Creating safe workplaces during the Covid-19 pandemic

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Background

Ensuring a safe workplace is not only a legal duty, it is an economic imperative. In the U.S. in 2020 it has been estimated that around 90% of the drop in economic activity was caused by individual choice "tied to fears of infection" rather than legal shutdown orders. Increased confidence that businesses are safe drives an increase in economic activity, and business turnover. COVID-19 is a health and safety risk that must be effectively managed by employers in the workplace.

The requirement for employers to prepare and document a COVID-19 management plan, or a 'COVID Safe Plan', is part of doing business in the pandemic. These plans are required to contain information on physical distancing, workplace cleaning, monitoring of symptoms, and check-in and testing requirements. However, safe indoor air is not routinely included, with an outdated focus on cleaning of surfaces and use of poorly protective devices such as plexiglass shields. Such plans are not 'set and forget' — information on the disease is evolving, and State Public Health Orders may change minimum requirements for employers. It is important to note that even if the requirements of Public Health Orders are relaxed, an employer's duty of care under work health and safety legislation remains.

This advice outlines some of the issues that should be considered by employers to decrease the risk of infection transmission in the workplace and to minimise business closures due to COVID-19 outbreaks. In addition to the reputational effects and legal requirements to provide a safe workplace, there are important commercial reasons to do so. It has been shown that fear of infection is an important driver of reduced economic and business activity. Providing a safe workplace is important for both public health and economic reasons.

Hierarchy of Control

The hierarchy of control approach recognises that there is a need for many 'layers' of control measures to keep workers and visitors safe. It recognises that some control measures offer a high level of protection and reliability, and some less so. However, each control measure remains integral to preventing disease outbreak. It must also be tailored for contagious infections.

Airborne transmission is now recognised as the major mode of transmission leading to infection. The need to mitigate airborne transmission in workplaces is paramount and therefore employers should ensure that existing plans are reviewed and updated to control for this risk. Asymptomatic transmission is also very common and may be more common with Delta. Therefore, workplace plans need to ensure that they do not only focus on symptomatic workers.

01 Vaccination
Working from home

02 Safe Indoor Air: Ventilation

03 Testing, Contact tracing and isolation, Monitoring transmission, Modifying work location, Physical distancing & occupancy limits, Workforce bubbles, Flexible work arrangements, Record keeping, Cleaning, Wellbeing, Training

04 Masks

Figure 1: The layers of the hierarchy of control

Elimination & substitution controls

Vaccination

Workplaces with high rates of vaccinated employees will have a lower risk of outbreaks of COVID-19, improving business continuity for employers. Employers can support their employees to get vaccinated through:

- providing leave or paid time off to get vaccinated
- providing reliable and up-to-date information on the effectiveness of vaccinations
- providing the details of the locations nearby where vaccinations are available
- liaising with state or local (GP) vaccination providers to establish an on-site vaccination clinic. On-site vaccination will increase vaccination rates for shift workers and workers who may not be able to easily attend a GP medical clinic or vaccine hub appointment.
- providing incentives, such as additional annual leave days for vaccinated workers.

While it is recognised that mandatory vaccination requirements exist for select workers (mandated under Public Health Orders), many workplaces are not covered by such requirements. There are, however, circumstances where employers can [mandate their employees](#) to obtain the COVID-19 vaccine, including where there is a requirement under a Public Health Order, where it is permitted by an enterprise agreement, or where it would be lawful and reasonable for the employer to give such directions to employees. Where there is no mandate applicable, employers can use a combination of incentives and disincentives to raise vaccination rates. Disincentives may include restricting the type of working role (such as customer-facing roles) that unvaccinated employers can have. Work Health and Safety obligations should also be considered in developing a vaccine policy in the workplace.

While it is recommended that employers seek specialist legal advice in this area, what may be 'reasonable' will depend on various factors, including:

- the nature of the workplace
- the nature of the customer/client group, particularly where clients may be at higher risk of poor outcomes if infected (e.g. residential aged care)
- the extent of community transmission of COVID-19
- the terms of Public Health Orders
- the effectiveness of vaccines in reducing the risk of transmission or serious illness
- work health and safety obligations
- each employee's circumstances, including their duties and the risks associated with their work
- whether employees have a legitimate reason for not being vaccinated (e.g. medical exemption)
- vaccine availability

Occupational physicians also assist employers to review risks in their industry and whether a requirement for vaccination would be helpful. Employers or treating doctors may also refer staff who are unable to be vaccinated (or who are not immune) to occupational physicians to review their fitness for particular roles and to assist with safer placement if required.

