**VULNERABLE PERSONS RISK ASSESSMENT**

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| This form is to be used by managers with workers who have identified as a vulnerable person or believes they are at higher risk from the effects of novel coronavirus (COVID – 19) due to existing health conditions and / or their personal circumstances.This risk assessment (to be read and used in conjunction with the Vulnerable Persons Risk Assessment Guidelines (010G)) will help guide conversations and reach mutually agreed support strategies to mitigate risks and ensure all workers / volunteers / clients (referred to as workers collectively throughout the document) are supported to continue working safely during a pandemic.Any information provided by a worker and the treating medical practitioner will only be used for the management of workers safety and wellbeing in accordance with work health and safety and privacy obligations. |
| **SECTION 1: - Worker information (completed by manager and worker together)** |
| **Worker Name & Position:** |       |
| **Managers Name & Position:** |       |
| **Medical Evidence Submitted:** | [ ]  Yes | [ ]  No | **Date of Medical Certificate:** |       |
| **SECTION 2 : Vulnerable Groups** |
| **Information for consideration by manager and worker:** | **Vulnerable Group (please specify where appropriate)** See the [Department of Health](https://www.health.gov.au/sites/default/files/documents/2020/04/coronavirus-covid-19-information-for-employers_2.pdf) website for further information. |
| [ ]  | Age 70 or older |
| [ ]  | Age 65 or older with a chronic condition (please also complete the chronic condition section below) |
| [ ]  | Aboriginal Torres Strait Islander person 50 years and older with one or more chronic medical conditions (please also complete the chronic condition section below) |
| [ ]  | Significantly immunocompromised or taking immunosuppression therapy |
| [ ]  | Pregnant (SA Health have advised that currently there is insufficient evidence to guide definitive workplace practice) |
| [ ]  | Has a medical condition and the doctor has advised in writing that they are at increased risk and require work adjustment (a medical certificate or letter from your usual treating medical practitioner is sufficient) |
| **Chronic Conditions (please specify where appropriate)** |
| [ ]  | Chronic kidney disease |
| [ ]  | Cardiovascular disease |
| [ ]  | Chronic respiratory conditions |
| [ ]  | Diabetes |
| [ ]  | Hypertension |
| [ ]  | Other (please state)      |
| [ ]  | Does not wish to disclose details |
| **Record of worker and manager discussions** | What has been identified as the risk(s) in the workplace?      |
| Can the identified risk(s) be mitigated and if so how?      |
| What’s been the agreed temporary outcome and how and when will this take place?      |
| Actions to be taken by parties (e.g. manager to purchase laptop, worker to complete workstation assessment):      |
| Other comments:      |
| **Agreed mitigating strategies:** | [ ]  | Working from home | [ ]  | Telecommuting |
| [ ]  | Reduction hours | [ ]  | LWOP |
| [ ]  | Change in location | [ ]  | Annual / long service leave |
| [ ]  | Change in duties | [ ]  | Other (state)      |
| **Date agreed mitigating strategies are to be reviewed:** |       |
| **Worker signature:** |       | Date: |       |
| **Managers signature** |       | Date: |       |

**Please place in workers personnel files and send a copy to payroll if the agreement has impacted payroll (e.g. reduction in hours, LWOP etc.)**