COVID AWARE
WORKPLACES
PUT
WORKERS AT THE CENTRE

ACTU centre for health and safety

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COVID AWARE WORKPLACES

Every worker has the right to safe and healthy work. This includes the right to be protected from all physical and psychological hazards including from COVID-19.

Since the start of the pandemic working people have borne the brunt of the health and economic crisis that has accompanied the management of COVID-19 in Australia. Whether it be the essential workers who have risked their health to keep our country going through our darkest days right through to the insecure workers and those underemployed who have seen their livelihoods upended by lockdowns and restrictions - never before in our history has a person's work or employment status been such a significant contributor to their health and economic wellbeing than it has been over the last 18 months.

As we move to opening up and public health restrictions are eased we must ensure that working people are at the centre of our plans to keep us safe. Working people are desperate to return to normal. It has been their work that has been infected with the virus and their incomes smashed. Workers know that unless the plan is safe they will suffer. We know achieving and maintaining the highest possible rate of vaccination is critical, and that across the world it is the unvaccinated working class communities that are suffering the most. But we also know vaccines are not a silver bullet. Vaccines are highly successful at reducing risk, but relying on them alone will not eliminate the chance of workers getting sick and dying. Even in countries with high rates of vaccination we see increasing case numbers, hospitalisations and deaths.

Every worker should be afforded the highest level of protection from COVID-19 possible. Our work health and safety laws require employers to ensure the health and safety of workers and others in the workplace and workers and health and safety representatives have rights and powers to enforce this. This guide sets out a comprehensive step by step approach that workers can take to ensure their work is safe.

We know that workers, united and organised in their unions have safer workplaces. We know that union and organised workplaces can minimise COVID-19 transmission in their workplace which will keep us, and our communities safe.
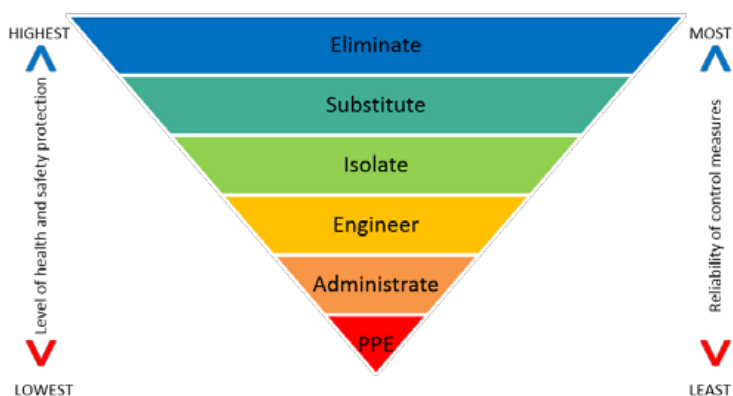
CORONAVIRUS (COVID-19): SUPPORTING WORKERS

COVID–19 is a **health and safety risk**. Employers and other duty holders (such as property managers/ owners) have obligations to ensure the health and safety of workers and others. **They must identify risks relating to COVID-19 and have a plan** on what will be done to protect and support workers, and health and safety representatives (HSRs) **must be consulted on this plan**.

As with any other risk, employers/PCBUs must consider how to implement the most reliable ways to prevent harm. This should involve the application of the **hierarchy of controls** (refer to the diagram below). The hierarchy of controls requires priority to be placed on the elimination of hazards, or isolation of people from exposure to harm where possible. Lower order administrative controls which focus on individual worker behaviours or the application of PPE should only be applied where higher order controls are not possible or effective.

Applying the hierarchy of controls to COVID-19 may require multiple measures to be implemented in a workplace.

The best risk control measure for preventing exposure to COVID-19 is physical distancing, which may include working from home where practicable, together with other measures, such as providing paid leave to all workers who have reason to believe they have COVID-19.

STAY HOME WHILST SICK

Coronavirus is a highly contagious virus that spreads from people who have mild or even no symptoms of the illness. It is an important work health and safety, as well as public health measure to encourage workers who have been exposed to known cases of coronavirus or are sick to stay home and isolate.

Rapid antigen testing and home testing kits offer effective ways to identify positive cases, including those that do not have symptoms, quickly. These workers should be supported, including financially to isolate.

For many workers who have no or limited access to paid sick leave this will cause significant financial hardship which is likely to act as a disincentive to stay home. This represents a significant risk to these workers, their workmates and the broader community as we face the challenge of opening up and guarding against a further surge in COVID-19 cases.

WHAT IS PAID PANDEMIC LEAVE?

Paid pandemic leave, sometimes referred to as special paid leave or miscellaneous leave, is paid leave available to all workers, whether they be permanent, casual or labour hire who suspect they may have coronavirus (due to experiencing symptoms or close contact with a confirmed case) to isolate, get tested and rehabilitate if positive.

Whilst many Australian businesses and employers have implemented paid pandemic leave there are millions of workers, including over 3 million casual and insecure workers who have no access to any form of paid sick leave. This represents a significant risk to these workers, their workmates and the broader community as we face the challenge of guarding against a second wave of infection.

Australian unions have been campaigning for the Federal Government to introduce an entitlement for workers to be paid for all lost hours and income where they are required to isolate and quarantine. Unions have won a range of payments that workers can access if they do not have access to leave arrangements. The details of these can be found: https://www.servicesaustralia.gov.au/individuals/services/centrelink/pandemic-leave-disaster-payment

WHAT IS PAID VACCINATION LEAVE?

Getting access to a vaccination is one of the real barriers for workers. To facilitate this employers need to provide paid leave to get the vaccination and up to two days paid leave after the vaccination for those people who have a reaction to the vaccine. Reactions such as fatigue, sore muscles prevent up to one in four people going about normal activities. If that happens access to paid vaccination leave will make it easier for workers to become vaccinated and not lose pay. These reactions are short lived and workers will be able to return to normal work duties.

WHAT CAN WORKERS DO?

Workers who do not have paid pandemic leave should work with their workmates, health and safety representatives and their employer to understand how the absence of paid pandemic leave is likely to increase the risk of exposure in their workplace.

Given the significant number of casual and insecure workers that have no paid sick leave workers should join the union campaign to encourage the Federal Government to change the law to provide paid leave to these workers to protect the community and ensure that Australia does not experience a second wave of infections like has been seen in other countries.

CONSULTING WORKERS AND HEALTH AND SAFETY REPRESENTATIVES (HSRS)— WHAT CAN YOU DO?

Health and safety law requires a Person Conducting a Business or Undertaking (PCBU)/employer to consult with workers and their HSRs about all matters relating to health and safety. Just about everything at work can influence health and safety, e.g. change in workplace layout, introduction of a new production line, change to safe working procedures, changes in rosters or staff levels etc. There is an obligation to "consult" on all these types of matters.

Workers and HSRs must be consulted regarding how public health orders will be implemented at work, what risk control measures are necessary to control the risk of the virus spreading including any decisions being made around vaccinations.

Health and safety law is based around the assumption that communication and consultation are essential to improving working conditions. Everyone has a contribution to make. As representatives of the work group, HSRs need to be talking with members of the work group about their health and safety concerns.

WHAT IS CONSULTATION?

Consultation under health and safety law is quite different to the sometimes "vague" approach to consultation practiced by some managers.

Health and safety law sets out:

- When consultation must happen
- What is consultation
- Who is involved
- The steps required.

