



H - ISikhokelo seSebe iWCED:

**Ukulawulwa kokhuseleko loofitshala
abasele benezigulo ezizezinye
(comorbidities).**

ICandelo eLikhulu loPhuhliso noQuquzelelo lwamaZiko	H - ISikhokelo seSebe iWCED: Ukulawulwa kokhuseleko loofitshala abasele benezigulo ezizezinye (<i>comorbidities</i>).	
H - ISikhokelo seSebe iWCED	Sikhutshwe nge- 17/07/2020	Masijongisiswe njengesiyimfuneko naxa kuyimfuneko

Sivunywe yiNtloko yeSebe:



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H – ISIKHOKELO SESEBE IWCED: UKULAWULWA KOKHUSELEKO LOOTITSHALA ABASELE BENEZIGULO EZIZEZINYE

1. Injongo

- 1.1. Ukubonelela ngesikhokelo kwiinqununu nakwiKomiti zoLawulo zeSikolo (*School Management Teams*) sokulawula ootitshala abasemngciphekweni ngethuba likabhubhane we-Covid-19.
- 1.2. Sikwacacisa imiba eyingozi kubhubhane we-Covid-19 oxhomisa amehlo ezizigulo ezizezinye abasele benazo, ezithi ukuba banazo ngokwenene, zimbeke umntu engozini enkulu yokugula kakhulu okanye ukusweleka, ukuba umntu angosuleleka yi-Covid-19.

2. Imiyalelo nezigqibo (*directives and agreements*)

- 2.1. NgokweSigqibo 1 sika-2020 se-*Education Labour Relations Council (ELRC)* sange-30 Meyi 2020: makulandelwe inkqubo yeminyinyiva yokuxolelwa (*concession*) kootitshala abanesigulo esisesinye (*Covid-19*). Injongo yesi sigqibo sothethathethwano kukubonelela ngomnyinyiva wokuxolelwa kootitshala abaqeshwe ngokoMthetho weNgqesho yooTitshala, 1998, (uMthetho 76 ka-1998) (*Employment of Educators Act (EEA)*), 1998 (*Act No 76 of 1998*) nabachatshazelwe yimiba eyingozi nengumngcipheko ngokumalunga ne-Covid-19 exhomisa amehlo.
- 2.2. Uyacelwa uqaphele ukuba imiyalelo ekhutshwe nguMphathiswa weNkonzo kaRhulumente noLawulo kwiSetyhula 11 ka-2020, yomhla we-20 Matshi 2020, isebenza kwabo baqeshwe ngokoMthetho weNkonzo kaRhulumente, 1994 (ISibhengezo 103 sika-1994) (*Public Service Act (PSA)*).1994 (*Proclamation 103 of 1994*), njengoko ufakelwe izilungiso.

3. Iminyinyiva yokuxolelwa kootitshala abanezigulo ezizezinye

- 3.1. Ootitshala abanayo nayiphi na imeko esisigulo esinokubabeka engozini enkulu yokugula kakhulu nabo baneminyaka eyi-60 nangaphezulu ubudala abanesigulo esisesinye banokufaka isicelo somnyinyiva wokuxolelwa sokuba basebenzele ekhaya ukuba bosuleleke yi-Covid-19 .
- 3.2. "Ukusebenzela ekhaya" kuthetha ukuba utitshala unazo izakhono ze-e*Learning* neze-e*Administration*, kuqukwa nedatha nezixhobo kwakunye nezibonelelo zokufunda eziyimfuneko (*learning resources*).
- 3.3. Ootitshala abangenako ukusebenzela ekhaya bamele ukuya esikolweni; nakuba kunjalo, mayithathelwe ingqalelo imiqathango yothintelo lweengozi eyongezelelweyo ukunciphisa ukosulelana emsebenzini.

- 3.4. Ukuvunywa komnyinyiva wokuxolelwa kuya kusebenza kuphela kwithuba leSigaba soBungozi (*Alert Level*) 3 no-2 lesimo sentlekele kazwelonke ngenxa yokuqhambuka kwe-Covid-19.

