Australian Chamber of Commerce and Industry

Business SA
Chamber of Commerce and Industry South Australia

COVID Winter Guide

ACCI COVID UPDATE

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COVID Winter Guidelines

Introduction

COVID-19 has not gone away and will remain with us globally for years to come. We are likely to see fluctuations in global and local patterns of infection. The high vaccination rates here in Australia along with increased international vaccination coverage will help reduce the risk, along with baseline measures of staying home when unwell, physically distancing where possible, good hygiene and wearing masks as recommended. From time to time we can expect other measures to come and go depending on the nature of any new variant and ongoing vaccine protection.

In the long-term, governments expect the virus to become one of several respiratory infections which can be mitigated by effective public health interventions to reduce the risk of infection when outbreaks arise. At some point in the future, COVID-19 will be 'endemic', meaning it is still with us but the spread of disease has become more predictable. It may become more similar to other respiratory viruses with seasonal patterns.

For now, COVID-19 remains a threat and we are likely to have periods of less predictable waves of infections to deal with, particularly if new variants emerge or as immunity wanes.

Moving away from an emergency response

For the last two years we have been operating on emergency footing as we learnt about this novel virus. National Cabinet, State and Territory leaders and Chief Health Officers have been lead authorities, telling individuals and businesses what to do as the evidence and our understanding evolved.

Once the Omicron wave in early 2022 stabilised, Australia entered the final phase (Phase D) of the National Plan and moved to "living with COVID-19". This saw the relaxation of a number of remaining health measures and a shift away from government-prescribed responses to greater individual and business responsibility.

There is a clear expectation from governments that businesses will manage COVID-19 as ongoing WHS and HR matters within their workplaces. As winter sets in, COVIDSafe controls will not only help protect workers from transmission risks from COVID-19, but also seasonal viruses such as the winter flu, and provide productivity benefits due to reduced absenteeism.

To assist with managing COVID-19 in workplaces over winter, ACCI has set out this guide to address the key health, safety and employment issues winter may bring for workplaces.

Employers should, however, at all times be conscious of their particular legal obligations that will apply under the Fair Work Act 2009, respective State and Territory WHS legislation and Workers' Compensation legislation, enterprise agreements, awards, contracts and policies and should seek further advice where necessary.

COVID-19: Public Health response, Vaccines and booster status

The Government's objective in the next phase of the COVID-19 response is to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place public health systems under unsustainable pressure.

Vaccines and booster status

ATAGI notes that the concept of being **'up-to-date'** with vaccination may be different to what has been required to be **'fully vaccinated'**, which is a term that has been used in the context of public health orders or mandates in various settings, including border control, quarantine, workplaces (e.g., aged care, health care), and in other select settings.

These applications may involve legal and policy implications and are not within the remit of ATAGI but should be considered in the implementation of this advice.

Up-to-date vaccination status is defined by the number and timing of appropriate COVID-19 vaccine doses recommended for and received by an individual, according to their age and other factors.

These recommendations aim to provide the optimal individual and/or population protective vaccination benefits (over risks) and take into account other factors, such as vaccine access.

COVID-19 vaccine up-to-date status will likely need to be modified over time, with the ATAGI recommendations based on future changes in disease epidemiology and as new evidence becomes available regarding booster doses, including those that may be specifically targeting variants of concern (VOC).

ATAGI Recommendations as at 1st July 2022:

- For all individuals aged 16 years and above, a single booster dose of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine is recommended for those who completed their primary course, 3 or more months ago.
- For individuals aged 12-15 years, a single booster dose of COVID-19 vaccine may be given if they meet specific criteria.
- Either of the available mRNA COVID-19 vaccines (Pfizer or Moderna) is preferred for this booster dose in those aged 18 years and above. For those aged 12–17 years, only Pfizer vaccine should be used.
- Although not preferred, AstraZeneca or Novavax can be used as a booster dose in the following circumstances: people who have a contraindication to mRNA vaccines (including those who have had a serious adverse event following mRNA vaccines) and people who do not prefer an mRNA vaccine.
- Pregnant women and adolescents aged 16 and above who received their primary COVID-19 vaccination course 3 or more months ago are recommended to receive a booster dose.

Co-administration of vaccines
It is acceptable to co-administer a COVID-19 booster vaccine dose with other vaccines.

After a confirmed COVID-19 infection
Vaccination is recommended to be deferred for 3 months after a confirmed SARS-CoV- 2 infection for all COVID-19 vaccine doses, including booster and winter doses.

Additional considerations

ATAGI emphasises the importance of being up to date with immunisation particularly for those who are at higher risk of severe disease, such as:

- Older people and/or,
- Those with underlying special risk medical conditions, and
- For those who work in settings where limiting disease transmission is critical, e.g. health care and aged care settings.

The risk of severe disease if infected by SARS-CoV-2 varies considerably with age, underlying medical conditions or treatment. While evidence shows that boosters increase direct protection against Omicron infection, and some indirect protection through reduced transmission is expected, the magnitude of this effect, its duration, and the overall indirect protection from boosters, is still unclear.

ATAGI continues to monitor this emerging evidence, both locally and internationally, and advice will be updated as indicated.

Group	Primary vaccine course			Booster dose	Winter dose
	First dose	Second dose	Third dose		
5 to 15 years old	✓	✓	N/A	not currently recommended	
16 to 64 years old including pregnant and breastfeeding people	✓	✓	N/A	✓	not currently recommended
Aboriginal and Torres Strait Islander People aged 50+ years old	✓	✓	N/A	✓	✓
65+ years old	✓	✓	N/A	✓	✓
Residents of aged and disability care facilities	✓	✓	N/A	✓	✓
5 to 15 years old severely immunocompromised	✓	✓	✓	not currently recommended	
16+ years old severely immunocompromised	✓	✓	✓	✓	✓

(Table above produced by ACT government and can be found at: https://www.covid19.act.gov.au/stay-safe-and-healthy/covid-smart-behaviours

25 May 2022 updated advice: People aged 16 to 64 who have a medical condition that increases their risk of severe COVID-19 illness and people with disability with significant or complex health needs, will be recommended to receive a winter booster vaccination dose from 30 May 2022.

TGA approved vaccines

The Therapeutic Goods Administration (TGA) has approved or recognised the following vaccines amd dosages as 'primary courses':

Two doses at least 14 days apart of:

- AstraZeneca Vaxzevria
- AstraZeneca Covishield
- Pfizer/Biontech Comirnaty
- Moderna Spikevax or Takeda
- Sinovac Coronavac
- Bharat Covaxin
- Sinopharm BBIBP-CorV
- Gamaleya Research Institute Sputnik V
- Novavax/Biocelect Nuvaxovid

Or one dose of:

- Johnson & Johnson/Janssen-Cilag COVID Vaccine.

