



Annexure A: Individual risk assessment for vulnerable educators

Branch: Institution Development and Coordination	Annexure A: Individual risk assessment for vulnerable educators	
Annexure A	Issued: 17 July 2020	To be reviewed as and when necessary

Approved by the Head of Department:



BK Schreuder
Date: 17 July 2020

ANNEXURE A: INDIVIDUAL RISK ASSESSMENT FOR VULNERABLE EMPLOYEES

INDIVIDUAL RISK ASSESSMENT FOR COVID-19 FOR VULNERABLE EMPLOYEES

<p>Risk assessment:</p> <p>This must be completed for all vulnerable employees.</p> <ol style="list-style-type: none">1. Can be undertaken by the principal, line manager or supervisor.2. Involve the employee.3. Consider actions that can be taken to minimise risk.4. Agree on risk management with the employee.5. Discuss the work options with the employee and use the checklist to indicate which measures will be implemented. <p><i>The principal/line manager/supervisor and employee should jointly consider, in light of the risk assessment, whether alternative work arrangements are appropriate and practicable.</i></p>	<p>Key considerations:</p> <ol style="list-style-type: none">1. Limit the duration of or avoid close interactions 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 traffic can be avoided through adjustments to work hours.4. Arrange to travel using private transport/lift clubs.5. Use personal protective equipment (PPE) appropriately.6. Consider off-site (remote) working if the employee is able to – which includes access to the necessary equipment and the internet.
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INDIVIDUAL RISK ASSESSMENT FORM

Name of employee		
PERSAL number		
Rank		
School/directorate		
Name of principal/line manager/supervisor		
Date		
Employee comorbidity (with evidence)	Yes	No

Medical evidence to include:

- a) The name and qualification of the medical practitioner issuing the certificate.
- b) The medical practitioner's contact number and physical address.
- c) A proper practice or registration number.
- d) Confirmation that the employee falls within the category of comorbidities, as determined by the Department of Health.

AGREED WORK ACTION PLAN: VULNERABLE EMPLOYEES <i>(indicate what has been agreed to)</i>	
Tick ✓ where applicable	
	Working off-site (remotely) – the necessary equipment, internet access, etc. is available
	Adaptation of duties
	Provision (or availability) of dedicated alcohol-based hand sanitiser 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 e.g. cellular office/boardroom/different floor or classroom
	Implementation of a co-worker screening programme
	Sharing of relevant COVID-19 related information and social distancing information
	Provision of specialised PPE
	Other, please specify (inclusive of additional risk control measures):

The above work action plan is agreed / not agreed to <i>(Delete whichever is not applicable)</i>	Employee signature:
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_____ Principal/line manager/supervisor signature	_____ Date
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Has the employee submitted the required medical report?

IS THE FOLLOWING INCLUDED IN THE MEDICAL REPORT?	YES/NO (✓/ X)
a) The name and qualification of the medical practitioner issuing the certificate.	
b) The medical practitioner's contact number and physical address.	
c) A proper practice or registration number.	
d) Confirmation that the employee falls within the category of comorbidities, as determined by the Department of Health.	

INDIVIDUAL RISK ASSESSMENT CHECKLIST FOR COVID-19 FOR VULNERABLE EMPLOYEES

REQUIREMENTS	YES/NO (✓/ X)
<i>At-risk declaration (employee)</i>	
<i>Assessment (principal/line manager/supervisor)</i>	
Individual Risk Assessment Form completed by principal/line manager/supervisor	
<i>Medical evidence</i>	
Certificate from medical practitioner available	
Signature (principal/line manager/supervisor)	
Employee signature	

_____ District director/senior manager signature	_____ Date
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