



TOGETHER WITH YOU

Returning to Work
MARKING GUIDE

**QUESTIONNAIRE MARKING GUIDE
FOR EMPLOYERS/MANAGERS ONLY**

This questionnaire has been designed to determine knowledge and understanding regarding safe work practices in preparations for working 'together again' in the shared current & post COVID-19 environment.



Instruction to Employers /Managers:

If you are marking this questionnaire please ensure that you maintain confidentiality of this document. The correct response/s to each question have been added below.

After reading the reference materials for this module it is expected that team members completing this questionnaire achieve a score of 15/15.

Question 1: Team members / workers are not permitted to enter the workplace if they...

Tick correct answer/s

- Do not have permission from their manager / employer to be on-site
- Have been overseas within the last 14 days
- Have contracted COVID-19 and do not yet have medical clearance to return to work
- Have been in contact with anyone who has COVID-19 (and /or is suspected to have it)
- Confirm they are feeling unwell with symptoms compatible with COVID 19.
- All of the above**

Question 2: It is the duty of care of everyone to take the necessary precautions and follow control measures that have been put in place to help stop the spread of COVID-19 in the workplace?

Tick correct answer:

- True** / False

Question 3: People can carry the virus without presenting any symptoms

Tick correct answer:

- True** / False

Question 4: Which groups of team members from the list below have been identified as falling within the vulnerable worker category in relation to contracting COVID-19?

Tick correct answer/s

- People with pre-existing medical conditions (such as asthma, diabetes, kidney conditions, heart disease)
- Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions.
- People 65 years and older with chronic medical conditions; people 70 years and older; and people with compromised immune systems.
- All of the above**

Question 5: You should not come to work if you are feeling unwell and contact your employer / manager / supervisor (whichever is appropriate) to let them know

Tick correct answer:

True / False

Question 6: Which of the below are considered appropriate methods of communication while physical distancing at work?

Tick correct answer/s:

- Face to face meetings in closed office environments
- MS Team & Zoom meetings (online)**
- Sending emails and calling on the phone**

Question 7: When required to perform team-manual handling tasks you should

Tick correct answer/s:

- Assess the task/s to determine risks related to physical distancing guidelines**
- Consider alternative safe work methods if work cannot be completed within appropriate physical distancing guidelines**
- Just do it! If it will only take a minute and you trust yourself and the team members you are working with are not ill

Question 8: Which of the below are considered good methods to follow according to your personal hygiene?

Tick correct answers:

- Washing hands with soap /or sanitizing hands regularly**
- Rubbing your eyes
- Covering your mouth when you cough or sneeze with your elbow**
- Wearing a mask if you are feeling unwell**
- Touching your nose
- Using a tissue, disposing of it when finished and washing or sanitising your hands**
- Shaking hands

Question 9: If you are concerned about entering a work space due to the number of people in the environment you should:

Tick correct answer/s:

- (a) Not enter the work space
- (b) Discuss with your co-workers who are in the work space from an appropriate / safe distance to find a solution (if / when possible)
- (c) Contact your work supervisor if you have ongoing concerns
- (d) Enter the room anyway but just remember to wash your hands when you leave.
- Answers a, b & c only**

Question 10: It is an important part of the Risk Assessment Process for all team members to evaluate & monitor the effectiveness of the control methods that have been put in place and report any concerns you have about the health & safety of yourself and others immediately?

Tick correct answer:

- True** / False

Question 11: If you have noticed you are experiencing flu-like symptoms such as coughing, shortness of breath & increasing temperature while at work you should:

Tick correct answer/s

- Go directly home & rest, do not tell anyone
- Seek emergency assistance if required, Isolate, tell someone & follow instructions**
- Do nothing

Question 12: Which of the below listed requirements need to be considered regarding physical distancing in shared work spaces?

Tick correct answer/s

- The number of people permitted in any one area
- The distance people need to have between them
- Allowing clear egress for people to move through entry & exit points with correct amounts of distance between them
- All of the above**

Question 13: Which of the following is correct regarding physical distancing?

Tick correct answer/s

- (a) Current distancing measure that people need to keep apart
- (b) Current number of persons per square meters that is permitted
- (c) Sitting in close proximity to another person is permitted if you are outdoors in the sun
- Answers (a) & (b) only**

Question 14: Which of the below listed need to be prioritised for cleaning?

Tick correct answer/s

- Any surfaces that are frequently touched
- Any surfaces that are visibly dirty, or have a spill
- Where suspected or confirmed COVID-19 cases, and close contacts had been
- All of the above**

Question 15: It is a requirement that team members/workers must wear relevant PPE (Personal Protective Equipment) as a control measure to help stop the spread of COVID-19 when undertaking work tasks which have been identified as hazardous by the employer.

Tick correct answer:

- True** / False

Instructions for employers /managers

End of questionnaire: Please ensure that participants have answered all of the questions (in full) and provide any feedback on incorrect responses where necessary. A spreadsheet can be used to record completions.

Result _____/15

Employer / Venue:

Name of person marking this questionnaire: _____

Signature: _____

Date: _____