In keeping with the University’s duty of care to all staff especially those that the Department of Health deems are at [risk and more vulnerable](https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19#chronic-conditions-that-increase-the-risk-of-serious-illness-from-covid19) to COVID-19, WHS& Wellbeing has created the below checklist for supervisors that supervisors must use before granting authority to staff to access a University campus.

Guide to using this questionnaire:

1. If the staff member answers yes to any of these questions, supervisors must not authorise that staff member to have access to campus. This is for their own health and wellbeing and that of others.
2. The supervisor must assess the reason the staff member requires access for example is it essential or critical.
3. Once the Questionnaire is completed please send a copy to whs@westernsydney.edu.au

Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions:

Have you or anyone you are in close contact with returned from overseas or domestic travel in the last 14 days, even if transiting through an airport? Y/N

Have you been in close contact with someone who has been diagnosed with COVID-19 or directed to self-isolate? Y/N

Have you been directed by NSW Health, your GP or other medical practitioner to self-isolate? Y/N

Do you live in group residential settings with others who are not family members? Y/N

Do you have a chronic medical condition or pre-existing medical condition?  [Including compromised immune systems.](https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19#chronic-conditions-that-increase-the-risk-of-serious-illness-from-covid19) Y/N

Are you 70 years and over? Y/N

Are you unwell or do you have flu like symptoms such as fever, coughing, sore throat, fatigue or shortness of breath? Y/N

*Note: close contact means having face to face contact with a person for 15 minutes or being in the same closed space for at least 2 hours with that person.*

**If the staff member has answered yes to any of the above questions the supervisor must not authorise access to campus.**

Why does the staff member want access? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the staff member’s request is not deemed essential or critical the supervisor must not authorise access to campus.**

Supervisor/Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_

Dear (INSERT STAFF MEMBERS NAME AND STAFF ID),

I authorise you to attend (INSERT CAMPUS NAME EXACT LOCATION HERE) on (INSERT DATE) between (INSERT TIME FRAME) to (INSERT WHY THEY ARE ATTENDING).

Whilst on campus please observe the [Social Distancing Requirements](https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/how-to-protect-yourself-and-others-from-coronavirus-covid-19/social-distancing-for-coronavirus-covid-19) e.g. no more than 2 people gathered at any one time ensuring a minimum of 1.5 meters’ distance is maintained between you.

I have outlined the process below that must be followed:

1. Attend CSS office upon arrival with this authority.
2. Please complete (critical task/work) safely and within the timeframes outlined.
3. Please then attend to CSS office before you leave to notify them that you will no longer be on campus.

Do not attend campus if you are unwell, particularly if you have developed flu like symptoms or if you have been directed by NSW Health, your GP or Medical Practitioner to self-isolate.

Supervisor/Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once this form is completed please send a copy to whs@westernsydney.edu.au