Seven days must have passed since the final dose of vaccine in a course of immunisation for you to be considered 'up-to-date'. Mixed doses count towards being up-to-date as long as all vaccines are approved or recognised by the TGA.

Treatments for COVID-19

Oral treatments for COVID-19 represent a new landmark in our response to managing the virus. Lagevrio and Paxlovid have been provisionally approved by the Therapeutic Goods Administration to treat COVID-19 in adults at high risk of progression to severe disease. The advantage of these medications taken as tablets or capsules, is that many people will be able to receive treatment in their own homes rather than in hospital.

Lagevrio and Paxlovid are listed on the Pharmaceutical Benefits Scheme (PBS). The PBS is available for prescription by GPs and dispensing through community pharmacies for eligible patients who meet the clinical criteria.

Lagevrio and Paxlovid have both been found to be effective in treating mild to moderate COVID-19 in adults aged 18 years of age and older, who do not require supplemental oxygen, and who are at increased risk of progression to hospitalisation.

For each of these prescription only medicines administration needs to start as soon as possible after a COVID-19 diagnosis and within five days.

More information can be found on the Department of Health website here.

COVID-19 identifying the symptoms

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold.
People who have respiratory allergy symptoms such as allergic rhinitis (hay fever) and allergic asthma should stay home and get tested for COVID-19 at the onset of their symptoms if they experience symptoms that are unexpected, seem different or worse than usual, or do not respond to their usual medication.

For more information, visit https://www.health.gov.au/resources/publications/identifying-the-symptoms-english

Symptoms	COVID-19 Symptoms range from mild to severe	Cold Gradual onset of symptoms	Influenza Abrupt onset of symptoms	Allergies* May be abrupt or gradual onset of symptoms
Fever	Sometimes	Rare	Common	No
Cough	Common	Common	Common	Common (asthma)
Sore Throat	Common	Common	Sometimes	Sometimes (Itchy throat and palate)
Shortness of Breath	Sometimes	No	No	Common (asthma)
Fatigue	Common	Sometimes	Common	Sometimes
Aches & Pains	Sometimes	No	Common	No
Headaches	Common	Common	Common	Sometimes
Runny or Stuffy Nose	Common	Common	Sometimes	Common
Diarrhoea	Rare	No	Sometimes, especially for children	No
Sneezing	Common	Common	No	Common

COVID-19 travel and certification

Domestic use

All Australian jurisdictions have removed proof of vaccination entry requirements for most venues.
Venues classified as high-risk settings (e.g., hospitals, aged care) will continue to require proof of vaccination and check-in in most jurisdictions. Some jurisdictions also have requirements for large events.

COVID-19 Border Restrictions lifted

Following health advice from the Chief Medical Officer, the following requirements under the *Biosecurity Act* will be lifted from 0001 Wednesday 6 July 2022;

- Passengers travelling to Australia will no longer be required to provide evidence of vaccination
- Unvaccinated visa holders will not require a travel exemption
- Passengers will not be required to complete the Digital Passenger Declaration (Air) or Maritime Travel Declaration (Sea)
- Passengers departing Australia will not be required to provide evidence of their vaccination status.

Please note masks are still required to be worn on flights to Australia.

Passengers arriving in or departing from Australia up to and including on 5 July 2022 will still be required to meet the existing requirements.

COVID-19 testing to enter, leave or transit Australia is no longer required.

What is influenza?

Influenza is a highly contagious viral infection that can cause widespread illness and deaths every year. Influenza viruses usually spread when an infected person coughs or sneezes. People may spread the virus before they even know they are infected.

This year we are all more vulnerable to influenza due to lower recent exposure to the virus and lower uptake of influenza vaccines. With international borders reopening, it's likely we will see more influenza in 2022.

Symptoms of influenza infection usually come on suddenly and may include:

- Fever (high temperature)
- Cough
- Muscle or body aches
- Fatigue (tiredness)
- Headaches
- Sore throat
- Runny or stuffy nose

Influenza infection is more serious in pregnant women, babies, older people, and people with chronic health conditions such as heart, lung or kidney diseases, or weakened immune systems. However, even fit and healthy people, especially children, can get very sick from influenza. Influenza can cause a serious infection in the lungs and can make chronic health conditions worse. Some people can even die from influenza and its complications.

Influenza (flu) vaccine advice

Vaccination is our best defence against influenza viruses. Even fit and healthy people should get the influenza vaccine to protect themselves and help to stop the spread of influenza.
ATAGI's latest clinical advice states that all COVID-19 vaccines can be co-administered (given on the same day) with an influenza vaccine.

While protection is generally expected to last throughout the year, the highest level of protection occurs in the first 3 to 4 months after vaccination.

If a person had a 2021 formulation of influenza vaccine in late 2021 or early 2022, they are still recommended to receive a 2022 influenza vaccine.

In Australia, anyone over the age of 6 months is recommended to have a yearly seasonal flu vaccine.

Free influenza vaccines are available to a number of groups in Australia, for example:

- People aged 65 and above
- Children aged between 6 months and 5 years
- Women who are pregnant at any stage of pregnancy
- Aboriginal and Torres Strait Islander people aged 6 months and above
- Anyone aged 6 months and above who has a serious medical condition. These include heart disease, chronic lung disease (including severe asthma), diabetes, kidney disease, neurological conditions (for example strokes or dementia), people with impaired immunity, and people with blood disorders.

Influenza vaccines are available through General Practitioners, or through local pharmacies.

Long COVID and managing ongoing health effects

A proportion of those infected with SARS-CoV-2 experience long-term symptoms. The incidence of post–COVID-19 sequelae in those who have tested positive and who have been managed in an outpatient setting (such as management in the home) is thought to be between 10% and 35%, but for those admitted to hospital, this could be closer to 85%.

Definitions of this emerging condition vary. Over the course of the pandemic, various terminology including "long COVID", "long-haul COVID", "post-COVID" and "post COVID-19 condition" have been proposed, however a globally standardised clinical definition is not yet settled (as at April 2022).

The World Health Organization recently developed a clinical case definition for 'post–COVID-19 condition' using the Delphi consensus methodology:

Post COVID-19 condition occurs in individuals with a ***history of probable or confirmed SARS-CoV-2*** *infection,* ***usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis.***

Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others which generally have an ***impact on everyday functioning****.*

Symptoms may be ***new onset,*** *following initial recovery from an acute COVID-19 episode, or* ***persist*** *from the initial illness. Symptoms may also* ***fluctuate*** *or* ***relapse over time****. A separate definition may be applicable for children.*

Common Post-COVID-19 symptoms may include:

- Fatigue
- Shortness of breath, laboured breathing
- Joint pain
- Chest pain
- Cough
- Change to sense of smell or taste
- Cognitive disturbances
- Hoarse voice
- Insomnia (sleep difficulties)
- Low-grade fevers
- Headaches
- Gastrointestinal symptoms

Australia's Health Direct website however states:

A person is usually considered to have long COVID if their symptoms have persisted for longer than 4 weeks after their initial infection.

