**COVID-19**

**Staff Return to Campus Agreement**

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| **Name (PRINT NAME)** |  |
| **Job title** |  |
| **Department/Location** |  |
| **Line manager (PRINT NAME)** |  |

***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 in line with Scottish Governments [Strategic Framework](https://www.gov.scot/publications/coronavirus-covid-19-strategic-framework-update-february-2021/) and [Protection Levels](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/10/coronavirus-covid-19-protection-levels/documents/covid-19-protection-levels-summary-information-on-what-you-can-and-cannot-do/covid-19-protection-levels-summary-information-on-what-you-can-and-cannot-do/govscot%3Adocument/COVID-19%2Bprotection%2Blevels%2B-%2Bsummary%2Binformation%2Bon%2Bwhat%2Byou%2Bcan%2Band%2Bcannot%2Bdo.pdf) 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.

**COVID-19 Safety Assurance Statement** Return to campus is by application and approval only, and is subject to completion of a **Return to Campus Assurance Checklist** that is prepared by the Head of Department/Director and submitted to their Executive Dean/Chief Officer for approval. The Return to Campus Assurance Checklist comprises a number of building and people safety checks to ensure the safety, health and wellbeing of the University community before campus activities resume. Regular monitoring and reviews are also in place to ensure that the campus remains COVID-19 safe.

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| **DO NOT TRAVEL TO THE UNIVERSITY IF:**   * You have any of the symptoms of COVID-19: * New continuous cough; * Fever / high temperature; * Loss of, or change in, sense of smell or taste. * You have a positive test result. * You have been advised by NHS Scotland contact tracing team that you have been identified as a close contact of someone who has tested positive for coronavirus.   Inform the University using the Covid notification webform that you need to self-isolate for 10 days.   * You are classified as being clinically extremely vulnerable to COVID-19 and are at extremely high risk of severe illness as a result. You should work at home if you are able to do so in line with [Scottish Government advice.](https://www.gov.scot/publications/covid-highest-risk/pages/overview/)   If you have travelled abroad on a personal capacity or on authorised University business, you must check Foreign, [Commonwealth and Development Office (FCDO) travel advice](https://www.gov.uk/foreign-travel-advice) for information on managed isolation for international travellers, upon return to the UK. You are expected to comply with the requirements and quarantine conditions mentioned in the [Scottish Government international travel guidance](https://www.gov.scot/publications/coronavirus-covid-19-international-travel-quarantine/). |

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| All returning staff are encouraged to continue to access Lateral Flow Test kits by ordering them online, by telephone or by picking them up at a community collection point. More information can be found on the Scottish Government's [website](https://www.gov.scot/publications/coronavirus-covid-19-getting-tested/pages/no-covid-symptoms/).  **If a lateral flow test result is ‘positive’:**   * The staff member must inform the University using the Covid notification webform; * A COVID-19 ‘PCR test’ will be undertaken, to confirm the ‘lateral flow test’ result;   **If a PCR test result is:**   * Negative, you may enter University buildings; * Positive, inform the University using the Covid notification webform that you need to self-isolate for 10 days. |

**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 Individual Health Risk Assessment**. |  |
| I have declared underlying health conditions, if any, 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 what to do if I develop Covid-19 symptoms at work, and 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 am aware of the University advice regarding the wearing of face coverings (not PPE) to aid compliance with legislation and to support Government and University guidance. (Please note that the University is currently making plans to supply 3 reusable washable face coverings). |  |
| 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). |  |

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| **Health, Safety and Wellbeing Training Requirements** | | | | **Y / N / NA** |
| I have completed the [online Fire Safety Awareness course](https://classes.myplace.strath.ac.uk/course/view.php?id=24810). | | | |  |
| 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. | | | |  |
| **Other** | | | | **Y / N / NA** |
| 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. | | | |  |
| **Declaration** | | | | |
| **Employee signature**  *– I have understood the Staff Return to Campus Induction* |  | **Date** |  | |
| **Line manager signature**  *– I certify that the above member of staff has satisfactorily completed the Staff Return to Campus Induction* |  | **Date** |  | |