



Important Extracts from Circular Instructions of the Compensation Fund

Guidance on vulnerable employees and workplace accommodation in relation to COVID-19 (V4: 25 May 2020)

(Document prepared by Academic Group within the Occupational Health and Safety Workstream of the National Department of Health – Covid-19 Response)

Leave procedures:

Temporary incapacity, for the period of the COVID-19 epidemic, may be motivated by the treating doctor /occupational medical practitioner on the grounds that workplace accommodation is not possible

- should this not be possible the employee should be able to utilise his/her sick leave if appropriate, as advised by the treating doctor/occupational medical practitioner
- should sick leave be exhausted, the employee should be able to utilise his/her annual leave if an employee's working time is reduced or temporarily stopped due to operational reasons (workplace functioning at 50% of capacity), an application can be made to the Department of Employment and Labour for the TERS benefit (COVID-19 temporary relief scheme) .
- where applicable the eligibility of the employee to receive additional company benefits and/or UIF (may be topped up by TERS benefit) should be considered.
- unpaid leave is not recommended and if contemplated, should be the last resort



NOTICE ON COMPENSATION FOR OCCUPATIONALLY ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19) UNDER COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 130 of 1993 AS AMENDED

COIDA will cover the following (cases outside this criterion will be adjudicated on its own merit)

Confirmed cases for the following risk occupations/scenarios will be covered.

- An approved official trip and travel history to countries and/or areas of high risk for COVID-19 on work assignment
- Healthcare workers (e.g. doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g. intubation, cough)
- induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from confirmed COVID-19 patients (e.g. manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating
- procedures, on the bodies of people with confirmed COVID-19 at the time of their death.
- Healthcare delivery and support staff (e.g. doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to confirmed COVID-19 patients.



- (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)
- Medical transport workers (e.g. ambulance personnel and porters) moving known or confirmed COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g. for burial or cremation) the bodies of people who are known to have or suspected of having COVID-19 at the time of their death.