



Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID AFRIKA

Vol. 661

23 July
2020
Julie

No. 43540

N.B. The Government Printing Works will not be held responsible for the quality of "Hard Copies" or "Electronic Files" submitted for publication purposes

ISSN 1682-5843



9 771682 584003

43540



AIDS HELPLINE: 0800-0123-22 Prevention is the cure

IMPORTANT NOTICE:

THE GOVERNMENT PRINTING WORKS WILL NOT BE HELD RESPONSIBLE FOR ANY ERRORS THAT MIGHT OCCUR DUE TO THE SUBMISSION OF INCOMPLETE / INCORRECT / ILLEGIBLE COPY.

No FUTURE QUERIES WILL BE HANDLED IN CONNECTION WITH THE ABOVE.

Contents

<i>No.</i>		<i>Gazette No.</i>	<i>Page No.</i>
GENERAL NOTICES • ALGEMENE KENNISGEWINGS			
Employment and Labour, Department of/ Indiensneming en Arbeid, Departement van			
387	Compensation for Occupational Injuries and Diseases Act (130/1993): Directive on compensation for workplace acquired novel corona virus disease (covid 19).....	43540	3


GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR**NOTICE 387 OF 2020****DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL
CORONA VIRUS DISEASE (COVID-19)**

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT
NO 130 OF 1993)**

**DIRECTIVE ISSUED BY THE MINISTER OF EMPLOYMENT AND LABOUR IN TERMS
OF REGULATION 4(10) OF THE REGULATIONS ISSUED BY THE MINISTER OF
COOPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS IN TERMS OF SECTION
27(2) OF THE DISASTER MANAGEMENT ACT, 2002 (ACT NO. 57 OF 2002)**

I, Thembelani Waltermade Nxesi, the Minister of Employment and Labour acting in terms of Regulation 4(10) of the Regulations issued by the Minister of Cooperative Governance and Traditional Affairs in terms of section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002), has determined that it is necessary to issue this Directive which replaces the Notice issued on 23 March 2020 in terms of Section 6A of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993) as amended, and which Directive is attached as Schedule A.



MR TW NXESI, MP
MINISTER OF EMPLOYMENT AND LABOUR
DATE: 30/06/2020

**DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL
CORONA VIRUS DISEASE (COVID-19)**

SCHEDULE

1. The Directive for compensation of workplace-acquired novel Corona virus disease (COVID-19) comes into effect on the date of publication hereof and shall be implemented with immediate effect thereon.
2. All employers and Medical Service Providers must follow the stipulated prescripts when submitting claims and supporting medical reports for COVID-19.
3. When submitting reports online through the CompEasy system or Mutual Association Claims systems, Medical Service Providers must use the emergency COVID-19 ICD-10 code: **U07.1** as proposed by the World Health Organization (WHO).

**DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL
CORONA VIRUS DISEASE (COVID-19)**

SCHEDULE A

Circular No. CF/06/2020

**DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL CORONA
VIRUS DISEASE (COVID-19)**

The following Directive is issued to clarify the position of the Compensation Fund with regard to compensation of claims for workplace-acquired COVID-19.

1. Acronyms

COID Act	Compensation for Occupational Injuries and Diseases Act, 130 of 1993
COVID-19	Novel Corona Virus Disease of 2019
DOH	Department of Health, South Africa
WHO	World Health Organization
ILO	International Labour Organization
SARS-Cov-2	Severe Acute Respiratory Syndrome Corona Virus 2
RNA	Ribonucleic Acid

2. Definition

2.1. This Directive deals with workplace-acquired COVID-19 resulting from work-related exposures; exposure to suspected or confirmed case(s) of COVID-19 in the workplace; or while travelling on an official trip to high-risk countries or areas on work assignment or while performing any duty in pursuance of the employer's business.