WHEN CONSULTATION MUST HAPPEN

The law says that managers must consult with workers and their HSRs whenever:

- Identifying hazards and assessing risks
- Making decisions about what to do about risks
- Making decisions about facilities at work
- Proposing changes that may affect health and safety
- Making decisions about resolving health and safety issues, monitoring the health of workers or conditions at work.

That's a big list – it means that management has an obligation to consult for nearly every change of this type that happens at work.

THE MEANING OF CONSULTATION

Consultation requires the sharing of ideas and taking those ideas and/or suggestions into account when making decisions. So, consultation is more than talking to workers. It is not enough for management to talk to HSRs and workers about "what" they are doing – that is an exchange of information – it is not consultation. It is also not just providing draft documents for feedback because this can narrow the options for dealing with health and safety issues and input from workers.

SUMMARY OF HSRS POWERS AND RIGHTS

There are small differences between states and territories, but the basics are the same.

TRAINING

- Attendance at an approved HSR training course – some unions are approved to conduct training
- The training course is to be chosen by the HSR, in consultation with the PCBU/employer
- Paid leave to attend training.
- Information and consultation:
- Enquire into any health and safety risk
- Receive information concerning hazards
- Be consulted on issues affecting health and safety of work group members.

ACTIONS HSR CAN TAKE:

- Inspect where your work group members work, immediately in case of an immediate risk or incident
- Inspect where your work group members work, at any time after giving reasonable notice
- Investigate complaints
- Monitor what the PCBU/employer has done on health and safety
- Accompany an Inspector
- Be present at an interview with an Inspector or employer and workers (you need the consent of all the workers involved)
- Request the establishment of a Health and Safety Committee
- Represent members of another work group if there is a serious risk
- Represent members of another work group if you are asked and the HSR for that work group is absent.

ACTIONS HSRS CAN TAKE IF RISKS AREN'T CONTROLLED:

- Request a review of risk control measures if: –
- the control measures are not working –
- before a change that is likely to create a new/different risk –
- a new risk/hazard has been identified or –
- consultation indicates a review of risk controls is needed.

Issue a Provisional Improvement Notice (PIN) requiring the PCBU/employer to take certain actions. HSRs must have consulted with the PCBU/employer about the health and safety issue. Under Work Health and Safety (WHS) law this right exists only after the HSR has attended an approved training course. So, training is essential. In Victoria HSRs have this right as soon as they are elected, regardless of whether they have been trained.

Direct that unsafe work stops until it is safe — if there is an imminent or immediate risk to health and safety, a HSR can direct work to cease. Under WHS law this right exists only after the HSR has attended an approved training course. So, training is essential. Again, Victorian HSRs have this right as soon as they are elected.

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A high rate of COVID-19 vaccination is essential to limiting this pandemic and rebuilding a fairer economy and more equitable and safe society.

Australian Unions are committed to achieving the highest possible rates of vaccination. We support the rollout of safe and effective vaccines and encourage all workers to get vaccinated as soon as they are eligible.

Australian Unions are not health authorities, so we follow the advice of the medical and scientific experts on health-related aspects of COVID-19 and vaccines for COVID-19. You can check the latest information about COVID-19 from the Federal Government to stay up to date about COVID-19 vaccines.

Below we have answered common questions you may have about vaccinations and your workers' rights.

VACCINATIONS AND THE WORKPLACE

Getting vaccinated is one of the best ways to protect yourself from getting seriously ill from COVID-19. Vaccines have also been shown to be effective at reducing the likelihood that you will catch and spread COVID-19 to others. The overwhelming majority of workers in Australia want to get vaccinated, and Australian Unions are here to support you to get vaccinated as soon as they are eligible.

CAN I TAKE SICK LEAVE TO GET VACCINATED?

Sick leave is only able to be used where you have an injury or illness that makes you unfit to work.

Australian Unions have been working directly with employers to secure paid vaccination leave for all workers. But we need the Government to step up now and make vaccination leave a universal right for all workers. You can support our campaign for paid vaccination leave here.

CAN I TAKE SICK LEAVE IF I FEEL UNWELL AFTER BEING VACCINATED?

Yes, provided you have a sick leave entitlement.

Casual workers do not have a sick leave entitlement unless their employer has specifically agreed to this.

You should speak to your union if you do feel unwell after being vaccinated as some unions have negotiated specific entitlements that may not require you to draw down on your sick leave.

In a limited range of circumstances, you may be entitled to workers compensation payments.

I'M A CASUAL – WHAT ENTITLEMENTS DO I GET TO ACCESS THE VACCINATION?

Casual workers generally have no entitlement to paid absences unless their employer has specifically agreed to this.

Some unions have negotiated entitlements to compensate for time taken to receive a vaccination. It is best to check with your union if this entitlement is available at your workplace.

Casual workers are entitled to workers' compensation, and you may be entitled to compensation if you experience side effects from a COVID-19 vaccination.

ARE VACCINATIONS MANDATORY?

Mandatory vaccination programs already exist in most parts of Australia for a range of vaccines. They apply to workers who public health authorities have identified as being at risk of contracting and/or spreading a disease.

Vaccination laws differ from state to state but most states and territories have some form of compulsory scheme that mandate vaccines for some segments of the workforce. These mandates are generally, but not always, implemented through the use of Public Health Orders.

Even without specific laws, there are some circumstances where a worker can be compelled to receive a vaccination as a condition of employment.

If you have concerns about mandatory vaccinations and your workplace, contact your union.

HOW CAN I BE PROTECTED FROM UNVACCINATED PEOPLE IN THE WORKPLACE?

A vast majority of workers and the public support being vaccinated but even as we get closer to reaching high rates of vaccination targets, transmission from unvaccinated people will remain a risk.

Work health and safety law requires employers to provide safe and healthy workplaces. They must provide safe and healthy workplaces by eliminating or reducing risks so that workers have the highest level of safety reasonably practicable. If your employer is putting health and safety at risk, they are breaking the law. Given that vaccines do not completely eliminate the risk of COVID-19 your workplace must ensure that other measures are put in place to reduce the risk. These include, improved ventilation, physical distancing and improved cleaning and hygiene practices.

If you believe your employer is not managing health and safety risks adequately, contact your union.

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DOES MY EMPLOYER HAVE TO CONSULT ME ABOUT INTRODUCING NEW VACCINATION POLICIES?

Health and Safety laws across the country require employers to consult with workers, and their representatives, whose health and safety may be directly affected when making decisions about ways to eliminate or reduce risks to health and safety.

A policy on vaccinations is an example of when consultation is required. It is important to remember that if there is a Health and Safety Representative (HSR – who is a fellow worker elected by workers to represent them on health and safety matters), then the employer must consult with the relevant HSRs as well.

Workers and HSRs can access their unions for assistance.

WHAT CAN I DO IF MY BOSS IS TREATING ME UNFAIRLY BECAUSE I'M VACCINATED?

All workers have a legal right to a workplace that is free from bullying, harassment and discrimination.

If your employer treats you less favourably because you are vaccinated, it may be considered workplace discrimination.

If you believe that you are being discriminated against at work, contact your union for advice about how to handle the situation.

If discrimination cannot be resolved at the workplace level, you may be able to file a complaint with the Australian Human Rights Commission or your state equal opportunity, human rights, or anti-discrimination commission. Your union can provide you with assistance and representation throughout this process.

