

COVID-19 Safety Pack



Chamber of Commerce
and Industry WA

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Coronavirus self-screening forms

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We've gathered together some of the most frequently downloaded information sheets and safety posters from the COVID-19 website in one place. If you have suggestions or feedback please reach out to editor@cciwa.com.

COVID-19 Staff Questionnaire

In the interests of maintaining a safe and healthy environment for everyone, we ask that you accurately complete this self-assessment urgently.

For this survey, identifiable data including survey responses, demographics and comments may be made available to nominated administrators within the company. If you have any questions about how this data may be used, please contact _____

Your responses will be reported to _____ based on the specific rules for this survey. If you have any additional questions, please contact _____

		Yes/No
1	Has it been less than 14 days since you returned from any overseas or interstate travel?	
2	Have you had close personal contact* with anyone who has returned from overseas or interstate travel within the last 14 days?	
3	Have you had close personal contact with anyone suspected or confirmed to have Coronavirus disease 2019 (COVID-19)?	
4	Are you experiencing: <ul style="list-style-type: none">• Fever• Flu-like symptoms such as coughing, sore throat and fatigue• Shortness of breath	
5	Are you planning any business or personal travel to any location within Australia within the next three (3) months?	
6	Optional - Are you, a member of your immediately family, or a member of your household in a high-risk category for developing serious illness from the virus? Please refer to the Department of Health (Commonwealth) website: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#if-you-are-at-risk	

If you have answered 'Yes' to any of the above questions, please provide details (type 'N/A' if not applicable):

- I hereby declare the information I have provided is true and correct.
- I confirm my mobile phone number is with my HR Department and up-to-date.
- I confirm I either take my _____ laptop home on a daily basis or have access to a suitable computer/laptop at home that can access _____
- I confirm I have internet access at home.

Signature

Employee Name

Date

COVID-19 External Parties Self-Screening Form

_____ is concerned for the safety and health of its employees, members, clients, visitors and contractors and is following the development of the Coronavirus disease (COVID-19) closely. In the interests of maintaining a safe and healthy environment for everyone, we ask that you complete this self-assessment a working day before our staff member visits you/before your arrival at _____

Full Name

Job Title

Company

Mobile Number

Email

		Yes/No
1	Has it been less than 14 days since you returned from overseas or interstate travel?	
2	Have you had close personal contact* with anyone who has returned from overseas or interstate travel within the last 14 days?	
3	Have you had close personal contact* with anyone suspected or confirmed to have Coronavirus (COVID-19)?	
4	Are you experiencing: <ul style="list-style-type: none">• Fever• Flu-like symptoms such as coughing, sore throat and fatigue• Shortness of breath	

If you have answered 'Yes' to any of the above questions, please provide details (type 'N/A' if not applicable):

*Note: close personal contact is defined as conversing with someone at a distance of 1.5 meters or less. More information can be found on the World Health Organisation website here.

Declaration

I hereby declare the information I have provided in this form is true and correct. Your _____ representative/contact will be in contact with you prior to your scheduled visit. Should your answers to the above questions change in the interim, please advise your _____ representative/contact ASAP.

Signature

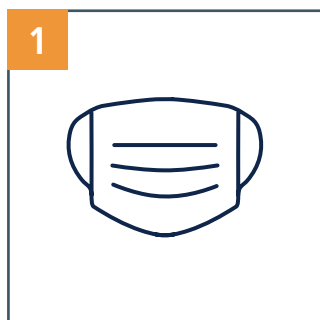
Date

***Note: If you answered "yes" to any of the questions above, you must not attend _____ premises/ _____ personnel will not attend your premises.**

This information is current as at March 25, 2020. The content found on this checklist does not constitute legal advice and should not be relied upon as such. Whilst every effort has been made to ensure that the information contained is free from error and/or omissions, no responsibility can be accepted by CCIWA, its employees or any other person involved in the preparation of this checklist for any claim (including without limitation, any liability arising from fault, negligence or negligent misstatement) for any direct or indirect loss or damage arising from any use or reliance on this information, or otherwise in connection with it.

Suspected or confirmed case of COVID-19 at work

If the suspected or confirmed case of COVID-19 is at work



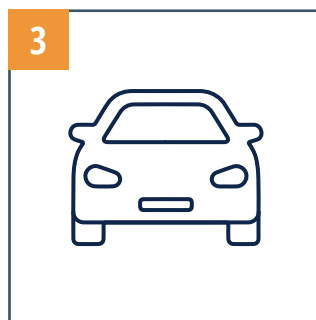
Isolate

Isolate the person from others and provide a disposable surgical mask, if available, for the person to wear.



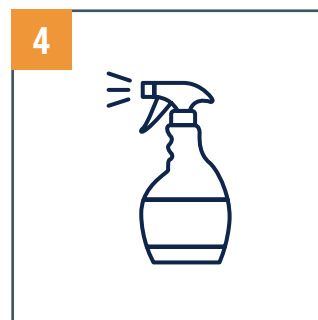
Inform

Ring the national COVID-19 hotline (1800 020 080). Follow the advice of health officials.



Transport

Ensure the person has transport to their home or to a medical facility.



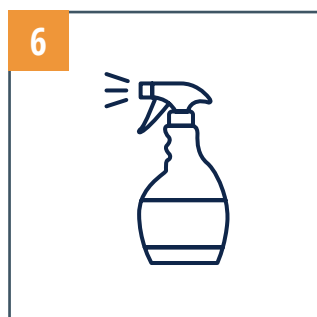
Clean

Clean the area where the person was working and all places they have been. This may mean evacuating those areas. Use PPE when cleaning.



Identify

Identify who at the workplace had close contact with the infected person in the 24 hours before that infected person started showing symptoms. Send those people home to isolate. Allow employees to raise concerns.



Clean

Clean the area where the close contact people were working and all common areas they have been. This may mean evacuating those areas. Use PPE when cleaning.



Review

Review risk management controls relating to COVID-19 and review whether work may need to change. Keep employees up to date on what is happening.

If the suspected or confirmed case of COVID-19 is not at work when diagnosed



Inform

Ring the national COVID-19 hotline (1800 020 080). Follow the advice of health officials.



Identify

Identify who at the workplace had close contact with the infected person in the 24 hours before that infected person started showing symptoms. Send those people home to isolate. Allow employees to raise concerns.



Clean

Clean the area where the infected person and their close contacts were working and all common areas they have been. This may mean evacuating those areas. Use PPE when cleaning.



Review

Review risk management controls relating to COVID-19 and review whether work may need to change. Keep employees up to date on what is happening.

Remember:

- From a WHS perspective, there is not an automatic requirement to close down an entire workplace, particularly if the person infected, or suspected to be infected, has only visited parts of the workplace.
- Workers assisting the person who has suspected or confirmed with COVID-19 should be provided with appropriate PPE, if available, such as gloves and a mask. They should also follow hand hygiene procedures.
- Consider whether you have to notify your WHS regulator.
- Be aware of privacy obligations.
- Follow the advice of health officials at all times.

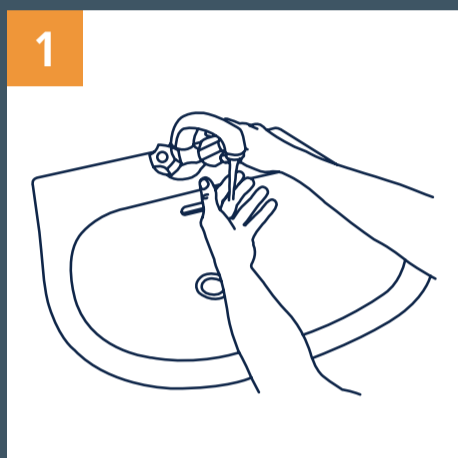
*This information is adapted from material by Safe Work Australia. Visit www.safeworkaustralia.gov.au/ for more information.

Disclaimer: This information is current as at November 10, 2020. The content found on this document does not constitute legal advice and should not be relied upon as such. Whilst every effort has been made to ensure that the information contained is free from error and/or omissions, no responsibility can be accepted by CCIWA, its employees or any other person involved in the preparation of this document for any claim (including without limitation, any liability arising from fault, negligence or negligent misstatement) for any direct or indirect loss or damage arising from any use or reliance on this information, or otherwise in connection with it.

