

COVID-19 TRAVEL RISK ASSESSMENT

The Australian Health Protection Principal Committee, and jurisdictional public health units, identify geographic areas of elevated risk of community transmission of COVID-19, termed 'hotspots'. Staff, VMOs, contractors and volunteers who have or are planning to travel to these hotspots (e.g. areas where COVID-19 related restrictions apply) must complete the risk assessment below prior to attending the Northeast Health Wangaratta (NHW) workplace.

Please attach additional information if applicable.

Note: You are required to submit a new form if/when your travel or exposure circumstances change.

Name		Job Role and Department	
Email		Best Contact Number	
Address			

Travel history / intentions	Yes	No	If yes, please provide further details (dates, suburbs, activities undertaken)
Are you planning on travelling to or from a restriction area or hotspot?			
Have you travelled to a restriction area or hotspot within the past 14 days?			
Do you regularly travel to a restriction area or hotspot for an essential purpose?			

Exposure and work history	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 experienced flu like symptoms in the past 14 days?		
Have you undertaken any locum engagements over the past 14 days? (Details required on next page)		

Work at NHW	
When do you intend to be onsite at NHW? Please list return date if you are a staff member, or all dates of intended work if a locum / contractor / visitor	
What are the implications to you / NHW of not being able to fulfil your role onsite at NHW?	

Accommodation and Other	Yes	No
How many people will you be staying with in Wangaratta?	Number:	
How many people will you be staying with outside of Wangaratta?	Number:	
Will you be socially interacting outside of your accommodation?		
Do you or any member of your immediate household suffer from an auto-immune condition?		
Have you had the 2020 influenza immunisation?		
Have you had recent training in the utilisation of PPE?		
Please acknowledge you are aware of your residing state's restrictions / guidelines when returning to your home state, eg: quarantine, isolation and that any associated costs will not be covered by NHW.		
Will you / Do you interact with any healthcare workers from an organisation other than NHW? If yes, please provide details:		
What infection control measures are you planning to implement while in Wangaratta?		

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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 a list of all health care facilities that you have visited (within the last 14 days) or work at (whether as part of a service provision by NHW 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)

Please attach any further details you believe NHW should be aware of.

Signature: _____

Date: _____

Instructions / Process:

1. Please complete the risk assessment in advance of your planned travel or attendance at NHW
2. Upon completion of assessment, please email a copy to nhwinfectioncontrol@nhw.org.au
3. Your risk assessment will be assessed by the NHW Emergency Management Team. The NHW Emergency Management Team is made up of Executive leadership of all NHW clinical and operational departments
4. You will be advised of the outcome of your risk assessment as soon as possible
5. Evidence supporting your response may be sought, if deemed necessary by the NHW Emergency Management Team
6. Non completion of the risk assessment within 24hrs of return to the NHW workplace will restrict your access to NHW
7. You are required to submit a new form if/when your travel or exposure circumstances change
8. Should you have any queries regarding the Travel Risk Assessment please do not hesitate to contact the NHW Emergency Management Team at NHWEMT@nhw.org.au

Office use only:

Executive Director signature	Approved		
	Appropriate PPE	Asymptomatic swab (circle)	Denied (with rationale)
		Before commencement At Day 4 Regularly every ____ weeks	