Employers should also consider requiring visitors to their workplace to show proof of vaccination or medical contraindication prior to entry, when suitable for their workplace context. Workplaces should also keep abreast of changes in vaccine policy, such as booster doses.

Working from home

Employers are encouraged to facilitate working from home arrangements for their employees, where suitable for the type of work being performed. Under public health orders, an employer may also be required to ensure that unvaccinated workers work from home if is reasonably practicable to do so.

Working from home does not eliminate the risk of COVID-19, however, it does eliminate the risk of contracting (and transmitting) COVID-19 in the workplace. Putting in place 'hybrid' working arrangements reduces the number of people in the workplace at any one time, and therefore the risk of transmission.

The use of video communication tools such as *Zoom* and *MS Teams*, for example, enables workers to communicate and work remotely. To the extent practicable, employers can facilitate lower workplace transmission by enabling 'hybrid' working arrangements.

Engineering controls

Ventilation (safe indoor air)

Respiratory aerosols from breathing and speaking accumulate in indoor spaces, resulting in increasing risk over time. Poor ventilation (stagnant air) in public buildings, workplace environments, schools, hospitals, and aged care homes contributes to viral spread. Good ventilation is a key part of reducing the risk of COVID-19 transmission.

While employers should work to ensure that all shared spaces are well ventilated, close attention should be paid to indoor spaces where ventilation is typically poorer, such as worker amenities, corridors, elevators and lobbies. These locations may need additional ventilation in the form of supply and exhaust fans and/or portable HEPA filtration units.

Employers should refer to OzSAGE advice on Safe Indoor Air (Ventilation) for recommendations on risk reduction and include these in their COVID Safe Plans.

Carbon dioxide monitoring and safe indoor air

As the number of people inside a space increase, CO_2 will increase to varying degrees, depending on the ventilation effectiveness and the volume of the space.

Measuring carbon dioxide (CO_2) therefore is a useful and practicable surrogate indicator to assess the relative infection risk of COVID-19 indoors. Humans exhale CO_2 in addition to virus-containing aerosols. Concentrations of CO_2 will gradually increase over time if insufficient outdoor air is delivered into the space. If persons are in poorly ventilated spaces for a prolonged time, regardless of physical distancing, the risk of infection increases.

It is recommended that employers invest in the use of CO_2 monitoring and use that as a trigger to reduce occupancy and/or increase the provision of outdoor air and HEPA filtering to ensure that the risk of COVID-19 is appropriately mitigated. Having automated alerts (in non-HEPA filtered areas) from CO_2 monitors will allow action by workers to avoid exposure and/or improve ventilation or leave the workplace. Refer to OzSAGE advice on Safe Indoor Air (Ventilation) for more information.

Safer Indoor Air for Workplaces

OzSAGE

To be used with masks as part of a complete strategy.

Anywhere people get together!
- Offices
- Restaurants
- Retail

Mechanically OR Naturally Ventilated?

CO2 Monitors

LOW RELATIVE RISK
- Below 800ppm

MODERATE RELATIVE RISK
- 800-1500 ppm
- work to improve indoor air quality to low relative risk range

HIGH RELATIVE RISK
- Above 1500 ppm
- moderate risk reading not improving
- Leave room until air quality improved.
- Increase ventilation bringing outdoor air indoors.
- Use HEPA filters with ventilation to assist if occurs repeatedly^.
- Reduce occupancy or cease activity causing high risk air quality.

Mechanically Ventilated

Call a mechanical engineer to review the HVAC system

Complete the recommended work to increase outdoor air intake

Once the building is in use, monitor the ventilation with CO2 monitors

Use Portable HEPA filters if ventilation is not enough

Naturally Ventilated

Open windows and doors where it is safe to do so

Work to create a cross breeze of fresh air. On still days may use a child safe fan*

While the building is in use monitor the ventilation with CO2 monitors

Use Portable HEPA filters if ventilation is not enough, outdoor air is polluted or bad weather

Portable HEPA filters

- Use filtration to clean the air, do not add anything to the air.
- Use the right size and avoid low flow settings.
- CADR = clean air delivery rate
- Aim for an equivalent of minimum 6 air changes per hour (ACHe)
- ACHe X Room volume = CADR needed
- Use of more filters may allow for less noise.
- ^HEPA filters will not lower the CO2 reading on the monitor.

*Fans must be placed to direct indoor air outside & encourage cross ventilation. Take care not to recirculate, including avoiding the use of split system air-conditioning

For more detailed advice & warnings please see OzSAGE document for Safe Indoor Air

Administrative controls

Testing

Implementing a COVID-19 testing program for employees, clients and visitors, where practical, helps to mitigate the risk of introducing COVID-19 to the workplace.

RT-PCR (reverse transcriptase polymerase chain reaction) of a nasopharyngeal and throat swab is the reference standard test at this time, and is the test used most frequently in Australia to confirm the diagnosis of COVID-19. RT-PCR tests may take several days to return results, however, because of the need to ship samples to centralised laboratories, during which time an infectious individual in the work environment can spread disease. Also, RT-PCR tests usually require the supervision of a healthcare provider to administer, in addition to expensive instrumentation, making them more expensive and logistically challenging to scale across large numbers of facilities. Pooled testing may be used to scale up RT-PCR testing, but this also then requires time to narrow down the positive case if a batch is positive.

To overcome the challenges, rapid antigen testing (RAT) kits were developed and will be available for use by untrained people (including home use) from 1 November 2021 in Australia. RAT is a useful screening tool to help detect COVID-19 in people without any symptoms. RATs are faster than the RT-PCR tests; can give results in as little as 10-15 minutes; and can be done at home (subject to Therapeutic Goods Administration (TGA) approval of kits for home use). These tests perform very well compared to RT-PCR.

RATs have both advantages and disadvantages:

- Frequent rapid testing complements other strategies
- RATs can more readily be used frequently and work best when people are most infectious
- Universal access to low-cost RATs is crucial for promoting equity
- Self-testing is effective when performed properly
- There is some evidence that RATs may reduce transmission

However:

- Logistics could be challenging, given the scale and required frequency including oversight and staffing, registering and labelling, space, chairs and cleaning, personal protective equipment, kit resourcing, biohazard waste disposal
- Completing the tests correctly may not be possible for some workers or visitors to the workplace (e.g. young children)
- The cost may be prohibitive for small and medium businesses
- If tests need to be done at home, compliance may be an issue
- There is still some uncertainty regarding the effectiveness of approaches such as "test to stay".

RATs are screening tests — they are designed for frequent, high-volume use as an additional check. It is important that they are not used as a "good to go" test to rule out infection because of the high risk of false negative rates. If used for testing multiple members of a group on multiple days, the chance of missing an outbreak as a whole becomes low, so may enable early detection of a cluster in a workplace, which can be followed up with RT-PCR testing.

Some examples of industries where RAT testing has been used include mining, construction, abattoirs, health, airlines and schools.

RATs may be useful where:

- The test is performed on consecutive occasions on the same individual/group (e.g. every second day)
- There is a greater risk of contact between individuals
- Workers are in contact with at-risk individuals (e.g. elderly or with chronic diseases)
- Where other control measures may be highly variable or of uncertain effectiveness
- There is substantial community transmission
- Fast reassurance for critical sites or where required for sites at risk. In some locations RT-PCR is prohibitively slow (e.g. remote workplaces).

Screening programs serve as a complement to other control measures, including vaccines, adequate ventilation and air cleaning/exchange, and the use of masks as the primary tools to prevent disease transmission. Outbreaks in worksites are preventable, and in the event of a positive case, any breakdown in controls should be addressed, and workplace safety and health advice should be sought.

Screening testing with RATs during incidences of community transmission or for specific risk settings is recommended. Activating a pre-planned screening program should start when case numbers are low in the community (ideally single digits per million population), but businesses should liaise with public health team and laboratory for advice about the significance of the cases found, as the specific circumstance of the cases may mean less or more risk. When setting up RAT screening:

