

**COVID-19 INITIAL RISK SELF ASSESSMENT**

Use the questions below to assess if it is safe to start work.

If you answer **NO** to any of the questions, then report this immediately to your supervisor, who will help to identify a practicable and reasonable solution.

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| **ALWAYS PRACTISE THESE CONTROLS IN YOUR WORKPLACE**   * Social distancing must be at least 1.5 metre away from any other person in any circumstance. * 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 e. g. phones, door handles etc. * Cough in the fold of the elbow or in a tissue which you discard in a bin and wash your hands. * Avoid touching your eyes, nose and mouth with unwashed hands. * Wear a cloth mask at all times. * Ensure that you have read the Health and Safety Protocol and ensure that you follow the guidelines applicable to you. | | | |
| 1. **Date:** |  | | |
| 1. **Name:** |  | | |
| 1. **Employee number:** |  | | |
| 1. **Employee training and awareness** | | | |
| 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. | | Yes | No |
| I am trained and familiar with the COVID-19 protocols in my workplace. | | Yes | No |
| I know the protocol of self-isolate at my home or at a quarantine site should I become ill with symptoms of COVID-19. | | Yes | No |
| I know the protocol to report should I become ill with symptoms of COVID-19. | | Yes | No |
| I have been told about the screening and testing procedure for Covid-19 | | Yes | No |
| I have been told about contact-tracing for Covid-19 if I am tested positive for Covid-19 | | Yes | No |
| 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. | | Yes | No |
| 1. **Hygiene and cleaning measures** | | | |
| Hand washing sink with soap & approved (70% alcohol) hand sanitiser is available. | | Yes | No |
| Surfaces and equipment are cleaned and disinfected with approved disinfection/sanitising products on a regular basis (at least every four hours) | | Yes | No |
| I know the required personal hygiene practices such as couching/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. | | Yes | No |
| 1. **Reduce physical distancing (social distancing 1.5m or 2 x arm-length)** | | | |
| 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. | | Yes | No |
| I know that I need to avoid physical contact such as handshakes, touching and hugs. | | Yes | No |
| 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. | | Yes | No |
| When dining at work or during breaks, I need to maintain a 1.5 meter distance from colleagues while dining, and I must not sit face-to-face opposite any other person. | | Yes | No |
| 1. **Personal protective equipment (PPE)** | | | |
| I have all the PPE specific to my work tasks to protect me from COVID-19 in addition to my normal PPE required to work safely. | | Yes | No |
| My PPE is a in good condition and I’m familiar with the procedure how to use it and how to replace it when it is damaged or lost. | | Yes | No |
| 1. **Personal wellbeing** | | | |
| I monitor my own health for early COVID-19 symptoms (cough, sore throat, shortness of breath or fever ≥ 38°C) or flu symptoms and know what to do and where I need to report to if I experience any of the mentioned symptoms. | | Yes | No |
| I know the contact number and how to access psychological support services should I need support. | | Yes | No |
| 1. **Emergency response** | | | |
| I am familiar with the procedure to report in case someone at home or in my workplace has symptoms of COVID-19. | | Yes | No |

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| I hereby certify that the information I have provided in this form is complete, true and accurate and I give permission for the University to validate any information provided. | |
| In line with the Protection of Personal Information Act, you are required to give permission for the University to check the accuracy of any information provided. Should it become apparent that the information you have provided is false our disciplinary procedures and processes will apply. | |
| Signature |  |
| DATE |  |