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.*

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| ***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:** | |  | | --- | |  | |

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| --- | --- |
| ***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): |

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| ***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 | | | |