



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Worker COVID-19 Risk Assessment

This document may be updated depending on the Covid-19 pandemic response
Version 1, 1 May 2020







How to use this Guide?





















- Use the questions below to assess if it is safe to start work.
- If you answer 'NO' to any of the questions, report this immediately to your supervisor, who will help to identify a practicable and reasonable solution.













Always practise these controls in your workplace

1. Social distancing must be at least 1.5 metre away from any other person in any circumstance.
2. Wash hands with soap and water for 20 seconds, or use alcohol-based hand sanitiser after contact with any person or after contact with frequently touched surfaces within a communal environment e. g. phones, door handles, stairways, lifts, etc.
3. Cough in the fold of the elbow or in a tissue which you discard in a bin and wash your hands.
4. Avoid touching your eyes, nose and mouth with unwashed hands, more so with gloved hands.
5. These pointers however do not preclude other requirements for PPE as required.

Employee training and awareness

| | |
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| 1. I have received training on COVID-19 and the virus causing it, how the virus is spread, the symptoms of the disease and how I can protect myself against infection. | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| 2. I am trained and familiar with the COVID-19 protocols in my workplace. | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| 3. I know the protocol of self-isolate at my home or at a quarantine site should I become ill with symptoms of COVID-19. | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |

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| <p>4. I know the protocol to report should I become ill with symptoms of COVID-19.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>5. I have been told about the screening and testing procedure for Covid-19</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>6. I have been told about contact-tracing for Covid-19 if I am tested positive for Covid-19</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>7. I have been trained in the correct use, how many times PPE can be used before it needs to be replaced, storage and safe disposal of used/contaminated PPE.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| Hygiene and cleaning measures | |
| <p>8. Hand washing sink with soap & approved (70% alcohol) hand sanitiser is available.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>9. Surfaces and equipment are cleaned and disinfected with approved disinfection/sanitising products on a regular basis (at least every four hours).</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>10. I know the required personal hygiene practices such as coughing/sneezing into my elbow if I do not have a clean tissue with me, washing my hands regularly for 20 sec, and not sharing stationary, eating utensils and/or PPE with a colleague.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| Reduce physical contact (social distancing 1.5 m or 2 x arm-length) | |
| <p>11. I know the social distancing rule of keeping a distance of at least 1.5 meter or 2 x arm-length between myself and any colleague or person from the public.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>12. I know that I need to avoid physical contact such as handshakes, touching and hugs.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>13. I know that crowds or gatherings (e.g. large groups >10 or groups in spaces where there is not sufficient ventilation) needs to be avoided at my workplace.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |

| | |
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| <p>14. When dining at work or during breaks, I need to maintain a 1.5 metre distance from colleagues while dining, and I must not sit face-to-face opposite any other person.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>Personal Protective Equipment</p> | |
| <p>15. I have all the PPE specific to my work tasks to protect me, in addition to my PPE required to protect me from COVID-19.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>16. My PPE is in a good condition and I am familiar with the procedure required to use it and how to replace it when it is damaged, worn or lost.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>Personal wellbeing</p> | |
| <p>17. I monitor my own health for early COVID-19 symptoms (cough, sore throat, shortness of breath or fever $\geq 38^{\circ}\text{C}$) or flu symptoms and know what to do and where I need to report to if I experience any of the aforementioned symptoms.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>18. I know the contact number and how to access psychological support services should I need support, within my company or external to my company.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |
| <p>Emergency response</p> | |
| <p>19. I am familiar with the procedure to report in case someone at home or in my workplace has symptoms of COVID-19.</p> | <input type="checkbox"/> YES  <input type="checkbox"/> NO  |

(Document prepared by the Risk Assessment Group within the Occupational Health and Safety Workstream of the National Department of Health – Covid-19 Response)

Name and Signature of Employee

Date