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| **Guidelines on aspects to be assessed during a COVID-19 infection investigation involving a staff member that may have been infected while on the University’s premises (NB: The below investigation criteria is just a guideline and not conclusive of all the factors that should be considered during such an investigation - discretion is to be applied based on each area’s unique physical and operational circumstances)** | | | | | | | | | | | | | **Date report was filled in**  **Click or tap to enter a date.** | | |
| **Name / surname of person investigating / Line Manager** |  | | | | | | | | | | | | | | |
| **Staff number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Names of other persons involved in the investigation** |  | | | | | | | | | | | | | | |
| **Person infected** |  | | | | | | | | | | | | | | |
| **Date positively diagnosed** |  | | | | | | | | | | | | | | |
| **School / Division / University Entity** |  | | | | | | | | | | | | | | |
| **Buildings / Venues in which person worked / functioned** |  | | | | | | | | | | | | | | |
| **Was a risk assessment carried out for the area in which the employee worked?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Were all the risk mitigation measures arising from the risk assessment implemented prior to the employees return to work?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Did the employee adhere to safe distancing rules?** | | | | | | | | | | | | | | **YES** | **NO** |
| **If known, did others whom the infected employee came into contact with practice safe distancing?** | | | | | | | | | | | | | | **YES** | **NO** |
| **If known, did the employee suffer from any pre-existing medical conditions / chronic illnesses that may have compromised his / her immune system?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Is the employee in a “vulnerable worker” category (i.e. in terms of the nature of the employee’s job, aged over 60, etc.)?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Was screening / barricading adequate in the employees work areas?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Did employee attend face to face meetings with other people (instead of online meetings)?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Did employee wear a face mask at all times in the work place?** | | | | | | | | | | | | | | **YES** | **NO** |
| **If known, did others whom the infected employee came into contact with wear face masks?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Did employee carry out the obligatory daily symptom self-screening?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Did employee attend the University’s online COVID-19 Awareness presentation?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Is it suspected that lack of adequate ventilation may have contributed towards the infection occurring?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Did more persons occupy an office / venue than what was permissible?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Has the necessary cleaning / disinfecting of the potentially contaminated areas taken place?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Were any other persons at the University exposed to the infected person?** | | | | | | | | | | | | | | **YES** | **NO** |
| **If YES to above question then have all exposed persons been told to self-quarantine?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Is it necessary to review the School’s / University entity’s risk assessment?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Was the infection contracted while the employee was at the University? Is it occupational related? (NB: If YES to this question then please submit a WCL1 form as soon as possible to;** [Dept-OHS-Admin@wits.ac.za](mailto:Dept-OHS-Admin@wits.ac.za)) | | | | | | | | | | | | | | **YES** | **NO** |
| **Has the infection been reported to your Faculty / School / Entity HR Representative?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Has the infection been reported to Protection Services (to block person’s access badge)?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Has the infection been reported to Services (to arrange cleaning of contaminated areas)?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Has the infection been reported to Sister Maggie (to follow up with the infected person)?** | | | | | | | | | | | | | | **YES** | **NO** |
| **Was the infection reported to the OHS&E Directorate on the required Infection Reporting Form and sent to:** [Dept-OHS-Admin@wits.ac.za](mailto:Dept-OHS-Admin@wits.ac.za) **(to enable updating of the central register and for obligatory reporting to the various government departments)?** | | | | | | | | | | | | | | **YES** | **NO** |
| **In view of the above findings, please indicate below the possible causes that contributed towards an infected person being on Campus, whether the current measures to prevent the transmission of COVID-19 at the University are sufficient and, any corrective actions / measures that should be implemented:** | | | | | | | | | | | | | | | |
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