to be vaccinated? | Yes | No |
| ▶ What do you do to encourage workers or people entering the workplace to be vaccinated? | | |



Ventilation in the workplace

Please indicate how you manage ventilation in your workplace:

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| ▶ Have you obtained advice on maximising the operation of your ventilation system to reduce the risk of COVID-19? | Yes | No |
| ▶ Do you reduce the number of people in unventilated areas (where possible)? | Yes | No |
| ▶ Do you ensure that doors are left open (where possible) to maximise air movement? | Yes | No |
| ▶ Where practicable, do you encourage the opening of windows in your workplace? | Yes | No |
| ▶ Have you provided instruction and training to workers on the advantages of encouraging air movement in the workplace? | Yes | No |
| ▶ What else do you do to improve ventilation in your workplace to lower the risk of COVID-19 transmission? | | |



Case and outbreak management

Please indicate what you have done to prepare for a case or outbreak of COVID-19 in your workplace:

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| ▶ Have you prepared a Case and Outbreak Management Plan? | Yes | No |
| ▶ Have you identified what you will need to do to keep your business operating should you have an exposure in your workplace? | Yes | No |
| ▶ Do you have a plan on how you will manage your customers should you have an exposure in your workplace? | Yes | No |
| ▶ Are you prepared to clean and disinfect your workplace using the cleaning procedures in this plan should you have an exposure in your workplace? | Yes | No |

Testing

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| ▶ Have you instructed your workers to stay home and get tested if they have COVID-19 symptoms? | Yes | No |
| ▶ Have you established working from home arrangements, where possible, to enable workers to continue to work while waiting for test results? | Yes | No |

Tracing

- | | | |
|---|-----|----|
| ▶ Have you identified and provided training and instruction to people responsible for coordinating your workplace's response to a case or outbreak? | Yes | No |
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Staying home if unwell

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| ▶ Have you considered the impact on your business if workers need to stay at home if unwell? | Yes | No |
| ▶ Do you have support mechanisms in place to support workers while staying at home if unwell? (regular contact/working from home/welfare checks) | Yes | No |

Disclaimer

In this document we refer to 'employers' and their responsibilities. This terminology is used to ensure the information is as accessible and easy to understand as possible. However it should be noted that under the model WHS laws, duties apply to any person conducting business or undertaking (PCBU), which includes employers, but also others who engage workers.

For more information about who is a PCBU see [worksafe.tas.go.au](https://www.worksafe.tas.go.au).