***(INSERT COMPANY NAME)* – COVID SAFE PLAN**

Business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert a description of the activities of your business, how long you have been in business and interactions with patrons, service providers and contractors

| **Guidance** | **Action to mitigate the introduction and spread of COVID-19** |
| --- | --- |
| **Hygiene** | |
| Provide and promote hand sanitiser stations for use on entering your dedicated site and ensure adequate supplies of hand soap and paper towels are available for staff. |  |
| Where possible: enhance airflow by opening windows and adjusting air conditioning. |  |
| In areas where it is required, ensure all staff wear a face covering and/or required PPE, unless a lawful exception applies. Ensure adequate face coverings and PPE are available to staff that do not have their own. |  |
| Provide training to staff on the correct use and disposal of face coverings and PPE, and on good hygiene practices and slowing the spread of coronavirus (COVID-19). |  |
| Replace high-touch communal items with alternatives. |  |

| **Guidance** | **Action to mitigate the introduction and spread of COVID-19** |
| --- | --- |
| **Cleaning** | |
| Increase environmental cleaning (including between changes of staff), ensure high touch surfaces are cleaned and disinfected regularly (at least twice daily). |  |
| Ensure your site has adequate supplies of cleaning products, including detergent and disinfectant. |  |

| **Guidance** | **Action to mitigate the introduction and spread of COVID-19** | |
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| **Physical distancing and limiting workplace attendance** | | |
| **Ensure where possible that your staff maintain the legally required 1.5m distance from one another** | |  |
| **Establish procedures that apply** | |  |
| **Provide training to staff on physical distancing expectations while working and socialising (e.g. during lunchbreaks).** | |  |
| Where relevant, ensure clear and visible signage in areas that are open to the general public that specifies maximum occupancy of that space, as determined by the ‘two square meter’ rule. <https://www.coronavirus.vic.gov.au/signs-posters-and-templates> | |  |

| **Guidance** | **Action to ensure effective record keeping** | |
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| **Record keeping** | | |
| **Provide guidance to staff on the effective use of the workplace OHS reporting system (where available).** | |  |

| **Guidance** | **Action to prepare for your response** |
| --- | --- |
| **Preparing your response to a suspected or confirmed COVID-19 case** | |
| **Prepare or update your business continuity plan to consider the impacts of an outbreak and potential closure of the site.** |  |
| **Prepare to undertake cleaning and disinfection at your event site. Assess whether the site or parts of the site must be closed.** |  |
| **Prepare for how you will manage a suspected or confirmed case in an employee during the event.** |  |
| **Prepare to notify event management of a confirmed or suspected case.** | *Eg. Immediately contact event administration office on 1300 178 881.* |
| **Prepare to immediately notify WorkSafe Victoria on 13 23 60 if you have a confirmed COVID-19 case at your site.** |  |
| **Confirm that your site can safely re-open and workers can return to work.** | *Eg. Following acknowledgement from event management that it is safe to reopen site.* |

I acknowledge and understand my responsibilities and have implement this COVID Safe Plan in the dedicated event site.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_