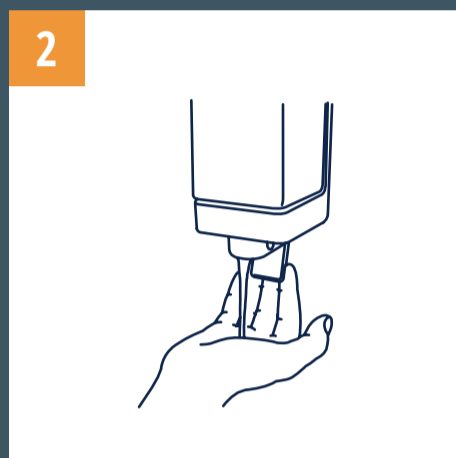
Hand Hygiene

Protect yourself and others from the spread of illnesses. It is important to wash your hands:

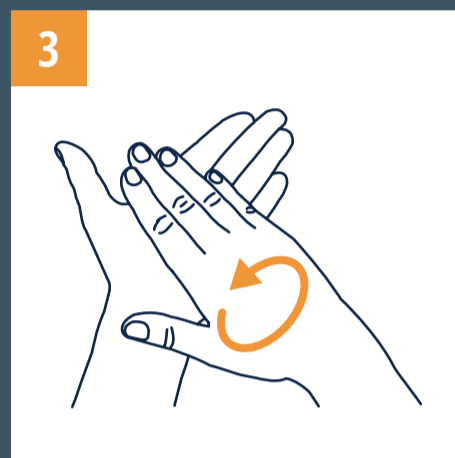
- After coughing or sneezing
- When caring for the sick
- Before, during and after you prepare food
- Before eating
- After toilet use
- When hands are visibly dirty
- After handling animals or animal waste



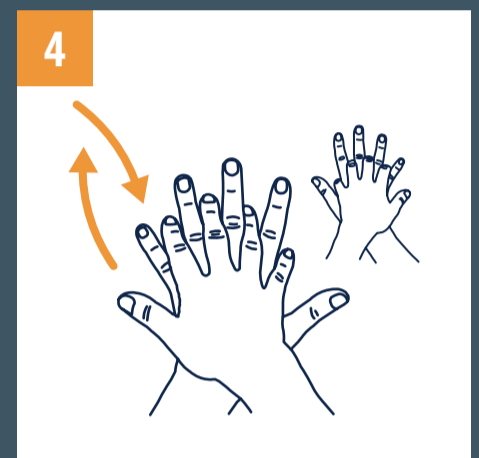
Wet hands with water



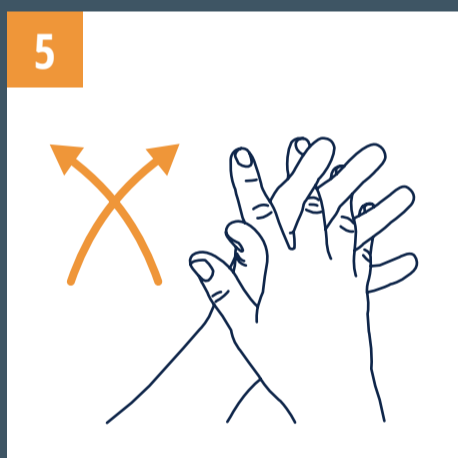
Apply enough soap to cover all hand surfaces



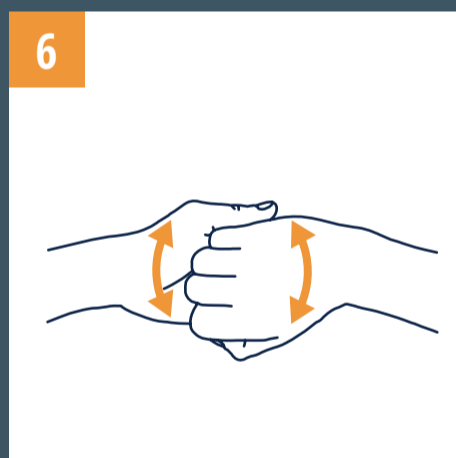
Rub hands palm to palm



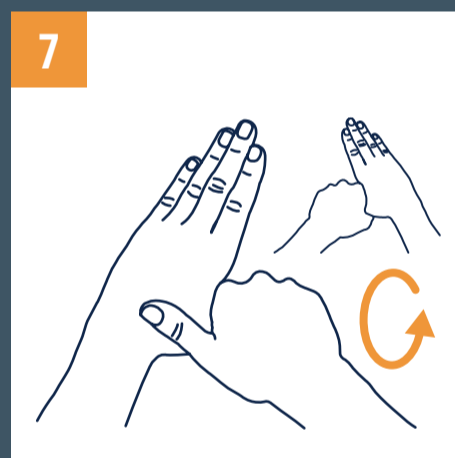
Right palm over left dorsum with interlaced fingers and vice versa



