

# RHODES UNIVERSITY PROTOCOL FOR THE DECLARATIONS OF COMORBITIES IN RELATION TO COVID-19 AND REASONABLE ACCOMMODATION FOR LEVEL 1

## PURPOSE OF PROTOCOL

Rhodes University's top priority is the health and safety of all our staff as we endeavour to ensure academic and related business continuity within the national COVID-19 parameters. The purpose of this protocol is facilitate the disclosure by staff who wish to be considered for reasonable accommodation because of well-known and/or disclosed health issues within the context of Level 1 COVID-19 conditions.

This protocol should be read in conjunction with the following: -

- RU COVID-19 Institutional Framework
- RU COVID-19 Institutional Plan
- RU COVID-19 Health and Safety Protocol
- RU COVID-19 Risk Assessment
- RU COVID-19 HR Leave Protocol
- RU COVID-19 Access Protocol

## 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. In the context of COVID-19 it refers to existing chronic diseases that could put people at a higher risk of developing complications if they are infected with the Coronavirus

### **Reasonable Accommodation**

Modifications and/or adjustments to a job and/or work environment and/or the way in which things are usually done in order to assist and accommodate the employee to do their job. This may include but is not limited to specialized equipment, modifications to the work environment or adjustments to work schedules and/or responsibilities including working remotely either on a full-time basis or using a hybrid model of remote working and working physically in the workplace.

### **Social/Physical Distancing**

Social/physical distancing is the practice of maintaining a greater than usual physical distance from other people or of avoiding direct physical 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 COVID-19 a minimum distance of radius 1,5m to 2m is recommended.

### **Vulnerable people and people living with comorbidities**

People 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).

### **THE DECLARATION AND REASONABLE ACCOMMODATION PROCESS**

Vulnerable staff who are not able to return physically to the work place because of well-known and/or disclosed health issues and/or comorbidities are required to complete together with their Doctor the Vulnerable Staff Questionnaire (Annexure A) for submission to Human Resources. The highest standards of confidentiality in the handling of such information will be observed. It must be noted that staff who are unable to physically attend work because of a comorbidity are expected to remain at home except in cases of a medical emergency and/or needing to source amenities such as food, essential clothing, medical supplies etc. Staff should not be socialising and/or attending events. If staff are able to do this, then there is no reason why they should not be able to physically be at work.

Once the form has been received by HR, HR will engage with HoDs and Directors in order to determine whether or not the staff member can be reasonably accommodated (see definition above). If it is not possible for a staff member to be reasonably accommodated, the staff member will be required to take sick leave. Once the staff member's sick leave is exhausted they will need to take annual leave. Should a staff member exhaust their sick leave and annual leave a TERS application if still operation or temporary medical boarding will be pursued until such time as the staff member is able to return to work as an alternative to unpaid leave.

Staff members who do not submit a declaration cannot be considered for reasonable accommodation and will be expected to physically return to the work place when requested.

### **CONTACT LIST**

| <b>Support Required</b>   | <b>Contact Details</b>  |
|---------------------------|---|
| Faculties                 | Commerce – <a href="mailto:n.searle@ru.ac.za">n.searle@ru.ac.za</a><br>Education – <a href="mailto:s.asmal-motara@ru.ac.za">s.asmal-motara@ru.ac.za</a><br>Humanities – <a href="mailto:k.kouari@ru.ac.za">k.kouari@ru.ac.za</a><br>Law – <a href="mailto:a.comley@ru.ac.za">a.comley@ru.ac.za</a><br>Pharmacy – <a href="mailto:l.emslie@ru.ac.za">l.emslie@ru.ac.za</a><br>Science – <a href="mailto:l.klaas@ru.ac.za">l.klaas@ru.ac.za</a> |
| Health and Safety Officer | <a href="mailto:b.nomji@ru.ac.za">b.nomji@ru.ac.za</a>  |
| Health Care Centre        | 046 603 8523 (office hours)   |
| Human Resources           | <a href="mailto:s.vandermerwe@ru.ac.za">s.vandermerwe@ru.ac.za</a>  |

