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**TO: DEPUTY DIRECTORS-GENERAL
CHIEF DIRECTORS
DIRECTORS AT HEAD OFFICE
DISTRICT DIRECTORS
HEADS OF SECTION/COMPONENTS OF DISTRICT OFFICES
CES: CIRCUIT MANAGEMENT AND CIRCUIT MANAGERS
PRINCIPALS OF SCHOOLS**

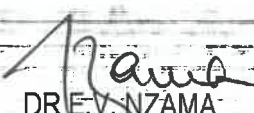
HRM CIRCULAR No. 41 OF 2020

**PROCEDURES FOR THE MANAGEMENT OF PUBLIC SERVICE EMPLOYEES WITH COMORBIDITIES
– COVID 19**

1. Employees who are 60 years and older and employees with comorbidities are considered to be vulnerable as being at higher risk of complications if infected with COVID-19. As such, the utilisation of such employees will have to be managed so that these employees are adequately protected while maintaining effective service delivery.
2. Employees who are considered vulnerable may apply for concession by completing and submitting the attached "Individual Risk Assessment Form" together with the following document/s:
 - a copy the Identity Document as proof of age in respect of employees who are 60 years and older with no comorbidities
 - a medical report from the treating medical doctor and the "Consent Form" in respect of employees of any age with comorbidities
 - duly completed Consent Form
3. The comorbidities as identified by the Department of Health as high risk are listed in the Annexure. It is in the interest of employees applying for the concession to approach their treating doctor with a copy of the Annexure so as to determine whether their condition warrants the issuing of the required medical report for the concession and, in such cases, that it contains the necessary details of the condition.



4. Employees with medical conditions not listed in the Annexure but which, in the opinion of the doctor, renders the employee vulnerable may also apply for concession by submitting a fully motivated medical report from the treating doctor.
5. In complying with the requirements for applying for the concession, it must be ensured that that the medical report is obtained from a registered medical doctor and that the report clearly indicates the name and qualification of the medical doctor, his/her contact number and physical address as well as the proper practice or registration number.
6. It must be noted that the Head of Department may subject any application and medical report to the Health Risk Manager for further assessment should it be deemed necessary to do so.
7. The various options available as concession for the vulnerable employees are indicated in the Form. In considering the most suitable option, due regard must be had to the operational demands as well as the circumstances of the employee. The options must be discussed with the Principal for school based employees or the Supervisor in respect of Office Based Employees and agreement must be reached on the most suitable option.
8. The duly completed applications for concession must be submitted by no later than **31 July 2020** as follows:
 - (a) All public service employees at educational institutions to submit to their Circuit Manager via the Principal
 - (b) All public service employees at district level to submit to their District Director; and
 - (c) All public service employees at Head Office to submit to the Director: HR Services
9. Employees who have complied with the requirements for the concession may be exempted from physically reporting to work until such time the agreed action plan pertaining to the concession is accommodated. In addition, where the application is not approved, such employees will be informed accordingly and the employee will be required to immediately return to work,
10. The concession is only applicable for the duration of alert levels 3 and 2 of the national state of disaster as a result of the COVID-19 outbreak. As such, all employees, except those on approved leave, must physically report for work at the commencement of alert level 1.


DR E. V. NZAMA
HEAD OF DEPARTMENT: EDUCATION
DATE: 22/07/2020



ANNEXURE

HIGH-RISK VULNERABILITY

- Age >60 with one or more diseases/conditions as listed.
- Solid organ transplant recipients.
- People with specific cancers or receiving immunosuppressive treatment for their cancer:
 - o Undergoing active chemotherapy or radical radiotherapy for lung cancer;
 - o Cancers of the blood or bone marrow such as leukemia, lymphoma or myeloma who are at any stage of treatment;
 - o Receiving immunotherapy or other continuing antibody treatments for cancer; and
 - o Receiving targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or Poly ADP-ribose Polymerase (PARP) inhibitors.
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppressive drugs.
- People with severe respiratory conditions including cystic fibrosis, severe and unstable asthma and severe Chronic Obstructive Pulmonary Disease (COPD), or current active tuberculosis of the lung.
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).
- People on immunosuppressive therapies sufficient to significantly increase the risk of infection.
- People who are moderately or intermittently immunocompromised.
- Women who are pregnant with significant heart disease, congenital or acquired.
- Chronic lung problems (moderate to severe asthma, previous complicated TB, etc.). Pulmonary Tuberculosis – untreated or in early treatment and who have not completed the intensive phase or first two months of treatment in line with the National Department of Health Standard Treatment Guidelines. Asthma which requires treatment with high dose inhaled corticosteroids plus a second controller (and/or systemic corticosteroids) to prevent it from becoming 'uncontrolled' despite this therapy.
- Confirmed clinical diagnosis of congestive cardiac failure or other serious cardiovascular diseases.
- Severe hypertension: systolic BP ≥ 180 mmHg and/or diastolic BP ≥ 110 mmHg.
- Confirmed cerebrovascular disease, including stroke, and transient ischemic attack.
- Severe obesity (BMI >40)
- Underlying medical conditions, particularly if not well controlled, such as type II Diabetes Mellitus (HBA 1c $\geq 7.5\%$ within last 6 months); Chronic Kidney Disease with eGFR <45; or liver disease.
- More than 27 weeks pregnant.
- Immunosuppression such as poorly controlled type II diabetes mellitus, cancer undergoing active treatment, Human Immunodeficiency Virus (HIV) with advanced immunosuppression, and transplant and chronic immunosuppressant.



