

# Supporting employees in vulnerable groups



## Interactive form

Supporting vulnerable employees during the COVID-19 response





# Supporting employees in vulnerable groups

**Agency name:**

This document can support agencies in assessing risks in the management and prevention of injuries within the workplace, as they relate to COVID-19. The agency is committed to the health and wellbeing of its staff and given the current COVID-19 health emergency, seeks input from the employee’s treating medical practitioner to ensure risk mitigation strategies remain appropriate. Potential impacts on the employee’s human rights will be considered when deciding the arrangements to be made to support the employee.

The agency requires the following information from employees who identify as belonging to a vulnerable group. This information will be used only during the response to COVID-19 to allow the agency to manage work health and safety obligations. The agency may act to ensure the safety and wellbeing of employees which could include but is not limited to moving an employee from a high risk work area, allocating the employee work to undertake at home or in another location, deploying the employee to undertake alternative duties or requiring the employee to stay away from the workplace.



## 1 Employee information

Employee name	
Position title	
Manager name	
Manager position	
The employee	<p>is a vulnerable person</p> <p>lives with or provides care for a vulnerable person</p>
Medical evidence regarding employee’s vulnerability has been submitted or is known.	<p>Yes      No</p> <p>Date of medical certificate:    /    /</p>



## 2 The employee's role

<p>This section outlines the specific nature of the employee's role with agency.</p>	<p><b>The employee's position:</b> (please specify where appropriate)</p> <p>customer/client/consumer/patient facing/frontline</p> <p>desk based</p> <p>requires travel across a range of work locations:</p> <p>locally      intrastate      interstate</p> <p>requires attendance across a range of work locations</p> <p>requires attendance at meetings with stakeholders/other groups:</p> <p>rarely      sometimes      frequently</p> <hr/> <p><b>Summary of employee's role:</b></p>
<p>This section outlines the environmental and organisational factors applicable to the employee's role and attendance at the workplace. These measures help to mitigate risks to the employee.</p>	<p><b>The following COVID safe risk mitigation measures are in place:</b></p> <p>four square meters of space available at workstation</p> <p>consistent workstation (no hot desking)</p> <p>COVID-safe workplace policy enacted</p> <p>PPE available (including masks, hand sanitizer etc)</p> <p>customer screens in place</p> <p>additional cleaning of the workplace</p> <p>other (include summary below)</p>



## 2 The employee's role (cont.)

This section outlines the environmental and organisational factors applicable to the employee's role and attendance at the workplace. These measures help to mitigate risks to the employee (cont.).

**The employee's role allows for the following mitigation measures:**

- flexible or staggered start and finish times to allow for density shifting
- work attendance to be via a scheduled roster
- remote work capability
- rostered days off
- compressed hours
- other flexible work initiatives (include summary below):

**The employer's COVID safe plan allows for managing the density of employee attendance by requiring employees be present in the workplace for:**

- 50% of rostered work time
- other (provide description below):



### 3 Transport to workplace

This section outlines considerations in how the employee travels to the workplace.

**The employee's role allows for the following mitigation measures:**

private transport (including car, ride-share arrangements or taxi)

active transport (including walking or cycling)

public transport (including bus, train or ferry)

**The length of time the employee spends on public transport is:**

### 4 Environmental factors

This section outlines the current environmental factors external to the workplace that may impact on the employee's ability to attend the workplace.

**Currently, as advised by Queensland Health community transmission of COVID19 in Queensland is:**

zero

low

medium

high

Assessment of the risk to the employee attending the workplace (considering all factors relating to the employee's role, work environment, personal circumstances and environmental factors) and recommendations.

**In consideration of the above factors, the manager's assessment of the risk to the employee's health through attending the physical workplace is:**

low (risks can be mitigated to the extent that we can reasonably expect the employee will be safe)

medium (mitigation measures ameliorate most of the risk to the employee, however there is a level of residual risk)

high (mitigation measures do not adequately ameliorate risk to the employee's health)

**Risk factors considered:**



#### 4 Environmental factors (cont.)

Assessment of the risk to the employee attending the workplace (considering all factors relating to the employee's role, work environment, personal circumstances and environmental factors) and recommendations (cont.).	Based on the above risk assessment, the recommendation for the employee undertaking work in the physical workplace is:
Review date of mitigating strategies.	/ /

#### 5 Human Rights

Human rights consideration.	The employee's role allows for the following mitigation measures:
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#### 6 Record of discussions

Signatures	_____ Employee	_____ Date / /
	_____ Manager	_____ Date / /



## 7 Medical information

Treating medical practitioner review of risk, mitigating strategies and manager's recommendations.

Based on the information outlined within this form, I:

support

do not support

the manager's recommendations to support the employee attending work in the physical workplace.

### Complete the following if not supported:

The following additional reasonable adjustments should be implemented to allow the employee to attend the physical workplace:

### Treating medical practitioner signature:

\_\_\_\_\_

Treating medical practitioner name

\_\_\_\_\_

Date

\_\_\_\_\_

Treating medical practitioner signature

\_\_\_\_\_

Date

### Practice details: