**Shielding Return To Work Checklist and Guidance**

This document is designed to enable managers to have comprehensive discussions with the employee, to support their return to work following an extended period of absence due to shielding. It is important that colleagues prepare themselves mentally and physically to come back to work.

This document should be used in conjunction with any existing risk assessments or reasonable adjustments relevant to the person concerned. Please expand the boxes below as required.

Contact should be made with the colleague **prior** to their first day back at work to complete this document. The employee can either be invited to attend a station in person or a meeting can be conducted via Microsoft Teams as appropriate.

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| **EMPLOYEE DETAILS** | |
| **EMPLOYEE NAME:** | **JOB TITLE:** |
| **DIRECTORATE:** | **TEAM:** |
| **WORK LOCATION:** | **DOCUMENT COMPLETED BY:** *(insert name & job title)* |
| **SECTION 1: Welfare and current health** | |
| **Discussion** | **Comments** |
| **Welfare**  Discuss how the colleague is feeling about returning to work and whether they have any concerns. Were they well supported during their time off? |  |
| **Reason for shielding**  Confirm the reason for shielding. Do they feel fully fit to return? |  |
| **Action card**  Confirm that the appropriate action card was completed and home working/alternative duties/alternative accommodation was offered.  *Action card 1 - Staff with resident family/resident household members who have underlying health conditions defined by PHE as ‘extremely vulnerable’*  *Action card 3 – Staff aged 70 or above*  *Action card 9 – Staff with underlying health conditions* |  |
| **Current health**  Obtain update on current health. |  |
| **SECTION 2: Other considerations** | |
| **Discussion** | **Comments** |
| Are there caring responsibilities for someone, including someone vulnerable, within the household? Y/N |  |
| Are there caring responsibilities for children who are not able attend school? Y/N  *Please note whether the employee is a sole carer or has shared parental responsibilities with a key worker/non key worker.* |  |
| Any other individual circumstances that need to be taken into consideration? |  |
| **SECTION 3: RTW plan** | |
| **Discussion** | **Comments** |
| Employee can continue to work in substantive role **without** adjustments. Y/N |  |
| Employee can continue to work in substantive role **with** adjustments. Y/N  *Review current reasonable adjustments/give consideration to new adjustments/completion of Enable (Reasonable Adjustments) Passport. Also consider temporary flexible working arrangements.* |  |
| Does the employee wish to complete an Enable (Reasonable Adjustments) Passport? Y/N |  |
| Does the employee require an Occupational Health/Wellbeing Hub referral? Y/N |  |
| RTW plan.  *Identify and record whether employee requires third manning/shadowing shifts/phased return/reduced days or hours/restricted duties/alternative duties, and for how long.*  *For example:*  *week 1 – 50%hrs plus third manning*  *week 2 – 75% hrs plus full duties*  *week 3 – 100% hrs plus full duties* |  |
| Provide employee with relevant updates.  *For example:*  *Station updates*  *Team briefings*  *Confirm statutory and mandatory training has been completed during absence*  *Advise employee to update ESR inc NoK details* |  |
| **Signatures** | |
| **Document completed by:** *(insert name & job title)*  **Date:** | **Employee:**  **Date:** |

**Once completed please upload to GRS and place a copy of this document on the employee’s file.**