

ILL HEALTH INCAPACITY: MANAGEMENT GUIDELINES

PURPOSE

The purpose of this document is to provide guidelines to line managers regarding incapacity due to ill health, and to ensure alignment with procedures and processes required for the income security benefits of employees.

SCOPE

The guidelines apply to managers of all employees (permanent as well as temporary staff) of Stellenbosch University (SU).

DEFINITIONS

“Sick leave”

The absence of an employee from work due to sickness or injury; calculated in accordance with the employee’s contract of employment

“Chronic ailments or diseases”

Ailments or diseases that are diagnosed as long-term conditions, e.g. diabetes and asthma

“Incapacity”

The failure or inability of an employee to perform according to the standards set by SU

“Ill health incapacity”

Incapacity as defined above; i.e. an employee’s failure or inability to perform to the standards set by SU and/or the failure to fulfil their core job duties due to illness or injury

“Impairment”

Deviation from the functional capabilities of an average healthy employee

“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 or advance in employment with the employer

“Disability in the context of employee benefits”

How disability is defined with regard to the provisions of the USRF (Stellenbosch University Retirement Fund)

Critical elements in the management of ill health incapacity

- Absenteeism management
- Entry criteria
 - Absent for more than 14 continuous days (on merit)
 - Serious injury

- Uncontrolled chronic conditions (e.g. diabetes, musculoskeletal problems or HIV-related illnesses)
- Decreased productivity due to chronic disease
- Decreased productivity due to progressive disease (e.g. cancer and MS)
- Increased frequency of absence due to illness
- Enrolment and consent process (ECA – early case assessment)
- Documentation
- Process
 - Identification and referral of case (ECA)
 - Diagnostic tests or specialist consultations and reports
 - Treatment or rehabilitation
 - Occupational and physiotherapeutical assessments and reports
 - Diagnosis or problem list
 - Management planning
- Application to be declared incapacitated due to ill health
- Application outcomes
 - **Approved:** Inform the employee (as well as other role-players, e.g. the human resources (HR) practitioner, line manager and wellness manager) of the outcome.
 - **Approved temporarily:** Set a review date for monitoring by the incapacity officer.
 - **Rejected:** Refer back to the active-case management team to investigate further options (e.g. termination of service due to incapacity to perform normal duties).

ANNEXURE A

ABSENCE FROM WORK DUE TO SICK LEAVE

The line manager has to implement sick leave management when an employee is absent from work on sick leave taken within the parameters set out below:

- The employee takes sick leave more frequently without a validating definite diagnosis.
- The employee's sick leave allocation is close to being or has already been exhausted as regards the current sick leave cycle.
- The employee increasingly takes sick leave of two days or less and the eight weeks rule has been applied, calculated as from the commencement date of the current sick leave cycle.
- Communicable or non-communicable diseases (e.g. diabetes, cancer or HIV infection) have resulted in decreased productivity and attendance.

PROCESS FOR SICK LEAVE MANAGEMENT: HR PRACTITIONER

- Extract quarterly absenteeism reports and prepare statistics or trends to discuss with the environments concerned.
- Identify and investigate cases where sick leave has been taken more frequently but no definite diagnosis has been made.
- Monitor cases of absenteeism that have been flagged as potential risks.
- Identify other cases of potential incapacity for discussion with the ECA team (e.g. an employee diagnosed with a terminal illness, or a sudden deterioration in the condition of an employee suffering from a chronic illness).

Report potential risks to the wellness officer and the incapacity officer with the necessary sensitivity.

ANNEXURE B

ABSENCE FROM WORK DUE TO EXTENDED SICK LEAVE OR INABILITY TO PERFORM NORMAL DUTIES

If an employee is absent from work for four weeks or longer, the procedure below is to be followed.

Identifying incapacity due to ill health or injury

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

Failure to complete or perform work duties may also be due to gradual deterioration of the medical condition from which an employee suffers, or to an employee suffering an injury or being afflicted by an illness that poses an immediate performance challenge.

Employees will be recognised (regarded) as being affected by or incapacitated due to ill health in the following circumstances:

- An employee is absent from work (i.e. on sick leave) in accordance with the absence pattern as set out in Annexure A.
- Sick leave management processes have been implemented or exhausted.
- A medical or psychological condition (whether pre-existing or newly diagnosed) is impeding or reducing the employee's productivity or functionality.
- Due to illness or injury, an employee has been accommodated temporarily in a different capacity and the temporary measure was reported, and the situation has remained unchanged for longer than a month.

Please note!

Latent medical conditions – whether known or not – that have not affected the functionality of an employee (e.g. HIV positive but not suffering from Aids, or diagnosed with cancer but in remission) will not be regarded as instances of ill health or incapacity until they do affect employees' functionality or ability to perform their duties, or until an employee requests for the application process to be initiated to be declared incapacitated due to ill health.

ANNEXURE C

EARLY CASE ASSESSMENT

The ECA process is initiated by implementing **active case management**, which involves a team consisting of the role players concerned.

The purpose of active case management is to determine the best management strategy regarding a specific employee's health status and job requirements. Interventions include but is not limited to the following:

- The employee returns to work after having taken sick leave, or a transitional work programme is implemented, or a combination of these two options (as far as accommodation is reasonable).
- Functional capacity assessments are performed (where indicated). An independent occupational therapist may visit the workplace for this purpose.
- Vocational assessments may be performed of employees who cannot return to their previous position.
- The employee's sick leave status may be reviewed.
- A reporting and communication routine may be established.
- Scheduled follow-ups and monitoring may be employed.
- The process should operate within predicted timeframes (especially regarding reasonable accommodation).

Incapacity enquiry with the insurance company

The purpose of this enquiry 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;
- whether the employee is capable of performing his or her duties;
- whether the employee has received sufficient assistance in the way the work situation has been adapted; and
- whether it would be possible to accommodate the employee's incapacity.

ANNEXURE D

FORMAL APPLICATION TO BE DECLARED INCAPACITATED DUE TO ILL HEALTH

This process is one of the options to consider once the active-case management process has been concluded.

- The HR practitioner must provide the incapacity officer with the employee's contact details.
- The incapacity officer must contact and meet with the employee for a proper briefing regarding the process(es) involved in an application like that, including the application forms to be completed by the relevant role-players (employee, line manager and treating doctor), if required.
- The incapacity officer is the liaison person between the employee, the insurers and the HR practitioner.
- The outcome of the application must be communicated to the relevant role-players – the employee, HR practitioner, line manager and wellness manager.
- If the outcome is a declaration of temporary incapacity, the review date must be communicated to the relevant role-players (see the preceding bullet item).
- At least two months before the review date, the incapacity officer must follow up with the insurer about the requirements for the review.
- The incapacity officer must provide the relevant role-players (HR practitioner and wellness manager) with a monthly summary of all reported cases (status of claim, review date, etc.). The summary must be case specific.
- Should any of the role-players become aware of any changes in the health condition or status of an employee (e.g. hospitalisation or death), they must report it to the incapacity officer.

Please Note!

The onus rests on the **employee** to provide the University (represented by the incapacity officer) with enough information (e.g. doctors' reports, sick certificates, specialist reports and reports on specific investigations) to facilitate the application. All costs incurred in obtaining such information will be for the employee's account.