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UNDERSTANDING COVID-19 RISKS IN YOUR WORKPLACE

CORONAVIRUS (COVID-19): PHYSICAL DISTANCING & VENTILATION

COVID–19 is a health and safety risk. Employers have obligations to ensure the health and safety of workers and others. They must have a plan on what will be done to protect and support workers, and health and safety representatives (HSRs) must be consulted on this plan.

There are several factors that make protecting workers from contracting coronavirus and being exposed to SARS-CoV-2, difficult:

- The virus is transmitted from infected people who may have no symptoms or before they develop symptoms i.e. they don't know they are infected
- There is no specific treatment that kills the virus once it is replicating in our bodies – Doctors are investigating use of some medicines that may shorten someone's stay in hospital but there is no cure
- Whilst many workers will experience mild symptoms, some workers, including more vulnerable workers (such as older workers and workers with pre-existing health issues) may experience more severe symptoms
- A significant number of people become very ill who may takes weeks to months to recover
- COVID-19 can be fatal.

Given these factors we need to take a high level of precaution, as people's lives depend on it – essential precautions are physical distancing and good ventilation.

Employers/PCBUs are legally required to consult with workers and their HSRs when identifying hazards at work and applying and reviewing control measures. Improving methods to prevent the spread of coronavirus will be much more effective when workers and their HSRs are asked for input and those ideas are considered.

YOUR HEALTH AND SAFETY RIGHTS

Every worker has the right to healthy and safe work. **Elected Health and Safety Representatives** [HSRs] also have powers and rights under health and safety law.

If you feel immediately unsafe at work, you can stop the unsafe work – but you must be available for other safe duties. **Before taking this action, talk to your union delegate and HSR.**

HSRs have the power to direct work to cease if there is an immediate or imminent risk to health and safety. Everyone must be available to perform alternate safe duties and if they can, HSRs must try to consult with management before issuing the cases work. HSRs may also Issue a Provisional Improvement Notice (PIN) requiring the PCBU/employer to take certain actions. HSRs must have consulted with the PCBU/employer about the health and safety issue.

Under WHS law these rights exist only after the HSR has attended an approved training course. So, training is essential. In Victoria HSRs have these rights as soon as they are elected, regardless of whether they have been trained.

The best way to prevent harm

As with any other risk, employers/PCBUs must consider how to implement the most reliable ways to prevent harm. This should involve the application of the hierarchy of controls (diagram below), which requires priority to be placed on the elimination of hazards, or isolation of people from exposure to harm where possible, with lower order administrative controls which focus on individual worker behaviours or the application of PPE, only applied where higher order controls are not possible.

Applying the hierarchy of controls to COVID-19 may require multiple measures to be implemented in a workplace.

ELIMINATION AND SUBSTITUTION

ISOLATION – this is where the hazard and workers are isolated from each other. In the case of SARS-COV-2 this is keeping our distance - physical distancing - in time and space. The intent of physical distancing is to limit person to person contact – 1.5 metres between people and if indoors, one person per 4 square metres.

WORKING REMOTELY – this may be working from home or working at a different location where there are fewer people and it is easier to implement the distance of 1.5 metres between people. These options are likely to require the lengthening of time to carry out tasks, e.g. reducing the number of people working on any one task at a time. This will require a clear consideration of increased workload or work intensification.

PHYSICAL DISTANCING will not be practicable for many workers, e.g. frontline workers caring or working with people or where task or safety requirements require more than one-person, e.g. equipment operation, confined space entry, working at heights etc. In most of these circumstances, control measures will rely on infection control measures through changing the way people work and the use of personal protective gear.

Paradoxically, some industries and workplaces will need to hire more workers to deal with increased workloads.

WORKING AT A DISTANCE – if remote working or working from home is not practicable, the employer /PCBU must take measures to implement physical distancing (to 1.5 metres and, if indoors, 4 square metres per person). Here are some examples to assist when deciding what are the best measures for your work:

- Workstations moved or rearranged to keep people from being closer than 1.5 metres and in enclosed rooms with more than 1 person - every 4 square metres
- Small work teams and limits or restrictions on mixing between teams
- Perform tasks at different times when less people are around. This should be done by agreement with workers as changes to hours or locations could create other hazards, including psychosocial hazards
- Control handovers between shifts to minimise contact
- Divide and separate critical personnel and teams – via location, shift structures or onsite protocols
- Allocate work so that fewer workers are required to be in the one place at the same time
- Minimise and conduct work gatherings outside where people are not expected to be in close contact
- Change the flow or direction of people to decrease contact, e.g. ensure entrances and exits are separate, change how people move around the site
- Limit to one the number of people in vehicles or small spaces – without introducing other safety hazards
- Work at a slower pace so that less workers need to physically interact with each other
- Use technology to decrease contact between workers
- Change the timing and location of breaks to make sure 1.5 metres of separation is achievable. This should be done by agreement with workers. Workers must be given the appropriate breaks as per normal according to awards and enterprise agreements - it is very important not to increase fatigue and other hazards
- Provide room calculators to make it easier to follow the four-square metre rule

Limiting face to face contact is essential in preventing the spread of the virus. Physical distancing by itself will not be enough – a combination of controls is necessary.

ENGINEERING CONTROLS:

- Use equipment which increases the distance between people or decreases the time that people must be close together – without introducing other safety hazards
- Good indoor ventilation is essential. Improved air circulation is important e.g open windows or increased outdoor intake for air-conditioning systems. intake. In some settings, like health care negative air pressure rooms and other forms of specialist ventilation systems are necessary. See below.
- Minimise close contact with colleagues, customers and clients including minimising cash transactions and the need to exchange paperwork and other materials.

IMPROVE VENTILATION:

As coronavirus is spread by breathing in contaminated air, clean air inside a building is essential. There are several ways to improve air quality – eg

- increase the amount of outside air by opening windows,
- for air conditioning systems, increase the air exchange rate which is the measure of the number of times the air inside a building gets replaced with air from outside in an hour and
- if it's not possible to do either of these things use of a high-efficiency particulate air (HEPA) filter.

The actual air exchange rate will depend upon on number of people and size of the area.

For health care settings there are specific ventilation requirements for isolation rooms, including negative pressure rooms.

CO_2 levels can be used to estimate whether the air in a room is stale and potentially full of particles containing the coronavirus. The outside air we breathe is about 300-500 ppm of CO_2. The indoor CO_2 level is an indicator of how much fresh air is circulating. CO_2 is not a measure of whether there is any virus in the air.

Ventilation exhaust outlets need to be avoided, as people will breathe in contaminated air – as a minimum use warning signs if exhaust outlets are near pedestrian areas.

Expert assistance is required to ensure that air exchange rates and filtration systems remove contaminants, limit the circulation of contaminated air and keep levels of CO_2 down.

