YOUR COVID-19 SAFETY PLAN



Business name:	FUSE Fitness & Massage		
Address:	17 Sandra Drive, Blackmans Bay, TAS, 7052		
Completed by:	Sarah KirbyDate completed:562020		
Were workers and/or their HSRs consulted as you developed this plan? Yes No O			
Date reviewed:	1 4 1 2 0 2 1 Next review: 1 5 2 0 2 2		

Keep your completed Safety Plan at your workplace: you do not need to submit this to WorkSafe Tasmania.



Do you need more information about COVID Safe requirements for your workplace?

COVID-19 Safety Plan Guidelines are available at worksafe.tas.gov.au/covidframework.



Have you identified your COVID Risks?

COVID-19 is a workplace hazard. A Risk Assessment is used to asess the risks and develop controls to mitigate COVID risks. Your COVID-19 Safety Plan details your controls.



Who is responsible for updating your COVID-19 Safety Plan?

Your COVID-19 Safety Plan should be frequently reviewed and updated to help you comply with any new restrictions and meet requirements for your workers, contractors and customers.

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Do your workers know your COVID-19 Safety Plan?

It's important for your workers to know your COVID-19 Safety Plan and the actions you have taken. It will help them understand the importance to your business of staying safe, and of staying home if they are unwell.

COVID-19 symptoms include fever, chills, cough, sore throat, shortness of breath, a runny nose or loss of smell.

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Do you have your Check in TAS QR code?

Many businesses must use the Check in TAS QR Code Service and ensure everyone over 16 years who enters the venue, event or vehicle scans the Check in TAS QR code on entry. It's free, easy to use and helps stop the spread of COVID-19. To register go to coronavirus.tas.gov.au/check-in-tas.



Do you need more signs and posters to help customers do the right thing?

Signs, posters and fact sheets for your business are available at coronavirus.tas.gov.au/resources.



WorkSafe Tasmania Department of Justice





1. Completing your COVID-19 Safety Plan

- COVID-19 is a hazard in a workplace and the risks of exposure need to be controlled.
- Public Health Directions provide instruction on minimum requirements to reduce the likelihood of transmission and are incorporated into this plan.
- You must conduct a risk assessment to identify all controls that are needed to reduce the risks of COVID-19.
- Your COVID-Safety Plan documents what controls you will apply in your workplace. Your COVID-19 Safety Plan is one of the strongest defences in mitigating the risks associated with COVID-19 transmission within your workplace.
- COVID-19 Safety Plans must be in writing. This document will help you document your plan; however, additional information may be required.
- ► For each **Yes** response, you will need to demonstrate that the control has been implemented if asked by a WorkSafe Tasmania Inspector.
- ► WHS laws require employers to consult with workers when undertaking risk assessments and when implementing the controls in the workplace.
- > You must provide workers with information, training and instruction on how to implement the plan.

Q Q 2. Maintaining physical distance		
Please indicate how you manage physical distancing in your workplace:		
Have you placed signs up at the entrance to, and inside, the premises reminding people to maintain physical distancing when entering?	Yes 🖲	No O
Have you placed decal markers on the floor indicating where people should stand to maintain 1.5 metres of separation?	Yes 🖲	No O
Do you need workers to remind customers to not congregate and remain separated?	Yes 🔾	No 🖲
Have you conducted an assessment of the workplace and identified locations where congregation may occur and made adjustments so congestion is reduced?	Yes 🖲	No O
Do you provide and encourage the use of masks if 1.5 metres of separation is not able to be achieved between people in your workplace?	Yes 🖲	No O
What else do you do to manage physical distancing in your workplace?		
Floor markings in waiting room display designated waiting space on arrival. Therapist and client sit 2m apart in clinic space, v between creating a physical barrier.	vith massage ta	ble in
For further information, refer to section 2 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.		

