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**Covid-19**

**Staff Return to Campus Agreement**

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| **Name** |  |
| **Job title** |  |
| **Department/Location** |  |
| **Line manager** |  |
| **Date** |  |

***STRICTLY CONFIDENTIAL***

*This form contains information relating to individual staff member and will be kept strictly confidential and in accordance with the General Data Protection Regulations 2018.* [*Privacy Notice*](https://www.strath.ac.uk/whystrathclyde/universitygovernance/accesstoinformation/dataprotection/privacynotices/)*.*

The Covid-19 Staff Return to Campus Agreement must be completed by all staff returning to campus work during Phase 2 and 3 of the [Government COVID-19 route map](https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/) whilst remote working remains the default position for those who can. By completing and signing this checklist you are acknowledging that you understand and agree to comply with the provided risk assessment, and all other relevant information, instruction and training provided in relation to your return to work.

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| **DO NOT TRAVEL TO THE UNIVERSITY IF:*** You have any of the symptoms of Covid-19:
* A continuous cough;
* High temperature;
* Loss or change in taste or smell.
* You have been advised by an NHS Scotland Contact Tracing Team that you have been identified as a close contact of someone who has tested positive to coronavirus. Notify your manager that you need to self- isolate for 14 days.
* You are classified as being clinically extremely vulnerable to COVID-19 and are at [extremely high risk of severe illness](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding) as a result. You should continue to work at home if you are able to do so.

If you become symptomatic whilst at work, know who to tell, go directly home and inform [NHS Test and Protect Service](https://www.nhsinform.scot/campaigns/test-and-protect) right away. |

**A copy of this record must be retained by the member of staff completing it, and by the HoD or Director issuing it.**

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| **Safety Induction Checklist** | **Y/N** |
| I have completed and will comply with the Covid-19 Staff Return to Campus Induction (including a corporate induction and any local building/department/laboratory induction). |  |
| I have completed the Covid-19 Return to Campus Health Self-Assessment, have declared any underlying health conditions which require consideration in the workplace in light of Covid-19, and I am satisfied that reasonable adjustments to the workplace have been made. |  |
| I have been provided with the Covid-19 Staff Return to Campus Leaflet.  |  |
| I have read and understood relevant Covid-19 related risk assessments and am aware of new health and safety procedures in place to protect myself and prevent the spread of Covid-19. |  |
| I am aware of the current emergency arrangements for my area, including those for Fire and First Aid.  |  |
| I am aware of the requirement to sign in/out of my work location.  |  |
| I am aware of my responsibilities to practice good hand hygiene. |  |
| I am aware of my responsibilities to practice good cough/sneeze etiquette. |  |
| I agree to adhere with physical/social distancing measures in place (including building circulation routes), and understand the signage and markings in relation to this.  |  |
| I agree to comply with the changes to welfare, catering and housekeeping arrangements.  |  |
| I have been provided with washable reusable face coverings (not classed as PPE), to support travel to work and personal option to wear whilst on University premises.  |  |
| I will raise any concerns regarding my wellbeing with my manager and I am aware of other sources of support available to me.  |  |
| I am aware of the Return and Resume Information Hub.  |  |
| I am aware of how to report incidents and issues (e.g. health and safety, fire, welfare, housekeeping).  |  |
| **Specific Induction**  |  |
| I have discussed with my manager any changes to my role, work tasks, processes and team operations.  |  |
| My Personal Emergency Evacuation Plan (PEEP) has been reviewed. | YES | N/A |
| **Health, Safety and Wellbeing Training Requirements** |  |
| I have completed the online Fire Safety Awareness course. |  |
| For work activities where personal protective equipment (PPE) is required, I have been provided with appropriate training and instruction in its use.  |  |
| For work activities requiring a face fitted respirator, I have successfully been face-fit tested.  |  |
| **Declaration – Sign and date** |
| **Employee** *– I have understood the Staff Return to Campus Agreement* |  |
| **Line manager** *– I certify that the above member of staff has satisfactorily completed the Staff Return to Campus Agreement* |  |