



INVESTIGATION OF COVID-19 INFECTIONS

<p>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 <u>just a guideline</u> 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)</p>											<p>Date report was filled in Click or tap to enter a date.</p>	
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 <input type="checkbox"/>	NO <input type="checkbox"/>
Were all the risk mitigation measures arising from the risk assessment implemented prior to the employees return to work?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did the employee adhere to safe distancing rules?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
If known, did others whom the infected employee came into contact with practice safe distancing?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
If known, did the employee suffer from any pre-existing medical conditions / chronic illnesses that may have compromised his / her immune system?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
Was screening / barricading adequate in the employees work areas?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did employee attend face to face meetings with other people (instead of online meetings)?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did employee wear a face mask at all times in the work place?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
If known, did others whom the infected employee came into contact with wear face masks?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did employee carry out the obligatory daily symptom self-screening?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did employee attend the University's online COVID-19 Awareness presentation?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is it suspected that lack of adequate ventilation may have contributed towards the infection occurring?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did more persons occupy an office / venue than what was permissible?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the necessary cleaning / disinfecting of the potentially contaminated areas taken place?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were any other persons at the University exposed to the infected person?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES to above question then have all exposed persons been told to self-quarantine?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is it necessary to review the School's / University entity's risk assessment?											YES <input type="checkbox"/>	NO <input type="checkbox"/>
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)											YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the infection been reported to <u>your</u> Faculty / School / Entity HR Representative ?											YES <input type="checkbox"/>	NO <input type="checkbox"/>



Has the infection been reported to Protection Services (to block person’s access badge)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the infection been reported to Services (to arrange cleaning of contaminated areas)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the infection been reported to Sister Maggie (to follow up with the infected person)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the infection reported to the OHS&E Directorate on the required Infection Reporting Form and sent to: Dept-OHS-Admin@wits.ac.za (to enable updating of the central register and for obligatory reporting to the various government departments)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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:		