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| Coronavirus (COVID-19) is a new virus. Achieve Australia is following WHS and NSW Health advice and monitoring the situation closely.  Currently some employees are considered “at risk” and they are required to complete the attached. Refer to the Information Sheet on Vulnerable and At Risk Workers.  Employees should contact their team leader / manager and complete this Covid-19 Employee Risk Assessment Form.  Please confirm by ticking the box below indicating that you are at one of the at-risk groups.  **Your Information – Please Complete Below**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] I am disclosing that I am in at-risk group as per the information sheet of Vulnerable and At Risk Workers.**  This information will only be shared with your manager and Human Resources.  The line manager may need to advise your colleagues of the following: “Due to the evolving nature of Covid-19, at-risk groups may require reasonable accommodations including working from home.” Team Leaders / Managers will not disclose the specific nature of any employee being part of an at-risk group.  **Confirmation of Disclosure**  I understand that all information obtained during the process of my Disclosure will be maintained and used in accordance with Data Protection Legislation and Achieve Australia policy.  **Name of Employee Full name: (Block Capitals):**  **Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Team Leader / Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Team Leader / Managers must send this form to** [**HR@achieveaustralia.org.au**](mailto:HR@achieveaustralia.org.au) | | |
| Site Information | | |
| Does the site have any confirmed cases of COVID 19? | Yes  No | If yes: |
| Does the site currently support any clients with symptoms of COVID 19? | Yes  No |  |
| Does the site currently support any clients with symptoms of influenza? | Yes  No |  |
| Is the site aware of any staff unable to attend work in the last 14 days due to exposure of COVID 19? | Yes  No |  |
| Is the site aware of any staff unable to attend work in the last 14 days due to influenza symptoms or respiratory conditions? | Yes  No |  |
| Employee Information | | |
| Last Name: | First Name: |  |
| Age: | Male  Female  Prefer not to say | Does the employee identify as Torres Strait Islander or Aboriginal?  Yes No |
| Contact Details | Mobile:  Email: | |
| Is this the normal place of employment | Yes  No | |
| Position: | Support Worker  RN  AIN  Other | |
| Does the employee have or had any of these medical conditions?  Please tick current conditions (you may have more than one ticked) | Chronic renal failure  Coronary heart disease  Congestive cardiac failure  Chronic lung disease  Severe asthma (for which frequent medical consultations or the use of multiple medications is required)  Cystic fibrosis  Bronchiectasis,  Suppurative lung disease  Chronic obstructive pulmonary disease  Chronic emphysema  Poorly controlled diabetes  Poorly controlled hypertension | |
| If yes is answered to any of the groups listed, the worker will be required to provide a medical clearance to work | | |
| Is the employee considered a “vulnerable” employee | Yes No | |
| If yes is answered to the above, the worker will be required to provide a medical clearance to work or sign the medical declaration | | |
| Activities Performed | | |
| Is the worker required to provide direct care to a confirmed COVID 19 client? | Yes  No  Unknown | If yes, the employee should not provide support care.  Sites should look to relocate worker to another site. |
| Does the worker have face to face contact (within 1 Metre) of a client with influenza symptoms? | Yes  No  Unknown | If yes, employees are to provide evidence of current flu vaccination and adhere to Infection Control Guidelines and PPE |
| Does the worker have face to face contact (within 1 metre) of a staff member with influenza symptoms | Yes  No  Unknown | If yes, employees are to provide evidence of current flu vaccination and adhere to Infection Control Guidelines and PPE |
| Risk Minimisation Controls | | |
| **Infection Control** | | |
| Are all staff familiar with the current infection control guideline | Yes No | If No, provide a copy of the infection control guidelines |
| **Handwashing** | | |
| Are all staff adhering to appropriate hand washing techniques | Yes No | If No, provide a copy of the handwashing practices |
| **Social Distancing** | | |
| Are staff adhering to social distancing so far as reasonably practicable.  At least 1.5m distance which include interactions with clients, families, staff, | Yes No | If No, ensure that all staff adhere to social distancing:   * With staff to staff interactions * With staff and client interactions |
| **Good Hygiene** | | |
| Are all staff practicing good hygiene | When you practise good hygiene you:   * cover your coughs and sneezes with your elbow or a tissue * put used tissues straight into the bin * wash your hands often with soap and water, including before and after eating and after going to the toilet * use alcohol-based hand sanitisers * avoid touching your eyes, nose and mouth * clean and disinfect frequently used surfaces such as benchtops, desks and doorknobs * clean and disinfect frequently used objects such as mobile phones, keys, wallets and work passes * increase the amount of fresh air available by opening windows or adjusting air conditioning | |

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|  | **Control Type**  Eliminate | **Example**  Removing the hazard, eg taking a hazardous piece of equipment out of service. |
| Substitute | Replacing a hazardous substance or process with a less hazardous one, eg substituting a hazardous substance with a non-hazardous substance. |
| Engineering | Redesign a process or piece of equipment to make it less hazardous, Isolating the hazard from the person at risk, eg using a guard or barrier, or containing the hazard in an enclosure. |
| Administrative | Adopting safe work practices or providing appropriate training, instruction or information. |
| Personal Protective Equipment (PPE) | The use of personal protective equipment could include using gloves, glasses, aprons, safety footwear, dust masks. **NOTE: This is a last resort control and should be used in conjunction with higher level controls.** |

**Controlling the Risk:** Risk control is a method of managing the risk with the primary emphasis on controlling the hazards at source. For a risk that is assessed as “extreme” or “high”, steps should be taken immediately to minimize risk of injury. The method of ensuring that risks are controlled effectively is by using the “hierarchy of controls