

**COVID – 19 Record of Supervision**

Staff Member:

Area of Work:

Time in Service:

Date of Supervision:

Time of Supervision:

Supervisor:

**Duties and Tasks**

Are you finding your workload manageable? (there is a good mix of work life balance)

Are you able to access the appropriate PPE to enable you to complete Your Duties?

Do you feel that you have the appropriate Support on hand to Carry out your duties if you are unsure on how to proceed?

In relation to COVID-19 are you confident with working with suspected or confirmed cases?

What could we improve?

**Health and Wellbeing**

How are you and your family (if appropriate) coping with the Crisis, is there anything we could do to support you more?

Do you feel confident if things were to become overwhelming that you could approach the office for a chat?

Are you aware that there are external support groups to assist with emotional wellbeing?

Is there anything we can improve on?

## Clients/Relationships

How are your service users coping with the crisis?

Is the current POC appropriate for their needs?

You are fully aware of your role and responsibilities in relation to carrying out your duties:

**Self Evaluation: (**

**On a scale of 1-6 how satisfied are you with the following: Please Circle**

	Not Satisfied ←-----→ Completely Satisfied At All						
Rota	1	2	3	4	5	6	N/A
Colleague Relationship	1	2	3	4	5	6	N/A
Management/Leadership	1	2	3	4	5	6	N/A
My Work Performance	1	2	3	4	5	6	N/A
Work/Life balance	1	2	3	4	5	6	N/A
Emotional wellbeing	1	2	3	4	5	6	N/A
PPE Availability	1	2	3	4	5	6	N/A
Emotional wellbeing	1	2	3	4	5	6	N/A
Information Provided for Covid Suspect Service Users	1	2	3	4	5	6	N/A

**Any Issues raised by Staff Member**

<u>Agenda Items discussion</u>	Support / Guidance Required

**Company Issues**

<u>Agenda Items discussion</u>	Support / Guidance Required

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**Action Plan**

No.	Actions Agreed	By whom	Timescale
1.			
2.			
3.			
4.			
5.			

<b>Date of Next Supervision:</b>		<b>Time of Next Supervision:</b>	
<b>Signature of Staff:</b>		<b>Signature of Supervisor:</b>	