Symptoms experienced by workers affected by post-COVID-19 can create challenges for workplaces as well as affected individuals.

Supporting someone with long COVID in the workplace

Relevant legislation

Work Health and Safety Legislation
The model WHS laws require a Person Conducting a Business or Undertaking (PCBU) to ensure, so far as is reasonably practicable, that workers and other persons are not exposed to risks to health and safety arising from the work carried out by the business or undertaking.

In the context of managing a worker with long COVID this might include:

- Ensuring a safe working environment without risks to health
- Determine the risk (e.g., increased fatigue symptoms and operating machinery) and take action to eliminate or minimise the risk as far as reasonably practicable.
- Consider reasonable adjustments that can be made for workers with symptoms of long COVID. It may be possible to fulfil the safety criteria by implementing minor reasonable adjustments in the workplace.
- Consider individual circumstances. The abilities/capacity of the individual must be considered against the inherent requirements of the job.

The Fair Work Act 2009 (Cth)
Applies nationally, covering most workplaces and deals with a range of matters which may be relevant in relation to employees (and in some instances prospective employees) who have ongoing COVID-19 symptoms or 'long COVID' including:

- Minimum employment entitlements (e.g., sick, carers and compassionate leave and the ability to request flexible working arrangements)
- Employee protection from dismissal due to temporary absence from work
- General protections (requirements that employers not take certain unlawful action against employees because of their 'disability')
- Unfair dismissal laws (where the reason for dismissal is considered harsh, unjust or unreasonable).

Workers' Compensation Legislation
There are a range of proactive requirements on the employer in regard to claims administration, payments to the injured worker, a return to work program and ongoing communication with the injured worker as well as ongoing engagement with various other stakeholders including insurers/claims agents/managers, GPs/treating medical practitioners and workplace vocational rehabilitation providers.
Safe Work Australia and relevant workers' compensation authorities in each state or territory can provide further information and advice in relation to how a claim may vary for those workers who have contracted COVID-19 and experience long COVID symptoms.

Disability Discrimination and Equal Opportunity Legislation
The most detailed legislation relating to disability discrimination is the Disability Discrimination Act 1992 (Cth), which operates nationally. Each State and Territory also has its own anti-discrimination laws, which generally prohibit the same types of disability discrimination. These laws make it unlawful to discriminate against a person based on their disability, which can include people who have temporary and permanent disabilities; physical, intellectual, sensory, neurological, learning and psychosocial disabilities, diseases or illnesses, physical disfigurement, medical conditions, and work-related injuries. These laws apply to employers and other people in the workplace.

The Disability Discrimination Act prohibits discrimination on the ground of a failure to make 'reasonable adjustments'. The adjustments available in a particular case may vary widely, depending on the circumstances. An adjustment is a 'reasonable adjustment' unless making the adjustment would impose 'unjustifiable hardship' on the employer.

Reasonable adjustments for long COVID

If long COVID impacts a worker's ability to work, you may be required to provide reasonable adjustments—unless the worker cannot perform the inherent requirements of the job or their condition endangers the safety of themself and/or others.

In order to comply with relevant anti-discrimination legislation it is important that you adequately consider reasonable adjustments in the workplace for workers experiencing long COVID symptoms. Not only will you ensure compliance with relevant legislation but adjustments also enable a worker to continue with productive work which is good for the worker and your workplace.

What are 'reasonable adjustments'?

Reasonable adjustments are modifications to a job or task, which can be made to enable a worker to perform their duties more effectively in the workplace.

They are implemented in response to a discussion with the worker and an assessment of the needs of the particular worker and may include:

- Changing some aspects of the job or work tasks (e.g. splitting big projects into a number of smaller activities)
- Changing the workplace or work area (e.g. moving a worker to a quieter work area)
- Offering flexible working arrangements (e.g. variable start and finish times)
- Purchasing or modifying equipment.

There are lots of possible modifications or small changes that can make it easier for returning workers to manage their health and their work. We outline some suggestions to discuss with the worker in relation to specific symptoms or difficulties they may be experiencing such as fatigue symptoms, 'brain fog' or concentration and memory issues and heightened emotions.

Strategies to address difficulties with thinking processes (e.g. memory and concentration)

Some workers may experience difficulties with concentrating on tasks, attention to detail, memory, ability to process information and problem solve.

Strategies that you can consider include:

- Writing work instructions down rather than just telling a worker what to do; emailing information and instructions about work tasks
- Colour coding or highlighting specific information or tasks that you would like the worker to prioritise
- Using diagrams, aids or models to demonstrate work tasks required; this can assist the worker to remember and process information more efficiently
- Allowing extra time to complete jobs, projects or tasks
- Allowing short breaks when a worker needs to clear their mind
- Providing room dividers, partitions, soundproofing or visual barriers to minimise distractions and enhance thinking processes
- Reducing noise in the work environment
- Explaining complex ideas as clearly and simply as possible – repeat and rephrase explanations and information
- Consider flexible work arrangements
- Redesigning the requirements of the job, such as swapping complex tasks for a number of smaller ones that do not require as much intensive thinking and processing.

Strategies to address difficulties with functioning (e.g. sleepy/fatigued)

Some workers with long COVID symptoms may experience sleep difficulties which can impair awake-ness and functioning.

Strategies that you can consider include:

- ·Alterations to the timing of work (starts, finishes, and breaks) identifying with the worker the most productive time of the day for them to complete work tasks
- Allowing the worker to have input into rostering arrangements
- Changes to the patterns of working e.g. pacing, regular and/or additional breaks.
- Consider working from home arrangements (this would eliminate travel time and associated tasks which can further contribute to fatigue)
- Assistive technology may be useful such as voice to text software for individuals who find it difficult to concentrate on typing
- Identifying a quiet room or space in the workplace reserved specifically for the individual could help reduce sensory load and over-exertion throughout the day
- Reduce the number of meetings and activities with others as working with other people can require more exertion than working alone.

Strategies to address difficulties with emotions (e.g. anxiety and frustration)

Some workers may experience problems with their emotions, which can include feeling: frustrated, stressed, anxious, angry, restless and low mood.

Strategies that you can consider include:

- Allowing flexible timing of breaks to enable the worker to use appropriate stress management techniques
- Encouraging the worker to walk away from frustrating situations and confrontations
- Allowing telephone calls during work hours to external support people, such as their doctor, an EAP/counsellor or family member
- Providing information and access to external mental health providers.

