

# COVID-19 TRAVEL RISK ASSESSMENT

Travel Risk Assessment to be completed by all people working and/or volunteering at NHW who have travelled into geographic areas of COVID transmission risk in the last 14 days or the 14 days prior to your next rostered shift. This includes interstate travel.

Name		Position Name	
Address		Category	<input type="checkbox"/> Staff <input type="checkbox"/> Locum <input type="checkbox"/> VMO <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer
		Best Contact Number	
Email		Next rostered shift date	
Critical tasks	What are the critical on site tasks/function associated with your role at NHW (e.g. nurse, doctor, product representatives providing essential equipment and or education/support).		

Travel risks		Circle or delete	
Travel for work/social/health/lifestyle purposes.  I have been at: <i>(more locations – Use table 1 on the next page)</i>	Travel related to my position at NHW	Yes	No
	Travel related to delivery of goods, services	Yes	No
	Commute to/from remote place of residence (e.g. Melbourne)	Yes	No
	<i>Identify the place name, dates and times</i>	Yes	No
If you travelled within Victoria, complete this section:			
Victoria	Are any of the locations listed as case alert/ public exposure sites <a href="https://www.coronavirus.vic.gov.au/exposure-sites">https://www.coronavirus.vic.gov.au/exposure-sites</a> Please identify which:	Yes	No
I have been in public exposure sites identified as	Tier 1 - get tested and isolate for 14 days as per the Department of Health	Yes	No
	Tier 2 - get tested and isolate until you receive a negative result	Yes	No
	Tier 3 - monitor for symptoms	Yes	No
If you travelled interstate, complete this section:			
Other states/Territories	<a href="https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#local-outbreak-information">https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#local-outbreak-information</a> (scroll down to current status and click on relevant state/territory) I have been in <input type="checkbox"/> VIC <input type="checkbox"/> TAS <input type="checkbox"/> NSW <input type="checkbox"/> QLD <input type="checkbox"/> NT <input type="checkbox"/> WA <input type="checkbox"/> ACT <input type="checkbox"/> SA Which colour zones has the location been identified with (as per Victorian Travel Permit Zones) <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	Yes	No

Workplace Risks		Circle or delete	
In the last 14 days have you had close contact with a confirmed case of COVID-19	a. Work related with full PPE.	Yes	No
	b. Social/other exposure	Yes	No
Have you worked in a COVID-19 dedicated	a. hospital	Yes	No
	b. ward	Yes	No
	c. screening clinic	Yes	No
	d. COVID outbreak in a nursing home or disability house	Yes	No
Have you visited/worked/volunteered at a hotel quarantine site or port of entry site in the last 14 days?		Yes	No

Accommodation risks		Circle or delete	
Wangaratta Accommodation	How many people are you staying with in Wangaratta?	Number:	
Home (if not Wangaratta)	How many people do you live with?	Number:	
	Do you live with/will you be staying with other NHW employees (please list names):	Yes	No

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Personal risks		Circle or delete	
Are you awaiting COVID-19 results or have you been previously diagnosed with COVID-19?		Yes	No
Have you had the COVID 19 vaccination?	<b>Date: 1<sup>st</sup></b>	<b>Date: 2<sup>nd</sup></b>	No
Have you had recent training in the utilisation of PPE?		Yes	No

By completing this form you are acknowledging that you are aware of current state/territory restrictions/guidelines, and that when returning to work at NHW quarantine and isolation requirements for the location where you have been still apply.

**Table 1 – Please fill in any workplaces that you visited in the last 14 days**

Location list of workplaces		
Name of facility and suburb/state	Departments, dates and times worked at this site	Role

**Table 2 - Please fill in any other places that you visited in the last 14 days**

Recreation location list	
Name of location/suburb/state	Dates and times at this site

Please attach further details you believe NHW should be aware of

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions / Process:**

1. Completed risk assessment must be submitted at least 24 hours before your next rostered shift commences. Completed forms must be submitted to NHW Infection Control (email) [nhwinfectioncontrol@nhw.org.au](mailto:nhwinfectioncontrol@nhw.org.au) for review and a decision regarding clearance to work at NHW.
2. Failure to meet the 24hrs submission before commencement of next shift will restrict your access to NHW
3. A new form is required for all subsequent new travel.
4. A new form is required when locations listed on this (or your previous Travel Risk Assessments) are identified as exposure sites.

	Approved	Denied	If denied, provide rationale:
Infection Prevention and Control			
EMT			