



Reference: 20200605-6415
File no.: 3/3/1/1/4
Enquiries: Call Centre

Circular: 0016/2020
Expiry date: None

To: Deputy Directors-General, Chief Directors, Directors, Deputy Directors, Circuit Managers and Heads of Educational Institutions

Subject: PROCESS TO FOLLOW FOR PUBLIC SERVICE STAFF WITH A COMORBIDITY

1. The relevant Regulations as issued by the Department of Co-operative Governance and Traditional Affairs indicates that business/department are required to, inter alia, implement special measures for employees with known or disclosed health issues or comorbidities, or with any condition which may place employees at a higher risk of complications if they are infected with COVID-19.
2. The Western Cape Education Department in considering the regulations as well as guidance as received through the National Foundation of Infectious Diseases, and the Department of Health on types of underlying medical conditions or comorbidities, which pose a high risk, should put appropriate measures in place to accommodate employees with high-risk comorbidities.
3. Due consideration must be given to operational demands and circumstances of employees to accommodate either work from home or for special workplace arrangements to be made. In this regard also refer to the decision trees in paragraph 2.12 (page 4) and paragraph 2.20 (page 8) in the Western Cape Government Director General Circular No 35 of 2020 dated 17 May 2020.
4. To this effect, the individual Risk Assessment Form for Vulnerable Employees due to COVID-19 must be completed for every employee appointed in terms of the Public Service

Act, 1994 (as amended) who indicated that they have an underlying medical condition or comorbidity that puts them at risk of being infected with COVID-19. The employee and manager need to agree on how the underlying medical condition or comorbidity will be accommodated.

5. Concessions granted in this regard will only be applicable for the duration of Alert Levels 3 and 2 of the national state of disaster as a result of the COVID-19 outbreak.
6. For the manager to properly consider and complete the Risk Assessment Form, the employee must provide a medical report indicating the following medical evidence:
 - a. The name and the qualification of the medical practitioner issuing the certificate;
 - b. His or her contact number and physical address;
 - c. A proper practice or registration number; and
 - d. Confirming that he/she falls within the category of comorbidities as determined as determined by the Department of Health.
7. The following medical conditions and comorbidities as verified by the Department of Health have been divided in High and Medium Risk and medical evidence must be provided in order to assist in classifying the employee's vulnerability:

HIGH RISK VULNERABILITY
<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ undergoing active chemotherapy or radical radiotherapy for lung cancer○ cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment○ receiving immunotherapy or other continuing antibody treatments for cancer○ 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’ or which remains ‘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.
- Moderate hypertension: systolic BP 160 – 179 mmHg and/or diastolic BP 100 – 109 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 (HBA1c $\geq 7.5\%$ within last 6 months); Chronic Kidney Disease with an eGFR < 45 ; or liver disease
- More than 28 weeks pregnant

8. Employees who are classified as high risk vulnerable should preferably be enabled to work from home. For those employees not able to work from home additional risk control measures must be considered to mitigate the risk of transmission at the workplace.

9. The attached Individual Risk Assessment for Vulnerable Employees to be completed by both the employee and manager and submitted with medical evidence as follows:

- a. All teachers and support staff at educational institutions to submit to their Circuit Manager;
 - b. All District Officials to submit to their District Director; and
 - c. All Head Office officials to submit to the Chief Director: People Management Practices.
10. All information relating to the process as well as medical evidence submitted must be treated with the utmost sense of confidentiality in order to prevent discrimination or stigmatisation.
 11. A dedicated Task Team appointed at Head Office will guide on the appropriateness of medical evidence where there is uncertainty and if not in line with the comorbidity classifications provided. The Task Team will also guide on the appropriateness of accommodating the reported medical condition or comorbidity where there is uncertainty.
 12. All declined applications and applications of conditions not appearing on the table above will be submitted to the Health Risk Manager for secondary screening to confirm that the interests of both the employee and employer are met.
 13. All applications for concessions for comorbidities already submitted will be finalised and verified against the comorbidities as reflected in this circular.
 14. Any grievance arising from this process shall be dealt in terms of Government Gazette No 25209 dated 25 July 2003 (Rules Relating to Grievances of the Employees in the Public Service) read with PSCBC Resolution 14 of 2002.
 15. Kindly bring the contents of this circular to the attention of all employees.

SIGNED: BK SCHREUDER
HEAD: EDUCATION
DATE: 2020-06-12