

P005: Protocol for Isolation – COVID-19

Context: This Protocol provides direction on the criteria for isolation and the resulting actions to be taken at Batchfire Resource’s places of business, “The Workplace.” It is to be used in the context of the global COVID-19 Pandemic. This Protocol has been developed from Australian and Queensland Government guidelines. Personnel must always refer to the latest Federal and State directives for current isolation requirements.

Application: All Personnel.

Symptoms: COVID-19 Identifying Symptoms, “Symptoms” *:

Symptom	COVID-19	Cold	Flu
Fever	Common	Rare	Common
Cough	Common	Common	Common
Sore throat	Sometimes	Common	Common
Shortness of breath	Sometimes	No	No
Fatigue	Sometimes	Sometimes	Common
Aches and pains	Sometimes	Sometimes	Common
Headaches	Sometimes	Sometimes	Common
Runny or stuffy nose	Sometimes	Common	Sometimes
Diarrhoea	Rare	No	Sometimes (esp for children)
Sneezing	No	Common	Sometimes

* Adapted from material produced by WHO, Centres for Disease Control and Prevention.

Close Contact:

Close contact means a person who is a **household member** or a **household-like contact**.

- A **household member** is a person who ordinarily resides at the same premises or place of accommodation as the diagnosed person, and who are residing at the premises or place of accommodation at the time the diagnosed person receives their positive COVID-19 test result. You do not have to be related to the diagnosed person to be considered a household member.
- A **household-like contact** is a person who has spent more than four hours with the diagnosed person in a house or other place of accommodation.

Note: a person is not a household-like contact if they are in a separate part of the house or accommodation that has a separate point of entry and no shared common areas, and if they do not have contact or interaction for more than four hours.

or as may be updated at the Queensland Health Website.

Actions for Personnel:

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. 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 Hot Spot defined by Queensland Health.

TRIGGER ACTION RESPONSE PLAN

This TARP communicates Queensland Government requirements.

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

		Normal State	Level 1 - Moderate	Level 2 - High
		Nil Symptoms AND Nil Interstate or Overseas Travel within the last 14 days AND Nil Close Contact with a confirmed or probable case of COVID-19	Nil Symptoms AND Close Contact with a confirmed or probable case of COVID-19 OR Travelled to a Restricted Border Zone or interstate exposure venue	Symptoms consistent with COVID-19 AND Close Contact with a confirmed or probable case of COVID-19 OR Travelled to a Restricted Border Zone or interstate exposure venue
ACTION & RESPONSE	ALL PERSONNEL	Familiarise yourself with the COVID-19 Protocols. Complete P001 Protocol for Entry – Screening Questionnaire Notify Management and Supervision should you experience COVID-19 Identifying Symptoms	<p>Self-Isolate immediately.</p> Immediately undertake a Rapid Antigen Test and quarantine for 7 days from the date you last had contact with the diagnosed person . Undertake a COVID-19 PCR test if you begin to have symptoms consistent with COVID-19. Travel by private transport or by transport arranged by government authority directly to quarantine at: <ol style="list-style-type: none"> your home, where your home is no more than two hours of safe driving distance from where the diagnosed person is informed of their positive COVID-19 test result; or place of accommodation, or other suitable premises; or another nominated premises as otherwise directed by an emergency officer (public health). 	<p>Self-isolate immediately.</p> Immediately undertake a COVID-19 PCR test and quarantine for 7 days from the date you last had contact with the diagnosed person . Travel by private transport or by transport arranged by government authority directly to quarantine at: <ol style="list-style-type: none"> your home, where your home is no more than two hours of safe driving distance from where the diagnosed person is informed of their positive COVID-19 test result; or place of accommodation, or other suitable premises; or another nominated premises as otherwise directed by an emergency officer (public health).
	WORKPLACE ACTIONS	Communicate updates of Site Protocols and any changed Government Guidelines and Requirements Elevate to Level 2 – High should COVID-19 Identifying Symptoms be communicated.	Arrange for disinfection of all equipment and work areas/infrastructure that the person has been in contact within over the last 48hrs. Arrangements to be made to enable the person to transport themselves or provide support to transport them to their Biloela district residence.	Arrange for disinfection of all equipment and work areas/infrastructure that the person has been in contact within over the last 48hrs. Arrangements to be made to enable the person to transport themselves or provide support to transport them to their Biloela district residence.

P005: Protocol for Isolation - Audit Checklist 001

Inspection / Audit conducted	
Name of Auditor:	
Audit Date:	
Area audited :	

Isolation Requirements	YES	NO
1. Is the TARP consistent with P001 Protocol for Access to the workplace and Form F001? Please provide verification method:		
2. Is the workplace COVID-19 Personnel Register of isolations complete and current? Please provide verification method:		
3. Are personnel familiar with the TARP? <ul style="list-style-type: none"> • Check with a sample of Supervisors • Check with a sample of other personnel Please provide verification method:		

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

Auditor Sign off			
Name		Date:	