



EMPLOYMENT TRIBUNALS

Claimant: Mr M Sala

Respondent: MDS Hygiene Support Limited

Heard at: London South (Croydon via CVP) On: 15/9/2025

Before: Employment Judge Wright
Ms E Coke
Mr C Rogers

Representation:

Claimant: In person assisted by his friend Mr R Russell

Respondent: Mr P Blair - Director

REQUEST FOR WRITTEN REASONS

Oral judgment having been given on the 15/9/2025 and further to the claimant's request for written reasons, these written reasons are provided.

WRITTEN REASONS

The unanimous finding of the Tribunal is that the claimant is not disabled for the purposes of s.6 Equality Act 2010 (EQA).

Introduction

1. The claimant presented a claim on 18/12/2023 under the Equality Act 2010 (EQA). At a case management hearing on the 17/1/2025 his protected characteristic was disability (s.6 EQA). His complaint was dismissal (s.39(2)(c) EQA). The prohibited conduct was direct discrimination (s.13 EQA).
2. The disability relied upon was cardiac arrest/heart attack. There were also references to myocardial infarction in the medical documents.

3. The respondent did not concede the claimant was disabled for the purpose of s.6 EQA and therefore, the Tribunal decided to deal with the issue of disability first. If the claimant was not found to be disabled, the remaining claim would fail.

The Law

4. Disability is defined by s.6 EQA:
 - (1) A person (P) has a disability if—
 - (a) P has a physical or mental impairment, and
 - (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities. ...
5. S.212 EQA defines 'substantial' as meaning more than minor or trivial.
6. Schedule 1, part 1, paragraph 2 of the EQA defines "long-term" as:
 - (1) The effect of an impairment is long-term if -
 - (a) it has lasted for at least 12 months,
 - (b) it is likely to last for at least 12 months, or
 - (c) it is likely to last for the rest of the life of the person affected.

Findings of fact

7. At the case management hearing on 17/1/2025 the claimant was directed to the definition of disability and to the Equality Act 2010 Guidance; Guidance on matters to be taken into account in determining questions relating to the definition of disability. He was also directed to the Employment: Code of Practice: EHRC.
8. He was directed to provide an impact statement (with guidance as to what he needed to include) and medical evidence by the 23/3/2025. The claimant did not do so.
9. The respondent raised this failure on the 11/4/2025 and the claimant was given until the 21/5/2025 to comply. He did so to a limited extent by referring to five matters:
 1. Rotator cuff tendinopathy
Frequently makes it difficult to sleep
 2. Nausea
 3. Get tired/fatigued easily
Consequently, need to take regular breaks
 4. Need to drink lots of fluids

Consequently, frequently need to go to the bathroom

5. Restricted diet

10. The claimant did not say these matters were linked to or as a result of his cardiac arrest. He did not give examples as to how those matters impacted upon or cause him substantial difficulties in carrying out day-to-day tasks.
11. In view of the claimant's lack of preparedness, the parties were informed on the 10/9/2025 that this hearing would proceed and were told to make their best efforts to comply with the Tribunal's Order for directions between that date and the hearing.
12. Despite the claimant's GP medical records being printed on the 29/1/2025, they were not produced to the Tribunal until 9.26am on the morning of the hearing. The claimant also submitted a witness statement and a letter which attempted to answer the questions which had been asked in the Case Management Order of the 17/1/2025. Both documents were dated 12/9/2025. It is not clear why they were not sent to the respondent prior to the morning of the hearing.
13. The respondent had seen some of the claimant's medical evidence and an adjournment was taken so that the respondent could review the late evidence.
14. In respect of the first point the claimant had been asked to address in the Case Management Order, how long had he had the impairment, his written answer was that he had suffered from the effects of his heart attack since it happened on the 21/7/2023 and 'this still continues, although the most severe symptoms subsided around October 2023'.
15. When the question was re-put to him in cross-examination and he was asked how long he had had the impairment, the claimant said on two occasions, that the latest date was October 2023 and the heart attack had lasted from 21/7/2023 to October 2023.
16. The claimant's GP records covered the period 1/7/2023 to 30/9/2023 (page 2).
17. There is a review letter dated 10/8/2023, which describes the claimant as 'making a very good recovery and he feels well in himself' (page 25). There is a further review on 29/9/2023 which also refers to him continuing to 'make a very good cardiovascular recovery' (page 45). Unfortunately, that letter is incomplete and only the first page of it appears in the bundle and the claimant could not explain why this was.

