

## **P001: Protocol for Entry: COVID-19 Screening Questions for Access to “The Workplace”**

**Context:** This Protocol is to be used to assess the level of risk posed by personnel entering Batchfire Resource’s places of business, “The Workplace,” in the context of the global COVID-19 Pandemic. The places of business are Callide Mine and the Batchfire offices in Biloela and Brisbane. This Protocol has been developed from Australian and Queensland Government guidelines (references included).\*

### **Application:**

All employees, contractors, freight providers, service providers, suppliers and visitors.

### **Non-core Personnel and Visitors:**

If you are a non-core service-provider or contractor, or visitor, do not travel to The Workplace without first calling ahead to your Batchfire point of contact for authorisation. All visitors are required to complete normal visitor access request process before commencing travel to The Workplace.

### **All Personnel:**

Shall complete the Protocol for Entry – Form 001 to determine whether you (or another person) should be allowed to enter The Workplace. The Form is to be filled in:

1. At the start of every day shift rotation (shift work or otherwise);
2. Whenever the location of The Workplace changes (i.e., between Callide Mine, and Batchfire offices in Biloela and Brisbane);
3. If you have travelled more than 1 hour from The Workplace during your time off;
4. If your circumstances change, such as:
  - a. Symptoms (suspected case of COVID-19);
  - b. Close Contact with someone with a confirmed or probable case of COVID-19; or
  - c. Point of origin for travel, especially if from a hotspot defined by Queensland Health.

If you have questions about your symptoms, or self-quarantine and self-isolation, refer to government guidelines, including Qld Government COVID-19 Public Health Alerts (links below)\*.

### **Attached:**

1. Protocol for Entry – Form 001
2. Protocol for Entry – Audit Checklist 001

\* Australian and Queensland Government guidelines available at:

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/coronavirus-prevention>

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/public-health-alerts>

<https://www.healthdirect.gov.au/symptom-checker/tool/basic-details>

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/hotspots-covid-19>

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/take-action/contact-tracing>

## P001: Protocol for Entry – Form 001

### COVID-19 Screening Questions for Access to “The Workplace” for all Personnel and Visitors

**THIS QUESTIONNAIRE SHOULD BE COMPLETED AT THE START OF EVERY DAY SHIFT ROTATION OR IF YOU HAVE RETURNED FROM SELF ISOLATION OR IF YOU TRAVELLED MORE THAN 1 HOUR FROM THE WORKPLACE DURING YOUR TIME OFF.**

First Name: ..... Surname: ..... Batchfire?  or Company: .....

Batchfire ID (if applicable): ..... Contact No (if no ID): ..... Date:.....

Step 1 Complete this questionnaire – please ensure your name and contact details have been completed. Refer also to the Batchfire COVID-19 Management Plan at <http://www.batchfire.com.au>

All “quoted” required actions have been extracted from Government directions including those available at <https://www.healthdirect.gov.au/symptom-checker/tool/basic-details>

Step 2 Please answer the following questions	Response	Required Action if YES (Refer also Qld Health required actions)
1. Do you have a fever of 37.5°C or more or a history suggestive of fever (night sweats, chills) ?	<b>YES or NO (please circle)</b>  If temperature test taken, value .....	“You need to see a doctor today (within the next 12 hours). Call your GP, tell them there’s a possibility you might have coronavirus (COVID-19) and what your symptoms are. Follow their advice. <b>Self-isolate immediately.</b> Telehealth consultations are available; call 13HEALTH (13 43 25 84).”
2. Do you have an acute respiratory infection (e.g. cough, shortness of breath, sore throat) or loss of smell or loss of taste?	<b>YES or NO (please circle)</b>	“If your GP is unavailable or is not seeing patients with coronavirus (COVID-19) symptoms you may be able to attend a coronavirus (COVID-19) clinic.” See Government websites for links to COVID-19 clinics and GPs locations.  “You should stay home and away from other people for the duration of your symptoms unless otherwise advised by a doctor.”  Contact your supervisor.
3. Are you experiencing any of these symptoms: headache, muscle pains, joint pain, runny nose, nausea, vomiting or diarrhoea, fatigue, or loss of appetite?	<b>YES or NO (please circle)</b>	“Although unlikely to be coronavirus (COVID-19), your answers indicate that under the current testing guidelines you are being encouraged to be tested.”  “Call your GP, tell them what your symptoms are and that you would like to be tested. Follow their advice.  Telehealth consultations are available.”  “If your GP is unavailable or not seeing or testing patients with coronavirus (COVID-19) symptoms you may be able to attend a coronavirus (COVID-19) clinic.”  Contact your supervisor.

Step 2 cont. Please answer the following questions	Response	Required Action if YES
4. Have you had close contact with someone who has a Confirmed or Probable Case of COVID-19?*	<b>YES or NO</b> <i>(please circle)</i>	You are required to quarantine for 14 days from the date you travelled from overseas or a COVID-19 hotspot or last had contact with a person with COVID-19. You should be alert to symptoms of COVID-19 and do what you can to prevent the spread.
5. Have you returned from a hotspot, been overseas or been a cleared case of COVID-19?	<b>YES or NO</b> <i>(please circle)</i>	<p>“Symptoms developed in this time will require medical advice.”</p> <p>There are no exemptions for resource industry personnel who travel from a COVID-19 hotspot to enter Qld. See Government websites for links to Qld Border restrictions.*</p> <p>Contact your supervisor.</p> <p>Prior to returning to the workplace, you will need to complete this form.</p>
6. Have you travelled more than 1 hour from The Workplace?	<b>YES or NO</b> <i>(please circle)</i> <b>If Yes:</b> <b>Where from:</b> ..... <b>How:</b> ..... <b>Who with:</b> .....	

Signature:.....

If you have answered No to questions 1 to 5 you may enter the workplace and continue with your role, abiding by the COVID-19 Management Plan and supporting Protocols. If you answered Yes to any of questions 1 to 5, your Supervisor will be advised by the Testing Officer and you should also contact your Supervisor.

Testing Officer Name: ..... Officer Signature: ..... Date: .....

\* For definitions of *Confirmed case* and *Probable case* refer to CDNA Guidelines at:  
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

**Attachment 2**

**P001: Protocol for Entry - Audit Checklist 001**

<b>Inspection / Audit conducted</b>	
<b>Name of Auditor:</b>	
<b>Audit Date:</b>	
<b>Area audited:</b>	

<b>Entry Requirements</b>	<b>YES</b>	<b>NO</b>
Have all individuals completed the Protocol for Entry Form 001 - The Workplace Entry Questionnaire?  Please provide verification method and sample size:		
In the sample of questionnaires reviewed, where Supervisor was required to be contacted: <ul style="list-style-type: none"> <li>- was the supervisor contacted?</li> <li>- was the follow up action consistent with the COVID-19 Management Plan?</li> <li>- was the person included on the COVID-19 Personnel Isolation Register?</li> </ul>		

<b>Audit Findings</b>		
<b>Finding</b>	<b>Compliance / Non-Compliance / Opportunity for Improvement</b>	<b>Recommendations</b>
1		
2		
3		
4		
5		

<b>Auditor Sign off</b>			
<b>Name</b>		<b>Date:</b>	