Both the World Health Organization and U.S. Centers for Disease Control and Prevention say that poor ventilation increases the risk of transmitting the coronavirus.
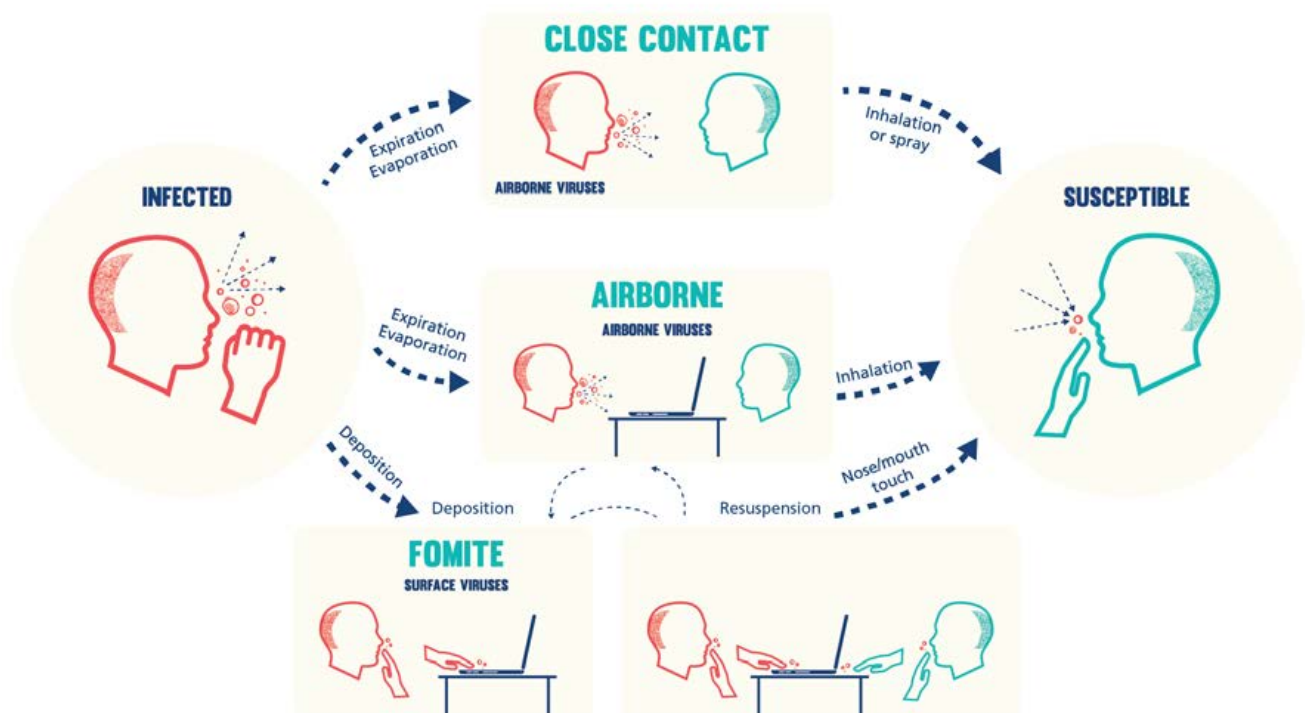

Diagram reproduced from 'Recognition of aerosol transmission of infectious agents: a commentary' by R. Tellier, Yuguo Li, B. Cowling, J. Tang, 2019.

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CLEANING AND DISINFECTION:

- Improve and increase cleaning especially of shared areas, facilities like washrooms and meal areas, tools and equipment, all hard surfaces. This should include in between shifts or where new workers are entering an area
- Additional pop-up handwashing stations or facilities, providing soap, water and Health Department approved hand sanitiser in as many spots as possible
- All workers must be given the time and access to the facilities and equipment needed to protect themselves and others.

PERSONAL PROTECTIVE EQUIPMENT

Depending on the work this will include eye protection, respiratory protection, clothing, gloves etc. Protective equipment must not be shared between people and as much as possible not reused.

The Health Department provides advice about workers who need PPE, the type of PPE required and for what tasks.

Proper cleaning of PPE is essential.

If possible, don't wear work clothes home. Never shake out clothing before placing in the washing machine and use the hot/warm wash cycle. Employers should provide laundering facilities for workers to wash uniforms, especially where close contact with others has occurred in the workplace.

TRAINING AND INFORMATION

For these controls, employers/PCBUs have obligations to train, supervise and provide workers with information to enable working in a healthy and safe manner to prevent the spread of coronavirus and protect everyone from COVID-19.

Workers and their HSRs must be consulted about all measures being taken and HSRs have the right to request a review of risk controls.

LINKS TO GOVERNMENT ADVICE

www.actu.org.au/coronavirus/medical-alerts

www.health.gov.au

www.safeworkaustralia.gov.au

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COVID–19 is a health and safety risk. Employers have obligations to ensure the health and safety of workers and others. They must have a plan on what will be done to protect and support workers, and health and safety representatives (HSRs) must be consulted on this plan.

COVID is caused by the virus SARS-CoV-2. The virus spreads through the air from infected people, so it is essential that every effort is made to remove and reduce any contamination of the air we breathe.

When we breathe or speak, we generate tiny aerosols that cannot be seen by the naked eye.

Indoors, if the ventilation is poor, these aerosols accumulate and linger in the air over time – just like cigarette smoke, but invisible. People with new infections are most contagious just before they get sick, even when they don't even cough.

A cough, sneeze, shouting or singing generates significant aerosols. Speaking and breathing are constant, so over time these may result in more aerosols lingering in the air than a single cough.

The longer we are indoors, the greater the risk of inhaling enough virus, if it is present, to be infected. Even vaccinated people have been infected indoors, especially with the Delta variant.

Both the World Health Organization and U.S. Centers for Disease Control and Prevention say that poor ventilation increases the risk of transmitting the coronavirus.

THE BEST WAY TO PREVENT HARM

As with any other risk, employers/PCBUs must consider how to implement the most reliable ways to prevent harm. Applying the hierarchy of controls to COVID-19 may require multiple measures to be implemented in a workplace. The WHS Regulations require that ventilation enables workers to carry out work without risks to health and safety [WHS Reg 40.e].

IMPROVE VENTILATION:

As coronavirus is spread by breathing in contaminated air, clean air inside a building is essential.

There are several ways to improve air quality:

- increase the amount of outside air circulating by opening windows wherever it is possible - this includes in vehicles or mobile plant
- improve the indoor air quality by ensuring that the air conditioning systems are well maintained and circulating fresh air *not recirculating* the air

IMPROVE VENTILATION: (CONT.)

» increasing the air exchange rate, which is the measure of the number of times the air inside a building gets replaced with air from outside in an hour. The actual air exchange rate required will depend upon the number of people and size of the area.

» if it is not possible to do either of the above, the use of portable air cleaners should also be considered. Note – these must be maintained – e.g. external cleaning with special wipes, but cleaning and maintaining the filters from deep in the machines must be done using precautions.

Air filters have been shown to be very useful in many settings, including hospitals.

To help check whether there is enough fresh air circulating, monitors can be used that check the levels of CO_2. The outside air we breathe is about 300-500 ppm of CO_2. Indoor CO_2 levels need to be kept lower than 1000ppm.

NOTE: CO_2 is only a measure of how much (or little) fresh air is circulating not a measure of whether there is any virus in the air.

Expert assistance is required to ensure that air exchange rates and filtration systems remove contaminants, limit the circulation of contaminated air and keep levels of CO_2 down.

