# RHODES UNIVERSITY

*Grahamstown • 6140 • South Africa*

# HR INSTITUTIONAL FRAMEWORK TO MANAGE THE OPERATIONS OF THE UNIVERSITY

## 1. Introduction

The health, wellbeing and safety of our staff and students are of paramount importance. All decisions relating to the return to campus should be informed by these considerations. We need to ensure that we adhere to the adjusted alert and risk level guidelines related to staff in the workplace. In addition, physical distancing and good hygiene are important preventative measures that will curb the transmission and spread of the virus.

**All staff and students, without exception, will have to wear cloth masks over their nose and mouth when on campus and in the workplace. Staff who do comply with this will be subject to discipline in line with the Staff Disciplinary Code and can also be fined in terms of the prevailing legislation in this regard.**

It is within this context that this framework has been developed. The number of staff permitted on campus is in line with the various risk alert levels that the national government and the DHET has outlined.

## 2. Purpose of this document

The purpose of this document is to provide an Institutional Framework for Deans, Heads of Department (HoDs) and Directors to decide who returns to campus, for what purpose and under what conditions. The framework provides for a consultative process with Human Resources to ensure that the staggered re-opening of our campus can be achieved.

It is envisaged that notwithstanding that there is remote/online teaching and learning there are some staff and students who will be permitted to conduct face-to-face activities in line with the guidelines issued by the Minister of Higher Education. The DVC: Academic and Student Affairs will communicate with the University community from time to time as it relates to institutional decisions with regards to the return of students and face-to-face activities.

## 3. Terminology

**Comorbidity**
Comorbidity refers to an overlap of different conditions and, medically, when conditions are comorbid they impact one another even though their causes may be unrelated. The condition may also be a behavioural or mental disorder.

**Direct/Close Contact**

Direct/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.  This contact happened while the person with COVID-19 was still "infectious", i.e. from 2 days before to 14 days after their symptoms began. For example, you may be someone who: -

1.  Lives in the same household as a person with COVID-19
2.  Works closely in the same environment as a person with COVID-19
3.  Sat in the same classroom as a person with COVID-19
4.  Attended the same gathering as a person with COVID-19
5.  Provided direct care for a person with COVID-19 in a healthcare setting without using the proper personal protective equipment
6.  Sat within two seats (1 metre) in any direction of a person with COVID-19 case in any kind of vehicle including buses, minibus taxis, etc.

**Quarantine**

These are healthy people who either self-quarantine or are requested to quarantine by the employer because **one or more** of the risk criteria exists (see point 5).   After 10 days the staff members may return to work provided that they have not experienced any symptoms associated with COVID-19 (see point 5.3).

**Isolation**

This is for people who have been **diagnosed** with COVID-19.   Isolation means that a person **may not leave their home/place of isolation at all** (or you are in hospital or a quarantine centre) until they have been declared fit to leave.

**Social/Physical Distancing**

Social/physical distancing is the practice of maintaining a greater than usual physical distance from other people or of avoiding direct contact with people or objects in public places during the outbreak of a contagious disease in order to minimise exposure and reduce transmission of infection.   In the case of the Coronavirus (COVID-19), a minimum distance of radius 1,5m to 2m is recommended.

**Vulnerable Staff**

Vulnerable staff are staff members who have pre-existing health conditions related to their immune systems, i.e., they are already immunocompromised (as defined by the World Health Organization Report of 2019).   This includes staff over the age of 60 as well as staff with comorbidities. Vulnerable staff should continue to work remotely if possible and if not possible remain on leave.


**4.    Applicability**

This framework applies to all staff members at Rhodes University that are employed on a permanent or temporary basis regardless of whether they are full-time or part-time.

This framework should be read in conjunction with the **HR Leave Protocol in relation to COVID-19.**

**5.    National Risk Approach (from the Department of Cooperative Governance and Traditional Affairs Document dated 25 April 2020)**

This section contains the context of the national Government's risk-adjusted approach as articulated by the Department of Cooperative Governance and Traditional Affairs, dated 25 April 2020.  The approach was developed in consultation collaboratively between economic cluster departments and the Department of Health.  In addition, comments made by business organizations, political parties, Unions and commentators were taken into account.  Lastly the approach takes into account the advice of the Ministerial Advisory Committee that the high-point of the virus spread is likely to be in September.  With this in mind, the proposal aims to cover the next 6 to 8 months.