4. Imisebenzi eziimfanelo yeenqununu

- 4.1. Ukuqaphela imiba engayingozi malunga neCovid-19 exhomisa amehlo , kuqukwa neemeko zezigulo ezizezinye:
- 4.1.1. Kubalulekile ukuba izikolo zibazi ootitshala abakufaneleyo ukufaka izicelo zokuxolelwa.
- 4.1.2. Kwileta (*Reference: Covid-19/2020523*) yomhla we-23 Meyi 2020, iNtloko yeSebe leMfundo leNtshona Koloni (WCED) yacela ootitshala abaneemeko zezigulo ezizezinye ukuba bangenise isicelo somnyinyiva wokuxolelwa (*concession*) kwiinqununu zabo nesihamba kunye nengxelo yezonyango ebubungqina evela kugqirha oyingcali yezonyango, kwakunye nesicwangciso sokuba baceba ukuqhubeka besebenza njani na. IFom eyi-*individual Risk Assessment Form* eyinxenye yeSigqibo 1 se-ELRC sango-2020, iya kufuneka kwabo bangayigqibanga le nkqubo. ISebe iWCED liya kuthathela ingqalelo izicelo esele zingenisiwe.
- 4.1.3. Ootitshala abaneemeko zezigulo ezizezinye nabo baneminyaka eyi-60 nangaphezulu abanesigulo esisesinye baya kuhlala ekhaya behlawulwa ngokupheleleyo ngokuxhomekeke ekuzalisweni kwe-*individual Risk Assessment Form* nokufezekiswa kwezinye iimfuno ezimiselweyo.
- 4.1.4. Aboo fitshala baneemeko zezigulo ezizezinye nabo baneminyaka eyi-60 nangaphezulu ubudala abanqwenela ukuya esikolweni banokukwenza oko ngokwemvumelwano nenqununu nasemva kokuba kumiselwe imiqathango yokhuseleko efanelekileyo.
- 4.1.5. Inqununu notitshala kufuneka bavumelane ukuba le meko okanye esi sigulo sisesinye, siya kulungiselelwa njani na. Ukuba akukho mvumelwano isebenzayo ngokumalunga noku, inkqubo yokufaka isikhalazo kwiSahluko G soxwebhu i-*Personnel Administration Measures (PAM) document*, iya kuqaliswa ukusetyenziswa.

5. Ukuhlelwa kweminyinyiva yokuxolelwa kootishala

5.1. Ezi meko zezigulo zilandelayo nezigulo ezizezinye njengoko zingqinisisiwe liSebe lezeMpilo zizimeko zezigulo eziyiNgozi eNkulu yaye makuvezwe amaxwebhu ezonyango abubungqina ukuncedisa ekuhleleni ukuba sengozini kukatitshala:

ABAQESHA ABASENGOZINI ENKULU YOSULELEKO
<ul style="list-style-type: none">• Abaneminyaka engaphezu kweyi-60 abanesinye isigulo okanye ezingaphezulu/abaneemeko zezigulo ezidweliswe apha:• Abo bafakelwe inxenye okanye amalungu omzimba abanye abantu (<i>Solid organ transplant recipients</i>)• Abantu abeneendidi ezithile zomhlaza okanye abafumana amayeza onyango ii-<i>immunosuppressive treatment</i> ukunyanga umhlaza wabo.<ul style="list-style-type: none">◦ abaqesha abakwi-<i>active chemotherapy</i> okanye kwi-<i>radical radiotherapy</i> ukunyanga umhlaza wemiphunga.◦ iindidi zemihlaza yegazi okanye yomongo wamathambo ezizi-<i>leukaemia, i-lymphoma</i> okanye i-<i>myeloma</i> nabakulo naliphi na inqanaba lonyango◦ abafumana i-<i>immunotherapy</i> okanye abaqhubeka nolunye unyango lwe- <i>antibody treatments</i> ukunyanga umhlaza◦ abafumana iindidi zonyango zomhlaza ekujoliswe kuzo ezinokuchaphazela indlela yomzimba yokuzikhusela kwizigulo ezifana ne-<i>protein kinase inhibitors</i> okanye i-<i>Poly ADP-ribose Polymerase (PARP) inhibitors</i>• Abantu ababenziwe indlela yonyango eyi-<i>bone marrow</i> okanye i-<i>stem cell transplant</i> kwezi nyanga ziyi-6 zidlulileyo, okanye abasatya amachiza ii-<i>immunosuppressive drugs</i>.• Abantu abaneemeko zezigulo ezixhomisa amehlo ezichaphazela ukuphefumla eziquka ii-<i>cystic fibrosis</i>, kunye ne-asma exhomisa amehlo emana ukutshintsha-tshintsha nesigulo i-<i>Chronic Obstructive Pulmonary Disease (COPD)</i> esixhomisa amehlo, okanye iThibhi yemiphunga exhomisa amehlo eyosulelayo

