



# COVID-19 Staff Risk Assessment

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## How to use this guideline for Employee Risk Assessment

1. The Risk Assessment (RA) should be conducted on a **daily basis** by an employer with every employee – no one is exempted. Go through each and every question with the employee. Remember that the person can be healthy today but start develop symptoms tomorrow.
2. Every RA should be documented and saved for scrutiny by the Department of Health should they do spot checks for compliance purposes (this is a medico-legal document).
3. Keep records safe and confidential.
4. Take their temperature.
5. Supply the employee with visible proof that they were risk assessed. A good idea is to supply the employee with a visible green sticker on the chest area with a date and the temperature to indicate to everybody that they have been risk assessed.
6. Refer the employee for official medical evaluation if any doubt exists regarding the health and safety of the employee or if there is a concern as to the possibility of your business or other employees being exposed.
7. Monitoring of blood pressure is not compulsory, however should you be able to conduct this measurement, this will be to the advantage of the employee. Blood pressure is considered normal up to a level of 140/90. Anything above this would be considered as hypertensive or high blood pressure. If the measurement is above 150/ 95, please consult your nearest medical professional for proper evaluation. Should your blood pressure be below 95/65 you might want to consider a proper evaluation by a medical practitioner.
8. Should you have any questions – please feel free to contact Zuid-Afrikaans Emergency Department on 012 343 3737.














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### Risk Assessment Questions

Laminate this page and ask these questions to your employee

	Question	Yes	No
	Have you travelled outside the borders of South Africa since the outbreak of COVID-19 since December?		
	Were you in contact with a positive Covid-19 (Coronavirus) patient?		
	History of fever		
	Cough		
	Chills		
	Sore throat		
	Shortness of breath		
	Nausea / vomiting		
	Diarrhoea		
	Myalgia / Body pains		
	Loss of the sense of smell		
	General weakness		
	Irritability / confusion		



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## Record of Staff member

Name & Surname \_\_\_\_\_  
Staff Number / ID \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Date	Temperature	Blood Pressure <small>(not compulsory)</small>	RA Conducted? Yes / No	Comments?