FEM

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

J.D Mahlangu *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.
3. 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

I hereby declare that the particulars, shown in items 1 to 40 of this report, of an alleged occupational disease contracted by the employee, are to the best of my knowledge and belief true and accurate

Signed on this _____ day of _____ 20____ SIGNATURE _____

EMPLOYER

1. Registered name with the Compensation Commissioner _____
2. Registration number of this business with the Compensation Commissioner
3. Contact person _____
4. Street address _____ 5. Postal address _____
6. Postal code _____ 7. Postal code _____
8. Tel (___) _____
9. Fax (___) _____ 10. Situation of business/farm _____
11. Nature of business, trade or industry _____

EMPLOYEE

12. Surname _____ 13. First names _____
14. Id. No. _____ 15. Date of birth ___/___/_____ 16. Sex male/female
17. Marital state married/single _____ 18. Citizen of _____
19. Personnel No. _____ 20. Occupation _____
21. Street address _____
22. Postal code _____
23. Period in your employ (years/months) _____
24. Is the injured employee a working director, working member of a CC, owner of or a partner in the business? _____

OCCUPATIONAL DISEASE

25. Nature of disease _____
26. Date the disease was diagnosed _____
27. Alleged cause of disease _____

(State the agent present in the work-place and with which he had contact that caused the disease)

28. For how long a period was he exposed _____
29. Date employee reported the disease _____
30. Please mention the name and address of the employer if the employee did not contract the disease in your employment

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PARTICULARS OF EMPLOYEE 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		

33. Will the employee during temporary total disablement continue to receive from you:

Free Food?	Yes	No
Free Quarters?	Yes	No

34. Are you prepared to make cash payments during temporary disablement that lasts longer than three months?

Yes	No

35. If you have already paid cash to the employee, state the total amount R _____
36. For what period were such payments made? From ___/___/_____ to ___/___/_____
37. Date on which employee ceased work ___/___/_____ Time _____
38. Date on which the employee resumed work _____
[If employee has not yet resumed work, a Resumption report (W.CL. 6) must be submitted as soon as he resumes duty]

FURTHER PARTICULARS

39. If the employee did to your knowledge receive compensation previously 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 designed to ensure the safety 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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Section A:

To be completed by the employer

Employer details:

Name of Employer	
Industry/Sector	
Province	
Contact Person	
Telephone	
Email	

When did your company open following nationwide lockdown? Date: ______________________

Name and Surname	
Nationality	
Identity No./Passport No.	
Occupation	
Telephone	
Email	

When did this employee return to work? Date: ______________________

Did the employee travel to a geographic area with widespread community infection of COVID-19 (hotspot areas)? Yes/ No

If Yes, answer the following

Where did the employee travel to? ______________________

Was the travel: business related ______________ or personal related______________

(If the travel was business related 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)

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____
____
____
____
____
____

Did the employee contract COVID-19 positive because he/she came into contact with another confirmed COVID-19 positive employee in the workplace (*during office hours*). Yes/ No

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 positive COVID-19?

State the date when the two employees were in close contact 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 within 1 metre or were in a closed space for more than 15 minutes with a person with COVID-19, (NICD website))

SECTION B: EXPOSURE HISTORY (*To be completed by 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 came 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

PAGE 1

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

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

1. 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. g. phones, door handles etc.
3. 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.	YES GO NO STOP
I am trained and familiar with the COVID-19 protocols in my workplace.	YES GO NO STOP
I know the protocol of self-isolate at my home or at a quarantine site should I become ill with symptoms of COVID-19.	YES GO NO STOP
I know the protocol to report should I become ill with symptoms of COVID-19.	YES GO NO STOP

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I have been told about the screening and testing procedure for Covid-19	YES GO NO STOP
I have been told about contact-tracing for Covid-19 if I am tested positive for Covid-19	YES GO NO STOP
I have been trained in the correct use, how many times PPE can be used before it needs to be replaced, storage and safe disposal of used/contaminated PPE.	YES GO NO STOP
Hygiene and cleaning measures	
Hand washing sink with soap & approved (70% alcohol) hand sanitiser is available.	YES GO NO STOP
Surfaces and equipment are cleaned and disinfected with approved disinfection/sanitising products on a regular basis (at least every four hours)	YES GO NO STOP
I know the required personal hygiene practices such as couching/sneezing into my elbow if I do not have a clean tissue with me, washing my hands regularly for 20 sec, and not sharing stationary, eating utensils and/or PPE with a colleague.	YES GO NO STOP
Reduce physical contact (social distancing 1.5 m or 2 x arm-length)	
I know the social distancing rule of keeping a distance of at least 1.5 meter or 2 x arm-length between myself and any colleague or person from the public.	YES GO NO STOP
I know that I need to avoid physical contact such as handshakes, touching and hugs.	YES GO NO STOP
I know that crowds or gatherings (e.g. large groups >10 or groups in spaces where there is not sufficient ventilation) needs to be avoided at my workplace.	YES GO NO STOP
When dining at work or during breaks, I need to maintain a 1.5 meter distance from colleagues while dining, and I must not sit face-to-face opposite any other person.	YES GO NO STOP

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Personal Protective Equipment	
I have all the PPE specific to my work tasks to protect me from COVID-19 in addition to my normal PPE required to work safely.	YES GO NO STOP
My PPE is a in good condition and I'm familiar with the procedure how to use it and how to replace it when it is damaged or lost.	YES GO NO STOP
Personal wellbeing	
I monitor my own health for early COVID-19 symptoms (cough, sore throat, shortness of breath or fever ≥ 38°C) or flu symptoms and know what to do and where I need to report to if I experience any of the mentioned symptoms.	YES GO NO STOP
I know the contact number and how to access psychological support services should I need support.	YES GO NO STOP
Emergency response	
I am familiar with the procedure to report in case someone at home or in my workplace has symptoms of COVID-19.	YES GO NO STOP

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 <u>Adjudication</u> Exposure to high risk area accepted	**Technician** House to house repairs Active in community <u>Adjudication</u> Not inherent requirement Disease is a national Pandemic 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 site Travelling in groups First case detected- External positive source Second case – positive results <u>Adjudication</u> Second case accepted. Source identified at work	**Construction worker** Construction site Tested positive Source- touching work surfaces <u>Adjudication</u> Repudiated. Surfaces can be touched anywhere. Not out of course of employment

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

THANK YOU

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