National Long COVID Clinics

Long COVID clinics have now been established in the following jurisdictions:

SA

Royal Adelaide Hospital, Queen Elizabeth and Women's and Children's hospitals, and Flinders Medical Centre.

NSW

St Vincent's is the first hospital in NSW to institute a dedicated post-acute multidisciplinary long COVID-19 clinic, to manage patients still suffering the effects of COVID-19 months after testing negative to the virus.

VIC

Royal Melbourne Hospital's long COVID clinic, The Alfred's post-COVID clinic, Island Health's Post COVID Recovery Clinic at Royal Jubilee Hospital,

ACT

Post COVID Recovery Clinic University of Canberra Hospital

To access these clinics and services as a patient, the individual will most likely need a referral letter from a GP or health professional.

Additional resources

- The National Mental Health Commission *Mentally Healthy Workplaces and COVID-19: Emerging Issues* series paper: Supporting people experiencing post-COVID-19 syndrome
- RACGP: Managing common post-COVID-19 symptoms at home guide
- Health Direct Australia: Understanding post-COVID-19 symptoms and 'long COVID'
- Society of Occupational Medicine (UK): COVID-19 return to work guide For managers

Workplace COVID Response - Actions for businesses

Employers and businesses have taken significant steps over the pandemic to mitigate the risks of COVID-19 within their settings. As we transition into COVID winter settings, most governments have lifted the majority of mandatory legal requirements shifting to recommendations and workplace and individual-specific risk management.

A table summarising the rules for household contacts and general COVID-19 rules is provided later in the guide.

Key rules for workplaces include:

- Ongoing seven-day isolation requirement for COVID-19 positive cases
- Changes to household/close contact rules – some jurisdictional differences
- Changes to testing requirements for close contacts – jurisdictional differences
- Close contacts required to notify the workplace of status
- Working from home is recommended for close contacts or those with symptoms where practical and agreed between employers and employees
- Proof of vaccination and check-in no longer required in most venues and jurisdictions
- Those who have been COVID positive are exempt from testing or isolation for 12 weeks (note changing evidence of reinfection times may alter this advice)
- Check vaccine mandates by jurisdiction
- COVIDSafe plans are either still required or optional and recommended – check jurisdictional requirements
- Masks are no longer mandatory but are strongly recommended where it is difficult to maintain physical distancing indoors.

Employers should continue to consider the needs of employees at greater risk from COVID-19, including those whose immune system means they are at higher risk of serious illness from COVID-19.

Rules for household contacts/close contacts (as at 18 May 2022)

Seven-day isolation requirement remaining for all COVID-19 positive cases in all states and territories. Close contacts/ household contacts do not have to isolate, as long as they have no symptoms and comply with the following:

	VIC	NSW	ACT	WA	QLD	SA	NT	TAS
Mask indoors/ outside the home	✓	✓	✓	✓	✓	✓	✓	✓
Do not visit high-risk settings	✓	✓	✓	✓	✓	✓	✓	✓
Testing of close contacts	Test negative using a rapid antigen test on 5 days of the 7-day period (with tests spaced at least 24 hours apart) If you can't access a RAT get a PCR test.	Undertake daily RAT tests before coming into close contact with people outside their household, where practicable; 7 days.	Daily RAT tests before coming into close contact with people outside their household, where practicable; 7 days. If attending work or study, return a negative result in the 24 hours prior to returning to work or study and then every 48 hours if ongoing attendance is required.	Undertake daily Rapid Antigen Testing (RAT).	Test for COVID-19 every two days via either a RAT or a PCR test.	Undertake 5 RATs over a 7- day period. Symptomatic people are required to get a PCR test.	Get tested for COVID-19 within the first three days. Get tested again on day six.	Take a daily RAT.
Required to notify employer or education facility of close contact status	Workers also required to notify their workplace contacts in addition to informing their social contacts.	✓	✓	✓	✓	✓	✓	✓
Working from home where practical	✓	✓	✓	✓	✓	✓	✓	✓
If symptomatic -Test and isolate at home until symptoms resolve	✓	✓	✓	✓	✓	✓	✓	✓

General Requirements – as at 15 June 2022

Proof of vaccination
Removed for most venues except high-risk settings such as hospitals, aged care facilities. You are encouraged to double-check requirements specific to the jurisdiction you are operating in.

Check-in, records, marshal
Removed for most jurisdictions and settings. QLD may still require check-in for anyone visiting or working in vulnerable settings (hospitals, disability accommodation services and residential aged care) as well as for workers in high-risk settings including schools, childcare, prisons and airports.

COVID-19 exemption from testing/quarantine
Anyone who has recovered from COVID-19 is exempt from testing and quarantine requirements if they are re-exposed to a case within 12 weeks of testing positive/date of clearance.

Masks
Strongly encouraged to continue to wear a face mask when entering public indoor settings where it could be difficult to maintain physical distancing.

Face masks remain mandatory in the following settings: public transport, entering high-risk settings including hospitals, aged care, school settings and airports.

VIC	NSW	ACT	WA	QLD	SA	NT	TAS
COVIDSafe Plans are still required in all workplaces	Optional COVID-19 Safety Plans	COVID-19 Safety Plans must be developed and followed.	COVID Safety Plans, COVID Event Checklist and COVID Event Plan will no longer be mandatory but are encouraged.	Must have COVID Safe business plans in place for staff and customers.	COVIDSafe plans are no longer required. COVID management plans are still required for events over 1,000 people.	No longer a requirement for a businesses to have a COVID-19 safety plan.	May directions require a new COVID-19 Safety Plan or review and update your existing COVID-19 Safety Plan.

Managing COVID-19 positive cases, close contacts and workers with symptoms

Households are one of the highest risk settings for spreading COVID-19. After being exposed to someone with COVID-19 a person is at risk of illness for 14 days. Most people who develop COVID-19 will get symptoms in the first 7 days, however some people will develop symptoms between day 7 and 14.

Protocol 1: COVID-19 confirmed case (worker tests positive to COVID-19)
Worker **follows testing positive protocols in relevant jurisdiction**, and

Notifies employer (a person who tests positive for COVID-19 must tell people they've spent time with from the 2 days before symptoms or 2 days before testing positive (whichever came first) that they have COVID-19. This includes social contacts, the workplace and/or school.)

The **employer must advise the workplace of the case** (without providing the person's name), identify who should isolate, who should monitor for symptoms, advise of any areas of the workplace closed and the cleaning that has been conducted.

Arrange for the affected areas of the workplace to be thoroughly cleaned.

Working from home arrangements may be an option for mutual consideration by employers and employees where nil or minor symptoms are experienced.

Employers are encouraged to contact workers while they are in isolation to check in with them as appropriate. Employers should let workers in isolation know the timing for their return to the workplace, in line with Health advice.

