**Covid-19 Return to Work Questionnaire**

*(after prolonged Shutdown or Furlough of staff during the 2020 COVID-19 Pandemic.)*

Suggestions for questions that need to be asked of staff during the return to work in a non-clinical setting.

*This questionnaire should give both information about whether an employee should return to work and also about how employees should be supported to be re-integrated into the workplace.*

**Evaluate (as employer)** (*These questions are to help consider what the individual is expected to do once back in work and do these requirements affect the level of risk the employee is at?*)

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|  | **Tick** | **Effect to consider *Examples are given*** |
| Is the individual required to undertake significant physical work?  |  | *E.g. Will wearing a face covering or RPE be required and will this affect the individuals’ ability to perform the work?*  |
| Is the individual required to complete work requiring close contact to others?  |  | *E.g. Will this person be required to perform face fit testing of RPE?* |
| Can the individual maintain social distancing if returning to the workplace (ie 2 metres from others) either by their standard work or by making some temporary adjustments?  |  | *E.g. Individual lifting operations where previously there where two person lifting man increase the manual handling risk* |
| Can the individual complete their work whilst at home?  |  | *E.g. In accordance with current government guidance (18/5/2020) are they able to work from home of which they should do if they can* |
| Does the individual **live with/in** a hotspot area of transmission/with multiple others/Key frontline NHS workers?(*Are they a higher risk to be exposed to Covid-19*) |  | *E.g. If an employee is identified living within a hotspot/Living with multiple others/Key or frontline NHS workers and therefore at a high risk, consider ongoing monitoring/reporting of health conditions to ensure symptoms are picked up early*  |

**Section A**

*Question 1 – Please provide information on the following details if you were* ***infected with or came into direct contact with others infected with Covid-19***

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|  | Please comment as appropriate |
| Did you display flu like symptoms, raised temperature or a new persistent cough?If you were displaying symptoms – on which date did these first appear? (Please be as accurate as possible)*(As the employer do you need to check dates to ensure that infection has passed.)* |  |
| Were you advised by a medical professional as a person at risk and to take isolation? (please attach record or document with this advice)(*Do you need to implement further control measures to keep those at higher risk safe?*) |  |
| Did a member of household display symptoms?On which date did their symptoms appear?(*Is this beyond the 14 day isolation time period required if someone in your household shows symptoms of Covid-19?*) |  |
| Does a member of your household in isolation require support and assistance? (Shielding)Please describe situation |  |

*Question 2 – Period of absence (please answer all relevant questions)*

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|  | Please comment as appropriate |
| Date of first day of absence from work(Which may be different from dates given above) |  |
| If you were tested for COVID-19 during absence what was the result of your test – please give result and date of test. |  |
| Planned date for return to work(Is this dependent or reliant on the availability of childcare/schools reopening/care givers?)(*If you are to implement new shift patterns, will this be affected by childcare requirements?*) |  |
| If you did not take absence on advice of a medical professional did you self-certify sick? |  |
| Did you receive sickness certificate from a medical professional – on what date was this received and what period did it cover? |  |
| Do you have a Fit to Work Certificate from your medical practitioner?  |  |
| How will you be travelling to work? E.g. via public transport(*If people are utilising public transport, consider are they a higher risk entering the workplace? Is there a station for washing hands and sanitising upon first entering the building?*) |  |

*Question 3 – Current Health Conditions*

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|  | Please comment as appropriate |
| On what date were flu-like symptoms last evident?(*Consider has the employee sufficiently recovered and is not being brought back to work too soon?*) |  |
| If relevant, what was the last date other members of the household displayed symptoms?  |  |
| For how many days have you and **all members of your household** felt totally well?(Consider has the employee sufficiently recovered and is not being brought back to work too soon*? Have they recovered between either the 7 or 14 day isolation periods?*) |  |
| Did you (or are you) experiencing anxiety/grief/Loss/Loneliness throughout your absence from work?(*Where employees have been affected in this manner, you might want to consider counselling services or further workplace support*) |  |
| Did you or are you experiencing a reduction in confidence in your role after absence from the workplace? Would you like refresher training in specific skills?(*Would it be beneficial for employees to go through refresher training?*) |  |

**Section B**

*Question 1 – Please provide information on the following details if you were* ***working from home or furloughed.***

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|  | Please comment as appropriate |
| Did you display flu like symptoms, raised temperature or a new persistent cough?If you were displaying symptoms – on which date did these first appear? (Please be as accurate as possible)*(As the employer do you need to check dates to ensure that infection has passed.)* |  |
| Were you advised by a medical professional as a person at risk and to take isolation? (please attach record or document with this advice)(*Do you need to implement further control measures to keep those at higher risk safe?*) |  |
| Did a member of household display symptoms?On which date did their symptoms appear?(*Is this beyond the 14 day isolation time period required if someone in your household shows symptoms of Covid-19?*) |  |
| Does a member of your household in isolation require support and assistance? (Shielding)Please describe situation |  |

*Question 2 – Period of absence (please answer all relevant questions)*

|  |  |
| --- | --- |
|  | Please comment as appropriate |
| Date of first day of absence from work(Which may be different from dates given above) |  |
| If you were tested for COVID-19 during absence what was the result of your test – please give result and date of test. |  |
| Planned date for return to work(Is this dependent or reliant on the availability of childcare/schools reopening/care givers?)(*If you are to implement new shift patterns, will this be affected by childcare requirements?*) |  |
| How will you be travelling to work? E.g. via public transport(*If people are utilising public transport, consider are they a higher risk entering the workplace? Is there a station for washing hands and sanitising upon first entering the building?*) |  |

*Question 3 – Current Health Conditions*

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| --- | --- |
|  | Please comment as appropriate |
| If relevant, on what date were flu-like symptoms last evident?(Consider has the employee sufficiently recovered and is not being brought back to work too soon*?*) |  |
| If relevant, what was the last date other members of the household displayed symptoms?  |  |
| For how many days have you **and all members of your household** felt totally well?(Consider has the employee sufficiently recovered and is not being brought back to work too soon*? Have they recovered between either the 7 or 14 day isolation periods?*) |  |
| Did you or are you experiencing anxiety/grief/Loss/Loneliness throughout your absence from work?(*Where employees have been affected in this manner, you might want to consider counselling services or further workplace support*) |  |
| Did you or are you experiencing a reduction in confidence in your role after absence from the workplace? Would you like refresher training in specific skills?(*Would it be beneficial for employees to go through refresher training?*) |  |