**ANNEXURE A**

**COVID-19 VULNERABLE STAFF QUESTIONNAIRE**

|                        |  |
|------------------------|--|
| <b>Date</b>            |  |
| <b>Name</b>            |  |
| <b>Employee number</b> |  |

**For completion by the Employee’s Medical Doctor**

The completion of the questionnaire is intended to assist the employer, Rhodes University to consider reasonable accommodation in the context of COVID-19 and the high risk associated for staff who have certain comorbidities/underlying conditions in terms of severe illness from COVID-19.

| <b>Examples of Conditions / Symptoms<br/>(alphabetical order)<br/>You are not required to specify the<br/>condition(s)/symptom(s)</b> | <b>Comments by a Medical Doctor<br/>Please state why the staff member is at risk<br/>and/or if the condition / symptom that exists is<br/>under control and as a result the risk is<br/>diminished to the extent that the staff member<br/>does not need to be confined to their home</b> |
|---|---|
| Arrhythmia (irregular heart beat)   |   |
| Asthma  |   |
| Bone Marrow or Organ Transplant   |   |
| Cardiomyopathy  |   |
| Chemotherapy, targeted therapies,<br>immunotherapy or radiation therapy   |   |
| Chronic Bronchitis  |   |
| Chronic Kidney Disease-undergoing Dialysis  |   |
| Chronic Liver Disease-including Cirrhosis   |   |
| Chronic Lung Disease  |   |
| Chronic Obstructive Pulmonary Disease (COPD)  |   |
| Congenital Heart Disease  |   |
| Coronary Artery Disease   |   |
| Cystic Fibrosis/Bronchiectasis  |   |
| Diabetes (Type 1, Type 2 or gestational)  |   |
| Emphysema   |   |

| <b>Examples of Conditions / Symptoms (alphabetical order)</b><br><b>You are not required to specify the condition(s)/symptom(s)</b> | <b>Comments by a Medical Doctor</b><br><b>Please state why the staff member is at risk and/or if the condition / symptom that exists is under control and as a result the risk is diminished to the extent that the staff member does not need to be confined to their home</b> |
|---|---|
| Heart Failure   |   |
| High Blood Pressure   |   |
| HIV   |   |
| HIV positive-but not on HIV treatment   |   |
| HIV Treatment with low CD4 cell count   |   |
| Immune Deficiency   |   |
| Lung Cancer   |   |
| Pleural Effusion  |   |
| Pregnant and under clinical investigation   |   |
| Prolonged use of corticosteroids or other immune weakening medication   |   |
| Pulmonary Hypertension  |   |
| Severe Obesity (Body Mass Index is 40 or higher)  |   |
| Taking Cancer Treatment   |   |
| TB  |   |

**Medical Doctor's Declaration and Recommendation**

| Dr's Name and Surname                         | Practice Number | Employee is fit to return physically to work and no workplace adaptation is required |    | Employee is fit to return physically to work and some workplace adaptations required |    | Employee is not fit to return physically to work and reasonable accommodation is recommended |    |
|---|-----------------|--|----|--|----|--|----|
|   |                 | Yes  | No | Yes  | No | Yes  | No |
| Dr's comments/motivation/suggestions (if any) |                 |  |    |  |    |  |    |

|                    |            |                |  |
|--------------------|------------|----------------|--|
|                    |            |                |  |
| Dr: Contact Number | Dr's Email | Dr's Signature |  |
| Date               |            |                |  |

**Employee's Consent for the Doctor's Recommendation/s to be communicated to Rhodes University**

I hereby give permission for the above-mentioned information including my Doctor's recommendation to be disclosed to my employer, Rhodes University. I further commit to updating my employer, Rhodes University when my health status in respect of the recommendation/s made by my Doctor change and will request my Doctor to send confirmation of my readiness to return to work to Rhodes University to the email address listed below. I also understand that my employer may request me to furnish them with regular updates pertaining to my ability or inability to return to work.

|                    |  |
|--------------------|--|
| Employee Signature |  |
| Date               |  |

**The completed form should be emailed to Schalk van der Merwe – [s.vandermerwe@ru.ac.za](mailto:s.vandermerwe@ru.ac.za)**  
Any queries regarding the completion of this form and/or questions in this regard can also be directed to Schalk van der Merwe.