WHS Assurance Process

Ways of Working during COVID-19

Infrastructure & Place, TfNSW

| Assurance Focus Areas | Comments / Follow Up Required?  **(add further details below if needed)** | Satisfactory Response? | | | |
| --- | --- | --- | --- | --- | --- |
| Yes | Partial | No | N/A |
| 1. Check general awareness of local team of TfNSW requirements around risk management for COVID-19 and how to access key TfNSW information sources   ([www.stayinformed.com.au](http://s2.bl-1.com/h/cPmNxT8l?url=http://www.stayinformed.com.au) for the latest information. If you have a question about Coronavirus, [read the Q&A](http://s2.bl-1.com/h/cPmNxYYn?url=https://www.stayinformed.com.au/novel-coronavirus-status-update/news_feed/coronavirus-qa) and check what to do) |  |  |  |  |  |
| 1. Check process is in place for non-TfNSW people to be briefed on TfNSW requirements, for example through visitor information or induction process |  |  |  |  |  |
| 1. Check that sites under the operational control of Principal Contractors have implemented requirements that meet TfNSW requirements as a minimum. |  |  |  |  |  |
| 1. Check that there are no people on site with any symptoms of cold/flu or who should be self-isolating for other reasons (they should be sent home by line manager) |  |  |  |  |  |
| 1. Check that arrangements are in place for social distancing (>1.5m separation and min. 4m2 per person in closed spaces) |  |  |  |  |  |
| 1. Check that social distancing requirements are being observed in practice, in particular for meetings and fixed places of work (e.g. adjacent desks) |  |  |  |  |  |
| 1. Check that arrangements are in place to create separation between teams and to aid traceability in the event of an outbreak (e.g. working from home, rostering of split teams, site daily attendance records, suspension of ABW etc) |  |  |  |  |  |
| 1. Check for evidence that suitable and sufficient cleaning arrangements have been implemented for the site (these should generally be over and above normal cleaning services and focus on disinfection of high touch areas). |  |  |  |  |  |
| 1. Check for availability and stock on site of hygiene consumables on site (toilet paper, alcohol wipes, alcohol hand rubs etc) |  |  |  |  |  |
| 1. Check for existence of clear roles and responsibilities around maintaining cleaning standards and stocks of hygiene consumables on site |  |  |  |  |  |
| 1. Check for evidence of actions to reduce the likelihood of cross-contamination (e.g. high use doors propped open where appropriate to avoid the need to touch handles) |  |  |  |  |  |
| 1. Check for evidence that people are utilising remote working tools such as MS Teams etc for group meetings |  |  |  |  |  |
| 1. Check people are utilising flexible working arrangements where appropriate |  |  |  |  |  |
| 1. Check that arrangements have been implemented for any vulnerable / at-risk people to work from home or take special leave (inc. lung disease, heart disease, kidney disease, neurological conditions, diabetes, impaired immune system) |  |  |  |  |  |
| 1. Check for evidence of visible leadership from the relevant leadership team (e.g. 2-way communication, cascading of relevant messages, active resolution of issues and concerns, demonstrable support for teams etc) |  |  |  |  |  |
| 1. Check for understanding of process for reporting and responding to any confirmed COVID-19 cases (TfNSW hotline - 1800 091 966, escalation to senior management up to Dep Sec level, engagement of IMT, additional cleaning of site, site communication, follow up actions) |  |  |  |  |  |
| 1. Check for understanding of process for reporting and responding to any suspected COVID-19 cases (complete the [COVID-19 reporting form](http://s2.bl-1.com/h/cPmNykLr?url=https://www.surveymonkey.com/r/56LTS6C)) |  |  |  |  |  |
| 1. Check arrangements are in place for lone / isolated workers (e.g. periodic welfare check) |  |  |  |  |  |
| 1. Check comms has occurred around home working guidance material and self-assessments |  |  |  |  |  |
| 1. Check steps have been taken to collect up to date emergency contacts details for staff |  |  |  |  |  |
| 1. Check consideration has been given to first aider and fire warden coverage for offices with skeleton / substantial reduce staffing levels. |  |  |  |  |  |
| 1. Any other observations (positive, opportunities for improvement, learnings or anything interesting) |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Action Plan – to be Developed, Consulted and Agreed with Relevant Senior Line Manager for Location  (where possible actions should be owned locally whereas others may need to be escalated to others and/or for attention by the central team or taskforce) | | | |
| # | What | By Who | By When |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

|  |  |
| --- | --- |
| **Team involved in assurance review (should involve a WHS rep. and a Line rep.)** |  |
| **Location / site reviewed** |  |
| **Name of relevant senior manager debriefed on the findings.**  **Ensure follow up actions are clear, accepted and assigned as part of this assurance review debrief** |  |
| **Date review performed** |  |

**Note: Completed assurance document to be shared with Director – WHS and Branch / Divisional LT consistent with WHS due diligence requirements**

**Please add additional notes linking to numbered sections above as required.**