*This document has been developed for the purposes of WHS & Wellbeing evaluation – Please note, this is one part of your travel application. All risk scores recommended by WHS & Wellbeing Unit may be escalated for review by your Senior Delegate. Please complete the below risk assessment and checklist with your Supervisor/Line Manager approval and email the completed documentation to* [*whs@westernsydney.edu.au*](mailto:whs@westernsydney.edu.au)*.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Members Name:**  **Staff ID:**  **Position:** | **Duration of Travel:**  **Or staff member employed overseas?**  Yes  No | **List Country/s Travelling to:** | **What work is being completed?** | |
| **Contact Details for Emergency Purposes**  **Mobile Number:**  **Personal email:** | **Overseas Workplace details for Emergency Purposes**  **Address:**  **Country:**  **ZIP or Post Code:** | **Supervisor/Line Manager Details**  **Name:**  **Position:**  **Mobile Number:** | **Staff Members Emergency Contact Person**  **Name:**  **Mobile Number:**  ***This will only occur if attempts to reach you have failed.*** | ***Do you give your supervisor permission to contact this person in the event of an emergency?***  **Yes  No** |
| **WSU Emergency Contact:**  **WHS Director**  **Name: Paolo Spinetti**  **Work Number: (02) 9852 5177**  **Mobile: 0466 061 696** | **Supervisor/Line Manager approval:**  Yes  No | **HR Approval:**  Yes  No | **Date Completed:** | |

**Part A: State of Connection**

Please answer the following questions to determine the staff members State of Connection under the NSW Workers Compensation Act 1987.

1. **Is the staff member travelling for the purposes of work or are they being employed outside of the state of NSW?**
2. **Is this a temporary arrangement?** e.g. Will the staff member be returning to NSW?

Yes  No

**Part B: Potential Health Risk**

1. **Do you currently have a Reasonable Adjustment Plan (RAP) with your current work arrangements?**

Yes  No *If yes, please attach the RAP to this Risk Assessment, along with a signed medical certificate from your treating medical practitioner.*

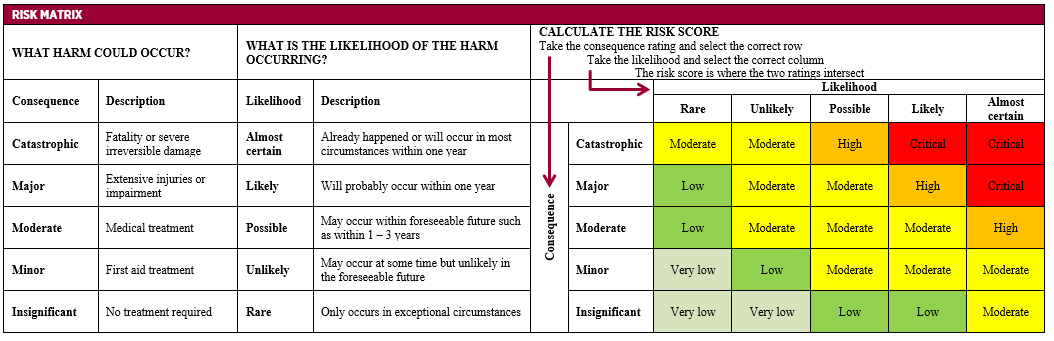
1. **Do you have a current medical condition that restricts you from flight travel? (If someone on your behalf is answering this question, they must have expressed authority to do so).**

Yes  No *If yes, please attach a signed medical certificate from your treating medical practitioner*