Palm to palm with fingers interlaced



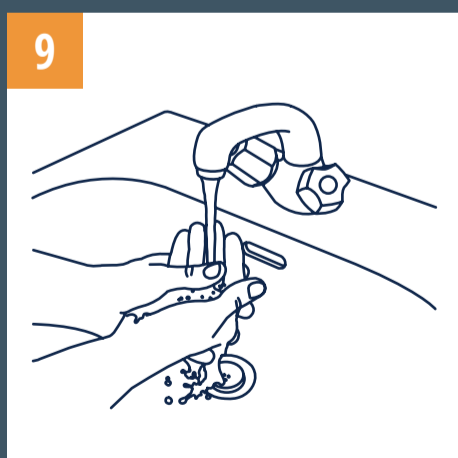
Backs of fingers to opposing palms with fingers interlocked



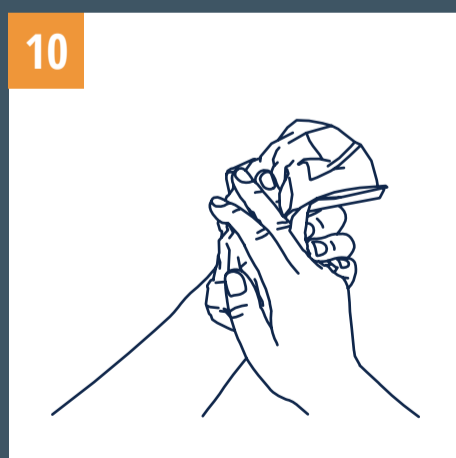
Rotational rubbing of left thumb clasped in right palm and vice versa



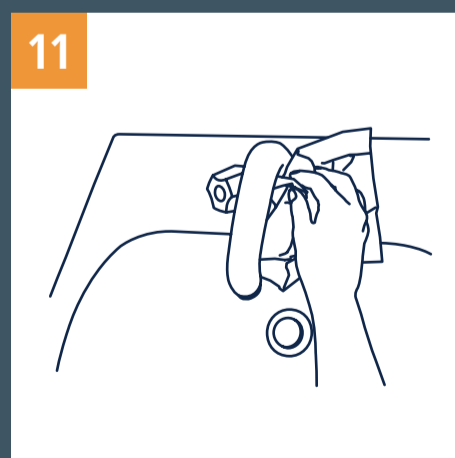
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