5.1    An **alert** system to determine the level of restrictions in place nationally, in provinces and districts. Rhodes University is in the Eastern Cape and falls into the Sarah Baartman District.

The **alert** system for the country, provinces and districts is: -

| Level 5 | High virus spread and/or low health systems readiness. | Full lockdown |
| Level 4 | Moderate to high virus spread with low to moderate readiness. | High restrictions |
| Level 3 | Moderate virus spread with moderate readiness. | Moderate restrictions |
| Level 2 | Moderate virus spread with high readiness. | Reduced restrictions |
| Level 1 | Low virus spread with high readiness. | Minimum restrictions |

The basis for the determination of the alert level will be primarily **community transmission** and **health care capacity**.

For **community transmission** the following are considered: -
• The rate at which the proportion of the population tested (testing coverage) is increasing (higher is better).
• The rate at which the proportion of positive tests in increasing (lower is better).

For **health care** capacity the following are considered: -
• The rate of increase in fixed and makeshift hospital beds in both public and private sectors per 1000 population (higher is better).
• The rate at which the proportion of hospital beds being utilized for COVID-19 is increasing (lower is better).

All of the above measures might change over time, i.e. they are not static but dynamic changes occurring over a period of time (i.e. per week) and will influence the level at which the country, province or district will be classified.

5.2    An **industry classification** for readiness to return at each level based on criteria, together with restrictions that should remain after the lockdown regardless of the alert level.

In order to **identify and sequence** the possible priority economic areas which will require easing post the lockdown period, an alert system has been developed which considers the following criteria: -
• Risk of transmission;
• Expected impact on the sector should the lockdown continue;

- Value (and economic linkages) of the sector to the broader economy (including its contribution to GDP, employment, multiplier effects, its export earnings, supply-chain linkages and industrial policy goals); and
- The promotion of community wellbeing and livelihoods of the most vulnerable.

Initially, the return to work will be based on the national level, but will progressively be expanded to provincial and district level, enabling workplaces to adapt to the level of infection and healthcare readiness in their locality.

5.3   Enhanced **public health and social distancing** arrangements at workplaces and public spaces (including schools and Higher Education Institutions that may reopen during the pandemic period).

A comprehensive system of public health and social/physical distancing arrangements will be put in place such as the following: -
- Industries are encouraged to adopt a work-from-home strategy where possible, and all staff who can work productively remotely must be allowed to do so;
- Workers above the age of 60, as well as workers with comorbidities, should be offered a work-from-home option or remain on leave after engagement with employers and the UIF; and
- Workplace protocols to be in place that include disease surveillance and prevention of the spread of infection, disabling contact biometric systems or making them COVID-proof.

In addition to the general applicable health and safety protocols, each **sector** must agree on a COVID-19 prevention and mitigation plan, approved by the Minister of Health and any other Minister relevant to the sector.

Individual businesses or workplaces must have COVID-19 risk assessments and plans in place, and must conduct worker education on COVID-19 and protection measures: -
- Identification and protection of vulnerable employees;
- Safe transport of employees;
- Screening employees on entering the workplace;
- Prevention of viral spread in the workplace;
- Hand sanitizers and face masks;
- Cleaning surfaces and shared equipment;
- Good ventilation;
- Shift arrangements and canteen controls;
- Managing sick employees.

Monitoring systems must be in place to ensure compliance with safety protocols and identify infections among employees.  The protocol in this regard will be distributed in due course.

Mass assessment should be carried out for workplaces over 500 workers.

## 6.   Institutional Framework and Principles

Staff are permitted to work remotely if operationally feasible and the nature of their work permits them to work productively on a remote basis.  Staff who work remotely must have the approval of their HoD/Director to do so.

All essential staff are permitted to work on campus.   In addition, all staff who are not able to work remotely because the nature of their work does not permit them to do so are expected to be in the workplace as requested by their HoD/Director.

In all instances every effort should be made to ensure that staff can work in a way that promotes physical distancing and such that the time spent at work on campus is kept to a minimum.

**7.      Risk Assessment**

In order to minimize spreading COVID-19 and assess the risk following **minimum criteria (but not limited to these, as these may change as the context changes)** should be considered when assessing whether there is potential risk that a staff member has been exposed to or could be exposed to COVID-19: -

7.1     A staff member has travelled to a **country or area** where there is a **high incidence** of COVID-19 and is returning to Makhanda either because they live in Makhanda or work in Makhanda.  An up to date list of countries and areas within South Africa with **high incidences** of COVID-19 can be found at https://www.who.int/emergencies/diseases/novel-coronavirus-2019

7.2     A staff member has been in **direct/close contact** (see definition under point 3) with an individual who has tested positive for COVID-19 and/or has been in close proximity/contact with someone who has come from a country where there are **high incidences** of COVID-19 and has not been tested for COVID-19 and declared negative.