- Abantu abanezigulo ezinqabileyo neemeko abazelwe nazo ezibizwa ii-*inborn errors of metabolism* ezandisa ingozi yosuleleko ngokubonakalayo ezifana ne-*Severe Combined Immunodeficiency (SCID)*, ne-*homozygous sicklecell*).
- Abantu abakunyango ngee-*immunosuppressive therapies* ezaneleyo nezinokwandisa ingozi yosuleleko.
- Abantu abanesigulo esiphakathi nje okanye samathuba athile esimalunga nendlela yendalo yomzimba yokuzikhusela kwizigulo (*immunocompromised*).
- Oomama abakhulelweyo abanezigulo zentliziyo ezibonakalayo, abazelwe nazo okanye abagula zizo.
- Iingxaki zemiphunga ezinganyangekiyo (i-asma ephakathi nje ukuya kwexhomisa amehlo, IThibhi umntu awayenayo ngaphambili exhomisa amehlo njalo-njalo). IThibhi esemiphungeni eyi-*Pulmonary Tuberculosis* – enganyangwanga okanye esaqalayo ukunyangwa nekubantu abangsigqibanga isigaba sonyango lwesigulo esingamandla (*intensive phase*) senyanga ezimbini zokuqala zonyango ngokwe-*National Department of Health Standard Treatment Guidelines*. I-asma efuna unyango ngamachiza emithamo ephezulu aphefumlelwa ngaphakathi (*high dose inhaled corticosteroids*) kunye nelesibini lokulawula isigulo (*second controller*) (kunye/okanye ii-*systemic corticosteroids*) ukuthintela ukuba iThibhi ibe 'yengalawulekileyo' okanye ihlale 'iyengalawulekiyo' nakuba inyangwa ngala machiza.
- Isigulo esiqinisekisiweyo sokungasebenzi ngendlela kwentliziyo (*congestive cardiac failure*) okanye izigulo zentliziyo ezixhomisa amehlo
- Uxinzelelo oluphezulu kwimithambo yegazi (*severe hypertension*): umlinganiselo weqondo le-*systolic BP* ≥ 180 mmHg kunye/okanye ele-*diastolic BP* ≥ 110 mmHg.
- Iqondo loxinzelelo lwegazi eliphakathi (*moderate hypertension*): Umlinganiselo i-*systolic BP* ≥ 180 mmHg kunye/okanye umlinganiselo i-*diastolic BP* ≥ 110 mmHg.

- Isigulo esichaphazela ubuchopho nokuhamba kwegazi emithanjeni esiqinisekiweyo esiyi-*Confirmed cerebrovascular disease*, kuqukwa nesitrowukhu (*stroke*), nesigulo soxinzelelo lwegazi i-*transient ischemic attack*
- Umntu onomzimba otyebe kakhulu (BMI>40)
- limeko zezigulo ezizezinye, ngakumbi ukuba azinyangwa zilawulwe kakuhle, ezifana neSigulo seSwekile i-*type II Diabetes Mellitus (HBA1c ≥7.5% kwithuba leenyanga eziyi-6 ezidlulileyo)*; iSigulo seZintso esiNganyangekiyo (*Chronic Kidney Disease*) esine-eGFR < 45; okanye isigulo sesibindi
- Abakhulelweyo abanexesha elingaphezu kweeveki eziyi-28

5.2. Ukuba utitshala anganesigulo esingekhoyo kolu luhlu lungentla, yaye ngokoluvo lukagqirha lo titshala angabasengozini, kuya kufuneka izizathu ezimthethelelayo utitshala ezivela kugqirha omnyangayo.