- Select the rapid test for reliability with the assistance of the laboratory experts and meeting TGA requirements.
- When consulting with the laboratory, make sure that staff/volunteers under clinical guidance can be trained in the test and PPE being used and preferably that the test has a result reader function to minimize the need for staff to personally interpret the test. Some test kits can digitally communicate the result by use of smart phones. Check for state/territory and TGA guidelines and requirements on screening testing, including staffing the screening.
- Ensure that any positive result can be followed up with the laboratory with an urgent/rapid PCR swab, which avoids unnecessary time away from site/work. In settings where urgent PCR confirmation is not available, the frequency of rapid testing needs to be discussed with the local laboratory and will depend on numbers and false positive rate of the test available.
- False positive rates with rapid test kits are approximately 1 in 200 to 400. Therefore, urgent PCR confirmation is necessary so that the individual can be returned to work where required without significant delay. Follow up RT-PCR is likely to confirm (~90%) a reliable RAT result if the person is truly infectious. A confirmed positive result is best managed in conjunction with public health unit or their population guidance and the individual kept away from site until clearance to return.
- The more testing that can be administered, the better. Daily, to alternate day, rapid testing of staff, together with urgent PCR confirmation and weekly PCR swab testing, if this can be resourced and tolerated, will help to significantly decrease outbreaks.
- Processes should be put in place to ensure that employees or visitors do not return to the workplace while unwell, even if a test is negative; further testing may well be appropriate under medical/public health guidance. Some employers are relaxing screening for fully vaccinated staff, but this may not be appropriate for workplaces with staff/clients at high risk because it is still possible for vaccinated individuals to be infected and transmit the virus (although at a significantly lower rate than for unvaccinated individuals).

Contact tracing and isolation

In situations of high community transmission, the capacity of health authorities to perform contact tracing may be exceeded, and there is no guarantee contact tracing will occur in a timely way. This is a key strategy for mitigating transmission in the workplace. Businesses should have their own plans for workplace contact tracing, so that close work contacts can be notified and asked to quarantine. Businesses that use digital employee check-in processes could automate some of this.

Monitoring disease in communities from which employees are drawn

It is important that rates of community transmission are routinely monitored in the areas where the workplace is located, in addition to where employees and visitors reside. Higher local community transmission raises the risk of infection at the workplace. Employers should have documented plans which communicate when they would require employees to work from home, to reduce operational capacity or other measures, in response to increased localised community transmission.

Work location

Working indoors creates a higher risk of COVID-19 transmission than working outdoors. While it is recognised that outdoor tasking is not practicable for all work scenarios, employers should consider moving work activities into outdoor areas where safe and appropriate. Refer to OzSAGE advice on Safe Indoor Air (Ventilation) for recommendations on risk reduction for indoor work.

Physical distancing and occupancy limits

Increasing the physical distance between people in the workplace helps to reduce the risk of COVID-19 infection. Implementing systems to promote physical distancing include delineating seating arrangements, floor marking for queuing, and maximum room capacities, for example.

Employers should recognise however, that the effectiveness of physical distancing indoors is significantly impacted by whether the indoor space is well ventilated. In poorly ventilated spaces, contaminated aerosols can accumulate and be breathed in, thereby rendering physical distancing an ineffective control measure.

It is for this reason the use of carbon dioxide monitoring is a crucial and complementary step in infection risk control in indoor spaces.

Workforce 'bubbles'

Segregating workers into select groups, commonly known as workforce 'bubbles', helps to both minimize the spread of COVID-19 if there is an outbreak or community transmission, in addition to supporting business continuity if an outbreak does occur. Creating workforce 'bubbles' involves keeping groups of employees on the same shift at a single worksite and restricting them from mingling with other work groups.

Careful planning is needed to support workforce 'bubbles' to enable them to have the same level of access to their amenities. To facilitate this, additional break rooms can be created, or where not practicable, break times can be appropriately staggered (e.g. to prevent mingling).

Procedures for use of vehicles

If two or more employees need to travel in a vehicle, then processes should be developed to mitigate the risks associated with shared air in that enclosed space. Measures that will reduce risk include:

- Undertaking less work-related travel
- Reducing the number of employees in each vehicle

- Reducing the number of different employees using each vehicle (i.e. if using workforce 'bubbles' then only employees from the same bubble are in the same vehicle)
- Keeping windows open
- Setting the air conditioning to external air flow (rather than on recirculation)
- Requiring workers to wear masks
- Prohibiting eating/drinking in vehicles
- Using additional vehicles, which therefore requires fewer employees to share vehicles

Flexible working arrangements

For certain types of work (e.g. office-based workers), extending the time of the work day and increasing work-time flexibility can support a reduction in risk. For example, requiring all workers to attend an office between 9am and 5pm can create a bottleneck in workplace access areas (e.g. lifts, stairwells, corridors). Extending office availability from 7am to 6pm, and encouraging employees to work flexibly within that time, may reduce incidence of bottlenecks and therefore the likelihood of close contact occurring and infection.

Special arrangements

It is recognised some workers may be at higher risk with COVID-19 infection than others, such as older people, those with underlying health conditions, and potentially those who are primary carers for such persons. These workers may benefit from review with their treating doctor, or an occupational physician, in regard to vaccination and safer workplace placement.

