



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Guidance on vulnerable employees and workplace accommodation in relation to COVID-19 (V4: 25 May 2020)

(Document prepared by Academic Group within the Occupational Health and Safety Workstream
of the National Department of Health – Covid-19 Response)

Please note: This is an interim guide that may be updated as the outbreak in South Africa intensifies, to guide additional workforce preserving strategies

This document aims to provide guidance to evaluate and manage vulnerable employees in the context of the current SARS-CoV-2 pandemic as mentioned in the Regulations issued in terms of section 27(2) of the Disaster Management Act, 2002.

Under the Occupational Health and Safety Act (No. 85 of 1993), the employer has an obligation to provide “a working environment that is safe and without risk to the health of his employees.” In addition, an employer has an obligation to ensure that in instances where hazards cannot be eliminated, they be appropriately controlled to prevent a risk of an adverse health outcome.

Who is a vulnerable employee in the context of COVID-19?

Section 5, subsection 5 (d) and (e) of the Regulations issued in terms of section 27(2) of the Disaster Management Act, 2002, specifically requires employers to adopt “special measures for employees with known or disclosed health issues or comorbidities, with any condition which or may place such employees at a higher risk of complications or death if they are infected with COVID -19; and “special measures for employees above the age of 60 who are at a higher risk of complications or death if they are infected with COVID-19.”

COVID-19 is a new disease and there is limited information regarding individual risk factors for an infected person with complications and needing higher levels of medical intervention. In order to minimise the adverse consequences of COVID-19 on selected persons, employers should implement a process in identifying employees who:

- are at high-risk of developing severe illness from COVID-19; or
- reside with or care for persons that are at high-risk for severe illness from COVID-19 (including family members, aged parents etc.)

Identifying vulnerable employees

Based on information and clinical expertise available, older adults and people of any age who have impaired function of certain organs (heart, lung, kidneys) or depressed immune system are at higher risk for serious complications and severe illness from COVID-19.

The major categories include:

1. 60 years and older
2. One or more of the underlying commonly encountered *chronic medical conditions* (of any age) particularly if not well controlled:
 - chronic lung disease: moderate to severe asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, idiopathic pulmonary fibrosis, active TB and post-tuberculous lung disease (PTLD)
 - diabetes (poorly controlled) or with late complications
 - moderate/severe hypertension (poorly controlled) or with target organ damage
 - serious heart conditions: heart failure, coronary artery disease, cardiomyopathies, pulmonary hypertension; congenital heart disease
 - chronic kidney disease being treated with dialysis
 - chronic liver disease including cirrhosis
3. Severe obesity (body mass index [BMI] of 40 or higher)
4. Immunocompromised as a result of cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications
5. >28 weeks pregnant (and especially with any of co-morbidities listed above)

Assessing a vulnerable employee

1. The employee should be assessed by his/her *treating doctor*, or, in the event that a worker cannot afford such costs, the employee should be assessed by a doctor, at the expense of the employer (noting the doctor-employee confidentiality) and preferably one who has insight into the workplace and its processes.
2. The doctor should provide a confidential note to the employer, indicating the presence of any of the above conditions, without specifying the diagnosis. Should the employee have a condition not listed above, which in the opinion of the doctor renders this employee vulnerable a motivation would be necessary. The treating doctor should refrain from commenting on the employee's fitness to work.
3. The doctor should ensure that the employee's health condition is fully optimized, which may include:
 - recommending flu vaccinations (and pneumococcal vaccine where appropriate)
 - INH prophylaxis for workers as stipulated in the Department of Health's guidelines
 - continuous advice on maintaining compliance with treatment plan
 - the employee has adequate supply of chronic medication for up to 6 months
 - advise the employee not to delay getting emergency care for their underlying condition
 - advise employee to maintain ongoing health consultations if they have any concerns
 - ensure that the employee has access to psychosocial support for new onset or exacerbation of pre-existing mental illness

Protecting and managing vulnerable employees in the workplace

1. Employers should have a clear and transparent policy and appropriate procedures to address the specific needs of vulnerable employees beyond the workplace risk control measures for all employees. These policies and procedures should be based on legislative provisions specific to their sector.

2. These measures need to take into account the individual circumstances of the employee in relation to their work environment and activities and would include:

2.1 Ensuring that potential exposure to the SARS-CoV-2 virus by this employee in their current job is eliminated or reduced such that the risk for infection is substantially minimised

2.2 If potential exposure cannot be eliminated or reduced, then the employer, in consultation with the relevant employee, should explore other ways of *temporary* workplace accommodation to prevent the risk of infection. These accommodations should be granted based on optimal utilisation of the employee's skills/competencies, without a reduction in benefits and accompanied with adequate training where appropriate:

- alternative temporary placement / redeployment to a different role and responsibility which has a negligible risk for transmission
- restriction of certain duties (not allowed to perform high risk procedures)
- protective isolation (e.g. providing a dedicated, clean office, etc.)
- provision of specific PPE appropriate to the risk of the task/activity identified in the workplace risk assessment and adherence to PPE usage protocols
- stricter physical distancing protocols (including staggering of shifts), barriers or additional hygiene measures
- limit duration of close interaction with clients, colleagues and/or the public reducing external risks (use of public transport) by providing alternative transport arrangements where feasible

2.3. If the above steps are not possible, then consideration should be given to allowing the employee to work from home if able to do so, and the necessary equipment, internet access, etc. is available

3. Leave procedures:

- temporary incapacity, for the period of the COVID-19 epidemic, may be motivated by the treating doctor /occupational medical practitioner on the grounds that workplace accommodation is not possible
- should this not be possible the employee should be able to utilise his/her sick leave if appropriate, as advised by the treating doctor/occupational medical practitioner
- should sick leave be exhausted, the employee should be able to utilise his/her annual leave if an employee's working time is reduced or temporarily stopped due to operational reasons (workplace functioning at 50% of capacity), an application can be made to the Department of Employment and Labour for the TERS benefit (COVID-19 temporary relief scheme)
- where applicable the eligibility of the employee to receive additional company benefits and/or UIF (may be topped up by TERS benefit) should be considered
- unpaid leave is not recommended and if contemplated, should be the last resort

4. Ensure employee's existing health benefits are ensured:

- maintain all employer-related medical aid benefits for employees already eligible for benefits until the employee is deemed eligible to return to work

Return to work (RTW) and incapacity management of the vulnerable employee post COVID-19 illness

- ensure adequate worker's compensation claim processing and rehabilitation if exposure was work-related
- ensure that any sick leave related to a workplace-acquired COVID-19 related illness is managed under COIDA procedures
- employees with mild illness (not requiring hospitalisation) should complete the mandatory 14 days isolation and return to work
- employees that have been hospitalised due to COVID-19 prolonged illness and complications should be assisted by the employer to ensure RTW integration
- a fitness to work medical evaluation should be performed in those with moderate to severe illness by an occupational medical practitioner/specialist and occupational therapist, where appropriate, to assess the presence and degree of clinical deficits (e.g. lung function impairment) and health problems related to ICU (muscle weakness, memory and concentration problems, mental ill health) since these employees may require prolonged work adjustment
- rehabilitation may be recommended by the occupational therapist and other allied health professionals as appropriate

References:

- Coronavirus Disease 2019 (COVID-19). Groups at Higher Risk for Severe Illness. CDC, May 12, 2020