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| **(logo)** | **Company** |  | **Location** |  | | |
| **Conducted by** |  | **Position** |  | | |
| **Signature** |  | **Date:** |  | **Time** |  |

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| **TBT No** | CV2 | **TOPIC** | CORONAVIRUS – Fitness to Work | | | | | |
| **SUBJECT TYPE** | | **WHS/Legal duties** | |  | **Education/informative** | **Y** | **Company procedures** |  |
| **TOOLBOX TALK PLAN/TEAM MEETING** | | | | | | | | |
| **Key points to be covered:**  ***Symptoms of Coronavirus***  COVID-19 spreads from person to person in a similar way to the influenza virus:   * from close contact with an infected person * from touching objects or surfaces contaminated by the sneeze or cough of an infected person and then touching their eyes, nose, face or mouth.   COVID-19 can cause symptoms similar to influenza, including fever, cough, sore throat, tiredness, or shortness of breath.  ***What to do if you are unwell***  Workers and employees should not present at work if they are unwell and showing flu-like symptoms, but should seek medical advice from a registered medical practitioner.  ***Employees living with others with an illness***  Employees who have been in close contact with a person who has the virus are considered to be potentially infected and must not attend work during the risk period. Employees should seek medical advice and must obtain a clearance before returning to work.  ***Self-isolation***  Employees who wish to stay at home as a precaution will need to take some form of paid or unpaid leave, or will need to request to work from home for the period of absence from the workplace.  An employee who falls ill during a period of self-isolation will be eligible for paid or unpaid personal/carer’s leave from the onset of the illness.  ***Working from home***  Employees working from home due to either quarantine arrangements, direction by the employer or self-isolation must comply with normal working from home arrangements to the extent possible. | | | | | | | | |

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| **RECORD OF ATTENDANCE** | | | |
| **Name** | **Signature** | **Name** | **Signature** |
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