7.3     A staff member is displaying flu-like symptoms such as sore throat, a dry cough, a fever and difficulty breathing.

Should **one or more** of these criteria above exist **and/or** there is **reasonable evidence** that one or more of the criteria exists the staff member should not come to work until such time as s/he has been in **quarantine** for 10 days and does not display any of the symptoms associated with COVID-19.

In instances where the staff member has been in **direct/close contact with someone who has been tested positive for COVID-19** they should immediately **self-quarantine** and contact their doctor or the HCC for further advice with regards to testing.    **In all instances staff should notify the Acting HR Director (susan.robertson@ru.ac.za or 0825760172) and students the Director: Student Affairs (n.mrwetyana@ru.ac.za or 0824850271).**    The highest standards of confidentiality in the handling of such information will be observed.

**8.      Process and Guidelines for the preparation of plans HoDs and Directors for the return of staff to campus**

HoDs and Directors are responsible for determining who will return to the workplace and on what basis, for example there may be a hybrid of working remotely and being in the workplace, rotation and so on. HoDs and Directors will determine what is operationally necessary and feasible for their department/division.

8.1 Staff who are able to work productively remotely are permitted to do so provided this is operationally feasible and their HoD/Director has given their approval.

8.2 As far as possible where staff are asked to return to campus that this be done with due regard to the needs and circumstances of vulnerable staff.

8.3 Staff returning to the workplace for the first time since the March 2020 lockdown should only do so if the Risk Assessment outlined in the COVID-19 leave protocol indicates that they are fit to do so.

8.4 All travel restrictions and parameters set by Government must be adhered to.

8.5 All social/physical distancing and hygiene standards must be adhered to.

8.6 **All staff and students must wear a face mask at all times**. A simple home-made three-layer cloth mask will suffice. **Staff who do comply with this will be subject to discipline in line with the Staff Disciplinary Code and can also be fined in terms of the prevailing legislation in this regard.**

8.7 The leave protocol and the Risk Assessment outlined in the COVID-19 HR Leave Protocol should be adhered to.

8.8 The expert advice of the National Institute for Communicable Diseases (NICD) and World Health Organization (WHO) will have to be followed.

HoDs/Directors should consider structuring the provision of services and work as follows provided that it is operationally feasible to do so: -

8.9 Work that can be done remotely should continue to be done remotely.

8.10 Work that can mostly be done remotely with the occasional need to be on-site.

8.11 Ensure that the workload is fairly distributed even if this requires staff who normally reside in Makhanda to return to their primary residence.

8.12 On-site essential work that cannot be done remotely but that can be done on a gradual, staggered or rotational basis.

HoDs/Directors should regularly review their areas of responsibility to ensure all staff are accountable for the continued delivery of work.

**Remote Work inclusive of a hybrid approach where staff may need to physically come into to work to download documents and/or fetch something and/or sign documentation but can continue working remotely.**

8.13 Staff working remotely (and/or on a hybrid approach) are expected at least their standard work hours per day, i.e. 7, 5 hours (excluding a lunch hour).

8.14 Staff must be available and contactable during Rhodes University's standard work hours (i.e. 08h00 to 16h30, including a lunch hour) unless otherwise agreed to with their line manager and/or they have different standard working hours.

8.15 Availability is not only via email, online calls and meetings and by way of telephone, but also if they are needed to physically come to work.

8.16 Staff may not unreasonably relocate from their primary residence and must be able to come to the workplace when requested to do so on short notice.

8.17 Line Managers will determine reporting mechanisms in terms of hours worked and deliverables.

8.18 Line Managers will be responsible for monitoring deliverables and holding staff accountable for their deliverable just as if the staff member was working under usual conditions.

8.19 Staff are required to provide their line manager with a contact number and their physical address.

8.20 Staff will be expected to respond to email and return phone calls. Reasonable timeframes in this regard will be agreed to with the Line Manager. The responsibility remains with staff to call their

Line Manager back if they missed a call from them even if it means sending the 'please call me' message.