It is important that fresh ventilation exhaust outlets are:

• not near where people work or walk by
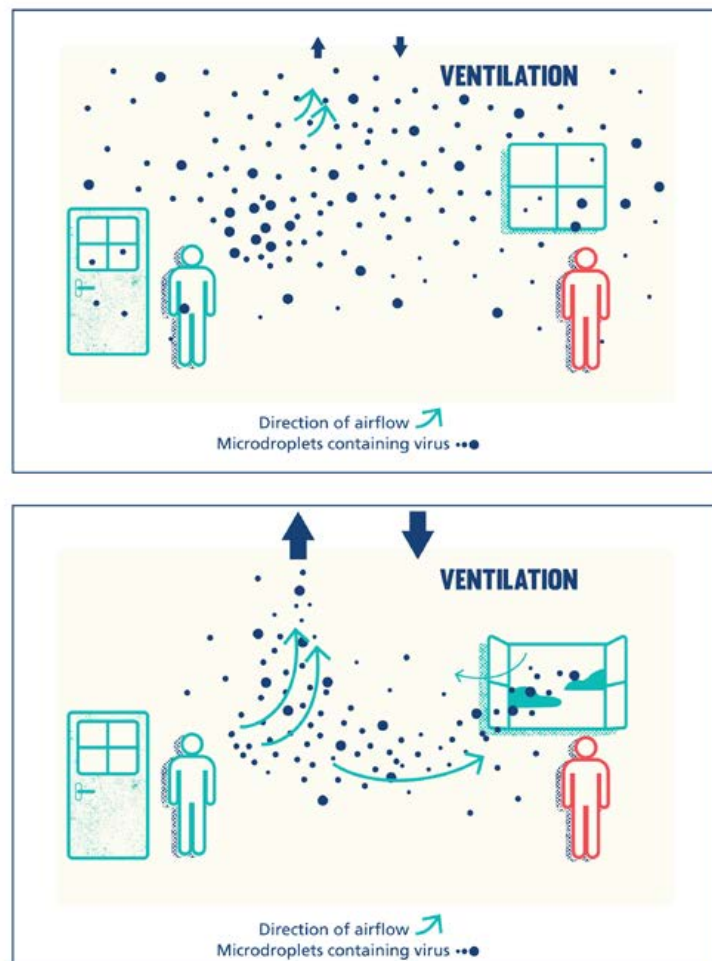• away from any inlets for the fresh air. Drawing in contaminated air must be avoided.

Diagram reproduced from Covid-19: Respiratory particle (or aerosol) transmission, Brittney Deguara, 2021

HEALTH CARE SETTINGS

For health care settings there are specific ventilation requirements for isolation rooms, including negative pressure rooms.

RESPIRATORY PROTECTION

Respiratory protection, like other PPE is the lowest level of control. PPE should be used in addition to addressing ventilation, not instead of it.

Settings where workers are working with known or potential COVID positive people will also need to a have a higher level of respiratory protection than other workers. This will include the use of P2/N95 respirators which provide a very close facial fit and efficient filtration of airborne particles. It is important that workers are fit tested to ensure proper fit and are also fit checked on each occasion to ensure that it is applied correctly.

Given the increase in the latest highly infectious variant of Omicron the use of P2/N95 masks is strongly encouraged for indoor spaces where ventilation may be poor e.g lifts, stairwells, public transport.

SOME USEFUL LINKS

- Clean air in hospitals
- Cheap domestic air cleaners can cut COVID-19 spread: Melbourne study
- This video shows just how easily COVID-19 could spread when people sing together
- Which mask works best? We filmed people coughing and sneezing to find out
- Australian Health Protection Principal Committee (AHPPC) statement on the role of ventilation in reducing the risk of COVID-19 transmissionon the role of ventilation in reducing the risk of COVID-19 transmission
- OzSAGE is a group of Australian experts who have published a guide on how to keep Indoor Air Safer

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BACKGROUND INFORMATION

Testing for virus SARS-CoV-2 that causes illness COVID-19 is done in a few ways, of which two are useful for workers/workplaces.

The PCR test is the test that is conducted at government testing sites.

THE PCR TEST:

- is used to detect presence of virus which causes COVID-19
- is a diagnostic test – it tells you whether you have the virus or not
- looks for genetic material from the virus
- results take hours due to need to use expensive & specialized equipment
- requires a swab to be taken from the nose and back of the throat– it can be uncomfortable
- requires a health professional to take the swabs.
- requires transport to a laboratory to perform testing.

Rapid Antigen Tests (RAT) have been required for certain groups of workers by state governments. These tests are less accurate than the PCR tests and need to be performed more frequently.

THE RAPID ANTIGEN TEST:

- is a screening test, tells you if you might have the virus
- looks for molecules on surface of virus
- is less accurate than PCR, but if positive, it is likely the virus is present
- if done frequently enough, eg 3 times a week, RAT are a good way to pick up infections before symptoms appear
- some require a swab to be taken from inside the mouth or nose, not from the back of throat
- can be run on site in about 20 minutes and is relatively inexpensive
- currently requires supervision of a health professional to take the swab and perform testing. This may change in line with arrangements in other countries where people are able to self-test.

More information on RAT is available **here: TGA Q&As—Conditions of supply for rapid antigen tests.**

Further detailed information is available **here: COVID-19 testing in Australia— information for health professionals.**

WORKPLACE INTRODUCTION OF RAPID ANTIGEN TESTING [RAT][1]

The use of RAT is another measure that workplaces can take to help limit the spread of the virus. The aim is to frequently conduct the test, **before starting work** to find workers who may have no symptoms or be unaware they are carrying the virus.

Workers, HSRs and their union must be consulted about the introduction of any testing policy, and the detail of the policy.

**Currently RAT can only be conducted under the supervision of a health professional –
see** https://www.tga.gov.au/qas-conditions-supply-rapid-antigen-tests

The health professional must be provided with the appropriate PPE.

When considering the type for RAT to be used, the following will be taken into account:

- Accuracy – specificity and sensitivity of the test
- Time for conduct of the testing – shorter time the better
- Ease of conduct of the test eg saliva vs nasal vs nasopharyngeal
- Ease of access to the test and 'convenience' (not needing to leave home or go somewhere away from work to test)
- Informed consent, given the test is a taking of a body sample.

For RAT the following needs to apply:

- **RAT performed in paid time –** prior to starting work
- **Whilst waiting for the test result [up to 20 minutes]**, interactions between people must be minimised eg separate space, maintain social distancing
- **If the RAT result not negative –** the person must not enter the workplace until a negative PCR test result is obtained
- **Paid leave** must be provided to all workers who need to get and wait for PCR rest results [at a minimum 24 hours]
- **Paid Pandemic Leave must be available for all** workers to isolate whilst awaiting result and if positive for COVID
- **Everyone – irrespective of work role –** must be tested
- **Any private information must not be shared** with the employer/PCBU
- **The employer/PCBU should receive** only the results of the RAT.

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1   Please note the TGA has not approved the use of COVID-19 self tests
        https://www.tga.gov.au/media-release/warning-consumers-and-advertisers-about-covid-19-test-kits

Image via 'Govt sending rapid COVID test kits to at-risk aged care services', Australian Ageing Agenda, September 1 2021.

Any workplace policy on Rapid Antigen Testing should be developed in consultation with workers including HSRs and include:

- The purpose, scope and duration of testing
- Risks assessments that have led to the introduction of the policy and process
- The type and frequency of the testing – every 2-3 days to be effective and useful
- The testing procedure and who will conduct the testing
- Where testing will be performed
- How information about testing is stored and if it is to be shared and with whom –
  it is essential that arrangements are made regarding the destruction of these records. As the results are to enable attendance at work for x days, duration of record keeping needs to be carefully considered
- All mandatory testing is done on paid time, and that workers are provided with paid leave until they get the results of testing, and paid leave if required to isolate
- A fair and agreed process if a worker is unable or unwilling to participate in a RAT – if the testing has been mandated then this is essential.

