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.

**Risk Assessment Questions**

Laminate this page and ask these questions to your employee

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Yes** | **No** |
| A picture containing clock, plate  Description automatically generated | Have you travelled outside the borders of South Africa since the outbreak of COVID-19 since December? |  |  |
| A picture containing card, drawing  Description automatically generated | Were you in contact with a positive Covid-19 (Coronavirus) patient? |  |  |
| A picture containing drawing, clock  Description automatically generated | History of fever |  |  |
| A picture containing room, drawing, clock  Description automatically generated | Cough |  |  |
| A picture containing clock, drawing  Description automatically generated | Chills |  |  |
| A picture containing clock, drawing  Description automatically generated | Sore throat |  |  |
| A picture containing clock  Description automatically generated | Shortness of breath |  |  |
| A picture containing drawing, clock  Description automatically generated | Nausea / vomiting |  |  |
| A picture containing clock, device  Description automatically generated | Diarrhoea |  |  |
| A picture containing clock  Description automatically generated | Myalgia / Body pains |  |  |
| A close up of a sign  Description automatically generated | Loss of the sense of smell |  |  |
| A picture containing drawing  Description automatically generated | General weakness |  |  |
| A picture containing clock, drawing  Description automatically generated | Irritability / confusion |  |  |

Record of Staff member

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name & Surname | | |  | | | |
| Staff Number / ID | | |  | | | |
| Telephone Number | | |  | | | |
|  | | |  | | | |
| **Date** | **Temperature** | | **Blood Pressure**  **(not compulsory)** | **RA Conducted? Yes / No** | **Comments?** | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |