**Checklist template - employer with employee**

Assumption is that there has already been Health Board or organisation/H&SCP/Local Authority/Independent, Third Sector Provider agreed requirement for contingency ‘in extremis’ in order to deliver safe services and all available options have been exhausted.

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| --- | --- |
| **No** | **Individual risk assessment – Employer with employee** |
|  | **Statement** | **Check** | **Mitigation** |
| *1* | *Is the employee double vaccinated (at least 14 days post 2nd vaccination and assurance)?* |  | *No – staff member should self-isolate for 10 days.**Yes – move to Qu 2* |
| 2 | *Is their PCR/covid status known?* |  | ***PCR negative**** *Are**they are consenting to return to work?* ***Yes*** *Qu.3*
* ***No*** *– self-isolate for 10 days*

***PCR positive**** *They self-isolate for 10 days.*

***Status unknown*** *–* * *Need to book PCR if consenting to return to work*
 |
| 3 | *Does the staff member have access to lateral flow devices and are they able to use them appropriately?* |  | ***Yes*** *– Staff member should test daily using LFDs for 10 days after exposure to covid and report result to their line manager.****No*** *– Line manager should facilitate access to LFDs prior to return to work.*  |
| 4 | *Has the staff member received the factsheet and had an informed discussion with their line manager/equivalent.*  |  | *Ensure as part of informed consent that the staff member understands the conditions in which they return to work and to minimise contact out-with work.*  |