

ANNEXURE A

The provisions of this annexure are only applicable to institution-based educators.

1. Educators who are 60 Years and Above

The same measures (Concession process) applicable to educators with comorbidities shall apply to educators who are 60 years and above and are at a high risk of complications or death if they are infected with COVID-19.

2. Sick Leave and Special Leave for Quarantine Purposes.

2.1 Where educators fall sick due to COVID-19 and are required to self-quarantine or are hospitalised, they shall be required to fill in the relevant leave forms. An application for such leave must be accompanied by a certificate from a medical practitioner.

2.2. Educators who have been granted a concession to work from home are not required to complete leave forms as they are regarded as being on duty.

2.3. Normal sick leave processes as per the PAM will apply should an educator fall sick and exhibit symptoms of COVID-19.

3. Temporary/Contract/Substitute Educators

Temporary/Contract/Substitute educators shall be treated the same as permanent educators for the purposes of COVID-19.

4. Medical Conditions and Comorbidities

4.1 The following medical conditions and comorbidities as verified by the Department of Health have been classified into High Risk and medical

evidence must be provided to assist in classifying the employee's vulnerability:

HIGH-RISK VULNERABILITY

- Age 60 and above with no diseases/conditions as listed
- 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:
 - 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 that 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.
- Confirmed cerebrovascular disease, including stroke, and transient ischemic attack
- Severe obesity (BMI equal to or >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 chronic 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 on chronic immunosuppressant.

4.2 Should the employee have a condition not listed above, which in the opinion of the registered medical practitioner renders the employee vulnerable a motivation from the treating doctor would be necessary.

4.3 Employees with comorbidities who wish to report to school may do so in agreement with the principal and after appropriate safety measures have been put in place.

4.4 Due consideration must be given to operational demands and circumstances of employees to accommodate them either to work from home or for special workplace arrangements to be made.

4.5 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.

5. Approval of Applications for Educators who have been granted a Concession to work from home.

All applications shall be approved by the Heads of the Provincial Education Departments or their delegated authority.

6. Grievances and Disputes

6.1 Any grievance arising from this process shall be dealt with in terms of the Grievance Procedure as outlined in Chapter G of the PAM.

6.2 The lodging of a grievance does not grant the educator the right to remain at home whilst the grievance is being dealt with.

6.3 If the grievance remains unresolved, the educator has the right to lodge a formal dispute via the dispute resolution processes of the ELRC.

INDIVIDUAL RISK ASSESSMENT FOR COVID-19 VULNERABLE EMPLOYEES

<u>Risk Assessment:</u>	<u>Key considerations:</u>
<p>This should be completed for all vulnerable staff</p> <ol style="list-style-type: none"> 1. This can be undertaken by the line manager or supervisor 2. Involve the member of staff 3. Consider actions to minimise risk 4. Agree on risk management with the staff member 5. Discuss the work options with the employee and use the checklist to indicate which measures will be implemented. <p><i>The manager and staff member should consider together, in the light of the risk assessment, whether alternative work arrangements are appropriate and practicable.</i></p>	<ol style="list-style-type: none"> 1. Limit/avoid duration of close interaction with individuals. Virtual meetings/telephonic conversations are advised where applicable. 2. Maintain all social distancing rules should you meet face to face. 3. Consider whether public transport /rush hour can be avoided through adjustments to work hours. 4. Arrange to travel using private transport/lift clubs. 5. Use PPE appropriately. 6. Consider remote working if the staff member is enabled including access to equipment and the internet.

Has the Educator submitted the required medical report:

	YES / NO (√ / X)
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 by the Department of Health.	

Individual Risk Assessment

Name of Staff Member.		
PERSAL No.		
Rank.		
School/Directorate.		
Name of Supervisor.		
Date.		
Employee Comorbidity – (Evidence)	Yes	No

Medical evidence to include:

- 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 by the Department of Health.

Agreed action plan to manage the employee (indicate those that have been agreed to)	
Tick <input type="checkbox"/> where applicable	
<input type="checkbox"/>	Working off-site (remotely); the necessary equipment, internet access, etc. is available
<input type="checkbox"/>	Adaptation of duties
<input type="checkbox"/>	Other, please specify (inclusive of additional risk control measures):
<input type="checkbox"/>	Dedicated alcohol-based hand rub provided (or available) for the employee
<input type="checkbox"/>	Protective isolation and physical distancing
<input type="checkbox"/>	Limit duration of close interaction with learners/colleagues and/or the public
<input type="checkbox"/>	Alternative accommodation in a lower exposure-risk area-cellular office/boardroom/floor/classroom
<input type="checkbox"/>	Implementing a co-worker screening programme
<input type="checkbox"/>	Sharing of relevant COVID related information and social distancing information
<input type="checkbox"/>	Specialized personal protective equipment (PPE) provided
<input type="checkbox"/>	Other, please specify:

The above action plan agreed / not agreed (Mark with X whichever is applicable)	_____ Employee Signature: _____ Date
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_____ Manager's/Supervisor's Signature	_____ Date
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INDIVIDUAL RISK ASSESSMENT
CHECKLIST FOR COVID-19 FOR
VULNERABLE EMPLOYEES

REQUIREMENTS	YES / NO (√ / X)
At-Risk Declaration (Employee)	
Assessment (Principal/Manager)	
Individual Risk Assessment Completed by Manager/Principal	
Medical Evidence	
Certificate from Medical Practitioner available	
Signature (Manager/Principal)	
Employee Signature	

_____ District Director / Senior Manager Signature	_____ Date
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