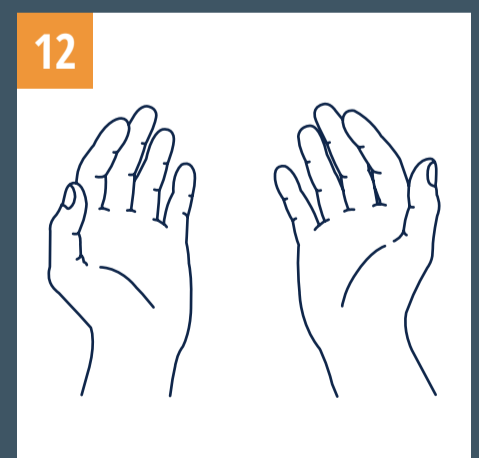
Rinse hands with water



Dry thoroughly with single use towel



Use towel to turn off faucet



... and your hands are safe



Duration of the entire procedure: 40-60 seconds

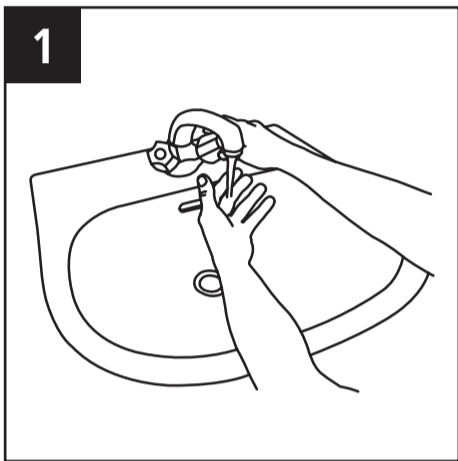


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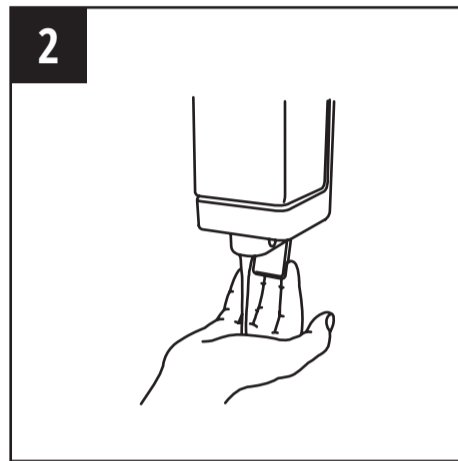
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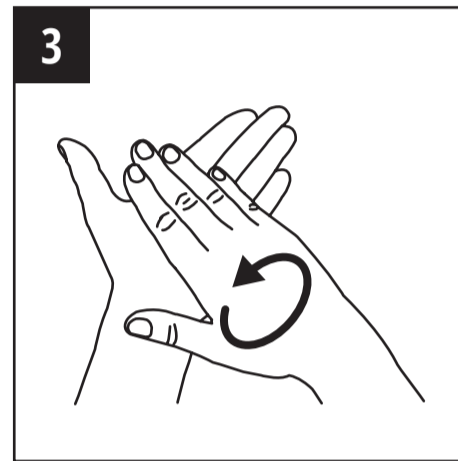
- After coughing or sneezing
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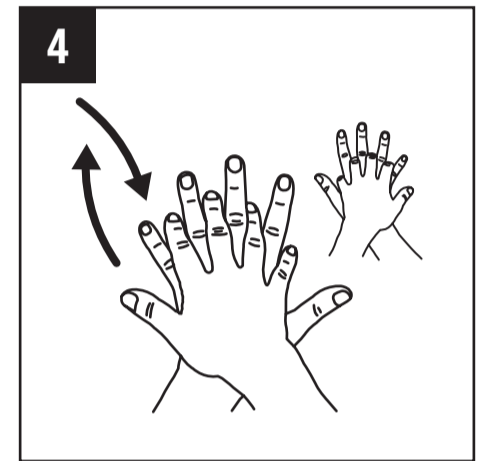
Wet hands with water



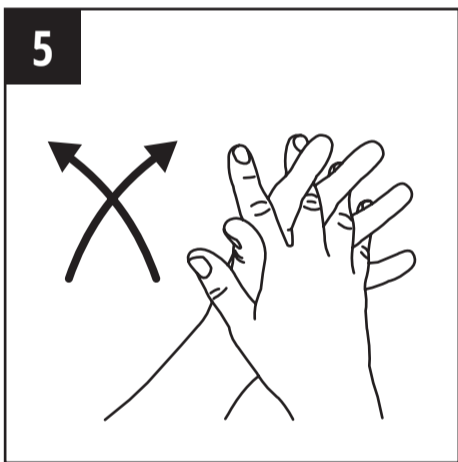
Apply enough soap to cover all hand surfaces



