

Epidemiological Risk Assessment – MLHD Employee

We are taking steps to keep our staff, patients, residents and visitors safe and prevent the spread of COVID-19. This check must be completed for every person entering an MLHD facility or service including **staff, visitors and contractors**.

This Risk Assessment is used for existing staff members identified as visiting a location with epidemiological risk (please refer to latest information from [NSW Health](#)) from facility entry screening. (Please note: Staff screened positive on epidemiologic grounds should not be advised to present for COVID swab; only to be advised to present if positive on symptomatic grounds).

Employee Risk Assessment	
Completed By and Contact Number	
Manager Name and Contact Number (if different to above)	
Employee Name and Employee Number	
Employee Contact Number	
Facility/Location of Work	
Position Title	
COVID-19 Vaccination Status (e.g. fully vaccinated, non-vaccinated or vaccination underway)	
Has the employee received a stop and stay message from NSW Health?	
If this is being completed post travel, go to Section Q1	
If this is being completed prior to travel, go to Section Q2	
Section Q1	
What area of epidemiological risk has the staff member visited? (Specific suburb, not just 'Sydney' or 'Adelaide')	
Where did they stay? (Private residence? Motel?)	
What was the first date of visit?	
What was the last date of visit?	
Do they have COVID-19 symptoms? (Fever, Respiratory Distress etc.)	
Method of Transport whilst in area (bus numbers/train lines/private car)	
What did you do over the period of time in the area? eg only home, shopping (Be specific, timeframes, dates, location names etc.)	
Did they eat out? How many people were they with? Where? (Be specific, timeframes, dates, location names etc.)	
If shopping, how long were they shopping? At which shopping centre? How Long?	
Did they go to a hospital to visit anyone? Which Hospital?	
Has anyone in their family/that they travelled with had symptoms?	

Did they use PPE whilst in the area? How and what?	
Did they have any other public/social exposure in the associated area? If so, what? (Be specific, timeframes, dates, location names etc.)	
Section Q	
What area of epidemiological risk will the staff member visited? (Specific suburb, not just 'Sydney' or 'Victoria')	
Where will they stay? (Private residence? Motel?)	
What is the first date of visit?	
What is the last date of visit?	
Method of Transport whilst in area (bus/train/private car)	
What is the purpose of intended travel? Detail an overview of what is projected to occur whilst in the area.	
Do they intend on going out for dinner? Where? How many others in attendance?	
Do they intend on going shopping? Where? How long?	
Please list what risk mitigation strategies will be put in place by the staff member. (PPE, Hand hygiene etc.)	
LINE MANAGER ONLY	
Employees Next Rostered Shift	
Line Manager comments (e.g. will this staff members absence incur service failure? Are there virtual opportunities for this staff member? Etc.)	
OFFICE USE ONLY	
HEOC Comments	
COVID on call comments	



Outcome	