

# TEMPLATE

## Working from Home Procedure

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### Purpose

The purpose of this procedure is to outline the procedure for requests to work from home made by a worker.

This procedure also provides a process for the Manager to request a worker or group of workers to work from home during the COVID-19 outbreak.

### Scope

The procedure outlines the requirements and forms required as one of the responsibilities of [INSERT ORGANISATION NAME] management and workers under health and safety legislation. The scope is applicable to [INSERT ORGANISATION NAME] management and workers.

Due to the Coronavirus disease (COVID-19) outbreak, [INSERT ORGANISATION NAME] has reviewed the working from home procedure, in accordance with guidance material issued by health and safety regulators, to provide workers with alternative work arrangements.

This procedure describes how to request, assess and implement and monitor a working from home agreement.

### Eligibility

All [INSERT ORGANISATION NAME] workers are eligible to request a work from home arrangement and will be considered on a case by case basis.

During the COVID-19 outbreak, provided the worker is well, [INSERT ORGANISATION NAME] may request that a worker works from home.

When working at home, [INSERT ORGANISATION NAME] require the worker to perform at the same standard as they would in the office.

[INSERT ORGANISATION NAME] will require the worker to demonstrate that the home-based work environment meets [INSERT ORGANISATION NAME]'s work from home requirements.

## Procedure

### 1. Request to work from home

- A worker's request to work from home should be made to the Manager.
- During the COVID-19 outbreak, the Manager, may request for a worker, or group of workers to work from home, when necessary or needed.

### 2. Consultation

When a request is made to work from home, the worker, their direct manager and the Manager must consult on the following matters:

- whether the worker's role is suited to a work from home arrangement
- the hours and type of work to be performed from home
- the workstation and equipment required to perform the tasks and the work safely
- effective means of communication to ensure the worker can access assistance from emergency services
- access to adequate facilities including a first aid kit and emergency response equipment
- process to monitor the agreement

### 3. Work from home agreement

- Following consultation between the worker, their direct manager and the Manager, the worker and/or Manager must complete a **Work from Home Request Form**.
- The Manager must ensure the **Work from Home WHS Evaluation** is satisfied prior to the agreement being made.
- Where a request is made by the Manager for a worker to work from home, [INSERT ORGANISATION NAME] is responsible for covering any costs to ensure worker's home work environment complies with applicable health and safety standards.
- Following confirmation that the workers home work environment meets [INSERT ORGANISATION NAME]'s health and safety standards and operational needs, the Manager can implement the agreement from the agreed date. Alternatively, if the Manager determines that a work from home arrangement is not suitable, they must consult with the worker on the outcome.

### 4. Monitoring the health of the worker and conditions of the work environment

- The Manager must regularly consult with the worker to discuss the agreement to ensure it continues to meet the needs of both parties. Feedback should be recorded in the workers file.
- Where the worker is unwell and is unable to perform their duties from the home work environment, the worker must notify the Manager in the same manner as if the worker was expected to be working from [INSERT ORGANISATION NAME] premises and in accordance with employment requirements.

- Where a worker has been requested by the Manager to work from home during the COVID-19 outbreak, the worker must not present to the [INSERT ORGANISATION NAME] office or work-related events without first receiving authorisation from the Manager.
- Where the Manager and/or the worker identify a need to improve the work from home arrangement (e.g. adequate facilities, health and safety matters, operational requirements), the Manager and worker must consult and the Manager must inform the worker of a resolution in a timely manner.

## 5. Authorisation Amendment or Termination

- [INSERT ORGANISATION NAME] may, at any time, amend or terminate a work from home agreement. This may be a result of:
  - a change in the workers' role and/or work duties
  - the worker changing their residential address, or the work environment is altered
  - a change in agreed working hours
  - control measures not implemented
  - operational factors
  - risks to health and safety
- Any amendment to or termination of an agreement must be recorded by the Manager.

## Work from Home Request Form

Request to Work from Home	
Worker Name:	
Residential Address:	
Contact Number:	
[Insert Organisation Name]:	
Manager:	
Date:	
<p>I request to work from home:</p> <ul style="list-style-type: none"> <li>• On a regular basis: <input type="checkbox"/></li> <li>• For a specified period: <input type="checkbox"/></li> </ul> <p>dates: _____ / _____ / _____ to _____ / _____ / _____</p> <p>OR</p> <p>I have been requested by [INSERT ORGANISATION NAME] Manager to work from home during the COVID-19 outbreak:</p> <ul style="list-style-type: none"> <li>• For a specified period: <input type="checkbox"/></li> </ul> <p>dates: _____ / _____ / _____ to _____ / _____ / _____</p>	

- For a period unknown: , and commencing on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **Worker Responsibilities**

I understand that as a worker working from home, I have a responsibility to:

- take care for my own health and safety
- notify my Manager of any significant change to my home which may have implications for my health and safety
- comply with health and safety instruction given by my Manager
- cooperate with the [INSERT ORGANISATION NAME] health and safety policies and procedures that I've been informed of.