6. Ukuzaliswa kwe-*individual Risk Assessment Form*

- 6.1. Utitshala ngamnye ochaze ukuba unesigulo okanye imeko yesigulo esisesinye makazalise i-*individual Risk Assessment Form*. (Niyacelwa nifunde isiHlomelo A).
- 6.2. Ifom i-*individual Risk Assessment Form for Vulnerable Employees due to Covid-19* mayizaliswe ukwenzela utitshala ngamnye oqeshwe ngokwePSA, 1994 (*Proclamation 103 of 1994*), njengoko ifakelwe izilungiso, kunye nabo bachaze ukuba banemeko yesigulo esisesinye abasele benaso esibabeka engozini yosuleleko yi-Covid-19.
- 6.3. Utitshala nomphathi kufuneka bavumelane ukuba le meko yesigulo asele enaso iya kulungiselelwa njani na.
- 6.4. Ingxelo yezonyango kagqirha wakhe omnyangayo iya kufuneka xa ezalisa *individual Risk Assessment Form*. Makuqukwe oku kulandelayo kule ngxelo:
- Igama nebanga lemfundo (*qualification*) likagqirha oyingcali yezonyango okhuphe incwadi kagqirha yokugula (*certificate*);
 - Inombolo yakhe yoqhagamshelwano nedilesi yendawo yokuhlala;
 - Inombolo echanekileyo eyi-*practice number* okanye i-*registration number*, yaye
 - kuya kufuneka kuchazwe ubungqina besigulo esisesinye beCovid-19. Bumele ukuquka inkcazo yemeko esisigulo/isigulo, ixesha ugqirha oyingcali

yezonyango ebemnyanga ngalo utitshala kulo meko yesigulo/kweso sigulo, ngawaphi amayeza onyango utitshala ebewafumana neemeko eziyingozi kutitshala.

- 6.5. Oku kungentla kuboniswe kwiSigqibo *ELRC, Collective Agreement 1 of 2020*, ye-30 Meyi 2020.

7. Inkqubo yokwenza isicelo

- 7.1. Le fom iqhotyoshelweyo *individual Risk Assessment Form* yabaqeshwa abasengozini mayizaliswe ngutitshala nomphathi yaye mayingeniswe kunye nobungqina bezonyango ngolu hlobo lulandelayo:
- o Bonke ootitshala nabasebenzi abanika inkxaso kumaziko emfundo mabangenise iifom zabo kuMphathi weSekethe;
 - o Onke amagosa ezithili makangenise ezawo kuMlawuli weSithili; nokuba
 - o Onke amagosa akwaNdlunkulu makangenise ezawo kuMlawuli oyiNtloko: weCandelo loLawulo lweMicimbi yaBasebenzi ngoBuchule.
- 7.2. IKomiti eSebenzayo (*Task Team*) etyunjwe kwaNdlunkulu iya kunika iingcebiso ngokuchaneka kobungqina bezonyango apho kukho ukungaqiniseki nalapho kukho ukungangqinelani kwindlela yokuhlelwa kwesigulo enikiweyo. IKomiti eSebenzayo iya kunika iingcebiso ngokuchaneka kokulungiselelwa kwesigulo okanye kwemeko yesigulo ekunikwe ingxelo ngaso okanye apho kukho ukungaqiniseki.
- 7.3. Zonke izicelo ezikhatyiweyo nezicelo ezineemeko zezigulo ezingaveliyo kule theyibhili zinokungeniswa kuMphathi oyi-*Health Risk Manager* ukwenzela ukuhlolwa kwakhona kwazo ukungqinisisa ukuba zifezekisiwe ezo mfuno zilungiselela umqeshwa nomqeshi ngeyona ndlela ibhetele.
- 7.4. Utitshala uya kuvunyelwa ahlale/okanye asebenzele ekhaya efumana intlawulo epheleleyo lo gama elinde ingxelo yeSebe, ye-*Health Risk Manager* okanye yegosa eliyingcali yezempilo.
- 7.5. Yonke ingcaciso emalunga nale nkqubo kwakunye nobungqina bezonyango obungenisiweyo nekufuneka buphathwe njengengcaciso eyimfihlo ngokugqithisileyo ukuhlonipha ilungelo lakhe utitshala lokubayimfihlo kweenkcukacha zakhe nokuthintela ukucalulwa okanye ukubekwa ibala kwakhe.

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