The COVID-19 Vulnerable Staff Member Risk Assessment Template is used to support a vulnerable staff member at JCU during the COVID-19 pandemic. This document seeks to explore risks and identify controls to facilitate a safe continuation of work on campus.

Step 1: Staff Member and their Line Manager complete this form together, with the assistance of WHS.

Step 2: Staff Member is to obtain treating medical practitioner approval

Step 3: If approved, implement plan

Step 4: If not approved, seek assistance from Human Resources

|  |  |
| --- | --- |
| Employee name |  |
| Position title |  |
| Manager name |  |
| The employee: | is a vulnerable person  lives with or provides care for a vulnerable person |
| Medical evidence regarding the employees vulnerability has been submitted or is known | yes, date provided:  no |
| Vaccination status | fully vaccinated  partially vaccinated  not vaccinated  prefer not to say |
| Comments regarding community transmission risks |  |

|  |  |  |
| --- | --- | --- |
| The employee’s role entails (check all that apply): | student/staff/client facing  computer based  travel locally (within metropolitan area) | travel intrastate (within QLD)  travel interstate (within Australia)  travel overseas |

|  |  |
| --- | --- |
| Summary of employee’s role |  |

|  |  |  |
| --- | --- | --- |
| The following COVID safe risk mitigation measures are already in place (check all that apply): | Ability to maintain 1.5m distance from others  Video conference available to minimise face to face meetings  A consistent workstation (no hot-desking) | PPE available (including masks, hand sanitizer etc)  Additional cleaning of the workplace |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Work Task** | **Additional Controls** | **Person Responsible** | **Implementation required by** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Following implementation of the above control measures. The overall risk to the employee’s health when attending campus is (select one): | low (risks can be mitigated to the extent that we can reasonably expect the employee to be safe)  medium (mitigation measures eliminate most of the risks to the employee, however there is a level of residual risk)  high (mitigation measures do not adequately eliminate risk to the employee’s health) |

*If the overall risk is high it is recommended that the staff member be supported to work remotely where possible. If remote work is not an option for the employee’s role, the employee and manager are to contact Human Resources for further discussion regarding working arrangements.*

|  |  |
| --- | --- |
| Medical Confirmation | Based on the information outlined in this risk assessment, I (treating practitioner)  support  do not support  The University’s recommendations to support the employee to attend the physical workplace. |
| If not supported:   1. Please provide reasons: 2. Outline what additional reasonable adjustments are required to enable the employee to attend the physical workplace: |
| Treating medical practitioner signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Treating medical practitioner name Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Treating medical practitioner signature Date |
| Date to be reviewed:  (suggested 3 months) |  |