Vulnerable Worker Voluntary Return Assessment

This form can be used by managers with employees who are **wanting to return to work** and are identified at higher risk from the effects of the novel coronavirus (COVID-19) due to existing health conditions and/or their personal circumstances.

This assessment is intended to help guide conversations and reach mutually agreed support strategies to mitigate risks and support employees to continue working safely during the COVID-19 pandemic. This form must be completed in consideration of the [Guide to identifying and supporting vulnerable employees (COVID-19)](https://www.forgov.qld.gov.au/guide-identifying-and-supporting-vulnerable-employees-covid-19#qg-primary-content).

When completing this form and conducting a risk assessment for a worker that is a vulnerable person for the risk of exposure to COVID-19 you should consider:

* the characteristics of the worker;
* features of the workplace; and
* the nature of the work.

*The information provided by the employee and treating medical practitioner will be used only for the duration of the response to COVID-19 and only for the management of employee safety and wellbeing in accordance with work health and safety obligations. All information about a worker’s medical conditions is confidential.*

|  |
| --- |
| ***Section 1. Employee information*** *(completed by manager and employee together)*  |
| **Employee name** |  |
| **Position title** |  |
| **Manager name**  |  |
| **Manager position** |  |
| **Medical evidence submitted****(optional)** |  Yes **Date of medical certificate**: / /2020  No |
| ***Section 2. Vulnerable group*** |
| **Vulnerable group:** |

|  |
| --- |
|  |

 |

|  |
| --- |
| ***Section 3. Risk Assessment****The risk assessment is to assist managing and mitigating risks in the work environment.* |
| **What are the key areas of risk in the work environment most relevant to the employee?** | [ ]  Face to face contact with parents[ ]  Face to face contact with students[ ]  Contact with other staff in shared spaces such as staff room, school office[ ]  Travel to and from the workplace[ ]  Lack of understanding of the situation from other staff[ ]  Lack of cleaning or hygiene practices within the workplace[ ]  Possible isolation or working alone [ ]  Anxiety from being classified as a vulnerable worker[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Section 4. Controls & Strategies*** *Consider appropriate controls and strategies.* |
| **What controls & strategies are in place to minimise risk to the vulnerable worker?** | Examples:[ ]  Applicable state and federal authority guidance has been implemented.[ ]  Staff have been briefed on symptoms of COVID-19 and have been told to stay home if they aren’t feeling well.[ ]  If a staff member becomes unwell at work, a process is in place to isolate them and arrange for them to be sent home to receive medical attention.[ ]  Cleaning and disinfecting in accordance with guidance from Queensland Health and Safe Work Australia, where relevant. [ ]  Frequently touched surfaces including counters, handrails and doors are regularly cleaned. [ ]  Tools and equipment (and other resources as required) are wiped clean with surface wipes after each use.[ ]  Touching/contacting tools, equipment and other touchpoints are limited.[ ]  Required physical distancing protocols are communicated and maintained.[ ]  Minimise contacts with visitors or contractors.[ ]  Hand washing/sanitiser materials are available with protocols promoted and reinforced.[ ]  Other (please list): |
| **Potential further control strategies to minimise risk.** | Examples:[ ]  Where staff meetings are required, they are held over the phone/internet.[ ]  Vulnerable workers not required to physically attend meetings. [ ]  Break times are staggered to minimise the number of staff using staff rooms. [ ]  Vulnerable workers undertake working from home arrangements. [ ]  Work rostering and/work hours are adjusted to minimise or eliminate interaction with other adults.[ ]  Work locations are adjusted to minimise or eliminate interaction with other adults.[ ]  In class support is able to be provided to minimise or eliminate the vulnerable worker’s interaction with other adults.[ ]  Personal protective equipment in accordance with state and federal health guidelines.[ ]  Mitigation strategies recommended by a medical practitioner.[ ]  Other (please list or attach): |

|  |
| --- |
| ***Section 5. Vulnerable Worker Understanding*** |
| Question / Requirement | Y | N | Action Required |
| Employee has been provided the opportunity to provide medical certification (optional)? |  |  |  |
| Employee is aware of state and federal guidance to minimise the risk of contracting COVID-19? |  |  |  |
| Employee is seeking to return to work acknowledging current COVID-19 advisory information and have sought personal medical or other advice as required to satisfy themselves of their situation? |  |  |  |
| Employee is aware of safe hygiene practices and how to access facilities within their workplace? |  |  |  |
| Employee is aware of physical distancing requirements? |  |  |  |
| Employee is aware of PPE required for their workplace and relevant to their duties (where required)? |  |  |  |
| Employee is aware of cleaning requirements for their workplace and relevant to their duties (and how to access cleaning supplies if relevant)? |  |  |  |
| Employee agrees that their duties and associated arrangements have been adequately adjusted to reduce the risk of infection with COVID-19? |  |  |  |
| Employee satisfied that the identified control strategies are appropriate? |  |  |  |
| Employee understands the process to report to their principal or manager if any incident arises or anything occurs that may change their answer on this assessment? |  |  |  |
| Employee is aware of the department’s employee assistance program and wellbeing initiatives? |  |  |  |
| ***Section 6. Agreement*** |
| **Next review date** |  / /2020  |
| **Signatures** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Date: / /2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Manager Date: / /2020 |