COVID-19: Staff Return to Work Risk Assessment and Declaration

This Application is *only* for MNC Health workers who have been have been exposed to COVID-19 in the community or while in the workplace, if the service is at risk of collapse due to the isolation of staff. MNCLHD workers who have been identified as COVID positive are *not eligible* to return to work before they receive documentation of official clearance from Public health, GP or COVID care in the Community (CICC) Current NSW Health recommendations can be found [here.](https://www.health.nsw.gov.au/Infectious/factsheets/Pages/recovery.aspx)

This procedure is only relevant to clinical staff where the manager has indicated that it is essential that they return to work as soon as possible. If the Manager can provide the worker with the ability to work from home or complete other duties within their scope of practice as needed by the health service; these options should be considered for the identified isolation period.

Staff MUST agree to undertake daily Rapid Antigen Testing (RAT) prior to commencement of their shift as required by their COVID safe return to work plan. If they do not agree then they will be ineligible to return until the isolation period has lapsed.

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Staff link ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Mob Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date last worked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **What is your current work location?**   Bellingen Hospital  Bowraville Health One  Camden Haven Community Health Centre  Coffs Harbour Base Hospital  Coffs Harbour Child Youth & Family Wellbeing – Albany Street  Coffs Harbour Child Youth & Family Wellbeing – Park Avenue  Coffs Harbour Community Health Centre  Coffs Harbour Gordon Street  Coffs Harbour Headspace  Coffs Harbour Health Promotion -- Victoria Street  Coffs Harbour Specialist Medical Centre  Dorrigo MPS  Ellimatta House  Kempsey Community Health Centre  Kempsey District Hospital  Kempsey – Wide St. Community Service  Macksville District Hospital  MNCCI Coffs Harbour  MNCCI Port Macquarie  Mobile Vans (Dental, Tresillian and COVID-19)  Nambucca Health One  Nambucca Valley Dialysis Unit Port Macquarie Base Hospital  Port Macquarie Community Health Centre  South West Rocks Community Health Centre  Wauchope Hospital and Community Health  other (please state) | | |
| **2. What is the ward / department / unit / service you work in? (select all that are relevant)**  Aged Care  Birthing Unit  Coronary Care  Day Surgery  Emergency Department  Inpatient Unit (IPU)  Intensive Care Unit  Maternity  Medical  Mental Health Acute  Mental Health Rehabilitation  Non-COVID General Ward  Paediatrics  Palliative Care  Rehabilitation  Renal  Special Care Nursery  Surgical Ward  perioperative  Support Services  Allied health  Alcohol and other Drugs  Oral health  physical resources  pharmacy  MID  Interventional suite / cardiology  Paediatrics.  Other location (Please Specify) | | |
| **3. Your senior Manager details (Mandatory To complete to be able to progress this process)**  Contact name of your Senior Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **4. Can you work from home\*** Yes  No  **If YES you do not need to complete the rest of the form.** You are required to not return to work until the household contact has completed their 14- day isolation period as advised by Public Health.  \*If uncertain, please seek advice from your manager or Public health before returning. | | |
| **5. Have you received two (2) doses of an approved COVID-19 Vaccine? (AstraZeneca, Pfizer, Moderna) and it is greater than 14 days since second dose?**  No  Yes  **Date of second vaccination: \_\_\_\_\_\_\_\_\_\_** | | |
| **6. Have you received a booster dose?**  No  Yes  **Date of booster dose: \_\_\_\_\_\_\_\_\_\_** | | |
| **7. Date of contact and time spent with COVID positive case\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please give additional details here:** | | |
| **7. Please select which category you as the HW fall into:**  Detailed information [here](https://int.mnclhd.health.nsw.gov.au/wp-content/uploads/Staff-risk-assessment-Jan-17.docx) | | |
| HCW is identified as a close contact of COVID-19 in the community*only if a household or household-like contact#*  # Household-like is someone who has spent 4 or more hours in the same residence/care facility with an infectious case | | No  Yes |
| HCW is informed that they may have been exposed to COVID-19 in the community such as from a friend or family member at a social event | | No  Yes |
| HCW is exposed in an NSW health care facility | | No  Yes |
| All other COVID-19 exposures | | No  Yes |
| Return to work after confirmed COVID-19 by PCR/RAT | | No  Yes |
| **8. Dates of most recent worker COVID -19 tests, type (PCR or RAT) and results.**  If a household close contact becomes a confirmed COVID-19 case, the worker will now be considered to be a close contact and cannot return to work until IPaC has been contacted and risk assessment revised, and advice provided.  **Date/s**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Type of test:** PCR (via clinic or ED) / RAT (at home) (circle)  **Location where PCR test done if applicable** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **9. Details of close contact;**  Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COVID-19 symptoms yes no  Date notified and by whom? ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of last contact with CoVID-19 confirmed case? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advice given by Public Health/ person notifying you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vaccinated status:  Not vaccinated  1st dose  2nd dose. Date: \_\_\_\_\_\_\_\_\_\_\_  Booster dose. Date: \_\_\_\_\_\_\_\_ | |
| **10.1 Details of other household members:**  Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COVID-19 symptoms yes no  Vaccinated status:  Not vaccinated  1st dose  2nd dose. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Booster dose. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Test dates and results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advice given by Public Health\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **10.2 Details of other household members:**  Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COVID-19 symptoms yes no  Vaccinated status:  Not vaccinated  1st dose  2nd dose. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Booster dose. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Test dates and results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advice given by Public Health\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10.3 Details of other household members:**  Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COVID-19 symptoms yes no  Vaccinated status:  Not vaccinated  1st dose  2nd dose. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Booster dose. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Test dates and results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advice given by Public Health\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **10.4 Details of other household members:**  Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COVID-19 symptoms yes no  Vaccinated status:  Not vaccinated  1st dose  2nd dose. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Booster dose. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Test dates and results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advice given by Public Health\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Any other information you think is relevant:

## Information for you:

If the close contact becomes a confirmed COVID-19, you will then become a Close Contact and must follow Public Health advise. This form needs to be sent to the [MNCLHD-Infectioncontrol@health.nsw.gov.au](mailto:MNCLHD-Infectioncontrol@health.nsw.gov.au) generic email inbox AND your Manager. Infection Control staff may contact you to discuss this form.

Approval to return to work must be given by your Manager before you can return to work. You must agree and comply with this plan at all times and undertake daily Rapid Antigen Testing (RAT) if requested by your manager. If found not to be complying return to work privileges may be rescinded.

As advice is ever changing, Public Health and Infection Prevention and Control may need to review this process and may need to rescind the approval to return to work at short notice. You may need to continue to isolate at home and not come to work.

If you have been assessed and approved to return to work:

You must be asymptomatic and have approval prior to coming back to work

* If approved, contact the nominated supervisor (above) and notify them of your arrival for work.
* You may be asked to undergo daily RAT tests (only if well) or PCR tests prior to commencing your shift and provide result to your direct manager via a photograph daily or via StaffTrakr before you can attend the site for the documented time period outlined in the Return to Work safe COVID plan.
* If you are showing signs of COVID-19, you must not undertake a RAT test. You must immediately self-isolate and have a PCR taken.
* Should your RAT test return a positive result you must NOT attend work. Contact your manager / IPaC immediately to advise them as you will need to undergo further testing via the COVID-19 testing Clinic for PCR test.
* You must perform hand hygiene, wear a mask and QR check-in on entrance to the hospital.
* PPE cannot be removed at any time unless eating and drinking and **NEVER in patient care areas**.
* You are to restrict your movements throughout the facility to only work/ provide patient care provision and must not visit other areas of the facility, such as the cafeteria, social visitations, attend meetings or education sessions during this time. Your movement at work during this time must be limited.
* Meal and beverage breaks must be taken separate from other staff (e.g. outdoors) during times when masks are removed.
* Utilise technologies such as Skype / Teams / mobile phones wherever possible to reduce interactions with other health workers / patients/ consumers

Additional strategies as recommended by the Manager, Infection Control and General Manager/Delegate:

* I agree to follow the recommendations of this document, the appointed facility clinician, MNCLHD Infection Control or Public Health Unit with regards all MNCLHD s facilities and services.
* I understand that it is my responsibility to notify my point of contact person immediately, and, if I have had, or believe I may have had, direct contact with a confirmed case of COVID-19 or I become symptomatic.

To the best of my knowledge, the information I have provided is true and correct

Signature

Print Name Date:

## This section to be completed by the Manager

The decision to allow this staff member to return to duty

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| **Date HW permitted to return to duty** | Location where staff has been approved to work and **must only be located** | Concierge notified date and time (if appropriate) | Nominated Supervisor (e.g. NUM A/H Nurse Manager) | Contact number of supervisors |
|  |  |  |  |  |
| Ward/Unit: | | | Approval | |
| Manager Name:  Signature:  (Can be email/verbally approved) | | | Yes / No  Date: | |
| General Manager / Delegate name notification if applicable: | | | Yes / No /NA  Date: | |
| Infection Prevention & Control name:  Additional Risk Assessment and recommendation as required: | | | Yes / No /NA  Date: | |
| Further actions required by Manager:  Confirm PCR COVID test undertaken  Manager has organised provision of RAT kit for their HW.  *(ref to Procedure re location for each site)*  Daily RAT starting\_\_\_\_\_\_\_\_\_\_\_\_\_ ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (please state) | | | Decision by reviewing manager:  Cleared for entry  Escalated for IPaC review  Is not to enter the facility | |
| Manager record of PCR and RATs   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date |  |  |  |  |  |  |  |  |  | | Type |  |  |  |  |  |  |  |  |  | | Result |  |  |  |  |  |  |  |  |  | | Manager initials |  |  |  |  |  |  |  |  |  |   Or Stafftrackr  Manager signature confirming viewing of test result\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

This completed form should then be saved centrally by the manager into the [HMCN COVID RA file](https://teams.microsoft.com/_#/files/HMCN%20COVID-19?groupId=1108527c-644a-4b9f-9b0e-06f46ae40b9e&threadId=19%3A24ce51021bb743f09c276aff2f9a0549%40thread.tacv2&ctx=channel&context=HMCN%2520COVID-19&rootfolder=%252Fsites%252FCOVID-19-MNCLHD%252FShared%2520Documents%252FHMCN%2520COVID-1) or [CCN COVID RA file](https://teams.microsoft.com/_#/files/CCN%20COVID-19?groupId=1108527c-644a-4b9f-9b0e-06f46ae40b9e&threadId=19%3A701b66c5dd7c4b71957547c463579137%40thread.tacv2&ctx=channel&context=CCN%2520COVID-19&rootfolder=%252Fsites%252FCOVID-19-MNCLHD%252FShared%2520Documents%252FCCN%2520COVID-19)  within the COVID-19 Pandemic Teams portal.