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COVID-19 news from SAMED, Government and Abroad.

GUIDELINES FOR SYMPTOM MONITORING AND MANAGEMENT OF WORKERS FOR SARS-COV-2 INFECTION

The National Department of Health has issued the updated guidelines for the symptom monitoring and management of workers for COVID-19 infection (August 2020).

What is new in this version?

1. Reference to essential workers has been removed such that the guideline will apply to all workers covered by the Department of Employment and Labour Directive dated 4 June 2020.
2. Revised definition of a suspected COVID-19 case as outlined in National Department of Health guideline on Clinical management of suspected or confirmed COVID-19 disease Version 4 (25 May 2020), which removed fever as a key symptom, and replaced this with loss of smell or loss of taste.
3. Management of asymptomatic worker with high exposure risk and decision on return to work originally referred to workers in the essential services. This now applies to all workers, and reflects the revised stipulated period of isolation, with a different stipulation for health workers.

Download the updated guidelines [here](#).

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BUSINESS FOR SA | COVID-19

TERS BENEFIT EXTENDED FOR CERTAIN CATEGORIES OF EMPLOYEES

Business for South Africa welcomed the extension of the TERS benefit for certain employees until 15 August 2020. The Direction allowing the extension was signed on 12 August 2020 and is expected to be gazette very soon. Applications for July to 15 August 2020 are due to open on 17 August 2020.

The categories of employees who may claim benefits in respect of the period 1 July 2020 to 15 August 2020 are those whose employers are:

1. Not yet permitted to commence operations, either partially or in full, as a result of the Regulations published in terms of the Disaster Management Act, 2002, such as restaurants and gyms;
2. Unable to implement special measures in respect of vulnerable employees, or to make alternative arrangements for them to work from home; and
3. Unable to make use of the employees' services either fully or partially because of operational requirements, particularly the need to limit the number of employees at the workplace through rostering, staggering of working hours, short time, and the introduction of shift systems.

"Vulnerable employees" are those with known or disclosed health issues or comorbidities or any other condition that may place the employee at the higher risk of complications or death than other employees if infected with COVID-19, or those above the age of 60 years who are at a higher risk of complications or death if infected.



The Direction prescribes a slightly different method of calculation than what applied in terms of the original March Directive. Specifically, clauses 3.5, 3.6 and 5.3 are amended:

- In terms of the revised clause 3.5, subject to clause 3.6 and 5.3, a qualifying employee will receive a benefit calculated in terms of section 13(1) of the Unemployment Insurance Act.
- Clause 3.6 provides that should the benefit calculated in clause 3.5 together with any remuneration earned fall below R3 500, the benefit will be increased to ensure that the employee receives R3 500, and
- In terms of clause 5.3, an employee may only receive COVID-19 TERS benefits in terms of the Direction if the total of the benefit together with any remuneration paid by the employer for work performed by the employee in any period is not more than the remuneration that the employee would ordinarily have received for working during that period.

The use of term “remuneration” is deliberate. It refers to the term as defined in section 35(5) of the Basic Conditions of Employment Act and the Schedule on Remuneration published in terms of this section. This means, inter alia, that goodwill payments by an employer (such as gratuities or discretionary amounts that are not related to the employee’s performance of hours of work) are not regarded as “remuneration”. This is confirmed in the Explanatory Memorandum that is published with the Direction.

Accordingly, if an employer pays an employee an amount as a gesture of goodwill (and not in respect of hours worked or work performed), or if the employee utilises her/his annual leave, or the employer advances a loan, such amounts are not remuneration. When the application for the benefit is made, such amounts must accordingly not be declared as “income” or “remuneration” received.

The Explanatory Memorandum contains the following examples illustrating the effect of these changes:

1. If the remuneration plus the sliding scale benefit is less than the employee’s normal pay, the full benefit is paid (the effect of clause 3.5):

Example:

If an employee’s ordinary salary is R4 000, then the UIF sliding scale is R1 920. If the remuneration earned by the employee is R2 000, then the benefit = R1 920 (because the benefit plus the remuneration earned is less than the ordinary salary).

