

THE FEDERATED EMPLOYERS' MUTUAL ASSURANCE COMPANY (RF) (PTY) LTD

COID Covid-19 Claims

Circular Instruction CF/03/2020

Application of the COID Act with regard to Covid 19 claims

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23.07.2020

Providing Workers' Compensation to the construction industry since 1936

Summary of Circular instruction CF/03/2020

Criteria for adjudication of COID claims is based on Four Pillars

- All employers and service providers must follow the stipulated prescript when submitting Occupationally acquired Covid-19 claims
 - 1. The claim must comply with the **Out of** and **In** the course of employment definition.
 - 2. Source/Agent must be clearly identified.
 - There must have been a close contact as opposed to casual contact. e.g. Sharing a room.
 - 4. Occupation must have been the inherent requirement of the job.



Occupations at risk

Very High risk -Liability accepted

Environment where Covid-19 is inherently prevalent

Health Professionals/First Aiders / Occupational Heath Practitioners

Persons handling specimens

Direct contact/ handling of human bodies

High exposure risk- Liability accepted without established source

Jobs with high potential of exposure to known or suspected cases

Health care delivery and support staff.

E.g Hospital cleaners, Technicians working in health care facilities.

Medical transport workers, hospital waste, paramedics etc.



Occupations at risk continued

Medium Risk – each case is adjudicated based on supplied information likely to be accepted

- Occupation/Employment is an inherent requirement of the job. Jobs that require close or frequent contact with people who may be infected.
 - In contact with frequent travelers Community field workers
- Ongoing community transmission
 - Community contact- schools,
 - Health and safety officers,
 - Covid coordinator, checking temperatures
 - Security officers (point of entry)



Occupations at risk continued

Low risks

Details of confirmed source is needed. Name and date of positive test results.

- Adjudication is based on direct close contact with a positive person in the workplace. Both contact and source pathology results are needed.
- Employer's compliance with the regulations is possible.

The job does not require direct contact with the public, and if so, adherence to regulations is possible. (casual contact)

- Office workers.
- Machine operators



Documents required to lodge a COVID-19 Claim at FEM

https://www.fema.co.za/forms/

All claim related documents must be submitted to:

fem-registry@fema.co.za



Declaration by Employer or Authorised Person

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	DECLARATION BY EMPLOYER OR AUTHORISED PERSON					
				f this report, of an alleged occupational disease contracted by the		
	•	est of my knowledge ar		SIGNATURE		
EMI	PLOYER					
1.		with the Compensation	Commissioner			
2.	Registration numb	er of this business with	the Compensa	tion Commissioner		
3.	Contact person —					
4.	Street address		5.	Postal address		
6.	Postal code		7.	Postal code		
8.	Tel ()					
9.	Fax ()	10. Situation	n of business/fa	m		
11.	Nature of business	s, trade or industry				
EMI	PLOYEE					
				13. First names		
				15. Date of birth/ 16. Sexmale/female		
				18. Citizen of		
		-		20. Occupation		
	Street address					
22.	Postal code					
23.	Period in your emp	oloy (years/months)				
24	Is the injured empl	loyee a working directo	r, working mem	ber of a CC, owner of or a partner in the business?		
oc	CUPATIONAL DISE	EASE .				
	Nature of disease.					
26.	Date the disease v	was diagnosed				
27.	Alleged cause of d	lisease				
	(State the agent pr	resent in the work-plac	e and with whic	h he had contact that caused the disease)		
28.	For how long a per	riod was he exposed		_		
29.	Date employee rep	ported the disease				
30.	Please mention the	e name and address of	f the employer it	the employee did not contract the disease in your employment		