The COVID-positive **worker** must self-isolate for 7 days and in most jurisdictions, remain in self-isolation until 24 hours after any acute symptoms have resolved.

- If **no symptoms on day 7** – the worker should wear a mask when near people and avoid high-risk settings for a further 3 days
- If **symptoms still present on day 7 (mainly sore throat, runny nose, cough, shortness of breath)** – the worker should remain in isolation until 24 hours after symptoms have resolved. Then the worker should wear a mask when near people and avoid high-risk settings for a further 3 days.

Protocol 2: when a worker is a close contact WITH symptoms (but not a confirmed covid case):
Close contacts will be required to notify their employer they are a close contact (you are a close contact from the time someone in your household tested positive to COVID-19 or otherwise directed by a Health authority).

In most jurisdictions the worker must self-isolate and get tested for COVID-19 if they have any COVID symptoms. You should direct the worker to go home immediately (if not at home already) and get tested as soon as possible.

If a worker tests positive they will need to follow the rules for testing positive to COVID-19 in their jurisdiction.

If they test negative, they will need to stay home until they do not have any symptoms.

Protocol 3: when a worker is a close contact with NO symptoms (and not a confirmed covid case):

Close contacts will be required to **notify their employer they are a close contact.**

**See table in previous section on rules for household contacts/close contacts for specific rules in each jurisdiction.*

Workplaces should update their policies and COVID procedures to reflect the current restrictions for close contacts in each jurisdiction.

For most jurisdictions, **workers** who are close contacts with no symptoms **are required to**:

- Wear a mask indoors
- Undertake a specified testing program (note the requirement for testing is on the worker as a close contact and so employers do not need to provide RATs, however the workplace should have a process in place to confirm the worker is following the testing requirements and immediately notifies the workplace if they test positive at any time)
- Notify their employer that they are a close contact. (Note in VIC, they are also required to notify any social or workplace contacts).

Working from home is recommended where practical and by agreement by both the worker and employer.

Protocol 4: when a worker is NOT a close contact and has virus symptoms (not a confirmed COVID case):

Decision tree for consideration:

1. **Does your workplace have a (*policy/protocol*) ensuring people with symptoms of COVID-19 (or flu) do not come to work?**

   If **yes**, follow this policy.
   If **no**, see below.

2. **Can you isolate the hazard from workers and others in the workplace** (i.e. the risk of exposure to COVID-19 (or other virus) by isolating a symptomatic individual)?
   – is working from home or working in isolation an option?

   If **yes**, implement working from home/isolation procedures (see below section on working from home). *Note other hazards that may need to be assessed and controlled when changing the work environment such as ergonomic set up or isolated work and relevant workers' compensation risks.*

   If **no**, you will need to further assess the risk and how to control it at the usual place of work.

   Options may include:

- Optimising ventilation
- Reducing the movement of the worker to other locations and reducing interactions with others (i.e., avoiding shared areas)
- Increased cleaning and hygiene measures in relevant areas
- Require the use of PPE while at work and symptomatic (preferably P2 or N95 grade masks)

Given COVID-19 and flu symptoms overlap, any virus symptoms should be a trigger to explore the staying at home/working in isolation option given both viruses can transmit from symptomatic people to others in the workplace, rather than waiting to confirm whether the individual has COVID-19 or the flu.

Work Health and Safety

Work Health and Safety Key Takeaways

- Employers have a duty under WHS laws to eliminate, or if that's not reasonably practicable, to minimise the risk of exposure to COVID-19 in their workplace
- To understand the risks to workers and other persons, employers must 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
- To minimise the risk of exposure to COVID-19 in the workplace and meet duties under WHS laws employers must apply all 'reasonably practicable' COVID-19 control measures
- 'Control measures' are steps that an employer may take to minimise work health and safety risks in the workplace (e.g. physical distancing, regular cleaning, wearing masks etc.). The COVID-19 vaccine is considered one possible 'control measure' for minimising the risk of COVID in the workplace
- Employers must consult, cooperate and coordinate with workers and Health and Safety Representatives where there are elected representatives in the workplace about COVID-19 and relevant control measures, including the vaccine.

Work Health and Safety Laws

The information here relates to employers' obligations under the model WHS laws and how these relate to COVID-19. The model WHS laws have been implemented in all jurisdictions except Victoria.

We may use the term 'employers' for ease of understanding however, under the model WHS laws, duties apply to any person conducting a business or undertaking (PCBU) which includes employers, but also others who engage workers.

Updating your risk assessments and controls

Employers should review COVID-19 risk management plans regularly, but especially as circumstances change in the community (high/increasing transmission) and in your workplace (an outbreak), and when Health (your relevant health authority) identifies new requirements.

Colder **winter weather and the flu season is likely to change the risk profile for many businesses with expected increases in community transmission numbers once again.**

As new variants emerge businesses should also be reviewing their risk management processes and checking the latest health advice.

When you review your COVID-19 safety plans, it's important that you pay attention to the actual behaviours of workers and others in your workplace (observe behaviours), as well as the documented control measures.

Review your current plan and risk assessment

Has the risk level or operating environment changed?

Risk assessments should be reviewed periodically as the operating environment changes (for example, in response to changes in COVID-19 cases or changes to public health orders) or when new information on workplace risks becomes available. This should include the periodic review of control measures implemented to ensure their ongoing appropriateness and effectiveness based on the latest information.

Have you consulted with workers or others you share a WHS duty with?

The hazard identification and risk assessment process must be undertaken in consultation with employees, including any HSRs, so far as reasonably practicable. Businesses must also consult, cooperate and coordinate with others that they share a WHS duty with. This may include other businesses that they work with or share a premises with, such as contractors, managing agents, landlords and other tenants.

Have you identified high-risk employees?

This includes those who are most at risk of severe illness from COVID-19, for example, persons 65 years and older with chronic medical conditions or those with compromised immune systems.

When conducting a risk assessment have you considered the following?

- Identified all of the activities or situations where people in the workplace may contract COVID-19 from each other or from a surface?
- Assessed the level of risk that people in these activities or situations may contract and spread COVID-19 in the workplace? The level of risk associated with exposure to COVID-19 may not be the same for all businesses and will depend on a range of factors, including the geographic location, business size, workforce demographics and characteristics (such as whether the business has any vulnerable workers), as well as:
  - the nature of the workplace, such as whether it is a factory, an office, a construction site
  - the work tasks and activities undertaken at the workplace, for example is there significant interaction with customers, do any work tasks require workers to be in close proximity to be carried out safely
  - the working arrangements of the workers, for example is there shift work involved, do workers share facilities and break times.
- Determined what control measures are reasonably practicable to eliminate or minimise the risk of exposure to COVID-19?