COVID-19 Safety Plan Template – Version 5



3. Density	requirements	
Please indicate how yo	ou manage density requirements in your workplace:	
,	how many people are permitted in your workplace by $$\rm Yes\ \ensuremath{\odot}$$ the floor area and dividing by 2?	No O
, , , , , ,	s up at the entrance to and inside the premises stating the the premises stating the the preparation of the the transformation of tra	No 🖲
, , ,	Your workers to monitor the number of people entering to Yes (•) a numbers are not exceeded?	No ()
► What else do you do	to manage density requirements?	
Number of people in massage	e room never exceeds 2ppl (the client and the therapist). Clients must not bring additional people to appo	intments.
For further information, refer to section	on 3 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.	
4. Stay hor	me if unwell	
Please indicate how yo your workplace:	ou ensure that people who are unwell do not report to work or er	iter
 Have you trained you what to do if they fee 	r workers on what the symptoms of COVID-19 are and $$\rm Yes\ \ensuremath{\bullet}$ l unwell?	No O
,	workers who show any symptoms to stay away from the $$\rm Yes\ \odot$$ 1 for COVID-19 and cleared to attend work?	No O
, 0 1	at the entrance to your premises telling customers not to $$\rm Yes\ \odot$$ ell or if they have COVID-19 symptoms?	No O
 Have you put in place possible) while waiting 	e procedures so workers can work from home (where $$\rm Yes\ \ensuremath{\Theta}$$ g for test results?	No O
, , ,	your supervisors to monitor workers and customers for $$\rm Yes\ \ensuremath{\odot}$$ hat they are unwell (and empowered them to take action	No O
Do you make it easy access to COVID leav	for workers to stay at home if unwell, such as providing $$\rm Yes\ \bigcirc$$ ve/sick leave?	No 🖲
 What else do you do results to stay away fr 	to encourage people who are unwell or waiting on test rom your business?	
Digital Covid19 Heal	th Agreement sent to clients 24hrs before booking.	
For further information, refer to section	on 4 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.	



	μήγο 5. Hygiene Factors		
Ple	ase indicate how you ensure that people practice good hygiene while in your v	workplac	:e:
	Have you defined what good hygiene is and provided the necessary resources to help people comply?	Yes 🖲	No O
	Have you placed signs up in your workplace reminding people of good hygiene practices?	Yes 🖲	No O
	Do you have sanitiser at the entry to your premises and at easy-to-access places throughout your premises?	Yes 🖲	No O
	Do you provide soap and water for handwashing in bathrooms and, if relevant, work areas?	Yes 💿	No O
	Have you trained/instructed your workers on what good hygiene is and the procedures they need to follow?	Yes 🖲	No O
	Do you monitor the workplace to ensure that hygiene supplies (soap/sanitiser) are available?	Yes 🖲	No O
	Are hand washing stations regularly cleaned?	Yes 🖲	No O
	What else do you do to encourage good hygiene practices in your workplace?		
	Cleaning and disinfecting all surfaces & publicly touched objects (eg. door handles, taps, chairs, sanitiser pump, massage table, between every appointment- 6 x per day.	light switches	, toilet)
For f	urther information, refer to section 5 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.		
Æ ¢	6. Cleaning		
Ple	ase indicate how you ensure that regular cleaning and disinfecting occurs in yo	our work	place:
	Have you identified and documented high frequency touch points in your workplace?	Yes 💿	No O
	For each touch point identified, have you defined the frequency (at least daily) that cleaning and disinfecting is to occur?	Yes 🖲	No O
	Have you identified those surfaces that are not high frequency touch points that will require routine cleaning (weekly)?	Yes 💿	No O
	Have you defined the products you use to clean surfaces?	Yes 🖲	No O
	Have you defined the products you use to disinfect surfaces?	Yes 💿	No O