***Please select the relevant control measures that will be put in place and advise who is responsible for implementing them.***

| ***Item*** | ***Hazard description*** | ***How exposed to hazard*** | ***Risk Rating – before controls***  ***(High/Medium/ Low)*** | ***Recommended risk control measures***  ***(when implemented these controls are designed to reduce risk to as low as reasonably achievable)*** | | ***Select controls to be incorporated*** | ***By whom*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Illness/ Injury | * Pandemic * Epidemic * Foreign Diseases * Negative impact on pre-existing injury/illness |  | * For overseas appointees proof of insurance must be presented to HR/Recruitment. | |  |  |
| * Do you have any pre-existing medical conditions? * WHS & Wellbeing is required to review with your manager. | |  |  |
| * Have you had a double dose of a COVID-19 vaccination? | |  |  |
| * Is the staff member considered at-risk/vulnerable to COVID-19 [Covid-19 Advice](https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-people-with-chronic-health-conditions)? * WHS & Wellbeing has been contacted and a personal risk assessment has been facilitated | |  |  |
| * Consultation with supervisor and GP on vaccinations and medical advice (including advice on the destination food and water quality, COVID-19 vaccinations) | |  |  |
| * Follow advice from the [Australian Department of Foreign Affairs and Trade (DFAT) Smartraveller](https://www.smartraveller.gov.au/?gclid=CN7mo4ib9tMCFYgrvQodVZ4Oxg) and the University’s procedures in the event of an epidemic or global pandemic. | |  |  |
| * Do you have an active Workers compensation claim? * Approval has been sought from your case manager and the Injury Management Coordinator has been notified | |  |  |
| * If pregnant, seek approval from your obstetrician | |  |  |
| * If an injury or incident occurs, contact your supervisor and complete the [Incident Notification Form](file:///C:/Users/30057440/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/JL4TJLRA/Incident%20Notification%20Form) | |  |  |
| * Add other controls unique to your travel. | |  |  |
| 2 | Natural or unforeseen disasters  Civil unrest | * Earthquake * Terrorism * Hurricanes etc. |  | * Register with [DFAT Smartraveller](https://www.smartraveller.gov.au/?gclid=CN7mo4ib9tMCFYgrvQodVZ4Oxg) to receive warnings | |  |  |
| * Contact your supervisor and complete the [Incident Notification Form](https://www.westernsydney.edu.au/__data/assets/pdf_file/0005/6899/6899_Accident_Injury_Incident_Notifcation_Report_Form.v2.pdf) | |  |  |
| * Add other controls unique to your travel. | |  |  |
| 3 | Ground transportation | * Travel to isolated or remote areas |  | * Utilise transport options such as taxis or hire cars organised at the airport or through hotels where possible. Confirm bookings prior to pick-up. | |  |  |
| * Use hand sanitiser or sanitising wipes and a mask when using transport | |  |  |
| * Will you be travelling off road? * Is your mode of transportation appropriate for the terrain? * Do you have an Emergency First Aid Kit? * Do you have appropriate communication devices? | |  |  |
| * Add other controls unique to your travel. | |  |  |
| 4 | Security/Violence | * Mugging * Pick pocketing * Personal confrontations |  | * Keep copies of important documents in several places. | |  |  |
| * Plan your routes carefully as a pedestrian avoiding known problem areas | |  |  |
| * Do not carry large visible sums of money or other valuables (conceal from sight if it is necessary to carry) | |  |  |
| * Travel in pairs or groups if possible and seek advice from local hotel staff about safe places to visit. | |  |  |
| * Contact your supervisor and complete the [Incident Notification Form](https://www.westernsydney.edu.au/__data/assets/pdf_file/0005/6899/6899_Accident_Injury_Incident_Notifcation_Report_Form.v2.pdf) | |  |  |
| * Add other controls unique to your travel. | |  |  |
| 5 | Fatigue | * Long haul flights * High workload/long hours * Inadequate rest breaks * Frequent travel |  | * Prepare itinerary incorporating work schedule, travel time, rest breaks and Leave ahead of departure. | |  |  |
| * Break up flights where possible with stopovers. | |  |  |