I agree to:

- completing the Work from home WHS evaluation and returning photos of my work from home set up to [INSERT ORGANISATION NAME] and if items are not adequate, consent to a suitably qualified person engaged by [INSERT ORGANISATION NAME] to attend my home to complete a work from home evaluation
- being contactable during normal office hours on the contact number listed on this form
- return to work when requested to do so by my Manager
- report to [INSERT ORGANISATION NAME] and my Manager any change to my work or home environment that may impact on my health and safety
- not present to [INSERT ORGANISATION NAME] premises or work-related events where I have been requested by the Manager to work from home during the COVID-19 outbreak.

Worker Signature:

Date:

Date form received by [INSERT ORGANISATION NAME] Manager:

### Agreement

Home based work duties to be performed:

The worker's role is suited to a work from home arrangement:

Agreed hours of work:

Means of communication to ensure the worker can access assistance from emergency services:

Process to monitor the agreement:

Proposed working environment is safe:

<p>The <b>Work from home WHS evaluation</b> is completed and verified with attached photos and all action items are addressed:</p> <p><b>Yes</b>            <input type="checkbox"/>                      <b>No</b>                      <input type="checkbox"/></p>	
<p>Work from home agreed:</p> <p><b>Yes</b>            <input type="checkbox"/>                      <b>No</b>                      <input type="checkbox"/></p> <p>If no, describe the reason:</p>	
<p>[INSERT ORGANISATION NAME] Manager Signature:</p>	
<p>Date:</p>	
<p>Worker Signature</p>	
<p>Date:</p>	

## Work from home WHS evaluation

Work from Home Details			
Worker name:			
Residential address:			
Phone Number:			
Emergency Contact Name:			
Emergency Contact Number:			
Date of Work from home WHS evaluation:			
Photos to verify the details below attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
[INSERT ORGANISATION NAME] Manager name & Signature:			

WHS Standard	✓ x N/A	Comments / Corrective Actions	Completed (date/person)
<b>Housekeeping</b>			
1. Work areas free from rubbish and obstructions			
2. Work areas are free from slip/trip hazards			
3. Emergency information and contact details available and easily accessible			
<b>Hallways</b>			
4. Unobstructed			
5. Adequate lighting			
<b>Floor</b>			
6. Flooring is in good condition i.e. no lifted or worn surfaces			
7. Furniture and fittings in good condition			
8. No sudden changes in floor surfaces without warning			
9. No slippery or steep surfaces			

WHS Standard	✓ x N/A	Comments / Corrective Actions	Completed (date/person)
<b>Steps, Stairs and Landings</b>			
10. No observed worn or broken steps			
11. Handrails fitted where required			
12. Steps in a condition where they do not present a slip risk			
13. Clear of obstructions			
14. Adequate lighting			
<b>Electrical</b>			
15. No observed broken plugs, sockets, switches			
16. No observed frayed or defective leads			
17. General electrical equipment in good condition			
18. No observed cable-trip hazards			
19. RCD, power boards with safety switch present / in use.			
<b>Environment</b>			
20. Lighting adequate and free from glare from natural light or overhead lights and no flickering lights.			
21. Noise at a comfortable level i.e. not disrupting work tasks			
22. Temperature and airflow at a comfortable level e.g. not too hot or cold			
23. Work area is segregated from other hazards in the home (e.g. hot cooking surfaces in the kitchen)			
<b>First Aid</b>			
24. Basic first aid kit available			



WHS Standard	✓ x N/A	Comments / Corrective Actions	Completed (date/person)
<b>Fire Control</b>			
25. Smoke detectors are installed, working and properly maintained.			
<b>Chair</b>			
26. Adjustable to get correct height, back rest adjustable to get lumbar support, seat size supports legs.			
27. Sufficient space on desk for equipment required for the task e.g. document holder, printer, phone.			
28. Sufficient leg space under desk.			
<b>Computer screen (PC)</b>			
29. Height – top of screen is approximately at eye level.			
30. Screen directly in front of you and about an arm's length away.			
<b>Laptop</b>			
31. Do you have a Docking Station or other suitable set-up so that top of screen is approximately at eye level?			
<b>Keyboard and mouse</b>			
32. Keyboard positioned directly in front of you			
33. Mouse next to keyboard – easy access, arm in close (no stretching required).			
34. Hand/arm position correct height and comfortable			
<b>Comments</b>			

WHS Standard	✓ x N/A	Comments / Corrective Actions	Completed (date/person)
Photos have been provided by the worker to demonstrate the workers work from home set up:			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
[INSERT ORGANISATION NAME] Worker Signature:			
Date:			
[INSERT ORGANISATION NAME] Manager Signature:			
Date:			

Details of Issue	Action Details	Responsible Person	Verification / Date of Completion

- End -