

Purpose of this checklist: This checklist is to assist staff and managers to identify people who may be at greater risk of serious illness with COVID-19 and optimise their safety at work.

Who can complete this checklist?

- Individual staff can complete this checklist themselves
- Staff can complete this checklist with their managers (managers should not complete the checklist on behalf of staff without their knowledge)
- Staff can email the whscovid-19staffclinicenquiries@wh.org.au email address and they will be contacted within 24 hours by the Covid-19 Staff Enquiries Helpdesk to complete the form with an operator

Where should this checklist be sent?

Once completed the checklist should be sent to the Covid-19 Staff Enquiries Helpdesk at whscovid-19staffclinicenquiries@wh.org.au .Checklists must be complete in order to be processed.

What will happen to my information?

Your checklist will be saved in a confidential drive accessible to the Covid-19 Staff Enquiries Helpdesk staff only.

If your checklist indicates you are part of an 'at risk group' the Covid-19 Staff Enquiries Helpdesk will send People and Culture a standardised email including only your name, location of work and contact information, and that you are part of an 'at risk' group.

What happens next?

If you already work in a low risk area nothing may have to change with your current work role.

If you work in an area that is identified as higher risk, your manager and People and Culture will work with you to make a plan about how to keep you safe.

Please proceed to the following page to complete the checklist

EMPLOYEE DETAILS:

Surname:	Other Names:
Employee Number:	Contact Number:
Campus:	Ward/Location:
Role (Nurse, PSA, etc):	Manager's name:

SECTION A: Demographic Information

1. Are you aged 70 years or older?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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SECTION B: Demographic Information continued

Do you fit into any of the categories below?

1. Aboriginal or Torres Strait Islander AND aged 50 years or older	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2. Aged 65 to 69 years	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

SECTION C: Chronic Health Conditions

Do you have any of the health conditions listed below?

1. Chronic renal failure	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2. Coronary heart disease or congestive cardiac failure	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3. Chronic lung disease (severe asthma (for which frequent medical consultations or the use of multiple medications is required), cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease, chronic emphysema)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4. Poorly controlled diabetes	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
5. Poorly controlled hypertension	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

SECTION D: Immunosuppression

Someone who has significant immunosuppression is defined as someone who:

- Has haematologic neoplasms: leukemias, lymphomas, myelodysplastic syndromes
- Is Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months or on treatment for GVHD)
- Immunocompromised due to primary or acquired immunodeficiency (including HIV infection)
- Is on current chemotherapy or radiotherapy
- Is on high-dose corticosteroids (≥ 20 mg of prednisone per day, or equivalent) for ≥ 14 days
- Is on all biologics and most disease-modifying anti-rheumatic drugs (DMARDs) as defined as follows:
 - Azathioprine > 3.0 mg/kg/day
 - 6-Mercaptopurine > 1.5 mg/kg/day
 - Methotrexate > 0.4 mg/kg/week
 - Prednisone > 20 mg/day. If < 14 days treatment, can resume work when treatment ceased
 - Tacrolimus (any dose)
 - Cyclosporine (any dose)

Screening checklist for Vulnerable Staff Member at Risk during the Covid-19 Pandemic



- Cyclophosphamide (any dose)
- Mycophenolate (any dose)
- Combination (multiple) DMARDs irrespective of dose

Are you immunosuppressed?

Yes:

No:

SECTION E: Pregnancy

1. Are you pregnant?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2. Are you currently in the first or second trimester of pregnancy? (before 28 weeks gestation)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3. Are you currently more than 28 weeks gestation?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4. What is your due date?		

If you answered yes to the question in section A, or to a question in section B and C, and/or to the questions in section D you may be at higher risk of serious illness with COVID-19. If you are pregnant (Section E) you are considered vulnerable and encouraged to use appropriate PPE as per the WH guidelines. Staff that are pregnant (>28 weeks gestation) should discuss their role with their manager. Please forward your form to the Covid-19 Staff Enquiries Helpdesk at whscovid-19staffclinicenquiries@wh.org.au.