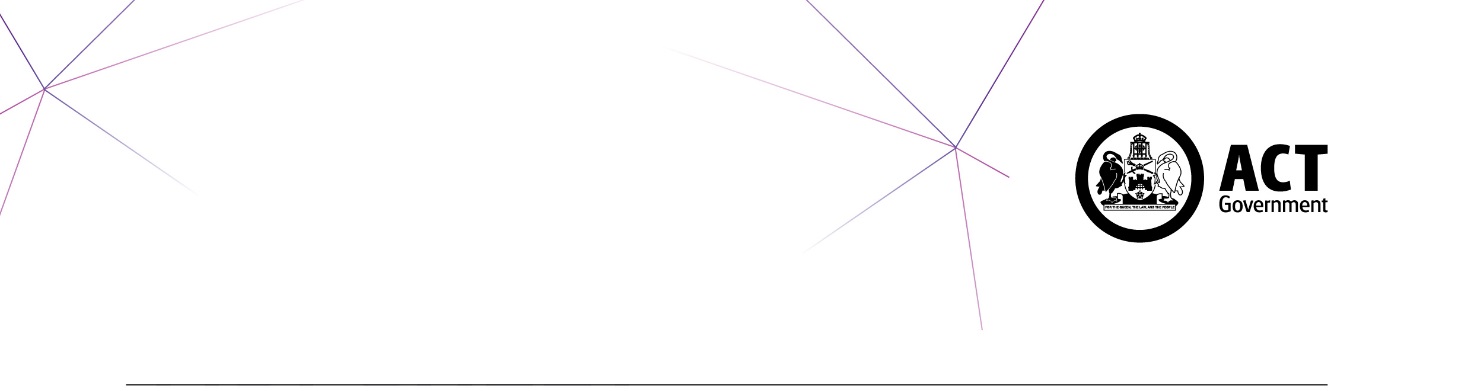
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# **ACTPS WHS Resource: COVID19 and WorkinG from Home Checklist**