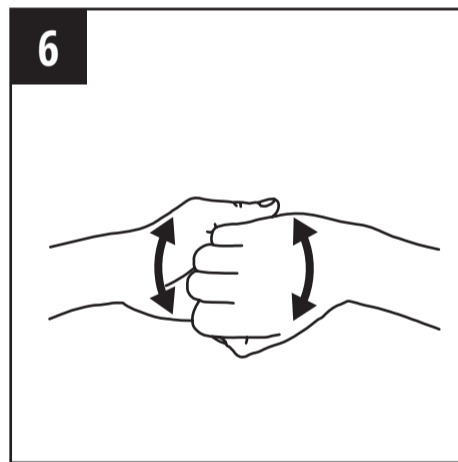
Rub hands palm to palm



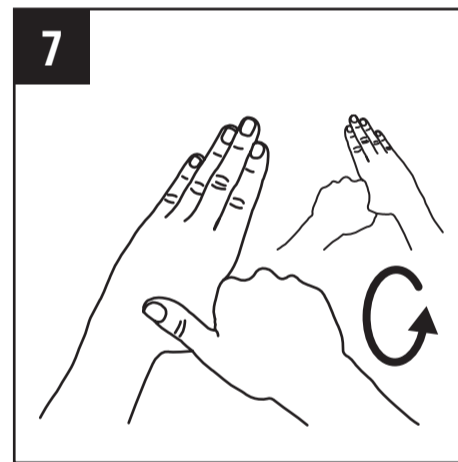
Right palm over left dorsum with interlaced fingers and vice versa



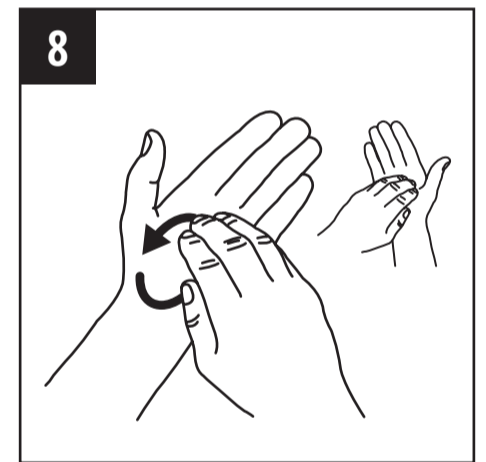
Palm to palm with fingers interlaced



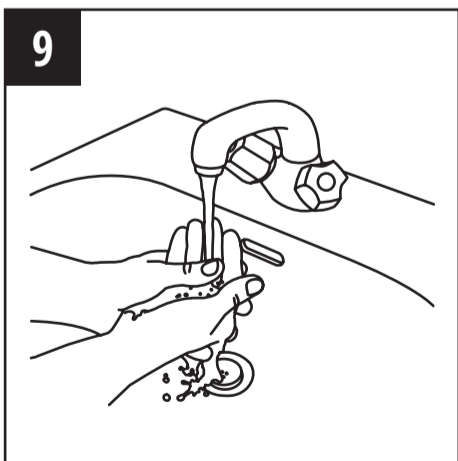
Backs of fingers to opposing palms with fingers interlocked



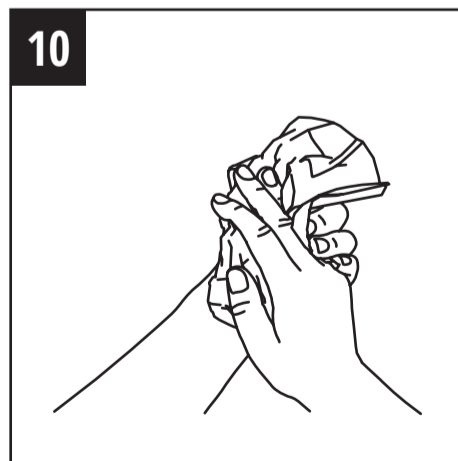
Rotational rubbing of left thumb clasped in right palm and vice versa



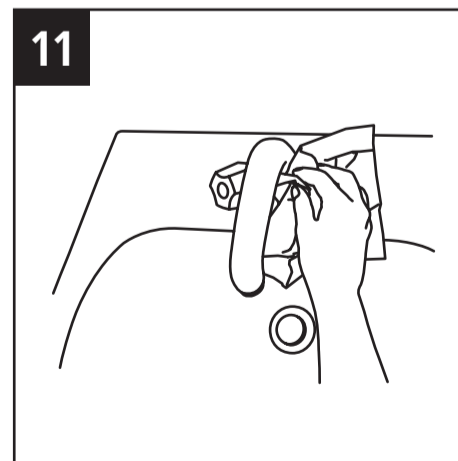
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