PAF	W.CL. 1(E)					
		R/week	R/month			
32.	Earnings at the time of the diagnosis of the disease					
	Gross cash earnings					
	(Including average payments for overtime and/or commission of a constant character)					
	Allowances of a recurrant nature:					
	(a) Bonuses (i.e. 13th cheque)					
	(b) Other (specify)					
	Cash value of food					
	Cash value of free quarters					
	MOUNTS AND ADDRESS	-1				
33.	Will the employee during temporary total disablement continue to receive from you:					
	Free Food? Yes No					
34			•			
٠	Are you prepared to make cash payments during temporary disablement that lasts longer than three months? Yes					
	5. If you have already paid cash to the employee, state the total amount R					
	6. For what period were such payments made? From/ to/ to					
30.	Date on which the employee resumed work. [If employee has not yet resumed work, a Resumption report (W.CL.	6) must be submitted as s	soon as he resumes dutvl			
UF	RTHER PARTICULARS					
39.	If the employee did to your knowledge receive compensation previou	sly for the same disease	or another disease in			
	respect of an accident, give particulars					
40	Was the disease caused by the employee's -					
	(a) Deliberate non-compliance of directions Yes/No					
	(b) Reckless disregard of the terms of any law or statutory regulation	n designed to ensure the s	afety or health of			
	employees or the prevention of diseases Yes/No					
	(N.B.: If any reply is in the affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon.)					

FEM COVID-19 Exposure & Medical Questionnaire

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FEM

Section A:

To be completed by the employer

Employer details:

Name of Employer

Contact Person		
Telephone		
Email		
When did your company open	following nationwide lockdown? Date:	
Name and Surname		
Nationality		
Identity No./Passport No.		
O		

Industry/Sector Province

Occupation		
Telephone		
Email		
When did this employee return	to work? Date:	
Did the employee travel to a ge (hotspot areas)?	ographic area with wides	pread community infection of COVID-19 Yes/ No
(11010)		,
If Yes, answer the following		
Where did the employee travel	to?	
Was the travel: business relatedor personal related		
(If the travel was business rela	ted please attach copy of	approval from reporting line manager)
Date of Departure:		
Date of Return:		

Please provide details of your travel. (In case of international travel, provide a list of all connecting flight

and length of stay in countries of connecting flights)

Did the employee contract COVID-19 positive because he COVID-19 positive employee in the workplace (<u>during off</u>	
If yes, please provide the following details:	
Name and Surname of employee you came contact with:	
(Please attach a copy of results of the initial confirmed p	ositive COVID-19?
State the date when the two employees were in close cor	ntact with each other. Date:
Briefly describe the circumstance in which they came into	contact with each other.
(Close contact means that you had face-to-face contact w	ithin 1 metre or were in a closed space for
more than 15 minutes with a person with COVID-19, (NIC	D website))
SECTION B: EXPOSURE HISTORY (To be completed b	y the employee)
Did you have any of the Flu like symptoms	Yes / No
Date of onset of symptoms:	
(Please attach a copy of the test results)	
Signature of employee:	Date:
Signature of Employer Rep:	Date:



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SECTION C: WORKPLACE CONTACTS (To be completed by the employer)

Please attach a list of other respective employees that the infected employee game into contact with at the workplace and for how long. (see attached)

List of Employees Employer	
Date	

Name	Surname	Contact number	Contact Date	Duration

Worker COVID-19 Risk Assessment

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Worker COVID-19 Risk Assessment

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

Please note: This is an interim guide that may be updated as the outbreak in South Africa intensifies, to guide additional workforce preserving strategies; Version 1, 17 April 2020

How to use this Guide?

- Use the questions below to assess if it is safe to start work.
- If you answer NO to any of the questions, report this immediately to your supervisor, who will help to identify a practicable and reasonable solution.

Always practise these controls in your workplace

- Social distancing must be at least 1.5 metre away from any other person in any circumstance. 2. Wash hands with soap and water for 20 seconds, or use alcohol-based hand sanitiser after contact with any person or after contact with frequently touched surfaces e. q. phones, door handles etc.
- Cough in the fold of the elbow or in a tissue which you discard in a bin and wash your hands.

4. Avoid touching your eyes, nose and mouth with unwashed hands.

Employee training and awareness

I have received training on COVID-19 and the virus causing it. how the virus is spread, the symptoms of the disease and how I can protect myself against infection.



