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| **Work Activity Name: Emergency Maintenance within COVID-19 Positive Room (including rooms with a person self-quarantining for a period of time)** | | **SWMS No.:** | | |
| **JCU Representative:** | | **Contact Phone:** | | |
| **NOTE:** Work must be performed in accordance with the SWMS.  This SWMS must be developed in consultation and cooperation with employee / workers and relevant Employer / Persons Conducting Business or Undertaking (PCBU).  This SWMS must be kept and be available for inspection until the work to which this SWMS relates is completed.  If the SWMS is revised, all versions should be kept.  If an incident occurs in relation to the work in this SWMS, the SWMS must be attached to the incident in the JCU Risk Management System. | | | | |
| Who is using the SWMS  Principle Contactor  Contractor  JCU | Name: | | Principal Contractor / Contractor Company Name: | |
| Contact Details: | | ABN (if applicable): | |
| Date SWMS provided to Project Manager / Contractor: | | Project Manager / Contractor Signature: | Date: |
| Person responsible for ensuring compliance with SWMS | Name: | | Signature: | Date: |
| Date SWMS received: | |  |  |

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| **SWMS Review** | | | | | | |
| Person (s) responsible for reviewing SWMS control measure: | | Name: | | | | Date SWS received by reviewer: |
| Name: | | | | Date SWS received by reviewer: |
| Name: | | | | Date SWS received by reviewer: |
| To ensure controls are implemented and monitored effectively:   * Toolbox / pre-start work meetings will be undertaken * Is there a PTW being used in conjunction with SWMS * Relevant persons will be consulted on hazards and contents of SWMS, work plans and other applicable information * Control measures will be monitored throughout works by:   - Spot checks - Consultation - Scheduled audits   * Corrective actions will be recorded and rectified in a timely manner SWMS will be reviewed and updated accordingly (in consultation with relevant persons) | | | | Ensure controls are reviewed if:   * Controls fail to reduce risk adequately * Changes to the workplace or work activity occur that create new / different risks where controls may no longer be effective * New hazards are identified * An incident involving work activities relevant to this SWMS occurs * During consultation with relevant persons they indicate review is needed * A Health and Safety Representative (HSR) requests a review in line with the requirements of the legislation | | |
| List additional methods to implement and monitor controls if required: | | | | List additional methods to review controls if required: | | |
| Reviewer’s signature: | | | | Review date: | | |
| **Details of construction work** | | | | | | |
| **Work location** | Physical location that the works are being performed: | | | | | |
| **Work activity** | Description of work: | | | | | |
| **High risk construction work** | * Risk of a person falling from more than 2 meters * Likely to involve disturbing asbestos * Work in or near a shaft or trench deeper than 1.5m or a tunnel * Work on or near chemical, fuel or refrigerant lines * Tilt-up or precast concrete elements * Work in areas with artificial extremes of temperature | | * Work on a telecommunication tower * Temporary load-bearing support for structural alterations or repairs * Use of explosives * Work on or near energised electrical installations or services * Work on, in or adjacent to a road, railway, shipping lane or other traffic corridor in use by traffic other than pedestrians * Work in or near water or other liquid that involves a risk of drowning | | * Demolition of load-bearing structure * Work in or near a confined space * Work on or near pressurised gas mains or piping * Work in an area that may have a contaminated or flammable atmosphere * Work in an area with movement of powered mobile plant * Diving work | |

| **Tasks**  List the work tasks in a logical order | **Hazards**  What can cause harm? | **Risks**  What can happen? | **Control measures**  Using the Hierarchy of Controls (HoC), nominate what controls are to be put in place to reduce the risk.  Eliminate 1, Substitute 2, Isolate 3, Engineer 4, Admin 5, PPE 5  **(Enter nominated Hierarchy of Control into HoC column)** | **HoC** |
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| Entering the room | COVID-19 | Exposure to COVID-19 | The identified location for putting on PPE is: add location  The identified location for taking off PPE is: add location  Work will only commence on receipt of permission from Estate Directorate (needs to be in writing – email is acceptable)  Worker/s will enter the room and the safety observer will stay in the hallway. The safety observer acts as a spotter, passes tools or equipment into the room and disinfects / bags of items that a leaving the room, as required.  PPE donned prior to entry to the room (follow PPE donning SWP):   * + - Safety glasses     - P2 respirator     - Coveralls     - Disposable gloves     - Hand sanitiser     - Disinfectant (bleach, ethanol, disinfectant) – add the name of the disinfectants being used     - List method of applying disinfectant (such as a bucket or spray bottle)     - Waste bags for contaminated material     - Hazard tape if area is required to be sealed off   Resident to move to (enter location where person will be required to wait while the work is being carried out)  Resident is going to remain in the room (only applicable to non-symptomatic or minimal symptom residents) – add detail including PPE that student will be wearing (i.e. minimum of surgical mask), exact location where the resident will be positioned during the work  IF A RESIDENT IS DISPLAYING SYMPTOMS (E.G. COUGHING UNCONTROLLABLY), WORK MUST NOT BE COMPLETED UNTIL THE RESIDENT HAS BEEN RELOCATED TO ANOTHER SPACE. | 5 |
| Make the room safe. | Services (electrical, water, gas).  Surfaces potentially contaminated with COVID -19.  Potential for droplets in air | Injury resulting from failure to isolate services that are being worked on.  Exposure to COVID-19 contaminated surfaces resulting in infection. | Leave the door open to reduce the number of times the handle is touched.  Ensure that services have been isolated.  Use paper towel (or disposable cloth) liberally soaked with the disinfectant to disinfect all surfaces that will be touched.  Double bag any waste materials such as cloth used for disinfecting and seal when leaving.  **Do not conduct any processes that could generate an aerosol (such as blowing down with compressed air, sweeping, vacuuming with a household vacuum must be a H class HEPA vacuum (look for a sticker on the vacuum that states H class), dry wiping and sanding)** |  |
| Add any additional task, hazards, risks and control measures specific to the work to be undertaken. |  |  | Include verification that repair/maintenance has been successful (i.e. check that item is working before you leave the space to prevent a second entry). |  |
| Decanting from room. | Items contaminated with COVID-19. | Exposure to COVID-19 contaminated surfaces resulting in infection. | The worker within the room is required to pass all items out to the safety observer in the hallway.  Decontaminate surfaces of small hand tools as received and place into a bag for transport.  Remove PPE in the following order (refer to PPE SWP):   * + - Gloves     - Safety glasses     - P2 respirator     - Coveralls     - Sanitise/wash hands immediately   **Place all potentially contaminated disposable material into double bagged rubbish bag and dispose of into general waste stream (eg skip bin) immediately.** |  |

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| **Workers** | | |
| **NOTE:** I have read the above SWMS and I understand its contents. I confirm that I have the skills and training, including relevant certification to conduct the task that I am directed to undertake as described.  **I agree to comply with safety requirements within this SWMS including risk control measures, safe work instructions and Personal Protective Equipment described.** | | |
| Name | Signature | Date SWMS received |
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