



CIRCULAR NO H26/2020

TO ALL HEADS OF DIVISIONS/CHIEF DIRECTORATES/DIRECTORATES/REGIONS/DISTRICTS/SUB STRUCTURES/PEOPLE MANAGEMENT MANAGERS

COVID-19: IMPLEMENTATION MEASURES FOR STEP DOWN TO ALERT LEVEL 1

1. This response serves to provide guidance on measures to return the work place to full productivity as part of step down to alert level 1 based on Circular 27 of 2020 issued by the Department of Public Service and Administration.

2. INTRODUCTION

2.1 The National Government declared phased national stepdown levels to the lockdown in order to mitigate the spread of COVID-19.

2.2 The declaration of alert level 1 means that normal activity can be resumed, subject to strict adherence to health and safety protocols and social distancing measures.

2.3 As part of the phased method/process, the Government has opted for a decongestion approach to ease the Return to Work (RTW) of employees in order to allow employers to make the work place COVID-19 ready and to put the necessary health and safety measures in place so as to avoid and reduce the risk of infection.

2.4 It is incumbent upon the Head of Department to balance service delivery obligations with regulated occupational health and safety protocols and physical and social distancing protocols in the workplace as part of the RTW process.

3. BACKGROUND

3.1 The Department adopted a remote work model where such arrangements are possible and implementable in order to promote decongestion of work places.

3.2 The Department was able to maintain an acceptable level of productivity for the full duration of the national lockdown.

3.3 A survey conducted by the Department for Head Office employees on the remote work experience indicated that the majority of survey participants had sufficient data provision and access to departmental platforms while working remotely and are in favour of flexible work place practices.

3.4 It is acknowledged that the COVID-19 pandemic took a huge toll on the mental health and wellness of the Department's employees.

4. WORK ARRANGEMENTS: GENERAL

- 4.1 The Department of Public Service and Administration has issued Circular 27 of 2020 which states that all Departments are required to be 100% operational during alert level 1.
- 4.2 Since the WCGH has been operational since the commencement of the national lockdown, the current work place practices are to be maintained. This includes flexible and remote work arrangements to facilitate decongestion in the physical work environment.

5. REMOTE WORK

5.1 KEY PRINCIPLES

- 5.1.1 Remote work arrangements are not possible for all employees. Employees whose job requirements dictate that they must be present in the work place cannot be considered for remote work arrangements.
- 5.1.2 In this regard it is important to distinguish between client-facing and non-client facing employees. Client-facing employees are those who render a direct service to clients such as patients and the public. In general, remote work arrangements are not possible for client-facing employees.
- 5.1.3 Remote work can be arranged on an ad hoc basis and is not a permanent arrangement.
- 5.1.4 Remote work arrangements are strictly subject to operational requirements.
- 5.1.5 Managers must assess their specific work environments to ascertain whether, and to what extent remote work arrangements are possible for their employees.
- 5.1.6 Employees may be rotated by taking turns to attend the work place and to work remotely, where such arrangements are possible. Managers/supervisors and employees must reach consensus on rotational schedules/arrangements that are suitable to the specific work environment.
- 5.1.7 It is important to note that offices differ in terms of infrastructure and ability to maintain social distancing. This means that remote work arrangements will not necessarily be the same for all offices, even where offices are in the same component or institution.
- 5.1.8 Managers/supervisors and employees can make use of available technology to conduct off-site meetings and check-ins, e.g. MS Teams, Zoom etc.
- 5.1.9 Where employees attend the work place, managers must ensure that social distancing principles and hygiene protocols are strictly maintained.
- 5.1.10 Managers must take responsibility for remote work arrangements in their components and ensure that the remote work criteria are applied.
- 5.1.11 Monitoring of attendance will be dealt with separately through engagement with the relevant PM Managers, after which a follow-up to this circular will be issued.

