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| **Aspects to be assessed during an investigation involving an employee / student that was positively diagnosed with COVID-19 and who was on the University’s premises up to 7 days prior to being positively diagnosed.** | | | | | | | | | | | | | | | | | |
| **NB: The below investigation criteria is just a guideline and is not conclusive of all the factors that should be considered during such an investigation. Discretion is to be applied during the investigation. Please complete this form and return it as soon as possible to:** [Dept-OHS-Admin@wits.ac.za](mailto:Dept-OHS-Admin@wits.ac.za) | | | | | | | | | | | | | | | **Date this investigation report was filled in:**  Click or tap to enter a date. | | |
| **Infected person’s full names** |  | | | | | | | | | | | | | | | | |
| **Staff member or student** | **Staff member** | | | | | | | | | | **Student** | | | | | | |
| **Staff / student ID number** |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | | |
| **Staff / student employee #** |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | | |
| **Date of the positive diagnosis** | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| **Name of testing laboratory** |  | | | | | | | | | | | | | | | | |
| **Name of University Entity where infected person is employed / functions** |  | | | | | | | | | | | | | | | | |
| **Name of building / venue in which infected person functions / works** |  | | | | | | | | | | | | | | | | |
| 1. **Is the infected person vaccinated?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Was a risk assessment carried out for the area / entity in which the infected person functions?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Were all the risk mitigation measures arising from the risk assessment implemented prior to the infected person entering Campus?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Was the infected person physically present at the University up to 7 days prior to being positively diagnosed?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Did the infected person wear a face mask at all times while on Campus (i.e. covering mouth and nose)?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Did the infected person adhere to the social distancing protocols?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **If known, did the infected person suffer from any pre-existing medical conditions / chronic illnesses that may have compromised his / her immune system (i.e. comorbidities)?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **If known, is the infected person in a “vulnerable person” category (i.e. in terms of the nature of job, aged over 60, etc.)?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Did the infected employee attend the University’s online COVID-19 Awareness presentation?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Is demarcation / barricading adequate in the area / space where the person functions?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Is ventilation adequate in the area / space where the person functions?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Did more persons occupy an office / class / University venue / vehicle than what was permissible i.t.o. social distancing rules?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Based on the findings of this investigation, is it necessary to review the School’s / University entity’s risk assessment?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **Has the infection been reported to** Anna.Moloi@wits.ac.za **at the Campus Health and Wellness Centre (to follow up with the infected person)?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| 1. **If the infected person is an employee then has this infection been formally reported to the OHS&E Directorate by means of the Employee Infection Reporting Form sent to:** [Dept-OHS-Admin@wits.ac.za](mailto:Dept-OHS-Admin@wits.ac.za)**?** | | | | | | | | | | | | | | | | **YES** | **NO** |
| **16: If the infected person is an employee then please answer the questions in the below list to establish whether the infection arose out of or in connection with the employee’s employment at the University (i.e. Is it an occupational related / IOD)?** Criteria / scenarios to consider whether or not the infection is work related (i.e. whether it arose out of or in connection with the employee’s employment at the University). This can assist in determining whether or not the employee’s infection was work related: | | | | | | | | | | | | | | | | | |

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| Does the infected employee believe that the incident is work related? (If so, please provide reasons on a separate page) | **YES** | **NO** |
| While at work was the employee in close proximity to someone that subsequently tested positive for COVID-19? (i.e. exposure for 15 minutes or longer and/or without wearing a face mask and/or without keeping to the social distancing requirements) | **YES** | **NO** |
| Are there any known confirmed positive employees in the immediate area where the employee worked and/or to which the employee may have been exposed prior to him / her being positively diagnosed? | **YES** | **NO** |
| Did the employee test positive shortly after exposure / contact / interaction with someone else at work who tested positive? | **YES** | **NO** |
| While at work, was the employee exposed to someone that was frequently sneezing, coughing and/or showing typical symptoms of COVID? | **YES** | **NO** |
| Did the employee and / or such other person to whom he/she was exposed wear the obligatory face masks, maintain social distancing protocols while in each other’s company? | **YES** | **NO** |
| Did the infected employee travel in a motor vehicle while on a work assignment with another person that was showing COVID symptoms or who was later positively diagnosed with COVID-19? | **YES** | **NO** |
| Has an employee and/or a cluster of employees tested positive in the work area in which the employee usually carries out his / her work activities (i.e. that tested positive prior to this particular employee testing positive)? | **YES** | **NO** |
| Does the employee have regular / frequent exposure / interaction with members of the public in his / her working environment? | **YES** | **NO** |
| If the response to the above question is yes then are reasonable preventative measures implemented in such workplace / work area to prevent an infection from occurring? | **YES** | **NO** |
| Does the employee travel to work using public transport and/or generally make use of public transportation? | **YES** | **NO** |
| Prior to the infection taking place, did the infected employee make use of public transit (i.e. such as an Uber, taxi, carpool, public bus service, train service, airplane trip on a commercial airline, etc.)? | **YES** | **NO** |
| Did employee have a family member who was a confirmed / positive infection case (i.e. that occurred prior to him/herself being infected)? | **YES** | **NO** |
| Has anyone in the employee’s household either tested positive for the virus or shown symptoms of the virus shortly before the employee was positively diagnosed? | **YES** | **NO** |
| Has the employee hosted any family or friends (that do not live with the employee at home) that may have been infected? | **YES** | **NO** |
| Did employee have close contact / exposure with someone outside of his / her working environment with a confirmed / positively diagnosed infection? | **YES** | **NO** |
| Does the employee live with or have close contact with someone working in: (i). Healthcare (ii). Emergency response (e.g., emergency medical, firefighting, or security / SAPS and/or other law enforcement agency where there is high frequency exposure to members of the public, or at a, (iii). Correctional institution)? | **YES** | **NO** |
| Shortly\* prior to being positively diagnosed, did the employee attend any gatherings where there may have been exposure to people that do not live in the employee’s household (i.e. such as at a party, birthday celebration, wedding, funeral, church service, or any other type of informal get together)? | **YES** | **NO** |
| Did the employee visit any restaurants, clubs, bars, etc. shortly\* before the employee began to feel symptoms and/or was positively diagnosed? | **YES** | **NO** |
| Does the employee have children in the household who are attending in-person day-care, or whom attend an educational institution / school (i.e. where it may be plausible that such child may have been exposed to someone that was infected)? | **YES** | **NO** |
| Did the employee visit a grocery store, hardware store, mall, etc. shortly\* prior to the employee beginning to feel symptoms and/or was positively diagnosed? | **YES** | **NO** |
| Did the employee visit a gym, spa, tattoo parlour, beauty salon / barbershop shortly\* before the employee began to feel symptoms and/or was tested positive? | **YES** | **NO** |
| In view of the responses to above questions is it likely that this infection arose out of or in connection with the employee’s employment at the University (i.e. is it work related)? | **YES** | **NO** |
| **NB: If you answered YES to the question above then a WCL form must be submitted (as well as any other IOD documentation that is required in terms of the COID Act. This must be sent to:** Ntabiseng.Nzimande@wits.ac.za | | |

\*The above-mentioned term ‘shortly’ refers to a period of up to 7 days prior to the employee being positively diagnosed.

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| **Please provide any other further information arising from this investigation such as whether the current measures to prevent the transmission of COVID-19 in this entity’s working environment are sufficient and, any further actions / measures that should be implemented to prevent virus transmission at the University:** | |
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| **Full name of person carrying out this investigation:** |  |
| **From which School / University entity:** |  |