More information about conducting a risk assessment is available on the Safe Work Australia website:

- COVID-19 risk assessment web page
- Key considerations for undertaking a risk assessment – COVID-19 document
- Template and example risk register
- Workplace checklist – what can I do to keep my workers safe at the workplace and limit the spread of COVID-19
- Model Code of Practice: How to manage WHS risks
- Small business planning tool – COVID-19 - targeted information to assist small businesses with conducting a risk assessment.

Review your control measures

Employers must eliminate, or if not possible, minimise risks to workers and others at the workplace so far as is reasonably practicable. While it is not possible to eliminate the risks related to COVID-19, conducting a thorough risk assessment and implementing all reasonably practicable controls will ensure risks in workplaces arising from COVID-19 are minimised.

Are your existing controls working effectively and still being applied within the workplace?

For example:

- Are your workers (and new workers) familiar with the content of your safety plan or actions?
- When did you last run through the plan and COVID-19 control measures?
- Have the control measures introduced any new problems?
- Are any new safety procedures for COVID-19 being followed?
- Have the instruction and training provided to workers on how to work safely in a COVID-19 environment been successful? Do you need refresher training?
- Are workers actively involved in identifying risks and possible control measures? Are they openly raising COVID-19 concerns and reporting problems promptly?
- Have any incidents relating to COVID-19 been identified or reported?
- Has new information on COVID-19 become available? Does it indicate current controls may no longer be the most effective?

Control measure: Stay at home when unwell/ work from home

A key control measure businesses can implement to minimise the risks associated with COVID-19 is to take steps to ensure that workers and other people who have COVID-19 symptoms do not attend the workplace.

For those with mild symptoms who feel able to work, working from home will reduce the risk of transmission occurring at the workplace through face-to-face contact.

Consider:

- providing education and training and placing signage to increase awareness of COVID-19 symptoms and what a person should do if they have symptoms including:
  - not coming to work or isolating where instructed by health officials
  - the steps to follow if they develop symptoms at work
  - when to seek medical advice and get tested
- supporting workers to access testing, stay home if they have symptoms and implementing remote working options for workers in isolation if possible, and
- workplace policies and procedures to manage cases or outbreaks of COVID-19 in the workplace.

Employers should consult with workers to determine if working from home is a viable option for your circumstances, as it may not be reasonably practical for everyone.

You should consider the:

- worker's role
- suitability of work activities to working from home
- workflows and expectations
- workstation set up
- surrounding environment such as ventilation, lighting and noise
- home environment, such as partners, children, vulnerable persons and pets
- communication requirement such as frequency and type
- mental health and emotional wellbeing of the worker
- safe working procedures and training requirements.

Where working from home is not practical in your circumstances you might consider how the worker may **work alone or in isolation** in order to minimise the risk of transmission within the workplace.

Note: longer-term working from home arrangements may require additional assessments and actions by the employer such as more detailed risk assessments and controls and a working from home or hybrid work policy.

Additional resources

- National Mental Health Commission: Creating mentally healthy hybrid teams in the recovery from COVID-19
- SWA guidance on working from home
- Comcare guidance on working from home

Control measure: Ventilation

Adequate ventilation and air filtration can reduce the airborne concentration of the COVID-19 virus and the risk of transmission in indoor spaces.

Did you know: ventilation also helps with reducing transmission of other respiratory infections such as influenza and air pollutants such as bushfire smoke.

Some research has shown that being in a room with fresh air can in some cases reduce the risk of airborne transmission of COVID-19 by over 70%. There are also potential wider benefits of good ventilation, for health, concentration, and lower absence rates.

Employers should, and in consultation with their building or facilities manager where necessary:

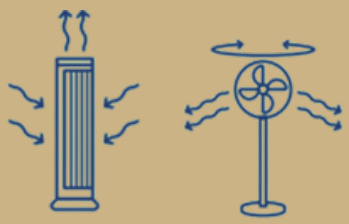
- Determine if increasing ***natural ventilation*** is possible and safe (considering the outside air quality (such as air pollution, temperature and humidity))
- Ensure that any ***mechanical*** heating, ventilation, and air-conditioning (HVAC) systems are maintained and operated in accordance with manufacturers' instructions, particularly in relation to cleaning and changing of filters
- Ensure that, where recirculation of the air by the HVAC system cannot be avoided, other ***augmented*** options are considered
- Ensure exhaust fans in restroom facilities are functional, operating continuously and at full capacity when the building is occupied.

Types of ventilation

There are three ways to ventilate indoor spaces:

Natural:
by opening windows and doors.

Mechanical:
using heating, ventilation and air conditioning systems to bring the outside air into the space.



Augmented:
using air purifiers to filter the air.

Ceiling fans turned on and pedestal fans set to oscillating mode can help to circulate and evenly distribute fresh air throughout the space.

1. Natural ventilation
Natural ventilation forces air movement through and around an occupied space.

Indoor ventilation can be improved by:

- Opening doors and windows
- placing a fan facing toward an open window to increase air flow from inside to outside
- Avoiding directing fans towards people's faces and aim them at the ceiling or floor instead
- Limiting fan oscillation (swinging).

✗ Avoid fans if a person present in the room has respiratory or covid-like symptoms and open doors or windows on opposite sides of the room to increase airflow through cross ventilation.

✓ The comfort and safety of others must always be considered with natural ventilation.

✗ Do not open windows or doors if doing so poses a security, safety or health risk (for example, triggering asthma in a smoke or extreme pollen event, very cold or hot weather) to others.

2. Mechanical ventilation
Mechanical ventilation refers to the active process of introducing or removing air from an indoor space with powered air movement systems, like heating, ventilation, and air conditioning (HVAC) systems or exhaust fans. Using mechanical equipment increases airflow by replacing or diluting indoor air with outside air.

This can be improved by:

- Maximising the amount of outside air into a space by disabling any control systems that vary the amount of fresh air based on occupancy or temperature
- Installing a higher-grade filter within the air handling unit
- Arranging regular inspection, cleaning and maintenance of HVAC systems by ventilation engineers and industrial or occupational hygienists
- Limiting or avoiding HVAC systems with air recirculation mode as this helps increase the amount of outdoor air being circulated into a space
- Ensuring exhaust fans in kitchens, restrooms and communal areas are functional and operating at full capacity.

3. Augmented ventilation
Portable filtration units catch particles in a filter. This increases the clean air delivery rate and reduces the concentration of viral particles in the air.

This can be achieved by:

- Adding a portable fan filter unit (PFFU) to areas where air circulation is the lowest, such as corners of rooms, the centre of large rooms, and away from windows, doors, or extract grilles
- Using ceiling fans or wall-mounted air-conditioning units to help distribute filtered air around a space.

Air purifiers or cleaners such as those fitted with high-efficiency particulate air (HEPA) filters can also help lower the concentration of airborne contaminants, including viruses, in the air and are useful additions in areas with poor ventilation.