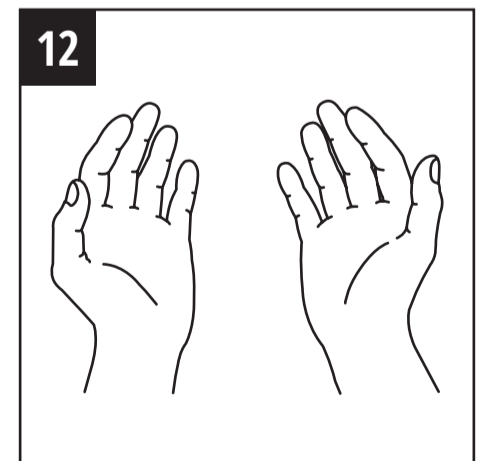
Rinse hands with water



Dry thoroughly with



Use towel to turn off faucet



... and your hands are safe



Duration of the entire procedure: 40-60 seconds



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Thermo Checking of Employees – Guidance for Employers



The Australian Government, on the advice of health officials, has implemented a range of changes to ordinary life in order to slow the outbreak of COVID-19 and 'flatten the curve'. It is important for employers to prepare and adequately respond to these measures.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily from minimal symptoms, some may get very sick very quickly and for some the disease will be fatal.

People with COVID-19 may experience:

- fever (38°C and above);
- flu-like symptoms such as coughing, sore throat and fatigue;
- shortness of breath.

To assist employers in meeting their legal obligations while limiting the potential impact on the community, some employers have decided to check temperatures of employees to reduce the risk of outbreak in their workplace.

This brief provides information on the range of temperature checking options and their efficacy. We also provide commentary on the effectiveness of temperature checking as a risk-reduction strategy for COVID-19, and other considerations.

Temperature screening options and efficacy

Temperature screening (along with associated health question surveys) provide employers the opportunity to:

- screen and identify employees who have a normal body temperature so they may continue to work onsite; and
- identify employees who have a heightened body temperature and then encourage them to follow the correct protocol and seek further medical attention.

Employers can also arrange for employees to be screened throughout their shift in an effort to maintain a healthy and safe work environment for everyone.

Ways to conduct temperature checks

Body temperature can be measured in several ways. Traditionally, body temperature has been measured using contact thermometers that are placed on the forehead or in the mouth, ear or armpit for example.

Non-contact thermometers allow a person's temperature to be taken with no contact with the person (thermal scanner and non-contact infrared thermometer) or minimal contact (tympanic). The lack of contact also means the disinfection process between patients for the thermometers is minimal or unnecessary, allowing for easier and faster use when screening large numbers of people in settings like airports or border crossings. These three approaches are described as follows.

- Screening for fever and screening for a virus are two different issues; not everyone who has an infection or is infectious will have a fever.
- An employer should implement known controls such as hygiene measures, physical distancing and personal protective equipment rather than relying on temperature checks alone.
- Despite the rise of other testing options, molecular laboratory testing using a swab in the throat and then deep in the nose remains the test of choice for the diagnosis of acute COVID-19 infection. Some other tests are now prohibited in Western Australia.
- Employers need to confirm that it is lawful to direct your employees to have this monitoring performed on them. It is also imperative to have adequate procedures in place if a worker returns a high temperature and include clear directions to employees.



1. Thermal scanners

Handheld or mounted thermal scanners can be used to take a person's temperature from a greater distance than other non-contact thermometers, which may make them a good candidate for use in mass-screening situations. Thermal scanners use cameras that detect the infrared energy invisible to the human eye. Software constructs a heat map of exposed skin. Some systems are claimed to be able to get an accurate reading of people on the move in crowds, while others require persons to face the camera and stand still, allowing a clear view of the corners of the eyes by the nose, the spot on the face where skin temperature comes closest to that of the body's core. While an effective measure of temperature, scanning units are costly and may be cost prohibitive to workplaces in this respect.



2. Handheld non-contact infrared thermometers

Non-contact infrared thermometers are held three to 15 cm away from the patient and typically measure temperature on the forehead or temple. The unit comprises of a thermometer with a microprocessor that enables body temperature to be taken at a distance without touching a person's skin. Temperature assessment is relatively quick and high volumes can be carried out. Like the tympanic thermometers, infrared thermometers are inexpensive, however research has indicated poor scientific evidence available for the utilization of infrared skin thermometers for mass screening along with inconclusive evidence of its accuracy when compared with other methods.



