transmission OF AIRBORNE INFECTIOUS DISEASES in the workplace risk Assessment TOOL

*Under health and safety legislation you must ensure the health and safety of your workers, employees and others at the workplace, as far as is reasonably practicable. This includes ensuring workers, employees and others at the workplace are not at risk of contracting airborne infectious diseases, including COVID-19.*

*This self risk assessment tool is designed to assist you in determining whether you can reasonably require an employee/worker to be vaccinated or immunised as part of the management of risks associated with airborne infectious diseases in the workplace.*

*Once the self assessment tool is completed and if there are no airborne infectious diseases identified in your workplace or the risk level is ‘low’, you should review and revise undertaking the risk management process periodically to ensure you are managing the risks effectively, in particular when any changes affect work activities.*

*Please note that the risk assessment tool is not designed to replace any direction or advice from Government or health authorities. Such direction or advice may change from time to time and may alter between jurisdictions. Therefore, nothing in the document, either stated or implied, is designed to compromise any directions or advice from Government agencies.*

*As such, you must also continue to seek the latest information relating to airborne infectious diseases, including COVID-19 from your jurisdictional health authority or Government agency.*

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| **Managing airborne infectious diseases in the workplace** |
| Business name: |  |  | Date of assessment: |  |
| Location:  |  |  |  |
| Assessor’s name: |
| Staff consulted: |
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| **Step 1 Identify the hazards** |
| **Identify airborne infectious diseases that can transmit or spread in the workplace** | **Yes** | **No** | **Comments / Notes** |
| Does the Federal or State/Territory health department outline infectious diseases that may exist in your workplace or industry (eg Q fever in abattoirs)? |  |  |  |
| Does an industry body outline infectious diseases that may exist in your workplace (eg ACIA, AMA)? |  |  |  |
| Is there a history of transmission for infectious diseases in the workplace (eg trends from inspection reports, personal (sick) leave, grievances, workers compensation claims)?*The collected information can help identify types of infectious diseases that may cause harm in the workplace and who is at risk. In consultation with your employees/workers, consider industries, occupations, certain jobs, workgroups, items or locations that can provide additional information about outbreak potential.* |  |  |  |
| Have you consulted with your employees/workers about any near misses or incidents relating to the spread of infection that have not been reported (including when working from home)? |  |  |  |
| *List the identified airborne infectious diseases in the workplace** *eg influenza, COVID-19, measles, rubella, Q fever*
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| **Step 2 Assess the risks** (use the risk rank matrix to determine the risk rating or risk level) |
| **Risk factors present** | **Yes** | **No** | **Risk (H,M,L)** | **Comments / Notes** |
| Is there a likelihood of infection spreading in the workplace (consider conditions such as air quality, temperature, food, high touch points, population density etc)? |  |  |  |  |
| Are employees/workers in close contact with vulnerable people in the workplace (eg elderly, children, pregnant people etc)? |  |  |  |  |
| Are any employees/workers at increased risk of serious illness if exposed to infectious diseases? |  |  |  |  |
| Are there any employees/workers who have not been vaccinated or immunised to specific vaccine-preventable diseases/infections? *Indicate the percentage that have not received the vaccine and/or provided evidence of vaccination/immunisation, eg 50% of the workforce.* |  |  |  |  |
| Are there insufficient cleaning and disinfecting procedures in the workplace?*This can identify that poor cleaning and disinfecting procedures could lead to potential outbreak of infectious diseases, person-to-person transmissibility and likelihood of starting a new transmission cycle.* |  |  |  |  |

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| Level | ○Low | ○Medium | ○High |

Use the risk rank matrix to determine the current risk rating or level of risk for the workplace

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| **RISK RANK MATRIX** | **CONSEQUENCES** |
| Marginal | Minor | Moderate | Major | Severe |
| **LIKELIHOOD** | Almost Certain | Medium | Medium | High | High | High |
| Likely | Low | Medium | Medium | High | High |
| Possible | Low | Low | Medium | Medium | High |
| Unlikely | Low | Low | Low | Medium | Medium |
| Rare | Low | Low | Low | Low | Medium |

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| ■ HIGH Risk  |  ■ MEDIUM Risk | ■ LOW Risk  |
| Immediate attention, response and treatment required to eliminate or control the risk prior to commencement or continuation of work. Do not recommence until effective controls are implemented and workers demonstrate competencies in new control measures | Only proceed with great care and only if essential. Current controls must be reviewed, revised and documented as necessary to reduce the risk level before work recommences and workers have demonstrated competency in new control measures | Manage by routine procedures and/or existing controls. Controls require a regular monitor and review process to ensure continued effectiveness. Further control measures should be implemented to reduce the risk to as low as reasonably practicable. Ensure all workers are effectively trained to undertake their job safely |

