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# Guidelines for Managing Incapacity due to Ill Health at Stellenbosch University

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## **Guidelines for Managing Incapacity due to Ill Health**

### **1. Purpose**

The purpose of this document is to provide guidelines for line managers for managing incapacity due to ill health, and to ensure that such management comply with the prescribed procedures regarding the income security benefits of employees.

### **2. Definitions**

#### **2.1 “Chronic ailments or diseases”**

Ailments or diseases that are diagnosed as long-term health issues; e.g. diabetes and asthma

#### **2.2 “Disability in the context of employee benefits”**

Assessing disability with reference to the provisions of the Stellenbosch University Retirement Fund (SURF)

#### **2.3 “Disability in the context of employment”**

A physical or mental impairment, long-term or short-term in nature, that substantially limits an employee’s ability to enter into the service of Stellenbosch University (SU) or to advance within the workplace at SU

#### **2.4 “Impairment”**

Restricted functional capabilities compared to those of an average healthy employee

#### **2.5 “Incapacity”**

The failure or inability (or both) of an employee to perform to the standard set by SU

#### **2.6 “Incapacity due to Ill Health”**

A form of incapacity as defined at 2.5; the failure or inability (or both) of an employee, due to illness or injury, to perform to the standard set by SU and/or failure to meet the core requirements of the job

#### **2.6 “Sick leave”**

The absence of an employee from work due to illness or injury; granted in accordance with the stipulations of the specific employee’s contract of employment

### **3. Critical elements of managing incapacity due to ill health**

#### **3.1 Managing absenteeism**

#### **3.2 Criteria**

- 3.2.1 An absence of more than 14 (fourteen) consecutive calendar days (assessed on merit)
- 3.2.2 Significant injury
- 3.2.3 An uncontrolled chronic disease, e.g. diabetes or HIV/AIDS
- 3.2.4 A chronic disease that impacts on productivity
- 3.2.5 A progressive disease, e.g. cancer or multiple sclerosis (MS), that impacts on productivity
- 3.2.6 Sick leave being taken with increasing frequency

#### **3.3 Initiation of and consent for the process (early case assessment, or ECA)**

- 3.3.1 Identification and referral of a case (ECA)
- 3.3.2 Diagnostic tests or specialist consultations and reports
- 3.3.3 Treatment or rehabilitation
- 3.3.4 Occupational and/or physiotherapeutical assessments and reports
- 3.3.5 Diagnosis or list of challenges
- 3.3.6 Management plan

#### **3.4 Documentation**

#### **3.5 Apply to be declared incapacitated due to ill health**

#### **3.6 Application outcomes**

- 3.6.1 Approved – the human resources practitioner (HRP) shares the outcome with the client.
- 3.6.2 Rejected – the application is referred back to the active management team for alternative options, e.g. termination of service due to incapacity to perform normal duties.

### **4. Implementation (application)**

- 4.1** Absence from work due to sick leave: See **Annexure A.**
- 4.2** Absence from work due to extended sick leave: See **Annexure B.**
- 4.3** Active case management (ACM; including relevant role players): See **Annexure C.**

**4.4** Formal application for incapacity due to ill health:

See **Annexure D**.

## **5. Conclusion**

The first aim of these guidelines is to inform. Thus, employees are empowered to make informed decisions about the possibility of applying for incapacity status. Secondly, this document guides line managers to ensure that due process be followed and that claim turnaround times be reduced. Employee wellness is important. All parties involved are obliged to provide the support and understanding required in the circumstances.

## **ANNEXURE A**

### **Absence from work due to sick leave**

Sick leave management must be implemented when an employee has been absent from work on sick leave that falls within the following parameters:

- The frequency of sick leave has increased without any definite diagnosis that would validate the need for more frequent sick leave.
- Sick leave occasions of 2 days or less have increased, and the 8 weeks rule has been implemented (calculated as from the commencement date of the sick leave allocation period).
- The employee's sick leave allocation is exhausted, or nearly exhausted, at any point during a specific sick leave cycle.

### **Process for sick leave management – HRP**

- Extract quarterly absenteeism reports and prepare statistics and trends to discuss with the various environments.
- Identify and investigate cases where sick leave has occurred more frequently without a definite diagnosis having been made.
- Monitor cases of absenteeism that have been flagged as potential risks.
- Report potential risks to the relevant Wellness Officer (WO) and the Incapacity Officer (IO) at the Division Human Resources (HR) with the necessary sensitivity.

## **ANNEXURE B**

### **Absence from work due to extended sick leave**

In the event of an employee being absent from work for a period of 4 (four) weeks or longer, the following guidelines apply.

### **Identification of incapacity due to sickness or injury**

Ill health or injury may manifest directly as absence from work (i.e. taking sick leave), but also as failure to complete tasks or fulfil duties to the expected standard.

Such failure may be the result of an employee's medical condition having deteriorated gradually, or of an employee suffering from an injury or being afflicted with an illness that causes an immediate performance challenge.

Ill health or incapacity will be considered to be present (a discretionary decision) in the following circumstances:

- An employee's being absent from work (i.e. on sick leave) fits the absence pattern set out in Annexure A.
- The sick leave management processes has been implemented and is exhausted.
- An employee has a medical or psychological condition (whether pre-existing or newly diagnosed) of a nature that impedes or impacts on the person's work output or functionality.

### **Please note!**

Latent medical conditions (i.e. medical conditions that may or may not have been known before) that have not impacted on an employee's functionality (e.g. an HIV-positive status or being in remission after having been diagnosed with cancer) are not regarded as cases of ill health or incapacity as long as they do not impact on employees' functionality or their ability to execute their duties.

## **ANNEXURE C**

### **ACM that includes the relevant role players**

ACE involves consultation with various role players to determine the best management strategy for individual employees with regard to their health status and job requirements. ACE interventions include but are not limited to the following:

- Return to work after sick leave has expired, or implement transitional work programmes (reasonable accommodation), or do both.
- Do a functional capacity assessment (where indicated).
- Perform a vocational assessment in cases where employees are unable to return to their previous position.
- Compile reports and keep up communication.
- Perform scheduled follow-ups and monitoring.
- Keep within prescribed timeframes, especially regarding reasonable accommodation.

### **Incapacity inquiry**

The purpose of such inquiries is to assess an employee's incapacity and, in doing so, to review and assess the following:

- the standard to which the employee is expected to perform;
- the employee's ability (or lack thereof) to perform the duties of the specific job;
- the sufficiency of assistance that an employee has received in the form of adaptations to the work environment and circumstances; and
- the sufficiency of inquiries into the possibility of accommodating the employee's incapacity.

## ANNEXURE D

### **Formal application for being declared incapacitated due to ill health**

This process could be one of the options for consideration once ACM has been implemented.

- The employee (or ACM representative) contacts the HRP concerned.
- The HRP sends the employee's contact details to the IO.
- The IO sends the employee the application form and medical questionnaire for completion by the respective role players: the employee, the line manager and the treating doctor.
- The IO functions as the liaison between the employee, the insurers and the HRP.
- The outcome of the application must be communicated to the relevant role players.

### **Please note!**

The onus rests on the employee to provide the University (represented by the IO) with sufficient information (doctor's reports, sick certificates, specialist reports, reports on specialist examinations and testing) to facilitate the application process.