

ANNEXURE A

INDIVIDUAL RISK ASSESSMENT FOR VULNERABLE EMPLOYEES

Individual Risk Assessment for COVID-19 Vulnerable employees

<u>Risk Assessment:</u>	<u>Key considerations:</u>
<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 or supervisor 2. Involve the member of staff 3. Consider actions to minimise 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><i>The manager and staff member should consider together, in the light of the risk assessment, whether alternative work arrangements are appropriate and practicable.</i></p>	<ol style="list-style-type: none"> 1. Limit/avoid duration of close interaction with individuals. Virtual meetings/telephonic conversations are advised where 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 Educator 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.		
School/Directorate.		
Name of Supervisor.		
Date.		
Employee Comorbidity – (Evidence)	Yes	No

Medical evidence to include:

- 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.

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

<p>The above action plan agreed / not agreed (Mark with X whichever is applicable)</p>	<p>_____ Employee Signature:</p> <p>_____ Date</p>
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<p>_____ Manager's/Supervisor's Signature</p>	<p>_____ Date</p>
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**INDIVIDUAL RISK ASSESSMENT
CHECKLIST FOR COVID-19 FOR
VULNERABLE EMPLOYEES**

REQUIREMENTS	YES / NO (√ / X)
<i>At-Risk Declaration (Employee)</i>	
<i>Assessment (Principal/Manager)</i>	
Individual Risk Assessment Completed by Manager/Principal	
<i>Medical Evidence</i>	
Certificate from Medical Practitioner available	
Signature (Manager/Principal)	
Employee Signature	

<p>_____ District Director / Senior Manager Signature</p>	<p>_____ Date</p>
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