5.2 REMOTE WORK CRITERIA

- 5.2.1 The employee's work must be portable, i.e. the work can be performed in a setting other than the work place.
- 5.2.2 Employees must have access to all the necessary infrastructure (laptop, internet, e-mail etc.) when working remotely to ensure that they perform at 100% capacity.
- 5.2.3 Employees who do not have the necessary infrastructure to perform at 100% capacity are required to be at the work place.
- 5.2.4 Work performed remotely must have a measurable output, e.g. a completed project or other agreed record.
- 5.2.5 Managers/supervisors and employee must agree on the tasks/outputs that must be performed or completed remotely and a record must be kept.
- 5.2.6 The employee must be contactable via agreed means during working hours. In this regard, you are reminded that the official working hours for office-based staff are Monday to Friday from 06h30 to 17h30, with the core working hours from 09h00 to 14.30. Employees can thus arrange their working day between 06h30 and 17h30 but must be available between 09h00 and 14h30. Such arrangements are based on agreement between the employee and the manager/supervisor.
- 5.2.7 Employees working remotely can at any stage be required to report for duty at the work place.
- 5.2.8 Where employees who are working remotely are required to attend face-to-face meetings, they must avail themselves for such meetings.
- 5.2.9 Employees must avail their personal cell-phones number or connect the office number to their cell-phone to ensure that they are contactable during office hours.
- 5.2.10 Confidentiality must be maintained at all times. In this regard, the attached Pledge of Confidentiality must be signed by all employees who are involved in People Management issues.

6. MANAGEMENT OF EMPLOYEES WITH COMORBIDITIES AND PREGNANT EMPLOYEES

- 6.1 It is acknowledged that there are employees who have identified comorbidities that render them vulnerable.
- 6.2 There are currently employees who are on Special Leave due to identified comorbidities.
- 6.3 Regions/Districts/Institutions are required to review and reassess all cases of employees currently on Special Leave due to comorbidities.
- 6.4 In this regard, the process described in Circular H50/2020 - *Individual Risk Assessment for Vulnerable Staff with Potential Work-Related Exposure to COVID-19* must be used to identify vulnerable employees and to inform decisions regarding work arrangements.

- 6.5 In addition to the risk assessment, employees who are currently on Special Leave are required to submit a medical report by a registered medical practitioner regarding their condition. In this regard it must be noted that a medical certificate will not suffice. The medical report must contain the following information:
- 6.5.1 Medical Practitioner's Practice details;
 - 6.5.2 Duration that they have been treating the patient for the stated condition;
 - 6.5.3 Confirmation that the employee has a stated comorbidity, which is categorised in the broad group determined by the National Department of Health. If the employee as a patient agrees to provide granular details of the condition, then such information can be provided.
(Example: Comorbidity: Metabolic Syndrome (which includes poorly controlled Diabetes Mellitus as the details, amongst other conditions.)
 - 6.5.4 Confirmation that the stated comorbidity presents a medical risk and such risk/s must be clearly stated in relation to that comorbidity.
 - 6.5.5 Confirmation of the recommended duration that the employee remains at risk and is recommended for a managed return to the work place.
- 6.6 The onus of proof is upon the employee to produce the necessary medical report/s.
- 6.7 Regions/Districts/Institutions must assess the outcome of the individual risk assessment together with the medical report in order to make a decision regarding the employee's work arrangements. It is recommended that Regions/Districts/Institutions constitute committees to assess such cases to assist with the necessary recommendations.
- 6.8 Employees with identified comorbidities should be re-assigned to low-risk areas and or be issued with the necessary PPE to allow safe re-entry into the work place.
- 6.9 Where re-assignment to low-risk areas are not possible, and/or where the issuing of the necessary PPE will not be adequate to ensure safe re-entry into the work place, the employee must be given the option to work remotely.
- 6.10 Where remote work arrangements are not possible, the employee's absence should be managed in terms of the PILIR process. Where appropriate, the incapacity process must be followed.
- 6.11 In cases where there is no other option available, Special Leave may be considered. **Employees are required to utilise all 2019 and 2020 leave credits as well as capped leave credits as from 1 November 2020, before any further Special Leave will be considered.**
- 6.12 All requests for Special Leave until now had to be approved by the Head of the Region/District/Institution and captured on PERSAL as such. All further requests for Special Leave must be referred to Head Office by **20 November 2020** to be assessed by a Departmental Health Risk Assessment Committee, before such leave can be approved. Final approval rests with the Head of Department, based on the recommendation of the Departmental Health Risk Assessment Committee. The

People Managers of the various districts will be responsible for presenting such cases to the Committee.

- 6.13 Pregnant employees from 28 weeks who cannot be re-assigned to low-risk areas or work remotely may be granted special leave until 4 weeks before the expected date of birth. Maternity leave provisions will apply from 4 weeks before the expected date of birth. Such cases may be approved by the Head of Institution.
- 6.14 Information regarding the medical condition of an employee must at all times be treated as confidential and may not be disclosed to any other person(s) not authorised to receive such information. All employees who are involved in such issues must sign the attached Pledge of Confidentiality.
- 6.15 Records must be kept of all cases of vulnerable employees and the work arrangements agreed upon and must be available for reporting purposes when required.



HEAD: HEALTH

6 NOVEMBER 2020

DATE