

ANNEXURE A

INDIVIDUAL RISK ASSESSMENT FOR VULNERABLE EMPLOYEES

Individual Risk Assessment for COVID-19 for vulnerable employees

Risk Assessment	Key Considerations
<p>This should be completed for all vulnerable staff:</p> <ol style="list-style-type: none">1. This can be undertaken by the line manager /principal or supervisor.2. Involve the member of staff.3. Consider actions to minimize risk.4. Agree on risk management with the staff member.5. Discuss the work options with the employee and use the checklist to indicate which measures will be implemented. <p>The manager / principal and staff member should consider together, in light of the risk assessment, whether alternative work arrangements are appropriate and practicable.</p>	<ol style="list-style-type: none">1. Limit/avoid the duration of close interaction with individuals. Virtual meetings / telephonic conversations are advised if applicable.2. Maintain all social distancing rules should you meet face to face.3. Consider whether public transport / rush hour can be avoided through adjustments to work hours.4. Arrange to travel using private transport / lift clubs.5. Use PPE appropriately.6. Consider remote working if the staff member is enabled including access to equipment and the internet.

Has the employee submitted the required medical report:

	Yes / No (√ / X)
a) The name and the qualification of the medical practitioner issuing the certificate;	
b) His or her contact number and physical address;	
c) A proper practice or registration number; and	
d) Confirming that he/she falls within the category of comorbidities as determined by the Department of Health	

Individual Risk Assessment

Name of staff member		
PERSAL No		
Rank		
Directorate / Office		
Name of supervisor		
Date		
Employee Comorbidity - Evidence	Yes	No

Medical Evidence to include

- a) The name and qualification of the medical practitioner issuing the certificate;
- b) His or her contact number and physical address;
- c) A proper practice or registration number, and
- d) Confirming that he/she falls within the category of comorbidities as determined by the Department of Health.

Agreed action plan to manage the employee (indicate those who have been agreed to)	
Tick where applicable ✓	
	Working off site (remotely); the necessary equipment; internet access etc. is available.
	Adaptation of duties
	Other, please specify (inclusive of additional risk control measures):
	Dedicated alcohol-based hand rub provided (or available) for the employee.
	Protective isolation and physical distancing.
	Limit duration of close interaction with colleagues and/or the public.
	Alternative accommodation in a lower exposure risk area, cellular office/floor/boardroom
	Implementing of co-worker screening programme
	Sharing of relevant COVID related information and social distancing information.
	Specialized personal protective equipment (PPE) provided
	Other, please specify:

The above action plan agreed / not agreed (Mark with an X whichever is applicable)	_____
	Employee Signature

	Date

_____	_____
Manager's / Supervisors Signature	Date

Individual risk assessment checklist for COVID-19 for vulnerable employees

<i>Requirements</i>	Yes / No (√ / x)
<i>At risk declaration (Employee)</i>	
<i>Assessment (Manager)</i>	
Individual risk assessment completed by Manager	
<i>Medical Evidence</i>	
Certificate from medical practitioner available	
Signature (Manager)	
Employee signature	

<hr/> Manager's / Supervisors Signature	<hr/> Date
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