

Stay at Home Restrictions applied when increasing numbers of COVID-19 cases and the heightened risk of community transmission.

Staff, VMOs, contractors, volunteers and students who have travelled (or plan to travel) to, through or from restricted areas are asked to complete this risk assessment.

Note: Please complete a new form for each time you undertake new travel. Forms should be completed prior to travel or where that is not possible, forms should be completed immediately on return to the Benalla Health.

Name		Job Role	
Address			
Email		Best Contact Number	

Travelling	Yes	No	If yes,
Have you travelled to a restricted area in the past 14 days?			<i>please indicate dates, name of suburb/s and general reason</i>
If you have travelled to a restricted area when did you return to the BH workplace?			N/A Date:
Are you planning to travel to or from a restricted area?			<i>please indicate dates, name of suburb/s and general reason</i>
Do you regularly go to a currently restricted area for an essential purpose?			For what reason?:
Will you be conducting clinical work while in a restricted area?			

Potential Exposure	Yes	No
Have you been in close contact with a confirmed case of COVID-19?		
Have you been working in another health service in a fever clinic?		
Have you been working in another health service in a ward or department where patients are awaiting results of COVID-19 testing?		
Have you recently visited Metropolitan Melbourne? If so please provide a list of locations visited and dates on the back of this form?		
Have you experienced flu like symptoms in the past 14 days?		
Please acknowledge you are aware of the obligations/expectations/guidelines related to: <ul style="list-style-type: none"> when self-isolation is to be initiated contacting HR to clarify what, if any leave entitlements, you are eligible for should you need to self-isolate 		
Have you worked in or volunteered at a hotel quarantine site and/or other port of entry including airports in the last 14 days?		
Have you been released from hotel quarantine in the last 14 days?		
Have you attended any DHHS exposure site at the specified times?		

Workplace Considerations	Yes	No
Can you complete your role or duties offsite? If yes - Some / All ? Short term / long term?		
What would be the potential consequence of you not being able to fulfil your role onsite at BH?		

Other Considerations	Yes	No
Is any of your close contacts or household considered at high risk of exposure ? (refer to DHHS website for updates of close or casual contact location?)		
Do you or any member of your immediate household suffer from an autoimmune condition?		
Would you or any of your close contacts or household be considered highly vulnerable to infection?		
Have you had the 2021 influenza immunisation?		
Have you received your COVID-19 vaccination Please circle: fully vaccinated Partially vaccinated		
Have you had recent training in the utilisation of PPE?		
Are there any other factors, considerations and/or actions taken by you to reduce the risk of infection or cross infection that you wish to declare?		

Signature: _____

Date: _____

	Approved	Denied	If denied, provide rationale:
Manager			
Executive Director			

Upon completion of this assessment, please send to Executive Services or email a copy to executive@benallahealth.org.au
You will be advised of the outcome of your risk assessment within 24 hours Monday to Friday.

Instructions / Process:

1. Please complete the risk assessment in advance of your planned attendance at BH. Your risk assessment will be assessed by the Executive
2. Where possible and reasonable, you will be advised of the outcome of your risk assessment on the day of submission
3. Evidence supporting your response may be sought
4. Non completion of the risk assessment within 24hrs of return to the BH workplace may result in a restriction of your access to BH
5. You are required to submit a new form if/when your travel or exposure circumstances change or unless otherwise directed by the CEO.
6. Should you have any queries regarding the Travel Risk Assessment please do not hesitate to contact executive services on executive@benallahealth.org.au or 0357614209
7. Where relevant – based on the level of risk, individuals may be required to undertake COVID19 test prior to returning to or commencing work or placement at Benalla Health
8. Individuals who have had a COVID19 test based on the risk assessment will be required to self-quarantine until a negative result is confirmed
9. Individuals who also work in a high risk unit at another health service or who work in another health service within the restricted areas are asked to wear a surgical mask while on duty at Benalla Health.

Additional Information

Work at other sites:

In order to understand the risks, be able to provide accurate information and to be able to notify you in the event of any COVID outbreak, we require you to list all health care facilities that you have visited (within the last 14 days) or work at (whether as part of a service provision by BH or second position). Please list them below.

Name of facility and address.	Dates / Days of week at this site.	Description of work activities undertaken (locum / regular work / one-off visit, departments visited, other relevant details).