Please indicate how you ensure that regular cleaning and disinfecting occurs in your workplace:				
	Have you documented a cleaning schedule for your workplace?	Yes 💿	No O	
	Have you trained/instructed workers in how to apply the cleaning schedule and in the safe use of the chemicals?	Yes 🖲	No O	
	Do you monitor your workplace to ensure that the cleaning is conducted in accordance with the cleaning schedule?	Yes 💿	No O	
	What else do you do to ensure adequate cleaning practices in your workplace?			
For f	Cleaning and disinfecting all surfaces & publicly touched objects (eg. door handles, taps, chairs, sanitiser pump, massage table, li between every appointment- 6 x per day. Hot washed massage towels 90° daily. Online contactless transactions to minimise clea urther information, refer to section 6 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.		toilet)	
Ĺ	7. Provision of information, training and instruction to wo	rkers		
	ease indicate what COVID-19 information, training and instructions has been p your workplace:	rovided	to staff	
	Have you provided information, training and instructions to workers on the risks of COVID-19 and the importance of being vigilant in reducing these risks?	Yes 🖲	No O	
	Have you provided information, training and instructions to workers on the controls that your workplace applies to protect workers and customers?	Yes 🖲	No O	
	Have you provided information, training and instructions to workers on the procedures that are to be applied to reduce your COVID-19 risks?	Yes 🖲	No O	
	Do your workers understand their role in preventing COVID-19 impacting on your business?	Yes 🖲	No O	
	Do you have regular COVID-19 meetings to provide refresher information, training and instructions to workers?	Yes 🖲	No O	
•	Have you provided information, training and instructions to your supervisors so they are aware of their responsibilities in ensuring that COVID-19 controls are applied correctly?	Yes 🖲	No O	
	Have you got records to demonstrate that you have provided information, training and instructions to staff on the risks of COVID-19?	Yes 🖲	No O	
	What else have you done to provide information, training and instructions to workers about managing COVID-19 risks?			
	Self employed, no workers- Just me! So yes, I am well informed.			



$ \begin{array}{c} Q \circ P \\ P & \\ P \end{array} $ 8. Provision of adequate supervision (in implementing th $ \begin{array}{c} Q & O \\ \end{array} $	e plan)	
Please indicate who is responsible to implementing COVID-19 controls in your	workplac	e:
Have your supervisors been involved in developing of your COVID-19 Safety Plan?	Yes 💿	No O
Have you provided information, training and instructions to supervisors on their role in implementing the COVID-19 Safety Plan?	Yes 🖲	No ()
Have you empowered your supervisors to take action when the plan is not being applied correctly or where non-compliance is identified?	Yes 🖲	No ()
What else have you done to ensure that supervisors are implementing your COVID-19 Safety Plan?		
Self employed, no workers- Just me! So I am responsible for implementing Covid19	controls.	
For further information, refer to section 8 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.		
9. Record of entry for contact tracing		
Please indicate how you record the people entering your workplace should con required:	tact traci	ng be
Do you use the Check in TAS Application?	Yes 🖲	No O
Do workers reinforce the need to 'check in' when people enter your premises?	Yes 💿	No O
Do workers 'check in' each day?	Yes 💿	No O
Do you use a paper based system?	Yes 🔾	No 🖲
Do workers reinforce the need to 'sign in' when people enter your premises?	Yes 💿	No O
Do you collect the name of the person, a telephone number, an email address, the date and time the person entered the premises?	Yes 🖲	No ()
Have you identified where 'sign in' records are to be kept?	Yes 💿	No O
Do you keep the 'sign in' records for a minimum of 28 days?	Yes 💿	No O
What else do you do to ensure that records are kept and available should an exposure occur?		
Clients provide all contact details at the time of booking, as well as filling out a Covid19 Health Agreement 24hrs befor	re their appoin	itment.
For further information, refer to section 9 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.		