2.2. In this Directive, any word or expression to which a meaning has been assigned in the Act shall bear that meaning and, unless the context otherwise indicates –

2.2.1. "Coronavirus Disease (COVID-19)" means a viral infection of the upper respiratory system which presents with flu-like symptoms ranging from mild fever, dry cough, runny nose, sneezing to persistent symptoms such as productive cough, high fever, shortness of breath and general malaise. In its severe form, it can present with pneumonia, acute respiratory distress syndrome (ARDS), systemic inflammation and multiorgan failure. It is transmitted through droplets during coughing and sneezing from an infected person or as a result of contact with coronavirus contaminated

DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

surface.

2.2.2. "Workplace" means workplace as defined in section 213 of the Labour Relations Act, 1996 (Act No. 66 of 1995).

2.2.3. "Workplace-acquired COVID-19" refers to an instance where an employee, as defined in the COID Act, contracts COVID-19 whilst carrying out his or her duties.

2.3. A claim for workplace-acquired COVID-19 shall clearly be set out as contemplated in and provided for in section 65 of the COID Act.

3. Diagnosis

3.1. Workplace-acquired COVID-19 diagnosis relies on:

- a) Assessment of the inherent risk posed by various categories of work and occupations; or
- b) Exposure to a known source of COVID-19 at the workplace; or
- c) An approved official trip and travel history to countries and/or areas of high risk for COVID-19 on work assignment; and
- d) A reliable diagnosis of COVID-19 as per the WHO guidelines; and
- e) A chronological sequence between exposure at the workplace and the development of symptoms.

3.2. COVID-19 can be reliably diagnosed by:

- a) Sputum, nasopharyngeal or oropharyngeal swab specimen collected from all patients at admission tested by real-time polymerase chain reaction (PCR) for SARS-Cov-2 RNA; or
- b) Any other diagnostic test approved by the Department of Health.

3.3. Occupational Risk Stratification

In terms of Section 45 of the COID Act, the Compensation Fund is obliged to consider all claims submitted for compensation and adjudicate all claims to determine liability. In carrying out this task, the Fund peruses all information submitted to make an objective decision. In addition to exposure and clinical history,

DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

the Fund also considers the inherent risk posed by various categories of work and occupations. For the purpose of this Directive, various occupations shall be categorized as follows:

3.3.1. Very high exposure risk occupations

Very high exposure risk occupations are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, post mortem, or laboratory procedures. Employees in this category include:

- a) Healthcare employees (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.
- b) Healthcare or laboratory employees collecting or handling specimens from known or suspected COVID-19 patients (e.g. manipulating cultures from known or suspected COVID-19 patients).
- c) Healthcare employees conducting cardio-respiratory function testing (e.g. spirometry, exercise electrocardiogram, respiratory physiotherapy etc.)
- d) Morgue employees performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

3.3.2. High exposure risk occupations

High exposure risk occupations are those with high potential for exposure to known or suspected patients with COVID-19 disease. Employees in this category include:

- a) Healthcare delivery and support employees (e.g. doctors, nurses, and other hospital staff who must enter patients rooms) exposed to known or suspected COVID-19 patients.
(**Note:** when such employees perform aerosol-generating procedures, their exposure risk level becomes very high).
- b) Medical transport employees (e.g. ambulance personnel and porters) moving known or suspected COVID-19 patients in enclosed vehicles.

DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

- c) Mortuary employees 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.

3.3.3. Medium exposure risk occupations

Medium exposure risk occupations include those that require frequent and/or close contact (i.e. within 1.5 metres) with people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, employees in this risk group may have frequent contact with travellers who may return from international locations with widespread COVID-19 transmission.

In areas where there is ongoing community transmission, employees in this category may have contact with the general public (e.g. in schools, high-population-density work environments, such as labour centres, consulting rooms, point of entry personnel and some high-volume retail settings).

3.3.4. Low exposure risk occupations

Lower exposure risk occupations are those that do not require contact with people known to be or suspected of being infected with COVID-19, nor frequent close contact (i.e. within 1.5 metres) with the general public. Employees in this category have minimal occupational contact with the public and other fellow employees.

- 3.3.5. The Medical Officers in the Compensation Fund will determine whether the diagnosis of COVID-19 was made according to acceptable medical standards.