KWAZULU-NATAL PROVINCE

EDUCATION
REPUBLIC OF SOUTH AFRICA

FORM FOR THE DECLARATION OF COMORBIDITY

PART A: TO BE COMPLETED BY THE EMPLOYEE

SURNAME & INITIALS _____ CONTACT No. _____
 ID NUMBER _____ PERSAL No. _____
 NAME OF SCHOOL/OFFICE _____ DISTRICT _____
 RANK _____ SALARY LEVEL _____
 GENDER _____ AGE _____

This serves to confirm that I fall into the category that makes me vulnerable as being at higher risk of complications if infected with COVID-19 and have attached a copy of my Identity Document as proof that I am 60 years or older as proof of my age **OR** medical report from my treating doctor as well as the "Consent Form" in respect of my comorbidity.

The options available was discussed with my Principal/Supervisor and the ticked box below indicates the option that was selected.

ACTION PLAN	Tick <input checked="" type="checkbox"/> where applicable
Working off-site (remotely); the necessary equipment, internet access, etc is available	
Adaptation of duties	
Additional risk control measures adopted	
Protective isolation and physical distancing	
Limit duration of close interaction with learners/colleagues and/or the public	
Alternative accommodation in a lower exposure-risk area cellular office/boardroom/floor/classroom	
Specialised personal protective equipment (PPE) provided	
Other (specify)	

SIGNATURE

DATE

PART B: TO BE COMPLETED BY THE PRINCIPAL/SUPERVISOR

The application for concession complies with the requirements and the options available was discussed and confirmed as most suitable.

SIGNATURE

DATE

PART C: TO BE COMPLETED BY THE DISTRICT DIRECTOR/DIRECTOR: HRS

The application complies/does not comply with the requirements for concession.

Comments: _____

SIGNATURE

DATE



THANDILE HEALTH RISK MANAGEMENT

Registration number: 2002/016272/07. Physical Address: 1St Floor Block C, World Bank Office Park, 442 Rodericks Street, Lynnwood. Postal Address: PO Box 29753, Sunnyside, Pretoria, 0132. Tel: +27 12 341 1223 Fax: +27 12 341 1183

EMPLOYEE CONSENT FORM IN RESPECT OF EMPLOYEES WITH COMORBIDITIES

As part of the concession process to follow for employees with a co-morbidity (Covid-19),

I _____, ID no: _____

PERSAL: _____, an employee of the Department of Education, KwaZulu Natal, give consent to my doctor/s to provide medical information to the Employer or Health Risk Manager, of any nature that may be required to satisfy the requirements for the granting of a concession.

I am aware that this consent curtails my right to privacy but acknowledge that this is necessary to satisfy the concession process as stipulated in the above act. The consent is limited to information that may reasonably be required by the employer and/or Health Risk Manager for the purposes of fulfilling the requirements of the act.

I also hereby authorise the Employer to supply any information to the Health Risk Manager that may aid in the concession process. Similarly, I authorise the Health Risk Manager to supply relevant information to the Employer.

I hereby indemnify the Employer and the Health Risk Manager against any claim (of whatever nature), which may arise from the exchange of information required as part of the concession process unless such claim arose from a wilful or negligent act of the Employer or the Health Risk Manager.

Signed at : _____ on this day _____ of month _____ year _____

Employee signature

Witness 1 : Full name _____ Tel no: _____

Signature _____

Witness 2 : Full name _____ Tel no: _____

Signature _____