Annexure A
Individual risk assessment for vulnerable employees

ANNEXURE A: INDIVIDUAL RISK ASSESSMENT FOR VULNERABLE EMPLOYEES

Individual Risk Assessment for COVID-19 for Vulnerable employees

Risk Assessment: **This should be completed for all vulnerable staff** 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. *The manager and staff member should consider together, in the light of the risk assessment, whether alternative work arrangements are appropriate and practicable.*	**Key considerations:** 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 √ 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 learners/colleagues and/or the public
	Alternative accommodation in a lower exposure-risk area-cellular office/boardroom/floor/classroom
	Implementing a co-worker screening programme
	Sharing of relevant COVID related information and social distancing information
	Specialised personal protective equipment (PPE) provided
	Other, please specify:

The above work action agreed / not agreed (Mark with X whichever is applicable)	Employee Signature:

_____	_____
Manager's/Supervisor's Signature	Date

Individual Risk Assessment Checklist
for Covid-19 For Vulnerable Employees

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

_____	_____
District Director / Senior Manager Signature	Date