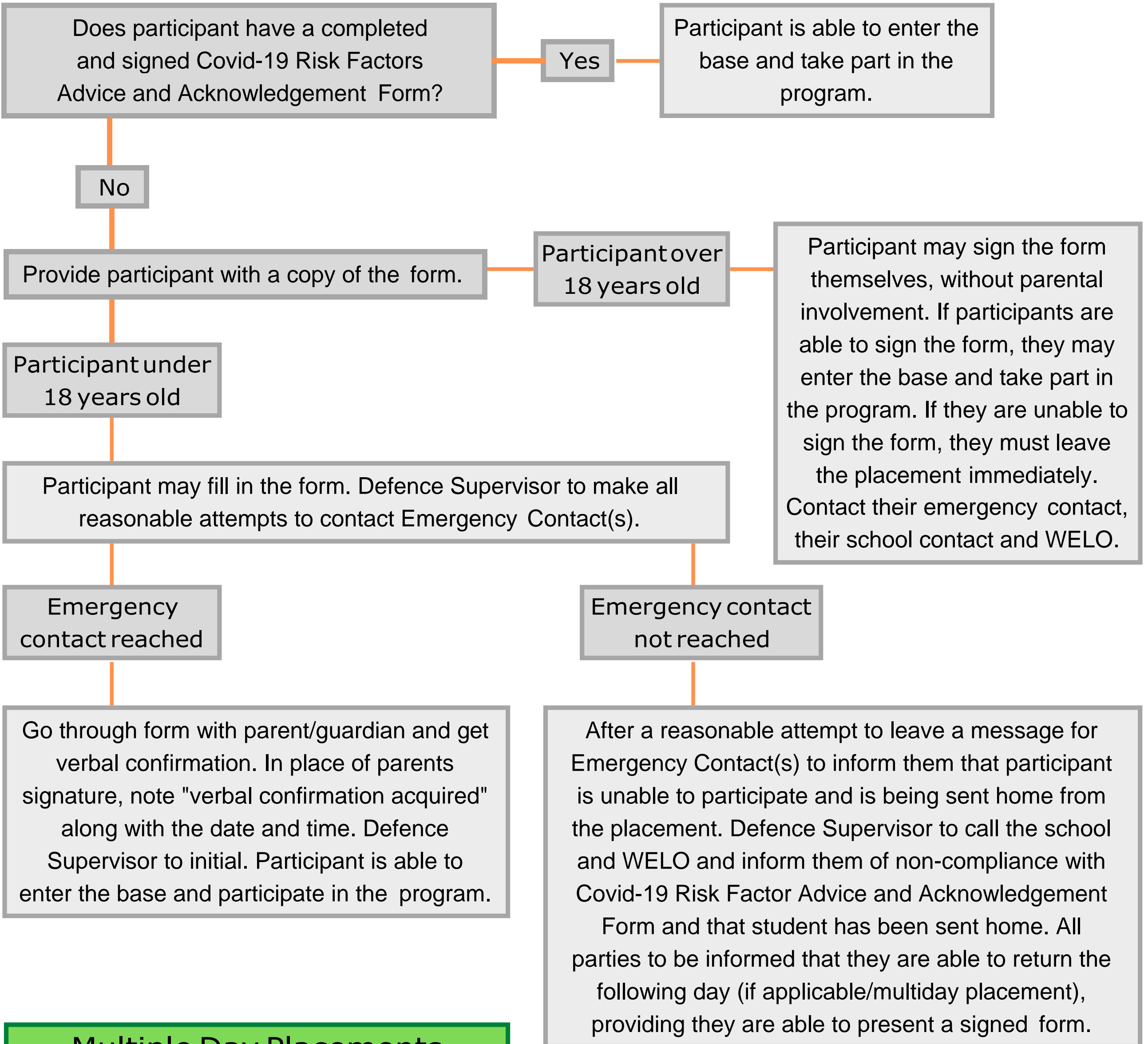


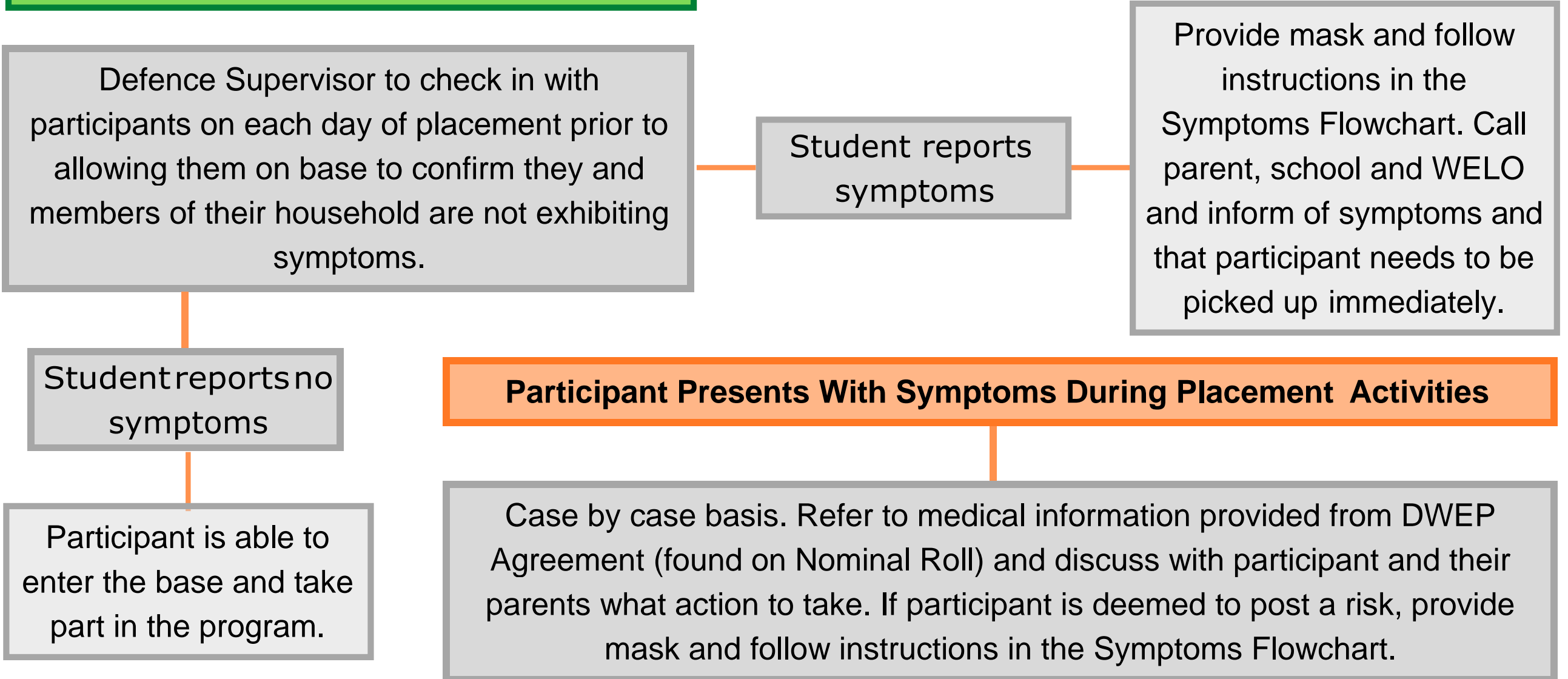
Covid-19 Risk Factors Advice and Acknowledgement

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.

Day One



Multiple Day Placements



Participant displays COVID-19 Symptoms

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

COVID-19 Risk Factors Advice

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.

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 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 advise Defence that none of the following risk factors have occurred for you, or any members of your household, **in the last 14 days:**

In the last 14 day, you have not:

- Had contact with a confirmed (active) case of COVID-19
- Returned from overseas
- Travelled interstate (to or from an area where border restrictions and quarantine measures apply, or that location is considered an "exposure site" for COVID-19 transmission)
- Been directed to self-isolate or quarantine following advice from a national/state-based COVID-19 hotline or a registered medical/nursing practitioner
- Experienced ANY of the following symptoms – fever; cough; shortness of breath or difficulty breathing; sore throat; runny nose; fatigue; chills or sweats; loss of sense of smell . Note – this also applies to any member of your household.

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 flu-like symptoms, you will not be able to enter the base or participate in the placement. Your emergency contact will be contacted and asked to take you home.

If you have any questions about this *COVID19 Risk Factors Advice*, please contact the Work Experience Liaison Officer.

