

Service Location Details	Response	
Household Address/OOHC Property Name		
Frontline Leader (SC, SL)		
State-wide Manager or DSM		
Summary: core service delivery activity		
	Name	Legal Orders/Guardianship
1. Participant/Client		
2. Participant/Client		
3. Participant/Client		
4. Participant/Client		
5. Participant/Client		
6. Participant/Client		
Are all participants/clients vaccinated	Y/N	
Are there any significant health vulnerabilities and/or are they considered in a vulnerable group for COVID purposes (over 70, Aboriginal and Torres Strait Islander over 50, person with a disability, vulnerable health condition)	Y/N	Details:
Impacted Staff Member Details	Multiple Location/Roles (Y/N)	Comment
Name:		
Name:		
Name:		
Name:		
Name:		

COVID Outbreak Workforce Management Risk Assessment



Name:		
Name:		
Name:		
Name:		
Name:		
Position Risk Details	Response	Comment
Are the staff members working directly with Client		
Do the staff members provide personal care for Participant/Client		
Are the staff working with Participant/Clients with health vulnerabilities		
Can social distancing be maintained at all times at work e.g. work, Participant/Clients home, cars		
Can the position holder wear PPE in the workplace		
Is there a separate break area where PPE not required		
Is a RAT test prior to each shift possible (<i>in extenuating circumstances only</i>)		
Any PPE exemption e.g. health concern		
Directions and Assessments		
Is role/s subject to mandatory government direction?		
Workforce Considerations		
Can another position step in / replace easily		
Impact of absence e.g. on clients, team, business outputs, revenue		
Can the Independent Flexible Agreement (OOHC) or an alternative rostering pattern be implemented?		

Employee Risk Details		
Does employee have any other known medical conditions that impact ability to work? If so detail.		
Any additional Manager comments:		
Public Health Unit Assessment (PHU)	Contact Details:	
Have the PHU provide advice in relation to isolation/quarantine requirements?		
CSO/Guardian/Family	Contact Details:	
Have the CSO/Guardian/Decision Maker been contacted?	Y/N – if No provide details?	
Has the CSO/Guardian/Decision Maker for the Participant/Client provided advice regarding isolation/quarantine requirements around staff and/or clients/participants?		
Manager Assessment and Recommendations		
Action Plan Proposed	Action	Person Responsible by When
Plan Approved (Y/N)	General Manager Name	Signature and Date