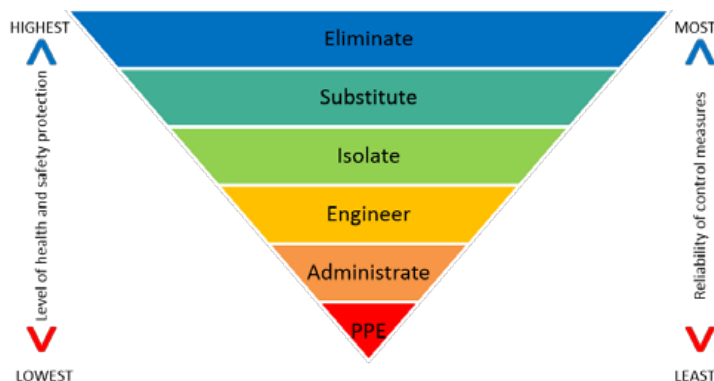This fact sheet was last updated 16 September 2021.

ACTU

COVID AWARE WORKPLACES

CORONAVIRUS (COVID-19): WORKPLACE CLEANLINESS & HYGIENE

COVID–19 is a **health and safety risk.** Employers and other duty holders **(such as property managers/ owners)** have obligations to ensure the health and safety of workers and others. They must have a plan on what will be done to protect and support workers, and health and safety representatives (HSRs) **must be consulted on this plan.**

As with any other risk, employers/PCBUs must consider how to implement the most reliable ways to prevent harm. This should involve the application of the **hierarchy of controls** (refer to the diagram below). The hierarchy of controls requires priority to be placed on the elimination of hazards, or isolation of people from exposure to harm where possible. Lower order administrative controls which focus on individual worker behaviours or the application of PPE should only be applied where higher order controls are not possible or effective.

Applying the hierarchy of controls to COVID-19 may require multiple measures to be implemented

in a workplace.

The best risk control measure for preventing exposure to COVID-19 is physical distancing and fresh clean air, together with other measures, such as cleaning and improved hygiene.

The mechanical process of cleaning removes dirt and grime. This needs to be done with a detergent solution (as per manufacturer's instructions). Detergent-impregnated wipes may be used but should not be used as a replacement for the mechanical cleaning process.

Following cleaning with detergents, disinfectants are used to kill the virus. Disinfectant may not kill the virus if the surface has not been cleaned with detergent first.

There are very clear guidelines for cleaning in health settings which can be accessed by clicking here.

Safe Work Australia information adapts that information for workplaces and what cleaning to do if there is a suspected or confirmed case of COVID 19. Click here to access guidance which will help determine the appropriate level of cleaning.

WHERE TO CLEAN

This information is to assist workers and HSRs, when consulting with employers/PCBUs about what areas need to be cleaned.

Routinely clean frequently touched hard surfaces – these are a few examples to prompt thinking about which surfaces are most commonly touched in your workplace:

- door handles, handrails, trolleys
- light switches
- bench, desk and tabletops
- frequently touched handles on machinery, tools and equipment
- steering wheels, control panels
- washing facilities, taps.

Workplaces should clean surfaces at least daily or in between changes of shift or when new workers are entering other areas or using shared equipment or furniture; once clean, surfaces should be disinfected regularly. The disinfectant used should be one for which the manufacturer claims antiviral activity, meaning it can kill the virus (such as chlorine-based disinfectants). At least 10 minutes contact time is required to kill viruses.

Cleaning of facilities, such as tabletops and meal areas should occur after meal and break times. Areas where there is lots of pedestrian traffic or places where members of the public attend should be cleaned more regularly.

For many hard surfaces such as tool handles, the use of alcohol-based wipes before and after use will decrease the chances of contamination.

Alcohol-based hand sanitizer stations should be available throughout the site and workers should be given time and access to handwashing facilities. This encourages good hand hygiene.

HAND HYGIENE

Soap and water are the most effective method of removing the virus from our hands. The soap breaks the outer layer of the virus. Wash for 20 seconds. Alcohol-based hand sanitizer can be used at other times (e.g. when hands have been contaminated from contact with surfaces). Cleaning hands also helps to reduce environmental contamination.

PERSONAL PROTECTIVE EQUIPMENT

Depending upon the work this may include eye protection, respiratory protection, clothing, gloves etc. Protective equipment must be cleaned between uses and must not be shared. If it is to be reused proper cleaning is essential.

Remember: cleaning is one of the control measures that must be used but it must be accompanied by measures that implement good ventilation, physical distancing and improved hygiene.

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COVID AWARE WORKPLACES

SAFETY GEAR/PERSONAL PROTECTIVE EQUIPMENT [PPE]

Many jobs require the use of safety gear/personal protective equipment. To prevent the spread of COVID-19 increased cleaning and attention to proper fit, storage in cleaned environments is even more important.

In other settings there will be an increased need to use additional PPE. PCBUs (Persons Conducting a Business or Undertaking)/employers need to check public health advice on what is appropriate.

Remember: PPE cannot take the place of other, more effective control and preventative measures. In some settings, like health etc gloves are essential. **But gloves** are generally not required for general infection prevention and control and **are not a substitute for hand hygiene.**

When using PPE to prevent the spread or contracting COVID-19, the personal protective equipment must be:

- Clean and hygienic and in good working order
- Suitable to minimise risks of transmission of infectious agents having regard to the nature of the work and any hazard associated with the work
- A suitable size and fit and reasonably comfortable for the worker who is to use or wear it
- Maintained, repaired or replaced so that it continues to minimise risk to the worker who uses it.

Note: The use of PPE may create additional hazards and risks that need to be considered and controlled. [1]

Workers who use the PPE must be given with information, training and instruction in the proper use and wearing of personal protective equipment, and the storage and maintenance of personal protective equipment.

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1   for information about RPE for COVID 19 see https://www.tga.gov.au/behind-news/regulation-personal-protective-equipment-and-covid-19

Some simple questions are – note, these apply to all PPE :

- Has the correct PPE been identified based on the hazard and worker work activity?
- Are workers trained in the correct fitting, use, removal, cleaning, storing and disposal of PPE? Remember: if the PPE doesn't fit it doesn't protect the worker.
- Is there a sufficient supply of relevant PPE required to allow a safe return to work?
- Has the PCBU/employer identified, selected and sourced the PPE needed and arranged enough supplies of it?
- What are the arrangements for the cleaning, inspection, maintenance and disposal of PPE, where appropriate?
- Have workers been given information and instruction about all of the above?

NOTE: Respiratory protection (face masks) is an effective control at preventing transmission of COVID-19. The use of masks which are fit tested is essential for those at increased risk of contracting the virus eg workers in health care. These masks should be appropriately tested and fitted to the worker.

Masks of all types reduce the risk of tranmission but the best ones are P2/N95 masks followed by surgical masks.

PRIVACY AT WORK

PRIVACY AT WORK AND COVID-19

The COVID-19 pandemic is presenting a range of privacy challenges at work. Health information about a worker can be particularly sensitive and must be handled appropriately by employers. However, privacy laws do not prohibit the collection, use and disclosure of health information to the extent that it is necessary to prevent and manage COVID-19 risks at work.

It is crucial for employers to have clear workplace polices and processes which ensure that personal and health information is only collected when necessary, stored securely, and used or disclosed only for lawful and proper purposes, including to ensure the health and safety of workers and others. Policies should also consider and assess any privacy issues arising from changed working arrangements.

PRIVACY LAWS

Employers collect, disclose, use and store personal and health information about employees frequently for many different purposes. Privacy obligations vary depending on whether the employer is public or private and the jurisdiction the employer is in.[1]

Generally, employers are obliged not to use or disclose personal or health information other than for the purpose it was collected, unless the consent of the worker is provided. Even if consent is not provided, there are exemptions allowing use or disclosure in certain limited circumstances – for example, to prevent imminent harm to someone.

'Personal information' is defined by the Privacy Act as information or an opinion about an identified individual, or an individual who is reasonably identifiable, whether true or not, and whether written or not. 'Health information' is a subset of personal information, and is defined as information or an opinion about an individual's health (including an illness, disability or injury) at any point in time; or an individual's expressed wishes about the future provision of health services, or a health service provided, or to be provided, to an individual.

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1   The Commonwealth Privacy Act 1988 sets out standards for the handling, holding, use, accessing and correction of personal information. The Privacy Act does not cover businesses with a turnover of less than $3 million, or apply to private sector employers' handling of employee records directly related to the employment relationship. However, State privacy laws may still apply to employee records notwithstanding these exemptions. For example, the Health Records Act 2001 (Vic) applies to private sector organisations that handle employees' health information. For these reasons it is essential to obtain a commitment that any health information is not stored on employee records.

'Use' and 'disclosure' of information are not the same thing. An entity 'uses' information when it handles information within the entity but retains effective control over the information. For example, a manager sharing information with a payroll staff member to ensure payment of an entitlement to an employee. An entity 'discloses' personal information when it makes it accessible to others outside the entity and releases the subsequent handling of the information from its effective control. For example, a HR person sharing information about an employee with a person or body external to the organisation.

WORK HEALTH AND SAFETY OBLIGATIONS

Employers have a general obligation to ensure the health and safety of workers and others, so far as reasonably practicable. This means employers must take all reasonable steps to limit the work-related spread of COVID-19. In order to take such steps, employers may need to collect information from workers and visitors about their potential exposure to COVID-19 in order to identify, assess and control risks of infection.

WHS laws include a specific obligation to provide 'any information necessary' to protect all persons (including workers and others, such as visitors) from risks to their health and safety arising from work.[2] In addition, employers must consult, confer and provide access to information to HSRs relating to the health and safety of the workers in the HSR's work group.[3] An employer can provide an HSR with access to personal or medical information concerning a worker only with a worker's consent, unless the information does not identify the worker and could not reasonably be expected to lead to the identification of the worker.[4]

WHAT INFORMATION CAN OR SHOULD AN EMPLOYER COLLECT IN RELATION TO COVID-19?

Employers can collect information that is reasonably necessary to meet their obligations under WHS laws to identify risk and implement appropriate controls to prevent or manage COVID-19 in line with Department of Health guidelines. This could include collecting information from workers and visitors about close contact with confirmed or potential cases, or recent overseas travel.

WHAT INFORMATION CAN OR SHOULD AN EMPLOYER USE OR DISCLOSE?

Where vaccinations are mandatory for specific jobs, the employer will need to know the workers vaccination status. There is no reason for the employer to have access to a workers Australian Immunisation Record or medical records. It is sufficient for the employer to ask to view documentation of vaccination, which the employer then marks off on a register.

In order to comply with privacy laws, personal and health information should only be used or disclosed by employers on a 'need-to-know' basis. Employers should collect, use or disclose only the minimum amount of personal or health information reasonably necessary to prevent or manage COVID-19. Workers and HSRs need to be advised of how the employer will handle personal or health information in responding to any potential or actual case of COVID-19. This means employers must have clear processes and designated staff members with responsibility for handling these matters, and secure information storage methods.

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2   Model WHS Act, s 19(3)(f)
3   Model WHS Act, s 70(1)(c)
4   Model WHS Act s 71(2)

If a worker is confirmed to have COVID-19, employers must ensure the worker is supported not to return to work while they are infectious. Notification should be made to, and guidance sought from, the relevant Health Department and WHS regulator in their jurisdiction. It may be necessary to share the identity of the worker with others at the workplace in order to identify those who have had close contact with a confirmed case.

HSRs should be notified of the existence of a confirmed case and consulted on appropriate control measures. In order to comply with privacy obligations, a confirmed case's identity should be shared with others strictly on a 'need to know' basis, even if consent has been provided by the worker. This is particularly important because discrimination, harassment and abuse has been targeted at those who have contracted coronavirus. This may undermine the health and safety of the worker in question as well as HSR and employer efforts to effectively manage the situation.

YOUR HEALTH AND SAFETY RIGHTS

Every worker has the right to healthy and safe work. Elected Health and Safety Representatives [HSRs] also have powers and rights under health and safety law.

If you feel immediately unsafe at work, you can stop the unsafe work – but you must be available for other safe duties. Before taking this action, talk to your union delegate and HSR.

HSRs have the power to direct work to cease if there is an immediate or imminent risk to health and safety. Everyone must be available to perform alternate safe duties and if they can, HSRs must try to consult with management before issuing the cases work. HSRs may also Issue a Provisional Improvement Notice (PIN) requiring the PCBU/employer to take certain actions. HSRs must have consulted with the PCBU/employer about the health and safety issue.

Under WHS law these rights exist only after the HSR has attended an approved training course. So, training is essential. In Victoria HSRs have these rights as soon as they are elected, regardless of whether they have been trained.

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COVID AWARE WORKPLACES

CORONAVIRUS (COVID-19): TRANSPORT TO AND FROM WORK

Warning – no changes can be made to start and finish times outside of what is provided for in Award and/or Enterprise Agreements for the workplace or your work.

For staggering of start and finish times

- **Where applicable, penalties rates will apply**
- **Everyone has the right to refuse unsociable hours.**

Any changes to start and stop times must be discussed with workers and their union delegates and HSRs. Agreements must be reached on the what changes are to be made, for how long and the date for review.

TRANSPORT RISKS

As more people return to work, it will become increasingly difficult to practice physical distancing when travelling to and from work. As the coronavirus is spreads through the air, fresh clean air is essential. This includes when traveling in vehicles etc.

Employers need to consult with workers about what agreed measures can be put in place to help prevent the spread or contracting of COVID 19.

In some cases, sites may be able to discuss with local transport providers more suitable timetabling to make it easier to travel outside peak times.

Some measures to consider include:

1 **Where practicable and safe, rotate groups of workers so that some are working at home whilst others come to the workplace.**

2 **For travelling in private vehicles:**

- Avoid car-pooling when coming to and from work
- Encourage people to sit as far apart as possible in vehicles
- Encourage cleaning and wiping down all interior touch points inside vehicles before and after travelling
- As much as possible, travel with windows open
- Turn the aircon onto fresh air intake, not recirculating air
- Put in place arrangements that eliminates or reduces the need for workers to travel together in vehicles.
- Limit passengers in vehicles

3 Public transport:

- Offer staggered work times to be able to avoid peak hour – however, this must be done in accordance with arrangements for working hours [see above]
- Encourage commuters to practise good hand and respiratory hygiene
- Encourage commuters to wear masks
- Hand washing facilities and/or hand sanitisers need to be available at every entry and exit point

4 Building entry and exit

- Continue to allow remote working where practical and safe
- Control entry numbers to buildings by considering staggered start and finish times (as per relevant industrial agreements and in consultation with affected workers)
- Provide bins with lids, for tissues etc at every building entry and exit point.
- Review end of trip facilities and provide additional cleaning. Many workers may choose to cycle or walk to work to avoid public transport. Building owners and managers should consider additional measures to encourage this and minimise 'end of trip' risks.