NOTE: It is important to consider the filtration capacity required and to place in a location that does not interfere with existing HVAC airflow. Businesses should consider consulting an occupational hygienist to assist in determining appropriate placement of these devices within the room to ensure maximum benefit is achieved.

What if I can't change the ventilation?
If you can't change ventilation in your indoor space, consider the following:

- Reducing the number of people in an indoor space at any one time
- Reducing the length of time people spend indoors together
- Avoiding peak activity times and places where people gather indoors
- Wearing a well fitted face mask when indoors.

Further information:

- Safe Work Australia: Improving ventilation in indoor workplaces
- ACT COVID-19 guidance on ventilation
- VIC.GOV.AU Ventilation guidance
- Australian Government Department of Health: Australian Health Protection Principal Committee (AHPPC) statement on the role of ventilation in reducing the risk of transmission of COVID-19

Control measure: Physical Distancing

By implementing physical distancing controls, businesses reduce the risk of a person in the workplace spreading and contracting COVID-19.

You may consider:

- Ensuring the physical layout of the workplace supports physical distancing.
  Can people keep 1.5 metres apart? This includes in shared spaces such as amenities, waiting areas, dining areas and worker only areas such as kitchen preparation areas?
  - Spreading out plant (equipment) or furniture where there is space to do so, including in common areas such as break room, to enable physical distancing requirements to be met
  - Providing separate entry and exit points
  - Limiting access to the workplace or parts of the workplace to only workers that need to be there.

- Modifying workflows and processes so that work tasks are carried out in a way that minimises interactions between people. This includes reducing the time spent in close proximity.
  - Where certain activities must be carried out in close proximity, consider limiting the time workers and others are in close proximity
  - Consider use of electronic devices rather than person-to-person interaction
  - Where interactions between people are frequent and/or unavoidable, consider providing physical barriers such as screens.

- Limiting the number of people in the workplace or a particular setting/area to ensure each person can maintain a physical distance of 1.5 metres.
  - Staggering shifts, start and finish times and break times
  - Restricting access to essential visitors
  - Determining the ideal number of people in one space to allow for distancing and use signage and posters to remind people of this
  - Where face-to-face meetings or training is occurring, providing additional space and/or limiting participation to the minimum number of people.

Control measure: Cleaning and Hygiene

Another control employers can use to protect workers and others from the risk of exposure to COVID-19 is by implementing appropriate cleaning, disinfecting and hygiene measures in the workplace.

Cleaning means to physically remove germs (bacteria and viruses), dirt and grime from surfaces using a detergent and water solution. A detergent is a surfactant that is designed to break up oil and grease with the use of water. Anything labelled as a detergent will work.

Disinfecting means using chemicals to kill germs (bacteria and viruses) on surfaces. It's important to clean before disinfecting because dirt and grime can reduce the ability of disinfectants to kill germs. The following are disinfectants: alcohol in a concentration of at least 70%, chlorine bleach in a concentration of 1000 parts per million, oxygen bleach, or wipes and sprays that contain quaternary ammonium compounds. These chemicals will be labelled as 'disinfectant' on the packaging and must be diluted or used following the instructions on the packaging to be effective.

A combination of cleaning and disinfection will be most effective in removing the COVID-19 virus.

The frequency of cleaning and/or disinfection required will depend on the circumstances of the particular workplace and work area.

The recommended minimum frequencies for routine cleaning and disinfecting of various surfaces and items in the workplace, as well as recommended cleaning and disinfecting following a suspected or confirmed case of COVID-19, are outlined in the Safe Work Australia COVID-19 cleaning guide.

Hygiene

Everyone should continue to practise good hygiene at all times to prevent the virus spreading.

Businesses should ensure that:

- There are adequate and accessible facilities to achieve good hygiene
- Facilities are in good working order, are clean and are otherwise safe
- Facilities are properly stocked and have adequate supplies of toilet paper, soap, water, and drying facilities (preferably single-use paper towels)
- Workers and others are aware of any relevant policies
- Workers have been given information and training on hygiene measures
- When determining what facilities a business may need, consider the number of workers and other people entering the workplace, any shift arrangements and when access to these facilities is required.

If a business operates in a shared premises WHS duty holders must consult, coordinate and cooperate with other employers, the building owner and facilities manager and any other relevant people to ensure that appropriate cleaning and hygiene measures are implemented, for example in shared facilities such as lobbies, lifts, change rooms and common meeting spaces.

Additional Safe Work Australia resources:

- Hygiene web page
- Health, hygiene and facilities checklist
- Cleaning web page
- COVID-19 cleaning guide

Control measure: Masks and PPE

Masks have a dual benefit in that:

- Wearing masks helps prevent infectious people from spreading the COVID-19 virus (particularly if the person wearing the mask is unaware that they are infected with COVID-19 virus): and
- Provides some protection to an uninfected wearer.

Although all jurisdictions have now dropped the public health orders requiring mask wearing in most settings, wearing masks is still strongly recommended by health authorities when indoors and physical distancing is difficult to maintain.

Masks and respirators provide the wearer with differing levels of protection from inhaling the virus. It is important to understand the different type of masks and the level of protection they provide, to ensure you use the appropriate mask for your workplace setting.

P2/N95 Respirators - Provides the wearer the greatest protection from exposure to biological particles in the air such as viruses and bacteria. N95 respirators are effective in removing a minimum of 95% of aerosols. Helps prevent infectious people from spreading COVID-19.

Surgical mask - Helps prevent infectious people from spreading COVID-19. Helps protect against splashes and large droplets or sprays from reaching the wearers mouth or nose. Provides the wearer with a lower level of protection from viruses in smaller droplets and aerosols.

Cloth mask - Helps prevent infectious people from spreading COVID-19. Covers the mouth and nose of the wearer to create a physical barrier between the wearer and the environment. Provides the wearer with a lower level of protection from viruses in droplets and aerosols.

Note: Face coverings (worn correctly and of suitable quality) are likely to be most effective at reducing transmission indoors when people are likely to be close together and where other measures, such as social distancing and ventilation, are not feasible or are inadequate [1].

Personal Protective Equipment

PPE can be a critical part of protecting workers against COVID-19, including when new COVID-19 variants emerge. However, even if your workers use PPE, to ensure you meet your duties under the model WHS laws and to minimise the risks of COVID-19 in your workplace, you must continue to implement all other reasonably practicable COVID-19 control measures.

PPE refers to anything used or worn by a worker to minimise risk to a workers health and safety. Common PPE that can be used to protect against COVID-19 include face masks, gloves, eye protection and screens. The use of some types of masks, gowns and disposable suits is generally restricted to health care settings and it is usually not recommended that these types of PPE are used outside of health care to protect against COVID-19.