」 且否 10. Vaccination of workers		
Please indicate how vaccinations are used to reduce your risk of COVID-19:		
Have vaccinations been mandated for your industry by a Public Health Direction?	Yes 🔿	No 💿
Have you undertaken a risk assessment to determine if it is necessary to mandate vaccinations for all workers?	Yes 🔾	No 🖲
Have you decided to mandate vaccinations for all workers as a result of the risk assessment?	Yes 🔿	No 🖲
List the factors you identified to support mandatory vaccinations:		
I am fully vaccinated but have no workers.		
Did you consult with your workers when undertaking the risk assessment?	Yes 🔾	No 💿
If there is no need to mandate worker vaccinations, are you encouraging workers to be vaccinated?	Yes 🖲	No O
What do you do to encourage workers or people entering the workplace to be vaccinated?		
I encourage everyone to vaccinate- clients, friends, family- but no staff in my work	place, other t	han me.
For further information, refer to section 10 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.		
11. Ventilation in the workplace		
Please indicate how you have applied ventilation controls to your workplace:		
Have you obtained advice on maximising the operation of your ventilation system to reduce the risk of COVID-19?	Yes 🔿	No 💿
Do you reduce the number of people in unventilated areas (where possible)?	Yes •	No O
Do you ensure that doors are left open (where possible) to maximise air movement?	Yes 🖲	No O
Where practicable, do you encourage the opening of windows in your workplace?	Yes 💿	No O
Have you provided instruction and training to workers on the advantages of encouraging air movement in the workplace?	Yes 🔾	No 💿
What else do you do to improve ventilation in your workplace to lower the risk of COVID-19 transmission?		
Ventilate clinic space and waiting area between appointments (6 x per day).		
For further information, refer to section 11 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.]



12. Case	se and outbreak management				
Please indicate what you have done to prepare for a case or outbreak of COVID-19 in your workplace:					
 Have you prepare 	red a Case and Outbreak Management Plan?	Yes 💿	No O		
,	ied what you will need to do to keep your business operating an exposure in your workplace?	Yes 💿	No O		
 Do you have a pla exposure in your 	olan on how you will manage your customers should you have an r workplace?	Yes 🖲	No O		
, , ,	ed to clean and disinfect your workplace using the cleaning is plan should you have an exposure in your workplace?	Yes 💿	No O		
Testing					
 Have you instruct COVID-19 sympt 	cted your workers to stay home and get tested if they have ptoms?	Yes 🖲	No O		
'	shed working from home arrangements, where possible, to to continue to work while waiting for test results?	Yes 🖲	No O		
Tracing					
,	ied and provided training and instruction to people responsible your workplace's response to a case or outbreak?	Yes 🖲	No O		
Isolation					
,	lered the impact on your business if workers are required to go e to an exposure?	Yes 🖲	No O		
, , , ,	oport mechanisms in place to support workers while in isolation? working from home/welfare checks)	Yes 🔾	No 💿		
Quarantine					
 Have you consider quarantine due to 	lered the impact on your business if workers are required to to an exposure?	Yes 💿	No O		
, , ,	oport mechanisms in place to support workers whilst in ular contact/working from home/welfare checks)	Yes ()	No 🖲		
For further information, refer to	to section 12 of the COVID Safe Workplace Guidelines - Creating a COVID-19 Safety Plan.				
Approved by	Sarah Penelope Kirby				
Signature	Sarah Penelope Kirby	rah Kir	by		
Date	1 4 1 2 2 0 2 1				
Keep your completed Sa	afety Plan at your workplace: you do not need to submit this to WorkSafe Tasmani	Keep your completed Safety Plan at your workplace: you do not need to submit this to WorkSafe Tasmania.			



Overflow

Record responses here if you have run out of space

Strategies in place to reduce spread of Covid19:

- Fully Vaccinated

- Covid19 Health Agreement 24hrs before appointments

Hand Sanitiser stationed at front entrance

Hand washing and covid information displayed

Cleaning & disinfecting at beginning & end of work day (prior to client arrival)

- Disinfecting all surfaces and publicly touched objects (door handles, taps, chair, sanitiser pump,

massage table, light switches, toilet) between appointments -6 x per day.

- Disposable paper towel for hand drying

- Disposable face sheets on massage table

- Masks available for practitioner use (if advisable by DHS or Massage & Myotherapy Aus)

- Magazines removed from waiting area
- Shoe rack removed from waiting area to enable 1.5m distancing
- 15min spacing between appointments
- Towels hot washed 90°
- Massage room cleaned daily (by me), and professionally cleaned fortnightly.
- Doors and windows opened and room well ventilated between appointments.

Disclaimer

To ensure this information is as accessible and easy to understand as possible, we refer to 'employers' and their responsibilities.

However, under the model WHS laws, duties apply to any person conducting a business or undertaking (PCBU) which includes employers, but also others who engage workers. For more information about who is a PCBU see worksafe.tas.gov.au.