

[Company Name] - Public Health Policy

Name and Address of Premises:

Date:

Prepared by:

Name of Company Public Health Coordinator:

Statement of Policy

[Company Name] is committed to protecting the health of all our customers and employees. This policy had been prepared by the management of [Company Name] to detail the measures we have implemented to minimize risks to the health of our staff.

Management Commitment

The owners and management of the business will ensure that sufficient funds and resources are provided to enable practical public health controls to be implemented. In addition, the owners and management will monitor compliance with this policy and ensure that any required actions to ensure compliance are carried out as soon as practical.

Monitoring

Internal checks will be carried out to assess compliance with the Policy. In addition, reports of any incidents, complaints or feedback from customers or employees will be reviewed to identify any needs for further measures.

Exclusion of People with Potentially Infectious Diseases

The Company will have measures to exclude from work any employees or visitors who are showing signs of an infectious disease

The Company will exclude from work any employee who report symptoms of an infectious disease

The Company will provide paid sick leave for any staff who need to be excluded from work under this policy [Add details of the company paid sick leave policy]

Training will be provided to all staff to ensure that they are aware of the need to report symptoms of any infectious disease to their managers [Add details of the company training plan]

If a person is sent home from work due to a suspected infectious disease, the parts of the premises where the person was working will be disinfected

Measures to Reduce Risks of Spreading Infectious Diseases

All management and staff working in customer facing roles will wear a mask covering the mouth and nose, unless adequate screens have been provided to reduce risks from the spread of airborne infection

Any cuts or open sores must be covered by a waterproof dressing

All regular touch points in the premises have been identified (attach list) and they will be cleaned and sanitized every 30 minutes using [state method and chemicals]

The maximum safe occupancy of the premises is [Add the specific the number for the site and details for meeting rooms if appropriate]

We will have measures in place to ensure that the safe maximum occupancy level is not exceeded [Add details of the measures]

The designated area for staff to take meal breaks is [State the location] and screens [Plus ventilation, if this is provided] is provided to minimize the risk of spread when staff are taking breaks

Our premises will be covered by a pest control contract that includes regular treatment and monitoring [Add details of the pest control service company]

Our premises will be cleaned regularly in accordance with our written Cleaning Schedule [Attach or refer to the Company Cleaning Schedule or Chart – this may be provided by your cleaning contractor]

Signed by:

[Name and post title of the senior manager or owner of the Company]