I am trained and familiar with the COVID-19 protocols in my workplace.



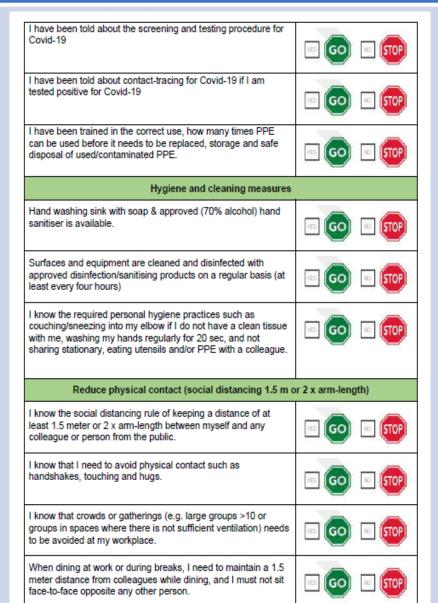
I know the protocol of self-isolate at my home or at a guarantine site should I become ill with symptoms of COVID-19.

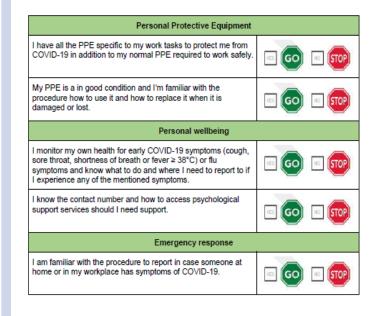


I know the protocol to report should I become ill with symptoms of COVID-19.









Administration of accepted claims

- **Testing** Initial testing may be paid for by employer, once a claim is accepted, FEM will reimburse the cost thereof.
- Follow up testing post quarantine will be covered but not mandatory
- Temporary total disablement (TTD) Limited to date of diagnosis up to 30 days post infection. (cases with no complications)
- If hospitalized- Medical treatment covered until discharged.
- Self quarantine / Unconfirmed cases Employer responsible for remuneration in line with National regulations.
- Impairment- Determined 3 months post Covid 19 recovery.
- Death Benefits- Applied in line with schedule 4 of COID Act



COVID-19 Case studies

Case Study 1	Case Study 2
Technician – repairing lifts Field work 1/2 weeks back Repairing lifts Somerset hospital	Technician House to house repairs
<u>Adjudication</u>	Active in community Adjudication
Exposure to high risk area accepted	Not inherent requirement Disease is a national Pandemic Proof of ampleyor compliance
	Proof of employer compliance needed Unable to identify the source
	Likely to be repudiated



COVID-19 Case studies

Case Study 3	Case Study 2
Construction worker	Construction worker
Construction site	Construction site
Travelling in groups	Tested positive
First case detected- External	Source- touching work surfaces
positive source	
Second case – positive results	Adjudication
	Repudiated. Surfaces can be
Adjudication	touched anywhere. Not out of
Second case accepted. Source	course of employment
identified at work	



Progress UPDATE: COVID-19 CLAIMS As at 17/07/2020

MUTUAL ASSOCIATION COVID-19 CLAIMS – FEDERATED EMPLOYERS

PROVINCE	RECEIVED	LIABILITY ACCEPTED	LIABILITY REPUDIATED	PENDING ADJUDICATION	F	M
KZN	3	1	0	2	0	3
WC	17	6	9	2	3	14
GP	11	0	4	7	2	9
NW	8	0	5	3	1	7
EC	0	0	0	0	0	0
LP	0	0	0	0	0	0
FS	1	0	0	1	0	1
NC	9	7	1	1	0	9
TOTAL	49	14	19	16	6	43
Percentage	100%	28.6%	38.7%	32.7%	12.2%	87.8%

Contact Details

Enquiries- Enquiries@fema.co.za

Office hours – 011 359 4300

Afterhours contact number – 011 359 4333



