**Return to Work Checklist – Post Covid-19**

Please place a signed copy on the staff member’s personal file.

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| Full name of staff member |  | Date of return to work/workplace |  | |
| Job title |  | Checklist completion date |  | |
| Team | Date recorded on DOT | | | |
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| **Actions to be completed- ideally on employee’s first day back in the work area** | | | | **√**/N/A |
| Warm Welcome: | | | | |
| **Reintroduce your member of staff to colleagues as appropriate and helpful** – give a full tour of department, ensure you include a reminder of fire exits and local evacuation procedure/points. | | | |  |
| Reminder of line manager reporting and supervisory arrangements, especially if these have changed | | | |  |
| Outline **buddy/support** or **mentor arrangements, if these have been identified as being helpful** | | | |  |
| Ensure employee is aware of the range of **psychological and wellbeing support available** | | | |  |
| Issue **uniform/protective clothing as appropriate.** Include a discussion about location of available **Personal Protective Equipment** (PPE), scenario for your/their work area and how to wear and take care of it | | | |  |
| Ensure your employee has access to email and IT systems. | | | |  |
| Job Role, Performance, working arrangements and leave | | | | |
| Reminder of the **aims/objectives/purpose of** department. Mindful that this may have changed during the Covid-19 pandemic and since your employee was last in the work area. | | | |  |
| Discuss arrangements for **regular support, catch ups and 1:1** **discussions** as applicable. | | | |  |

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| Ensure you confirm: | |
| Employee’s **hours of work**, shift arrangements and unpaid breaks, and any local rules. |  |
| The **absence reporting & sickness process**; self-certification, monitoring and return to work arrangements, and sources of support particularly during their return to work(place). |  |

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| Health, Safety and Wellbeing matters: | |
| Reminder of the importance of reporting incidents/accidents/near misses/breaches to security, incidents of violence/aggression/bullying and harassment and the process to do so. |  |
| Reminder of the importance of being open and honest and the duty of candour |  |
| If your employee has made a self-declaration of a disability that requires any **adaptations/adjustments** discuss the arrangements in place. In addition, ensure that any adjustments or adaptions recommended by OH in relation to this return to work process are in place. |  |
| If Occupational Health have requested the employee makes an appointment to **discuss any risks/hazards/immunisation/infection control** identified discuss arrangements to follow this up. |  |
| If your staff member is pregnant please ensure that their ‘New and expectant mother risk assessment’ is reviewed and updated. |  |
| Ensure the employee understands the emergency procedure in their area of work, including local fire safety procedures. Ensure employee is aware of emergency numbers |  |
| The relevant **health and safety hazards** specific to the employee's workplace/role and the control measures that they need to take to carry out their work safely. |  |
| The relevant **safety procedures/protocols/safe working practices** related to their work and that they know where they can be accessed and any additional training required to carry out their tasks safely |  |

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| Policies and Procedures for discussion – reminder of | |
| Any local policies and procedures that are relevant to the job role/department and where to locate these on the intranet. |  |
| The No Smoking on site requirement, and what this means for employees, and any additional processes in the department relevant to visitors. |  |
| Any local arrangements for safe and effective waste management. |  |
| If the employee might be lone working, outline the safety arrangements in place. |  |

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| Mandatory Training | |
| Review the member of staff’s mandatory training compliance with them and agree action on any outstanding subjects. |  |
| Discuss any other refresher training or other support with skills/competencies/safety that the employee or you feel would be helpful. Make arrangements as priority |  |

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| Outline any additional information that was covered during the discussion, or any questions/points of clarification and any agreed actions for the employee/line manager: |
| Confirmation of completion |
| Employee signature: Date:  Manager signature: Manager job title: Date:  Manager name: |