2. If the remuneration earned plus the sliding scale benefit is less than R3 500 then the benefit will be increased to ensure that the employee receives R3 500 (the effect of clause 3.6)

Example

If an employee’s ordinary salary is R4 000, then the UIF sliding scale is R1 920 and if the employee received no remuneration then the benefit = R3 500

3. If the remuneration earned plus the sliding scale benefit is more than the ordinary salary, the benefit is reduced accordingly (the effect of clause 5.3)

Example

If an employee’s ordinary salary is R20 000 then the UIF sliding scale is R6 800. If the remuneration earned by the employee is R15 000, then the benefit is R5 000 (because the total of the remuneration earned plus the sliding scale benefit will be more than the employee’s ordinary salary).

As the extended lockdown covers a 6-week period across two months, employers are urged to follow guidelines issued in respect of amounts to be declared in “Normal Monthly Salary” and “Remuneration Received” columns within the application process.

The UIF calculations of applicable TERS benefit will factor in the variance between these periods when determining amounts payable to employees.

For more information, please go to <http://www.labour.gov.za>

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COVID-19 DEVELOPMENTS

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568,919	+ 2,810	Cumulative Fatalities		1.94%		432,029		
Active Cases	Relative to Population	11,010		Relative to Population		Total Tests		
125,880	0.9680%			0.018732%		3,295,434		
Gauteng	Western Cape	KwaZulu Natal	Free State	Eastern Cape	Limpopo	Mpumalanga	North West	Northern Cape
194,685	100,536	101,499	29,578	82,779	10,875	19,755	22,205	6,957
Daily Increase								
592	220	1,005	369	64	68	222	174	96

- There are hopeful signs [COVID-19 reached its peak](#) at the end of July, says the South African Medical Research Council. This is based on data from the Department of Home Affairs of the deaths registered on the national population register.
- South Africa is consolidating its place in the race for a [COVID-19 vaccine](#) with its participation in two new international trials of vaccine candidates. Dr Glenda Gray, President and CEO of the South African Medical Research Council, has confirmed to Spotlight that a Johnson & Johnson product called Ad26.COV2-S and a Novavax product called NVX-CoV2373 will be trialed in the country starting from next month.
- [The National Coronavirus Command Council \(NCCC\)](#) and Cabinet have been advised to lift the ban on the sale of cigarettes and alcohol and move the country to Alert Level Two of the nationwide lockdown.
- Late on Wednesday night, [positive cases worldwide](#) were more than 20.44 million, while deaths were more than 745 000.
- [Germany's health minister](#) has warned that Russia's controversial new coronavirus vaccine hasn't been properly tested and could kill the acceptance of vaccinations if it turns out to be unsafe or ineffective.
- People getting their [COVID-19 information from social media](#) are more likely to receive misinformation, Canadian researchers report. But those who trust traditional media are less likely to have misperceptions. And they're more likely to stick to public health recommendations such as physical distancing, the research team found.

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COVID-19 EVENTS

REGISTER: FINANCIAL MODEL - PARTNERSHIPS FOR COVID-19 IN AFRICA

COVID-19 has put a strain on the 2030 agenda and closing the health financing gap. With the world coming to a standstill, 2020 is a year to reflect and re-prioritize financing mechanisms and models to improve healthcare access and equity. This includes the challenges that organizations and entrepreneurs are facing when accessing capital and markets. To bridge this gap there is a need for public-private partnerships to promote innovative financing mechanisms, such as blended finance, pooled finance or pay for performance, that can scale and improve outcomes.

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Africa Health Business Symposium
1st Webinar Series

14th August 2020
4.00pm - 5.30pm EAT

 **Financing Models**

				
Moderator	Keynote Speaker	Speaker	Speaker	Speaker
Ms. Zola Mtshiya Director Africa Healthcare Federation	Prof. Khama Rogo Founder Africa Institute for Health Transformation	Dr. Justine Coulson Deputy Regional Director East & Southern Africa UNFPA	Dr. Philippe Francois Global Head of Life&Health International Reinsurance Business Development AXA	Ms. Oluranti Doherty Head Export Development African Export-Import Bank

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SAMED is the voice of the South African medical technology industry. The not-for-gain-association was formed in 1985 and aims to provide members with a collective, objective and credible platform to engage with stakeholders. SAMED's members include individual medical technology companies, associate members and associations.

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