| * Limit the number of long-haul flights per year for frequent travellers. | |  |  |
| * When returning from overseas, follow the State or Territory’s Quarantine requirements – [Department of Health information for International Travellers](https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-restrictions/coronavirus-covid-19-advice-for-international-travellers) | |  |  |
| * Add other controls unique to your travel. | |  |  |
| 6 | Carrying medically prescribed drugs through customs | * Customs may not recognise prescribed drugs |  | * Consult GP to request written advice confirming the legitimacy to carry medicine into a foreign country or returning to Australia | |  |  |
| * Ensure all medication is clearly labelled. | |  |  |
| * Add other controls unique to your travel. | |  |  |
| 7 | Socio-cultural and work environment | * Unfamiliar with laws, culture, customs * Hostile environment or climatic extremes * Working alone or in isolated area * Workplace of host/partner organisation |  | | * Utilise [DFAT Smartraveller](https://www.smartraveller.gov.au/?gclid=CN7mo4ib9tMCFYgrvQodVZ4Oxg) to educate yourself on the local environment and culture. |  |  |
| * Plan and implement sound communication strategies relevant to the level of risk of the location, work environment and skill level (mobile, email, satellite, landline access). |  |  |
| * Request induction to host or partner organisation workplace (including locations of emergency egress) and comply with local safe work practices. |  |  |
| * Use suitable workstation where provided. * [Tips for working from Home](https://www.westernsydney.edu.au/__data/assets/word_doc/0005/1686038/Tips_for_working_from_home_final_230320.docx) |  |  |
| * Add other controls unique to your travel. |  |  |
| 8 | Manual Handling, Slips/Trips | * Heavy or awkward luggage * Carrying equipment or work materials * Poor work posture/setup * Unsafe ground surface * Inadequate footwear * Carrying items that obscure view or distract concentration |  | | * Dispatch equipment or materials prior to travel. |  |  |
| * Divide loads into smaller sizes. |  |  |
| * Utilise airport, hotel or personal trolleys. |  |  |
| * Purchase ultra-light overhead luggage. |  |  |
| * Apply ergonomic principles when using laptops in hotel rooms. |  |  |
| * Choose appropriate footwear, safe paths of travel and maintain concentration while moving from point to point. |  |  |
| * Add other controls unique to your travel. |  |  |
| 9 | Psychological Injury | * No regular contact with Supervisor * No Access to support network. * Lone work. |  | | * Organise regular meetings on zoom etc with supervisor. * The staff member and Manager will complete the following as a guide:  |  |  |  | | --- | --- | --- | | Day | Time | Communication Method | | Monday  DD/MM/YYYY | Please confirm | Please Confirm | | XXXXX |  |  | |  |  |  | |  |  |  | |  |  |
| * Complete Appendix 1 and 2 of the *Working from Home Agreement and Checklist* * Does the staff member have all the tools and connectivity to allow her to complete tasks required as per her job description? * Contact WHS & Wellbeing for more information or visit [Working from Home by SafeWork Australia](https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/general-industry-information/working-home) |  |  |
| * Does the staff member have the contact information for the [Employee Assistance Program](https://www.westernsydney.edu.au/whs/whs/health_and_wellbeing/employee_assistance_program) (Access EAP)? * Information on Western Sydney University’s [Wellbeing programs](https://www.westernsydney.edu.au/whs/whs/health_and_wellbeing) and additional [Resources](https://www.westernsydney.edu.au/whs/whs/health_and_wellbeing/resources) |  |  |
| * Add other controls unique to your travel. |  |  |

# Risk Assessment Matrix – The risk matrix below is used to determine the level of risk for each hazard.



|  |  |  |
| --- | --- | --- |
| Supervisor/Line Manager to Complete | | |
| I have reviewed the risk assessment(s) provided | Yes | No |
| Other Comments: | | |

|  |  |  |
| --- | --- | --- |
| **Signatures:** |  | |
| Staff Member: | Signature: | Date: |
| Supervisor/Line Manager: | Signature: | Date: |