COVID-19 Risk Factors Advice – Acknowledgement Form

| | |
|---|--------------------|
| Surname: | First Name: |
| Placement: | Date: |
| <p>By signing this form, I acknowledge the following (tick boxes):</p> <p><input type="checkbox"/> That I have not met any of the risk factors listed on the <i>COVID-19 Risk Factors Advice</i>.</p> <p><input type="checkbox"/> I am aware that if any of the risk factors are met, I cannot participate in the current placement, and must immediately advise the Work Experience Liaison Officer/Supervisor and withdraw from the placement.</p> <p><input type="checkbox"/> If, after providing this acknowledgement form, I then meet a condition listed on the <i>COVID-19 Risk Factors Advice</i>, I will contact the Work Experience Liaison Officer/Supervisor and withdraw from the placement.</p> <p><input type="checkbox"/> If I present at the placement exhibiting flu-like symptoms, 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.</p> <p><input type="checkbox"/> If during the 14 days after completing the placement, I or members of my household exhibit flu-like symptoms, or meet a condition listed on the <i>COVID-19 Risk Factors Advice</i>, I will contact the Work Experience Liaison Officer/Supervisor immediately.</p> <p><input type="checkbox"/> If during the 14 days after completing the placement, I or members of my household attended a disclosed 'exposure site' that was not originally identified when signing this form, I will contact the Work Experience Liaison Officer/Supervisor immediately</p> | |
| Participant signature: | Date: |
| Parent/guardian signature (required for participants under 18 years of age) | Date: |