Employers should try and identify workers who may require special arrangements to discuss how to support their continued contribution to the workplace and any risk mitigation strategies.

Casual workers/Multiple workplaces

Those workers who hold multiple jobs may move between worksites therefore spreading infection (e.g. abattoirs, health and aged care). Being aware of employees' other worksites, and any risks related to the work of others in their household, may prevent and help trace outbreaks. Provision of job security greatly reduces the risk of infectious disease spread. Consider the ability of the business to support permanent work or more part-time hours to decrease the pressure for employees to need other jobs.

Record keeping

Recording information on physical movements in the workplace is important to promptly identify close or casual contacts, if there is a positive COVID-19 case. The use of blue-tooth technology in card-based wearable systems has been adopted in many industries to facilitate prompt contact tracing. These systems enable employers to quickly locate other possible exposed team members based on proximity detection.

Cleaning

Procedures should be developed that outline the necessary cleaning protocols for shared work areas (e.g. lunch rooms, vehicles, and shared equipment). Employees and visitors should have easy access to hand washing facilities or sanitising solutions (where hand washing is not practical).

Health and Wellbeing

Work health and safety duties also cover risks to workers' psychosocial (mental) health. Best practice to prevent harm and to support recovery is through a systematic and comprehensive approach including:

- Identifying and assessing risks (e.g. psychosocial risk assessments)
- Implementing effective control measures that eliminate or mitigate the assessed risks (for example, targeted programs on prevention, early intervention and support for recovery)
- Supporting workers who show signs of work-related stress
- Providing early assistance for those that may have an increased risk of injury
- Supporting recovery by providing early assistance and support to access treatment and rehabilitation services
- Enabling access to employee assistance programs

Training and Awareness

As part of their duty to provide a safe work environment, employers should ensure that they are providing access to the most up-to-date COVID-19 information. This should include access to information from trusted government health sites including and should include the following information:

- the benefits of vaccination and testing
- how COVID-19 is transmitted (including making clear that transmission occurs via aerosols through airborne transmission). This video may be helpful for employees.
- signs and symptoms of COVID-19 (and the potential presence of asymptomatic people in the workplace)
- the impacts of infection on business operations and the requirement for business continuity plans
- the risk of infection during an employee's commute to and from work (e.g., using public transport) and support for risk mitigation measures that include for example staggered start and finish times that allow employees to avoid peak travel times; travelling in workforce 'bubbles' with all car windows down (see above), etc
- the control measures in place in the workplace to mitigate the risk of COVID-19 transmission
- ways to access national, state, local and employer support services
- the importance of the use of masks
- any training required for public-facing roles to manage violent or disruptive behaviours in relation to protocol compliance.

Personal Protective Equipment

Masks

COVID-19 is an airborne disease and the use of masks is integral to reduce transmission and to offer some protection if there is any break down of other controls. Masks are also essential because 30-70% of transmission may be asymptomatic, from infected people who look and feel well and may not be aware they are infected. Masks may be mandated by public health orders.

Basic cloth masks and surgical masks contribute to a reduction in transmission of COVID-19. The effectiveness of mask use is increased when masks fit snugly around the wearer's face. Workers should be trained in how and when to use them, and usage and restocking should be monitored.

At a minimum, where workplaces are located in areas with community transmission of COVID-19, masks should be worn whenever workers are located indoors. Refer to OzSAGE advice on Community mask use for further information.

Respirators

There has been a surge in demand for P2/N95 respiratory protection which has resulted in an increase in non-compliant respirators being sold in Australia. Identifying non-compliant products presents challenges for businesses purchasing respirators for their workers, as the processes and checkpoints that provide compliance can be complex. Information is available for employers to support them when purchasing disposable P2/N95 respirators in Australia for use in the workplace.

Where respiratory protection is required to be used, employers should consider the use of elastomeric (reusable) respirators, alongside other personal protective equipment.

Respirators are a filtering face piece that is designed to form a very close seal around the nose and mouth, protecting the wearer from exposure to aerosols. There are different naming conventions for disposable respirators dependant on the standards to which they are designed and manufactured. Those most familiar to Australian employers are P2 respirators (Australia/New Zealand Standard 1716:2012) and N95 respirators (United States NIOSH 42 CFR Part 84).

Employers should ensure that whenever respiratory protection is used in the workplace that a Respiratory Protection Program, inclusive of training and fit-testing is implemented as per AS/NZS 1715:2009.