The wearing of masks is mandated by health authorities in many circumstances. Irrespective of the health advice, when traveling in vehicles with people outside of the people you live with, masks are a good idea.

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COVID AWARE WORKPLACES

The COVID 19 epidemic has been accompanied by an increase in workplace violence and aggression in many industries. This is likely to increase in sectors as some jurisdictions introduce requirements to check the vaccination status of patrons in some workplaces. Employers have a duty to ensure the health and safety of employees including their psychological health. Employers must take a systematic, consultative approach to identifying and managing health and safety risks – both physical and psychological.

Workplace violence and aggression[1] can be any incident where a person is abused, threatened or assaulted at the workplace or while they are carrying out work. In the context of COVID 19 pandemic this is likely to include:

- intentionally coughing or spitting on someone
- physical assault such as biting, scratching, hitting, kicking, pushing, grabbing, throwing objects
- harassment or aggressive behaviour that creates a fear of violence, such as yelling and swearing, verbal threats and abuse, stalking, sexual harassment[2]
- sexual assault or any other form of indecent physical contact.

Many frontline workers during the pandemic such as retail and health care workers[3] – have experienced an increase in aggressive behaviour. Such behaviours are likely to be experienced by a broader group of workers as businesses are required to limit entry to vaccinated patrons and clients.

Employers must have plans on how to control the risks of workplace violence and aggression. Employers must consult workers, their HSRs and union delegates on these risks and their plans to manage them. Essential to these plans will be

- management commitment to protecting workers from occupational violence,
- communication with staff and patrons/clients/customers,
- collaboration between management, staff and customers,
- process for reporting instances of occupational violence and aggression

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1   SafeWork Australia – Guide to preventing workplace violence and aggression
2   Violence or aggression may also be gendered in nature. Gendered violence is any behaviour directed at any person or that affects a person because of their sex, gender or sexual orientation, or because they do not adhere to socially prescribed gender roles, that creates a risk to health and safety. Individuals may be targeted because of their individual characteristics, as those doing the targeting try to exercise power over others
3   No one deserves a Serve – SDA; 10 Point Plan to end Violence and Aggression – A guide for Health Services, Victorian ANMF.

The Plan needs to:
- Identify the risks
- Implement controls that eliminate or minimise the risks so far as reasonably practicable; and
- Monitor and review the implemented controls.

Key risk control measures will need to rely upon:
- Physical work environment and security
- Work systems, policies and procedures
- Information, instruction, training, and supervision
- Supporting and training workers in how to respond and report any incidents including stopping work or removing worker[s] from the situation if it is unsafe.

Health and Safety laws require employers/PCBUs to consult with workers and their HSRs. Consultation should also include union delegates.

Some examples of risk control measures include:

PHYSICAL WORK ENVIRONMENT AND SECURITY
- use security measures such as professional security staff, CCTV, anti-jump screens and timer safes
- separate workers from the public where possible, for example with protective barriers or screens
- control access to the premises and vulnerable areas
- prevent public access to the premises when people work alone or at night.
- ensure workers can see who is coming into the premises and can restrict access if necessary
- fit communication and alarm systems and ensure they are regularly maintained and tested
- prevent access to dangerous implements or objects that could be thrown or used to injure someone
- use internal and external lighting to assist visibility
- provide a safe retreat for workers and others so they can avoid violent situations
- arrange furniture and partitions to allow good visibility of service areas and avoid restrictive movement
- use appropriate signage to direct clients and visitors as well as entry requirements such as proof of vaccination. Work systems and procedures are administrative controls and should form part of overall workplace prevention strategies.
- security risk assessment of all areas to identify high risk areas, secure areas, safe zones and lock down areas including procedures
- assess and control environmental factors such as temperature and noise levels which may impact customer comfort and contribute to customer incivility or aggression
- safety measures for workers conducting work in car parks after dark or when leaving work
- banning persons with a history of violence from the workplace e.g. patrons at pubs or clients at health services.

WORK SYSTEMS INCLUDE:

- workplace violence and harassment policy and procedures
- systms to map and record areas of concern for safe access and egress
- regular handover of information between shifts and areas of work, including any incidents and what measures have been taken to prevent further occurrences
- identification of behaviours and their triggers and strategies to address them
- identification systems–workers and authorised visitors are clearly identified
- evaluation of work practices to see if they may contribute to aggression
- managing expectations of clients and customers by clearly communicating the nature of the products or services you are providing e.g. online and using signage.
- providing sufficient workers to discourage workplace aggression from clients/customers/patrons
- reducing waiting times and missed calls e.g. by training 'relief' workers to take calls or transferring calls to other areas
- encouraging workers to escalate problem calls to senior workers
- alternating tasks in the workplace (particularly tasks requiring high levels of customer interaction) with other work tasks and ensure workers have regular breaks if aggression or incivility is likely
- using processes to assess risks of client aggression and violence and whether additional control measures are required for dealings with some clients
- risk profiling of work sites to identify high risk locations
- putting up signs at the workplace, such as zero tolerance of aggression and violence, limits on products or services, security cameras are in use, or limited cash is held on the premises
- eliminating cash payment methods in isolated locations or where workers working alone
- ensure cash management processes are conducted at random times and not in view of customers
- clearly communicating to clients and customers that any form of violence or aggression is not tolerated e.g. in service agreements, contracts or on signs
- regularly evaluating work practices, in consultation with workers and HSRs.

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COVID AWARE WORKPLACES

ENCOURAGE REPORTING OF VIOLENCE AND AGGRESSION

- making sure workers have a range of accessible and user-friendly ways to report informally, formally, anonymously and confidentially
- making sure workers know how to report incidents and
- making sure workers know about their right to representation and the support, and protection available
- training key workers (contact persons) to receive reports of incidents and give support and advice

INFORMATION, INSTRUCTION, TRAINING, AND SUPERVISION

Training should form part of an overall approach (i.e. not the main approach) to control the risk of workplace violence and aggression. It must be provided in a way that everyone can understand, is ongoing and is delivered using both informal and formal methods.

Training should include the following:

- aggression/violence prevention measures
- de-escalating aggression–identifying signs of aggression, verbal and non-verbal, communication strategies, encouraging reasoning, listening carefully and acknowledging concerns
- the nature and causes of violence in the organisation or industry sector, including potential triggers
- the control measures implemented, both from external sources like clients and customers and from within the workplace e.g. from other workers
- workplace procedures, including when and how to escalate issues to senior workers, security or Police, and what to do during an incident (such as retreating to a safe location)
- personal safety outside the workplace, such as not wearing a uniform, name tag or identifying information outside of work
- how to use any personal safety equipment provided like duress alarms
- how to report incidents and the support available.

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COVID AWARE WORKPLACES