Aside from any public health directions or recommendations regarding masks or other PPE, the type of PPE provided will depend on the workplace and the outcomes of consultation with workers and the risk assessment.

PPE alone will not protect workers and should be used in conjunction with other control measures to limit the spread of COVID-19, including ventilation, good cleaning and hygiene measures, physical distancing, providing workers with information and training, and supporting workers to work from home where practicable.

For more detailed information see Safe Work Australia's *Comparison of mask types for COVID-19*

For more information on PPE see Safe Work Australia's *web page on PPE.*

[1] Evidence considered by the Scientific Advisory Group for Emergencies (SAGE) UK. https://www.gov.uk/government/publications/sage-76-minutes-coronavirus-covid-19-response-14-january-2021

Vaccination

Vaccination remains a critical part of our public health response to COVID-19 and is the most important thing an individual can do to protect themselves and others. Vaccines have been developed quickly and safely during the pandemic, saved thousands of lives, and significantly weakened the link between the infection, serious disease, hospitalisations and death. This is why it is so important for everyone to ensure they are up to date with their vaccines and ensure they have the protection vaccines offer from current and future variants.

Immunity after vaccination reduces over time. It is important that individuals are up-to-date, as defined by ATAGI to get the maximum protection.

Vaccination as a WHS Control

A vaccination policy may be an additional control measure to minimise the risk of COVID-19 in workplaces.

The availability of COVID-19 vaccines and boosters does not automatically mean businesses need to require workers to be vaccinated to meet their WHS duties. Even if vaccination is available to all of your workers it may not be reasonably practicable to require vaccinations at your particular workplace. Whether it is reasonably practicable will depend on the circumstances of your particular workplace and your workers at the time you undertake your risk assessment. .

Reviewing your policies

If you have implemented a mandatory vaccination policy at your workplace, you should review and update this policy taking account of the updated ATAGI advice and language of "up to date" vaccination status.

You should also assess whether changes are needed to better manage ongoing issues noting any changes to community transmission levels and public health orders/health advice.

For more detailed information see Safe Work Australia's webpage on vaccination

Information about Australia's COVID-19 vaccination program, including the recommended dose and schedule, including for booster doses, is available on the Department of Health website.

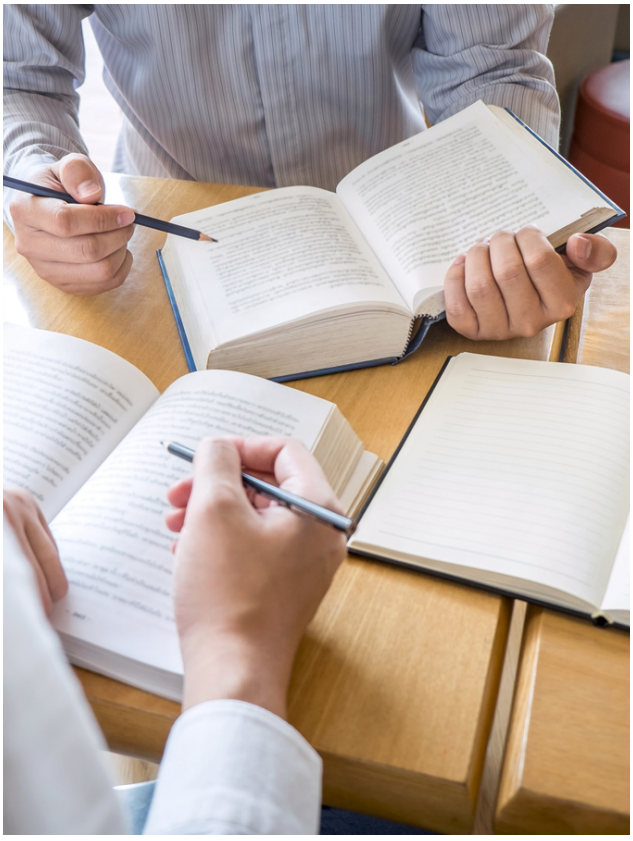
The Australian Technical Advisory Group on Immunisation (ATAGI) has also provided guidance on the definition of 'up-to-date' vaccination status for COVID-19.

Information and training

Are all workers and others informed and kept up to date on information relating to COVID-19?
General awareness and education are essential for assisting workers to understand potential exposure risk to COVID-19, how it is transmitted, symptoms and how to prevent and control exposure.

Ensure appropriate information is also provided to external clients, visitors and other stakeholders who interact with the workplace. This may be via signage, email, advertising or other communication methods.

Are workers trained on how to do tasks safely, on the correct use and maintenance of equipment or PPE and reporting of incidents?
Other individuals that may be affected (e.g. visitors or contractors) should also receive sufficient and appropriate information and instruction about the hazards they may encounter and controls in place including any policies or procedures they are expected to follow.



Positive case procedure

Do you have an effective internal reporting and recording system that includes for exposure to and cases of COVID-19?

Do you have a policy and/or protocol for how you will respond to an identified positive COVID-19 case?

- Notification and recording procedures
- Communications and instructions to workers, others and workplace close contacts
- Risk assessment to inform the need for any additional actions such as stop work/closure and cleaning and disinfecting requirements

Outbreak Management Plan (emergency plan)

Do you have a plan for a workplace outbreak where multiple workers are either COVID-19 positive or required to isolate?

Incident Notifications

Do you know when you need to notify your WHS Regulator of a COVID-19 incident?
Safe Work Australia has published a fact sheet which provides information for persons conducting a business or undertaking (PCBUs) on the approach to COVID-19 incident notification laws in each jurisdiction, including details on how to notify when required.

The fact sheet can be found here.

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

COVID-19 Vaccine Claims Scheme

In 2021, the Commonwealth introduced the COVID-19 Vaccine Claims Scheme (the Scheme) which enabled eligible claimants who have received a TGA approved COVID-19 vaccine to obtain compensation for a number of recognised moderate to severe vaccine-related adverse effects (clinical conditions, including deaths from these conditions) or vaccine administration injuries.

The scheme functions as an alternative and easier pathway to compensation than workers' compensation, for injuries received as a result of vaccination through a workplace program or connection to work. Workers' compensation is still available to workers in all jurisdictions however they can only receive compensation through one process.

Further information including a FAQ is available here.

End date for the scheme

Employers should be aware that the Scheme is time-limited and currently has an end date of "two years after the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020 made under section 475 of the Biosecurity Act 2015 (Cth) ceases to be in force".

The Declaration ceased 17 April 2022.

The Scheme is set to end on 17 April 2024.

If you have any questions relating to this guide, please contact Jennifer Low, Director - Work Health & Safety and Health Policy: jennifer.low@australianchamber.com.au

Thank You!

Together we can make Australia the best place in the world to do business.

Australian Chamber of Commerce and Industry

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