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|  | | |  | | --- | | Working from home is now being considered, or has been made a requirement, for many ACTPS workplaces. Your health and safety while working is just as important regardless of where you are working.  **How to use this checklist**  You need a safe and suitable place to work under a working from home arrangement. You and your manager must work through this checklist to ensure that any risks to your health and safety are considered before changing your work arrangements.  Before completing it, think about where it is most suitable for you to work and where you would do most of your work at home. You can use the checklist to help you choose a place to work and identify what you need to put in place. This may include ways to keep connected with your team to avoid feeling isolated.  You should answer the questions for the usual place you would be working if you were working from home.  FAQs and an ergonomic guide are available on the [COVID-19 work health, safety and wellbeing information for the ACTPS](https://actgovernment.sharepoint.com/sites/intranet-WHOGResources/workhealthandsafety/SitePages/COVID-19.aspx) site to provide more information about the issues identified in the checklist.  **Once you’ve completed the checklist, discuss it with your manager. For any questions to which you answer ‘no’, work with your manager to determine what can be changed to address the risk, or if working from home is not a suitable option. Record the outcomes of the discussion and any support you require.** | | | | | | | | | | |
| 1. **Your details** 2. It is important that we can contact you if you are not in your primary place of work and are working from home. Your contact details need to be up to date. 3. Your personal details will be kept private by your manager. | | | | | | | | | |
| Name: | | | | | | | | | |
| 1. My contact details in HR21 are correct (home address and phone number) If working from home is required, this is the address that will be considered as your place of work. 2. Discuss with your manager if you will be working from home at an alternate location. | | | | | | | Yes | | No |
| 1. My alternate phone number that my manager can contact me on is: | | | | | | |  | | |
| 1. **Work from home ready** 2. You will require IT and computer equipment to work at home in a safe and productive way and to enable you to keep connected to your team and manager. If you answer ‘no’ to any of the questions below, you will need to discuss with your manager whether working from home will be possible for you and what options are available. 3. Do you have: | | | | | | | | | |
| 1. A laptop or other arrangement for accessing network/required files from home? | | | | | | | Yes | | No |
| 1. A reliable home internet connection? | | | | | | | Yes | | No |
| 1. Remote access (‘Direct Access’ or ‘External Access’) that enables you to access the ACTGov network via your home internet connection?  Ensure this is tested, including access to all required network drives and folders. | | | | | | | Yes | | No |
| 1. A way of being contacted at home on your work phone number or via an alternate phone number (provided above)? | | | | | | | Yes | | No |
| 1. **Managing security of ACT Government information and materials** | | | | | | | | | |
| 1. Is your home free of any security issues that you are aware of that may affect your ability to abide by ACT Government regulations and policies?  If NO, please list below: | | | | | | 1. Yes | | 1. No | |
| 1. **Ensuring the home environment is a safe place to work** 2. Like any work environment, it is important that your home environment is safe and does not pose unnecessary risk to your health and safety. 3. There are core safety features and aids in your working environment that we need to ensure are available to protect your health and safety, particularly to prevent injury or illness or in the event of an incident occurring. 4. If you answer ‘no’ to any of the questions below, you will need to speak to your manager about working from home will be a safe option for you and whether the potential risk is able to be minimised or managed to allow you to work from home safely. | | | | | | | | | |
| Are basic first aid supplies available? | | | | | | Yes | | No | |
| Is the house fitted with functional and maintained smoke detectors? | | | | | | Yes | | No | |
| Is there adequate secure storage space for work materials (if required)? | | | | | | Yes | | No | |
| Are there sufficient power outlets to run the computer and other equipment? | | | | | | Yes | | No | |
| Are all exit routes from your designated workspace to a safe outdoor location free of obstruction? | | | | | | Yes | | No | |
| Are all electrical leads, power boards etc in good condition? | | | | | | Yes | | No | |
| 1. **The work area** 2. It is important to think about where you will work and how you will manage any risks to your health and safety in doing your work from home, particularly if you do not have a home office to work in. If you are not able to appropriately minimise the risks, your manager will need to consider whether working from home is safe for you. 3. Using a mouse, keyboard and monitor are preferred for providing a good ergonomic set up whilst working from home. 4. If you answer ‘no’ to any of the questions below this does not necessarily mean that you cannot work from home. You and your manager should discuss good ergonomics with the equipment available in your home and consider whether a good ergonomic set up and adhering to ergonomic principles will adequately reduce the potential risk to your health and safety. | | | | | | | | | |
| Do you have an appropriate space to undertake your work? | | | | | | Yes | | No | |
| Do you have appropriate seating and a suitable work surface to undertake your work safe comfortably without undue risk to health and safety? | | | | | | Yes | | No | |
| Is the floor space free from tripping hazards? | | | | | | Yes | | No | |
| Do you have a monitor separate from your laptop? | | | | | | Yes | | No | |
| Do you have a keyboard and mouse that are separate from your laptop? | | | | | | Yes | | No | |
| Do you currently have any reasonable adjustments in your office work location that would need to be considered in a working from home arrangement? | | | | | | Yes | | No | |
| **Other people in your home environment**  It is likely that if working from home is required, other people in your household may also be working from home, or children may be home due to school and childcare closures. This may make it difficult for you, or prevent you from being able, to work from home safely and effectively. It could also have an impact on access to equipment or suitable working space and hours of work availability.  If you answer ‘yes’ to any of the questions below, you will need to discuss with your manager whether this will make it difficult for, or prevent you, from being able to work from home safely. You will need to discuss whether other arrangements can be accommodated to allow you to work from home. | | | | | | | | | |
| Will other people be sharing the space or in the near vicinity (i.e. occupying other rooms of the home, children requiring supervision etc).  If yes, discuss with your manager whether this will make it difficult or prevent you from being able to work from home safely and effectively and consider other options. | | | | | Yes | | | No | |
| **Staying in touch with your manager and your team**  Maintaining contact with your manager and team during any period of working from home will be very important. This connection will ensure that you have the appropriate support to continue your work, as well as ensuring that you do not feel isolated and alone during this period.  Have you: | | | | | | | | | |
| Discussed with your manager what support you may require? | | | | | Yes | | | No | |
| Discussed suitable arrangements for contact with colleagues? | | | | | Yes | | | No | |
| **Declaration & Authorisation** | | | | | | | | | |
| This completed checklist is true and correct, with the understanding that further assessment may occur if required. | | | | | | | | | |
| Comments (Record discussion with manager noting any supports require or any work adjustments such as flexible hours etc): | | | | | | | | | |
| Employee’s signature  (type name to complete electronically): | |  | Date: |  | | | | | |
| Manager’s signature  (type name to complete electronically): | |  | Date: |  | | | | | |

**Note**

* If there are changes that may have an impact on health and safety while working from home a new checklist must be completed