3. Tympanic thermometers

Tympanic thermometers measure the thermal radiation from the tympanic membrane and within the ear canal. These are typically used in health clinics, ambulances, doctors' rooms and in households for checking children's temperature for example. The operator places the covered sensor snugly into the ear canal and pushes the start button. The sensor then assesses the temperature and the screen will display the person's temperature.

These devices are relatively inexpensive and accurate and could be implemented in workplaces with a low headcount. However, the issue of social distancing (between operator and patient), provision and availability of sensor covers in bulk, assessment time per worker and PPE requirements for the operator could be barriers to implementation.

Effectiveness of temperature checks as a COVID-19 risk reduction strategy

Depending on the context of utilisation, the volume of measurements to be done and the age of the person to be measured, it might be imperative to use infrared thermometers over more accurate and/or more invasive thermometers. Therefore, tympanic thermometers and thermal scanners might be the only effective and accurate tools to detect fever under certain circumstances.

Evidence from a report of reviews of clinical effectiveness of non-contact thermometers for detecting fever indicated in favour of the accuracy of tympanic thermometers and, more cautiously, of thermal scanners. Evidence for the accuracy of infrared skin thermometers is equivocal and requires more research.

SafeWork Australia provides guidance that for many workplaces, there may be little benefit in conducting temperature checks on workers or others as a risk reduction strategy for COVID-19. This is because screening for fever and screening for a virus are two different issues. Not everyone who has an infection or is infectious will have a fever. It is possible that a person may be asymptomatic, or be on medication that reduces their temperature. It is also possible that the person may have a temperature for another reason unrelated to COVID-19. Sweat, gender, age, the range of temperature, physical activity and emotional state can all affect a person's temperature.

An employer should implement known controls, such as hygiene measures, physical distancing and personal protective equipment rather than relying on temperature checks. An employer should also require workers to tell them if they are feeling unwell, including if they have a fever, and require them to go home when they do.

Other monitoring methods for COVID-19

Results for COVID-19 testing could soon be delivered within minutes as a new pin prick test is made available in Australia.

The new serology test looks for antibodies in a few drops of blood and are purported to be much quicker and less expensive than the polymerase chain reaction (PCR) tests that use nasal swabs and take days to deliver results.

However, the new rapid blood tests for COVID-19 are not reliable when testing for "early disease", according to the Royal College of Pathologists of Australasia.

It says molecular laboratory testing using a swab in the throat and then deep in the nose is the current test of choice for the diagnosis of acute COVID-19 infection.

The college notes the rapid blood tests have a fundamental limitation: they rely on the detection of antibodies made by the patient in response to the virus and do not detect the virus itself. Patients may only develop antibodies a week to 12 days after they first become sick. Therefore, if doctors rely on these rapid blood tests early in the disease, their diagnosis will be wrong.

The college says the PCR swab is the current test of choice and that the rapid blood tests "have no role to play in the acute diagnosis of COVID-19 virus infection".

As of 2 April 2020, the WA Government has prohibited the rapid blood test for use as a diagnostic tool and there are significant financial penalties of up to \$100,000 if you fail to comply with this. Therefore, no West Australian employer should perform this pin-prick test on any worker.

Reducing your risk when performing health monitoring such as thermo checks

Where practicable, employ the standard social distancing measures. If this cannot be achieved, ensure the area to be tested is thoroughly cleaned and disinfected.

Protective gloves should be worn and replaced at regular intervals depending on the test methodology. If using tympanic thermometer testing, replace the sensor cover after each test and dispose of the used cover immediately.

Testers and workers should also ensure their hands have been washed with soap and water prior to testing, and have hand sanitiser available and promote its use.

Implications of results

Before considering any of these health monitoring measures, employers need to confirm it is lawful to direct your employees to have this monitoring performed on them. This will require consideration of any employment contracts, company policies and procedures and whether or not the direction is reasonable in the circumstances.

It is also imperative to have adequate procedures in place if a worker returns a high temperature. This may involve immediate measures or directions for the employee to stay away from the workplace if they are unwell and not fit for work. We recommend that you implement a lawful, written procedure before you commence any testing and ensure your employees have an understanding of their obligations under that procedure.

For advice and assistance on creating and implementing a testing procedure that is conducted accurately and safely, please contact CCIWA's Workplace Relations team on 9365 7415 or email OSH@cciwa.com.