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| **Likelihood** | **Consequences** |
| **Almost Certain** | Expected to occur in most circumstances | **Marginal** | No injury or minor first aid treatment only |
| **Likely** | Has occurred before and will probably occur in most circumstances | **Minor** | First aid treatment or precautionary medical attention only, and person likely to immediately resume normal duties |
| **Possible** | Might occur occasionally and could happen | **Moderate** | Multiple injuries, and person unable to resume normal duties in the short-medium term |
| **Unlikely** | Could possibly occur at some time | **Major** | Hospitalisation with potential to result in permanent impairment |
| **Rare** | Is practically impossible but may occur in exceptional circumstances | **Severe** | Fatality or permanent injury or illness |

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| **Step 3 Control the risks** (use the risk rank matrix to determine the risk rating or risk level after each control measure is implemented) |
| **What control measures are currently in place**  | **Yes** | **No** | **Risk (H,M,L)** | **Comments / Notes** |
| Is there a process in place for employees/workers to notify management when they are unwell or have flu-like symptoms and they need to stay home? |  |  |  |  |
| Is there a process in place for employees/workers to provide a medical clearance prior to returning to the workplace? |  |  |  |  |
| Have unnecessary interactions with other employees/workers or vulnerable people been eliminated or minimised (eg use videoconferencing rather than face to face meetings, working from home where possible)? |  |  |  |  |
| Are there processes in place to ensure evidence of vaccination is provided? If evidence has been provided, is the vaccination/immunisation status kept up to date?*Employsure clients with access to BrightHR can access the VaccTrak feature which allows employers to record when employees have received their COVID-19 vaccine and provide employees with information on the vaccination process through COVID-19 e-learning courses. If you would like further information, please contact our Bright team on 1300 651 415.* |  |  |  |  |
| Are there processes in place that protect employees/workers from exposure to vaccine preventable-diseases and infections? *For example, an infection prevention and control program that includes access to vaccination and training for the workforce on when, and how, to use standard and transmission-based precautions to reduce the risk of disease transmission within the workplace. The program can encourage employees/workers to get vaccinated, but to seek medical advice first.* |  |  |  |  |
| Have engineering controls been implemented (eg install barriers and screens/panels to create space at counters and between workstations, or open windows to improve air flow/ventilation)? |  |  |  |  |
| Have safe workplace practices and signage, including hand and respiratory hygiene, cough etiquette and physical distancing measures been implemented? |  |  |  |  |
| Have comprehensive workplace cleaning, disinfecting and sanitation measures been implemented?  |  |  |  |  |
| Is a process in place for the correct management of all waste generated, including how it is handled, stored and removed from the workplace (eg disposing of sharps, Personal Protective Equipment (**PPE**))? |  |  |  |  |
| Are there testing measures in place to identify the level of exposure in the event a person is exposed to an infectious disease (eg temperature check, QR code or other contact tracing methods)? |  |  |  |  |
| In the event of an incidence of an infectious disease, is there a clear emergency response plan in place to manage? |  |  |  |  |
| Are employees/workers trained and competent in understanding and managing the risks related to infectious diseases in the workplace? |  |  |  |  |
| Has work roles been assessed to identify appropriate Personal Protective Equipment (such as masks, gloves, face shields, medical gowns) and is such PPE being provided and used correctly? |  |  |  |  |
| Are there any other control measures implemented in the workplace to eliminate or minimise the risk of infectious diseases and their spread in the workplace? |  |  |  | *List the other control measures here* |

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| Level | ○Low | ○Medium | ○High |

Use the risk rank matrix to determine the residual risk rating or level of risk for the workplace after the control measures have been implemented

If the residual risk is ‘Medium’ or ‘High’, you must complete **Step 4: Further controls to reduce risk**, using the hierarchy of controls. In consultation with employees/workers, start by considering whether any of the controls outlined above which you have answered ‘no’ to can be implemented, and then whether any other measures can be introduced to control the risk of disease transmission in the workplace.

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| **Step 4**  **Further controls to reduce risk** |
| **What additional controls could be put in place to reduce the risk** | **Responsible person** | **By when** | **Date completed** |  |
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