8.21 If a staff member needs to take leave the normal leave application processes apply.

**On-Site Work (i.e. staff who need to physically be at work to carry out their work)**

8.22 In order to ensure the health, safety and well-being of staff, Line Managers must endeavour to: -
   a) Adhere to the principles of social/physical distancing and make available space that ensures that staff are able to work as far away from each other as possible but at least not within 1 a radius of meter of each other.
   b) Stagger work and work hours including considering alternating days of work and/or rotation.
   c) Limit the amount of face-to-face contact.

8.23 Consider vulnerable staff whose work does not allow them to work remotely. Each case will be dealt with on its own merit (see the HR Leave Protocol for COVID-19).

8.24 Give due consideration to staff who need to take care of children and/or dependents in their households because those who normally look after them are not able to do so and/or are closed (e.g. schools, crèches etc.) in terms of flexible hours of work where possible.

**Leave Considerations**

These can be found in the **HR Leave Protocol pertaining to COVID-19.**

**Possible Costs Associated with Remote Working**

Where the staff member incurs extra costs because they are working remotely this will be managed by Line Managers and the Finance Division. All costs must be **pre-approved** by either the Chief Financial Officer (k.riga@ru.ac.za) or the Director: Finance (d.philipson@ru.ac.za) and/or staff designated by either one of them. Approvals will be considered on their own merit. Staff should submit a written motivation to their Line Manager, taking into account that whilst having to incur some cost for remote work that they may be saving in other areas, for example travel, because they are not travelling to work. If the Line Manager supports the request they should forward it to Finance for approval. Staff who incur costs without pre-approval will not be reimbursed.

**9.  Process and Guidelines in response to a staff member who has tested positive for COVID-19**

In the case of confirmed COVID-19 in a single or multiple persons at the workplace the following protocols will be followed: -

- The HR Director must be advised immediately.
- The HR Director shall advise the Health Care Centre (HCC) and the HCC shall immediately consult with the Department of Health (DoH) to determine a suitable way forward, i.e. either that the staff member be moved to a facility (the Frontier Hotel) where the DoH has oversight of their well or alternatively they be required to self-isolate.
- The HCC will assist with tracing individuals who have been in contact with the infected individual/s.
- Any person who has been in direct/close contact with an individual/s who tested positive for COVID-19 shall be required to self-quarantine for 10 days after exposure.
- Assessment of who is a close contact must be done on an individual basis and public health officials will advise on specific actions or precautions that should be taken.
- In all the above, confidentiality in the response of a positive case(s) is of paramount importance.

**8.2     Fumigation, disinfecting and sanitizing of classrooms, residences and dining facilities**
The protocol on cleaning underpins and aligns to the guidelines of the Higher Health guidelines for the PSET sector: -

**Cleaning vs disinfecting**
The Residential Operations staff have been trained on Applying Basic Microbiological Cleaning Principles which focused on COVID-19, in accordance with the Global Biorisk Advisory Council (GBAC) protocol for response and remediation and the practical guidelines of the Professional Body for Environmental Hygiene in South Africa.
Given that SARS-CoV-2 can survive/last for up to 72 hours on plastic and stainless steel, less than 4 hours on copper, and less than 24 hours on cardboard, it is clear that different surfaces need different level of cleaning and disinfectants in the context of the environments, with hard surfaces, soft surfaces, electronics, and laundry.
Routine cleaning and disinfecting is key to maintaining a safe environment for students and staff, therefore cleaning will be an ongoing routine activity, with disinfecting taking place daily, or as the need arises after the obvious soiling of an area.

**10.     Staff Wellbeing, Health and Safety**
The WHO has indicated that the lockdown in its various forms it taking its toll on people's mental and physical health.   The WHO has recommended that organizations ensure that psychological assistance is accessible for those that wish to access it.

Both RUMED and BONITAS make provision for members to access counselling services.   In addition, although no physical visits are possible to FAMSA, staff can contact FAMSA on 046 622 2580 during office hours.   Staff can also email at [famsa@imaginet.co.za](mailto:famsa@imaginet.co.za)

LIFELINE can also be contacted on the following toll free numbers which operate 24 hours a day, 7 days a week: -

National Counselling Line – 0861-322-322
Gender Violence – 0800-150-150
HIV and AIDS Helpline – 0800-012-322

**11.     Conclusion**
This framework is temporary and remains valid as long as lockdown at its various levels remains in place.

Staff are encouraged to observe the highest standards of hygiene at all times as a preventative measure against the Coronavirus (COVID-19).

**Last Updated:  08 July 2021**