- 3.3.6. The above categorization of occupations serves only as a guide to assist employers in assessing the risk of employees contracting COVID-19 at the workplace. All employees, regardless of occupation, are entitled to make a claim for compensation in the event that they contract COVID-19 at the workplace.

**DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL
CORONA VIRUS DISEASE (COVID-19)**

4. Impairment

- 4.1. Assessment of permanent impairment shall be determined three (3) months after diagnosis and when Maximum Medical Improvement (MMI) has been reached.

The degree of impairment will be evaluated based on the medical complications of the COVID-19 from the affected body system(s).

- 4.2. Where there are medical complications, additional tests required to assess the presence of abnormalities present in the cardio-respiratory system and other organ systems affected by COVID-19 must also be provided.

5. Benefits

5.1. Temporary total disablement (TTD)

- a) Payment for temporary total disablement due to infection with COVID-19 shall be made for as long as such disablement continues, but not for a period exceeding 30 days.
- b) In an instance where there are medical complications, the Commissioner has a right to review each case on merit.

5.1.1. Persons under investigation (PUI)

- a) The Compensation Fund does not provide compensation for unconfirmed cases which are still being investigated.
- b) For self-isolation or self-quarantine, the employer must follow the directive published by the Minister of Employment and Labour regarding the COVID-19 Temporary Employee/Employer Relief Scheme (TERS), as amended, or the Consolidated COVID-19 Directive on Health and Safety in the Workplace, whichever is applicable..

5.1.2. Confirmed Cases

- a) For confirmed cases and where the Compensation Fund has accepted liability,

**DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL
CORONA VIRUS DISEASE (COVID-19)**

temporary total disablement due to infection with COVID-19 shall be paid from the date of diagnosis up to 30 days.

- b) In an instance where there are medical complications, the Commissioner has a right to review each case on merit.

5.2. Permanent Disablement:

5.2.1. In an instance where there are medical complications, the Commissioner has a right to assess each case on merit and determine if there is any permanent disablement due to infection with COVID-19.

5.2.2. Permanent Disablement shall be assessed three (3) months from the date of diagnosis.

5.3. Medical Aid

In all accepted cases of COVID-19, medical aid shall be provided for a period of not more than 30 days from the date of diagnosis. If in the opinion of the Director-General further medical aid will reduce the extent of the disablement this shall be considered.

5.4. Death Benefits

Reasonable burial expenses, widow's/widower's and dependent's pensions shall be payable, where applicable, if an employee dies as a result of the complications of COVID-19.

6. Reporting

6.1. The following documentation should be submitted to the Compensation Commissioner or the employer individually liable or the mutual association concerned:

- a) Employer's Report of an Occupational Disease (W.CL.1)
- b) Notice of an Occupational Disease and Claim for Compensation (W.CL.14)
- c) Exposure and Medical Questionnaire

**DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL
CORONA VIRUS DISEASE (COVID-19)**

- d) First Medical Report in respect of an Occupational Disease (W.CL.22) indicating U07.1 as the ICD-10 code for Covid-19
- e) Exposure History (W.CL.110) and/or any other appropriate employment history which may include any information that may be helpful to the Compensation Commissioner.
- f) A medical report on the employee's symptoms that details the history, establishes a diagnosis of COVID-19 and laboratory results and chest radiographs where appropriate or any other information relevant to the claim.
- g) For each consultation, a Progress Medical Report (W.CL.26).
- h) Final Medical Report in respect of an Occupational Disease (W.CL.26) when the employee's condition has reached Maximum Medical Improvement (MMI).
- i) An affidavit by the employee if the employer cannot be traced or will not timeously supply a W.CL.1, where applicable.