Managing positive cases

Even when employers and employees follow the safety precautions outlined in the previous section, a COVID-19 positive case in the workplace may occur. It is important that employers adequately plan and document the actions they will take if a positive case is identified. Clear and consistent messaging is vital; confusion among staff about what to do when there is a positive case could increase the risk of transmission.

It is recommended that employers plan for how they will:

- Identify persons in the workplace who will take the lead to proactively manage positive cases and work alongside a nominated public health contact
- Promptly identify close and/or casual contacts, including the vaccination status of contacts
- Notify identified close and/or casual contacts, and manage their expectations
- Notify other relevant stakeholders (e.g. workplaces who share the same space or common areas)
- Communicate practices to employees and visitors to the workplace
- Brief employees about the case
- Identify professional cleaners who can be called on at short notice to the workplace
- Develop criteria for the resumption of operations. Occupational physicians, occupational hygienists and other experts such as HVAC engineers could be called to assist to review any controls that may have failed and put in place mitigation strategies if required.
- Ensure that business continuity plans cover any outbreak

Workforce consultation

Employers must consult with employees who are (or likely to be) directly affected by health and safety matters. It is recognised that employee input and participation improves decision-making about health and safety matters and assists in reducing occupational injuries and disease. It is important that employers understand and implement their consultation arrangements when considering workplace risk control measures. When employees are governed by a workplace award or enterprise agreement, consultation may be mandatory.

Reviewing the effectiveness of controls – monitoring and inspection

Control measures put in place by employers should be reviewed regularly to make sure they are working as planned and contain the most up-to-date information. This may take the form of regular inspection checklists, scenario planning, audits, reviews, updated business continuity plans and incident investigation where a COVID-19 positive case has been reported in the workplace.

It is recommended that employers develop a monitoring and inspection program that is transparent and inspires confidence that planned control measures are in place and are operating effectively.

Note

This paper is not intended to replace advice or duties imposed by legislation by Commonwealth or State Governments. It is appreciated that the application of each measure needs to be tailored to the context of the specific business.

Health and safety professionals and occupational hygienists can assist businesses to set up these safe systems of work. Occupational physicians form a crucial resource for businesses by helping to review organizational systems, and to mitigate and manage work-related injury and disease. Additional specialists in select areas are also called out in this paper as potential resources to assist employers to create safe workplaces.

Sources of information and employer support

Business Australia: How to Reopen Your Business After COVID-19
https://www.businessaustralia.com/how-we-help/be-a-better-employer/getting-legal-advice/employer-guide-to-coronavirus/how-to-reopen-your-business-after-covid-19

Government of Western Australia Department of Western Australia Department of Mines, Industry Regulation and Safety, COVID-19 (Coronavirus) Industry specific information
https://www.commerce.wa.gov.au/worksafe/covid-19-coronavirus-industry-specific-information

Safe Work Australia, 2020 (Oct), National guide for safe workplaces – COVID-19
https://www.safeworkaustralia.gov.au/sites/default/files/2020-10/National%20guide%20for%20safe%20workplaces%20%E2%80%93%20COVID-19_1.pdf

SafeWork NSW, COVID-19 (Coronavirus) https://www.safework.nsw.gov.au/resource-library/COVID-19-Coronavirus

SafeWork SA, Coronavirus (COVID-19) https://www.safework.sa.gov.au/workers/health-and-wellbeing/infectious-diseases/coronavirus-covid-19

WorkSafe ACT, COVID-19 https://www.worksafe.act.gov.au/health-and-safety-portal/covid-19

WorkSafe Queensland, Coronavirus (COVID-19)
https://www.worksafe.qld.gov.au/resources/campaigns/coronavirus

WorkSafe Northern Territory, Advice on Coronavirus (COVID-19) https://worksafe.nt.gov.au/forms-and-resources/news-and-events/news/2020/advice-on-coronavirus-covid-19

WorkSafe Victoria, Coronavirus (COVID-19) https://www.worksafe.vic.gov.au/coronavirus-covid-19

World Health Organization, 2020, Coronavirus disease (COVID-19): Health and safety in the workplace https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-health-and-safety-in-the-workplace

US-Centers for Disease Control: Guidance for Business & Employers (non-healthcare)
https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

UK Government: Health & Safety Executive: Working Safely During the Coronavirus (COVID-19) Pandemic https://www.hse.gov.uk/coronavirus/working-safely/index.htm

Cochrane Collaboration: How accurate are rapid tests for diagnosing COVID-19? https://www.cochrane.org/CD013705/INFECTN_how-accurate-are-rapid-tests-diagnosing-covid-19