# Covid-19 Risk Factors Advice and Acknowledgement

**OFFICIAL** 

The following flow chart provides guidance to the Defence Supervisor in the collection and use of the Covid-19 Risk Factors Advice and Acknowledgement Form. This form MUST be collected and assessed BEFORE students are permitted entry to the base. This form has been sent to participants along with other DWEP paperwork. Defence Supervisor will need hard copies of this document in the event a participant requires one.

Yes

### Day One

Does participant have a completed and signed Covid-19 Risk Factors Advice and Acknowledgement Form?

Participant is able to enter the base and take part in the program.

Provide participant with a copy of the form.

Participant over 18 years old

Participant under 18 years old

No

Participant may fill in the form. Defence Supervisor to make all reasonable attempts to contact Emergency Contact(s).

Participant may sign the form themselves, without parental involvement. If participants are able to sign the form, they may enter the base and take part in the program. If they are unable to sign the form, they must leave the placement immediately. Contact their emergency contact, their school contact and RWEM.

**Emergency contact** reached

**Emergency contact** not reached

Go through form with parent/guardian and get verbal confirmation. In place of parent's signature, note "verbal confirmation acquired" along with the date and time. Defence Supervisor to initial. Participant is able to enter the base and participate in the program.

After a reasonable attempt to leave a message for Emergency Contact(s) to inform them that participant is unable to participate and is being sent home from the placement, Defence Supervisor to call the school and RWEM and inform them of non-compliance with Covid-19 Risk Factor Advice and Acknowledgement Form and that student has been sent home. All parties to be informed that they are able to return the following day (if applicable/multiday placement), providing they are able to present a signed form.

## Multiple Day Placements

Defence Supervisor to check in with participants on each day of placement prior to allowing them on base to confirm they and members of their household are not exhibiting symptoms.

Student reports symptoms

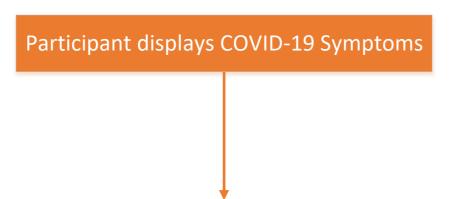
Provide mask and follow instructions in the Symptoms Flowchart. Call parent, school and RWEM and inform of symptoms and that participant needs to be picked up immediately.

Student reports no symptoms

Participant is able to enter the base and take part in the program.

Case by case basis. Refer to medical information provided from DWEP Agreement (found on Nominal Roll) and discuss with participant and their parents what action to take. If participant is deemed to post a risk, provide mask and follow instructions in the Symptoms Flowchart.

**Participant Presents With Symptoms During Placement Activities** 



#### **Isolate**

- Manager undertakes immediate isolation of the person from others.
- Notification in accordance with JD 09/2020 COVID-19 Personnel Reporting Requirements and Checklist Where Personnel Test Positive for COVID-19.

#### **Advise**

• Inform unit CO, Base SADFO and Base Services.

#### Transport

- Ensure the person has transport to their home or to a medical facility
- Under no circumstances should an employee transport the potentially infected person
- Parents/Guardians must immediately be able to return to the placement to pick up a participant who displays symptoms.

#### **Review**

- Review risk management controls relating to COVID-19 and update as required.
- Include continuous improvement actions on register

#### **DWEP COVID-19 Acknowledgement Form**

It is a condition of attending this Defence Work Experience Placement that all participants read this advice and sign the COVID-19 Risk Factors Advice Acknowledgement Form. Note – this form is to be signed no earlier than 3 days prior to the placement commencement date.

#### **COVID-19 Risk Factors Advice**

In order to protect work experience participants and Defence personnel from the risk of exposure to COVID-19, Defence has put in place a number of measures to meet the government's COVID-safe principles.

In addition to measures such as adapting the program to ensure physical distancing, provision of information and supply of hand sanitiser, face masks and cleaning products, Defence has introduced some health related pre-conditions for participation in work experience placements.

It is a condition of attending this placement that you confirm the following points are applicable to you:

- You have <u>not</u> spent four hours or more with a person who has been diagnosed with a confirmed case of COVID-19 in a household or household-like setting in the last 7 days.
- If you have returned from overseas in the last 7 days you have met all required COVID-19 compliance in accordance with State/Territory and Commonwealth guidelines.
- If you have travelled from interstate in the last 7 days you have met all required COVID-19 compliance in accordance with State/Territory and Commonwealth guidelines.
- You have <u>not</u> been directed to self-isolate or quarantine following advice from a national/State-based COVID-19 hotline or a registered medical/nursing practitioner.
- You are <u>not</u> experiencing ANY of the following symptoms fever, cough, shortness of breath or difficulty breathing, sore ears or throat, runny nose, fatigue, chills or sweats, loss of sense of smell or taste.

If any of these factors have occurred, you will not be able to participate in the placement for your safety and the safety of others involved in the program. Please note that if you withdraw from the placement due to current risk factors, this will not exclude you from future placements.

If you present at the placement exhibiting any of the symptoms identified above, you will not be able to enter the base or participate in the placement. This is also applicable if you begin to develop symptoms during the placement. Your emergency contact will be contacted and asked to take you home.

If you have any questions about this *DWEP COVID-19 Acknowledgement Form* or *COVID19 Risk Factors Advice*, please contact the Regional Work Experience Manager. For further information on the COVID-19 Health Directives for your State and the National Plan of action from the Department of Health, please refer to the below links:

- Local State and Territory Health Departments https://www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments
- COVID-19 Test & Isolate National Protocols | Australian Government Department of Health https://www.health.gov.au/resources/publications/covid-19-test-isolate-national-protocols



**OFFICIAL** 

### **DWEP COVID-19 Acknowledgement Form**

Surname:	First Name:
Placement Name:	Placement Date(s) and Location:
By signing this form, I acknowledge the following ( <u>tick boxes</u> ):	
☐ That I have not met any of the risk factors listed on the COVID-19 Risk Factors Advice above.	
☐ If any of the risk factors are met, I cannot participate in the current placement, and must immediately advise the Work Experience Manager/Supervisor.	
☐ If, after providing this acknowledgement form, I meet a condition listed on the COVID-19 Risk Factors Advice, I will contact the Work Experience Manager/Supervisor.	
☐ If I present at the placement exhibiting any of the symptoms identified on the COVID-19 Risk Factors Advice on Page 1, I will not be able to enter the base or participate in the placement. My emergency contact will be contacted and I will be removed from the placement. I understand that this also applies if I develop any of these symptoms during the placement.	
☐ If during the placement, or the 7 days after completing the placement, I or members of my household test positive to COVID-19, or I become aware that any of the information I provided initially was incorrect, I will contact the Work Experience Manager/Supervisor immediately.	
Participant signature:	Date:
Parent/guardian signature (required for participants under 18 years of age)	Date: