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Employee Wellness, Diversity and
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TO: ALL HEADS OF DIVISIONS/CHIEF DIRECTORATES/ DIRECTORATES/ HEADS OF INSTITUTIONS/ DISTRICTS/ SUBSTRUCTURES

Frequently Asked Questions (FAQ) on Circular H50/2020 Individual Risk Assessment Tool

The individual risk assessment tool was distributed on the 9th April 2020 and it was requested that managers complete risk assessment for their employees. Below find further guidance concerning Circular H50/2020.

Below are FAQ from managers and employees from various facilities

1. How do I do the calculation?

From the self-observation of step 1 and step, 2 one can calculate the risk score.

(CLASSIFY THE EMPLOYEE VULNERABILITY x CLASSIFY THE EMPLOYEE EXPOSURE RISK GROUP) = INDIVIDUAL RISK SCORE

2. Why must I complete the individual risk assessment?

It is important to remember that the individual risk assessment aims to identify individuals who (should they be infected) are likely to have a severe form of the disease (e.g. require hospital admission). It is important to identify these individuals and to then see whether their workplace could be made safer so that they do not contract the disease.

3. Must I complete the individual risk assessment for staff who is currently working from home?

Yes, the individual risk assessment must be completed for all staff. At some point, all staff may return to work. However, individuals who are highly vulnerable to contracting serious disease may need additional protection. Identification of these individuals is important.

4. Who must complete the individual risk assessment?
The risk assessment is completed by each employee, in consultation with their line manager. This information is then communicated to the responsible SMS in the institution.

5. Do managers need to complete the risk assessment in consultation with OHS specialists?
No, not in all cases. However, managers can consult the OHS specialist when the risk score is high and receive advice on what risk mitigation measures could be put in place. The OHS specialists contact list is on the COVID-19 OHS policy Circular H58/2020 pg. 35 – 37.

6. I have completed the assessment where must I send the results to?
The results of the Individual Health Risk Assessment should be kept on record at the facility and must be submitted to Registry to be placed on the personnel file. If there are leave considerations to be taken, this should be sent to the People Management Office, where strict confidentiality will be maintained. This is a confidential process, which must be managed as such.

7. What must I do with the list of vulnerable staff?
The list must be sent to the sub-structure/district committees. The list of such vulnerable staff must be submitted to People Management for special leave consideration where applicable.

8. What does the sub-structure/ district committee do in cases of vulnerable employees?
The sub-structure/ district committee will make decisions on what must happen to employees that are considered in the “unacceptable risk” category.

9. Who should be on this substructure/district committee?
For Substructure/ District/ Facility/ PHC/ EMS/ FPS
 - ***People Management Manager***
 - ***Medical Officer with OHS experience / Family Physician***
 - ***OHS Nurse***
 - ***Director***
For a Regional /Tertiary /Specialist Hospital
 - ***People Management Management***
 - ***Medical Officer with OHS experience / Family Physician***
 - ***OHS Nurse***
 - ***CEO***

10. Alternative work arrangements cannot be made what do I do now?
Where alternative work arrangements cannot be made, it must be referred to the district or sub-structure office committee that assists in deciding working arrangements for vulnerable employees.

The employee can be alternatively placed to another facility which is not dealing with COVID-19 patients. This is decided at the Sub-structure or district level.

It is important to remember alternative placement is only one of several actions that can be taken to protect an employee. Individual risk score must be calculated before controls and after controls have been applied. The hierarchy of controls should be applied (but with a focus on a person rather than the workplace only).

11. What must be available for reporting purposes?
SMS managers must have a complete list of assessments done and on record.

12. What is the role of the SMS member during this period?
The SMS member is responsible for the management and monitoring of the vulnerable staff during the entire period.

13. With overweight staff (BMI) it can be difficult to allocate them to alternate spaces especially in the rural regions and in smaller facilities.
A control measure can be implemented as far as reasonably possible to minimize risk to the employee. Note that alternative placement is only one of the options available to address the risk. Other alternatives should also be investigated. Alternatively, the employee can be placed at another facility which is not dealing with COVID-19 patients. This is decided at the Sub structure or district level committee

14. The risk assessment should include other comorbidities with a high BMI.
This is not presented in other international guidelines (which the Department have adopted). This is derived from the CDC guidelines.

15. Many staff have concomitant comorbidities. There are many staff with Hypertension who can continue working is this correct?
Yes, the hierarchy of controls must be applied. Even staff members with a very high-risk score can continue working if control measures are implemented to reduce the risk. The risk assessment merely indicates that

controls that should be applied to protect the employee.

16. Not all areas have OHS specialists. Especially rural settings who do not have the capacity.
Telephonic advice can be provided. The Covid-19 Occupational Health and Safety (OS) Policy (Circular H58 Of 2020) pg. 35 – 37 has a list of OHS specialists to contact for assistance.
17. Who is responsible for volunteers, contract workers and agency staff?
The facility manager is responsible for the entire work area. The facility manager will be responsible to complete the assessment. The contractors need to be risk assessed by the facility manager and risk mitigation measures need to be implemented.
18. If employees comply with only one of the risk factors in the group, can they be classified in that group, or do you have to comply with all the risk factors?
Clinical judgment is required. If an employee ticks “all the boxes” in the high risk category, they may be very high risk. In this instance contact the OHS specialists to contact for assistance, listed on pg. 35-37 of the COVID-Occupational Health and Safety (OS) Policy (Circular H58 Of 2020)
19. What is the evidence that is needed on page 4 of the individual risk assessment form?
Evidence is needed based on the severity of the condition. Particularly if the implementation of control measures is difficult and there is a requirement for the employee to be placed on special leave.

Evidence such as a medical certificate or report may be required in other cases. These cases have to be managed by the occupational health support team, to ensure confidentiality is maintained. Certain employees have submitted proof of their medical condition on persal, therefore, it may not be necessary to attach again.
20. On-Page 3 of the circular, step two under the heading stating high exposure risk. Do we treat all patients as suspects or only those who meet the criteria for screening?
Yes, all patients who meet the screening criteria are treated as persons under investigation. This changes as the pandemic evolve and community spread becomes more widespread.
21. Family physicians are concerned about the risk assessment matrix for individual risk as it is being completed by them at most of the facilities. The circular refers to having a discussion with occupational health specialists for

people who are at high risk. They don't know who to talk to and they are worried about their personal liability if they make a decision to keep someone at work if they become seriously ill or die.

Please refer to OHS specialists to contact for assistance, listed on pg. 35-37 of the Covid-19 Occupational Health and Safety (OHS) Policy (Circular H58 Of 2020.

22. It is not clear how staffing will work at facilities if everyone is deemed moderate/high risk. The physician mentioned that at the one facility she was at, only one nurse did not have a chronic condition. If we restrict all but one nurse from working with COVID patients, how will the facility function? The service needs them, what is the point of asking about pre-existing conditions?

It is important to remember that the “naked” risk assessment score does not reflect the ultimate score after controls have been implemented. Remember From an occupational health point of view, it is not acceptable to have highly vulnerable staff work in an environment where their lives are endangered (note the case-fatality rates for high-risk individuals). Therefore, a high-risk individual must be addressed. The problem experienced frequently is that “medical exclusion” from the workplace is seen as the only possible control, which is inappropriate. For example, you will notice that the “quarantine guidelines” that were drafted for the province indicate that working with a known COVID-19 case while wearing the appropriate PPE is considered “minimal risk”.

We have continually had staff with high risk do their work. Occupational Health specialists and IPC would not advise on whether a person should go home or not. They would advise on workplace measures to be implemented and if this is not possible, then the supervisor needs to recommend special leave in consultation with the District / Substructure committee. The need to contact Occupational Health specialists and IPC is not for recommending special leave, it is for recommending workplace interventions.

23. If someone has two risk factors in the medium-risk category, should we consider that person high risk? For example, controlled diabetes and controlled hypertension.

We have developed the document as a guideline for clinical practitioners to provide an approach. There are cases where a person with e.g. 5 conditions in the “medium risk” category would move to a higher risk because of multiple risk factors. Therefore, clinical forethought must be used in the process. Remember that the risk score is a “naked” score – before controls are implemented with controls, the risk may be manageable. This would include e.g. making sure PPE is available, social distancing, etc. Most people seem to focus on medical exclusion from work, but this is for very few employees only under consideration. Most employees should be able to continue working if controls are implemented.

24. Is there a specific frequency that the individual assessments should be done?
It must be done yearly. If there are specific persons, exceptions can be made for employees who need a "follow-up" for examples where their condition needs to be controlled.

Example of Specific Questions asked to the OHS Specialist.

1. I conduct post mortems at Forensic Pathology. I am aged between 40 and 60 and have controlled diabetes and hypertension. Considering all the vulnerability and risk factors listed I scored an eight in the risk exposure factor. What does the "only acceptable under critical conditions" mean?

Scoring an 8 before providing any control measures is generally accepted as too high. Consideration should be given to ensure that you are adequately protected. Given the description of the duties, your risk could likely be adequately controlled if you are issued with the appropriate and recommended PPE to make sure the exposure is well controlled. Recommend that you consider a full-face visor as part of your PPE. Additional controls could also be implemented, depending on the particular working environment.

2. We are a dental hospital currently taking emergencies. We are cautious when taking patients and sort patients accordingly between COVID and non-COVID. Articles are describing Covid-19 patients who do not have any symptoms before the diagnosis.

It is important to ensure that staff members who have contact with patients (<1.5m) are issued with appropriate PPE. This will usually address most of the risks.

3. My risk assessment was done and I scored a 6. I fall under low to medium in the assessment. I was recommended to assist the COVID 19 team with the screening questionnaire before does testing. I do understand now that everyone needs to assist where help is needed and it is expected of us to work outside our scope of practice. My main concern was the unnecessary exposure to possible COVID-19 patients.

As long as controls are implemented and cautionary procedures are followed, employees will be safe and healthy. If you remain at a distance >1.5-2m from the persons being screened (while you ask the questions), you will not contract the virus (unless you touch your face without washing your hands). The most important control measures for the disease is to keep social distancing and regular hand hygiene.

For any further enquiries to this circular please contact
Michelle.Buis@westerncape.gov.za or Nabeel.Ismail@westerncape.gov.za.
Acknowledgement to Dr Jack Meintjies for answering all clinical questions.

Yours Sincerely

A handwritten signature in black ink, appearing to be 'Simon Kaye', written over a circular stamp or seal.

MR. SIMON KAYE

HEAD: CORPORATE SERVICES

DATE: 18 June 2020