6.2. Online claims for COVID-19 must be made through the following channels, indicating the correct ICD-10 code – U07.1:

Compensation Fund: CompEasy (www.labour.gov.za)

Rand Mutual Assurance: CompCare (www.randmutual.co.za)

Federated Employers Mutual: IMS (<https://roe.fem.co.za>)

6.3. Submission of manual claims for COVID-19 must be sent to these email addresses:

Compensation Fund

Province	E-mail Address	Tel. Number
Gauteng	GP-Covid19claims@labour.gov.za	(012) 319 9352
Limpopo	LP-Covid19claims@labour.gov.za	(015) 290 1696
North West	NW-Covid19claims@labour.gov.za	(018) 387 8169
Mpumalanga	MP-Covid19claims@labour.gov.za	(013) 655 8944
Free State	FS-Covid19claims@labour.gov.za	(051) 605 6331
Kwa-Zulu Natal	KZN-Covid19claims@labour.gov.za	(031) 366 2033
Northern Cape	NC-Covid19claims@labour.gov.za	(053) 838 1570
Eastern Cape	EC-Covid19claims@labour.gov.za	(041) 506 5119
Western Cape	WC-Covid19claims@labour.gov.za	(021) 441 8174

**DIRECTIVE ON COMPENSATION FOR WORKPLACE-ACQUIRED NOVEL
CORONA VIRUS DISEASE (COVID-19)**

Compensation Fund National Enquiries

CF Call Centre	CFCallcentre@labour.gov.za	0860 105 350
-----------------------	----------------------------	--------------

Mutual Assurances

Rand Mutual	contactcentre@randmutual.co.za	086 022 2132
Federated Employers	FEM-Registry@fema.co.za	(011) 359 4300

7. Claims Processing

The Office of the Compensation Commissioner shall consider and adjudicate upon the liability of all claims. The Medical Officers in the Compensation Commissioner's Office are responsible for the medical assessment of the claim and for the confirmation of the acceptance or rejection of the claim.

8. Commencement and Duration

- 8.1. This Directive shall come into effect on the date of publication in the Government Gazette.
- 8.2. This Directive shall remain in operation for as long as the declaration of the COVID-19 in terms of the National Disaster Management Act as a national disaster subsists, or until it is withdrawn by the Minister, whichever comes earlier.
- 8.3.1 Once the declaration of COVID-19 as a national disaster in terms of the National Disaster Management Act is lifted or this Directive has been withdrawn, whichever comes first, this directive shall be replaced by a Circular Instruction drafted in line with the provisions of the COID Act.



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za

COVID-19 EXPOSURE AND MEDICAL QUESTIONNAIRE (To be completed by employer)

EMPLOYEE DETAILS															
Name						Surname									
ID Number						Nationality									
Contact Number						Email									
Occupation															
Next of Kin						Contact Number									
EMPLOYER DETAILS															
Name of Employer															
Industry/Sector						Province	GP	NW	LP	MP	FS	KZN	NC	EC	WC
Contact person						Responsibility									
Contact Number						Email									
EXPOSURE HISTORY															
Has the Employee travelled to any high risk countries/areas? /											Yes	No			
If Yes, Area Travelled To						Date Travelled									
Length of Stay						Reason for Travel									
If No, has the employee been exposed to a confirmed occupationally-exposed case in the workplace											Yes	No			
If Yes, Date of Contact						Contact Reported?						Yes	No		
Period of Exposure						Total Confirmed Cases in Workplace									
Cases on quarantine in area of work															
State the periods the employee was off-duty or performing light duty						From (DD/MM/YYYY)	To (DD/MM/YYYY)	Advances/Salary paid during these periods							
Periods Off-duty															
Periods Performing Light Duty															



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za

MEDICAL HISTORY

Does the employee suffer from any pre-existing medical conditions?	Yes	No
Has the employee been diagnosed with any other occupational disease?	Yes	No

If Yes to any of the above, please check all that apply or specify in the box below:

Medical Condition		Year of Diagnosis		On Treatment?	
Pregnancy (trimester: _____)				Yes	No
Cardiovascular disease, including hypertension				Yes	No
Diabetes				Yes	No
Liver disease				Yes	No
Chronic neurological or neuromuscular disease				Yes	No
Other(s), please specify:				Yes	No

Name	Signature	Date



Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001
Contact Centre Tel: 012-748 6200. eMail: info.egazette@gpw.gov.za
Publications: Tel: (012) 748 6053, 748 6061, 748 6065