

## Key issue 1: Managing vulnerable employees returning to work

Episode 6: 10 June 2020

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**Employers are required to follow Department of Health guidelines (25 May 2020) to deal with vulnerable employees.** The special measures are also identified in the Department of Employment and Labour's Covid-19 OHS regulations.

### Which persons / conditions are identified as vulnerable?

1. **60 years and older;**
2. **Severe obesity** (a body mass index [BMI] of 40 or higher);
3. **More than 28 weeks pregnant** (especially if comorbidities are present);
4. **Immuno compromised** 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. **One or more of the following underlying chronic medical conditions, 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 targeted organ damage;
  - serious heart conditions: heart failure, coronary artery disease, cardiomyopathies, pulmonary hypertension; congenital heart disease;
  - chronic kidney disease being treated with dialysis; and/or
  - chronic liver disease including cirrhosis.

### What are employers required to do?

1. Identify employees who:
  - are high risk; or
  - reside with or care for a person(s) that are a high risk.
2. Ensure identified employees are assessed by a registered medical practitioner. If the employee cannot bear the cost, the employer is expected to carry this cost.

3. Obtain a confidential report from the medical practitioner clarifying the presence of one or more of these conditions (no diagnosis – this is confidential).
4. Draft a policy / procedure clarifying additional measures to protect vulnerable employees, thereby reducing risk.
5. Consult the employee on steps taken to reduce the risk of infection. For example:
  - Review the role / responsibility to minimise risk;
  - Remove high risk duties (including minimising contact with other people);
  - Protective isolation (e.g. allocate an office, a dedicated space);
  - Provide specific Personal Protective Equipment (PPE) appropriate to the risk of the task/activity, identified in the workplace risk assessment and adherence to PPE usage protocols;
  - Strict physical distancing protocols (including staggering of shifts), barriers or additional hygiene measures;
  - Reduce external risks (such as the use of public transport); and
  - If the above are not possible, consider work from home, if possible, including providing access to required equipment, laptops and wifi.

### **What if suitable alternatives are impractical?**

- A doctor may motivate for temporary incapacity, for the period of the COVID-19 epidemic if workplace accommodation is not possible;
- Should temporary incapacity not be possible, the employee should utilise his/her sick leave if appropriate, as advised by the treating doctor/occupational medical practitioner;
- If sick leave is exhausted, the employee should utilise his/her annual leave;
- Where applicable, Illness TERS UIF benefits should be considered; and
- Unpaid leave should be the last resort.

Should the above measures not be possible and employee is unable to work, the employer must maintain all employer related medical aid benefits until the employee is eligible to return to work.

**Please note that this is an interim guide that may be amended in future.**