18. The latest document in the bundle is a statement of Fitness for Work (Med3), which certifies the claimant as unfit for work until the 2/10/2023 (page 44). There was no medical evidence which confirmed the claimant had ongoing issues beyond October 2023 in respect of his heart attack.
19. The claimant's own case is that he started work for a cleaning company on 15/1/2024 and then as a vending machine operator and technician on 30/8/2024. He referred to these employers making reasonable adjustment for him. When he was asked about the adjustments, he said he no longer works night-shifts. He also referred to the work being more technical and less physical. Those are not adjustments; they are the nature of the work the claimant now does.
20. The claimant's impact statement of the 12/9/2025 listed seven matters which he relies upon as the effects of his disability on his ability to do day-to-day activities:
- 'The impairment has had many effects on my daily life, including:
- Needing to establish a routine for taking certain medication
 - Rotator cuff tendinopathy, which causes frequent pains in my right shoulder and forearm and makes it difficult to sleep
 - Occasional bouts of nausea
 - Fatigue, which makes me tire out easily when performing any physical activity
 - I cannot lift or carry heavy objects, especially if using my right arm
 - I am unable to concentrate on tasks; for example I cannot watch television or read a book due to an inability to focus
 - I cannot cook or perform household chores'
21. The Tribunal has noted that the claimant said he cannot perform household chores, yet he worked for a cleaning company between January and August 2024. There was no further explanation from the claimant.
22. He was asked how these difficulties were related to his heart attack or the aftermath of it and he was unable to answer.

23. The burden of proof in establishing disability is upon the claimant and it is not a particularly onerous one to overcome.
24. The difficulty for the claimant in this case however, is that he has not advanced an argument that the effects of his heart attack had a long-term adverse effect on his ability to carry out normal day-to-day activities (s.6 EQA). Long-term is defined likely to last for at least 12 months. The claimant's own case is that the severe symptoms subsided around October 2023. The claimant did not give evidence of anything difficulties he experienced after October 2023. Furthermore, the only evidence which was before the respondent was two Med3 fitness for work certificates.
25. The evidence was he was making a 'very good' recovery and he was 'continuing to make a very good cardiovascular recovery'.
26. The Tribunal therefore finds the effects of the heart attack did not last for 12 months; they ceased in October 2023.
27. The Tribunal also finds that the claimant did not establish a substantial adverse effect on his ability to carry out day-to-day activities. He listed seven matters, that were not supported by any documentary evidence. He also could not, when invited to do so, show the causal link between the heart attack and the difficulty which he said he experienced.
28. It is not accepted that needing to establish a routine for taking medication is something which the claimant has difficulty in doing. It may be an adaptation he needed to make, but it is not a difficulty. Or if it was, the claimant did not say how it amounted to a difficulty. The claimant could not tell the Tribunal how the rotator cuff tendinopathy was something which resulted from the heart attack. The bouts of nausea were said to be occasional. Again, the claimant did not link this to the heart attack. The remaining four matters listed were not evidenced beyond a bald statement of them by the claimant. There was no evidence for example that these matters troubled the claimant so that he visited his GP regarding them. Indeed, his own evidence was that the most severe symptoms from his heart attack subsided around October 2023. He has returned to work and the Tribunal has found that adjustments have not been made to his current role, it is case that he has taken a job with different and more amenable conditions.
29. The claimant also did not give any specific examples. He did not say how the fatigue had a substantial adverse effect on his ability to carry out day-to-day activities. He did not say for example, that he is so exhausted when he

finishes work that he goes home and goes straight to bed. Some context was required. The burden is upon the claimant and he did not satisfy that burden.

Conclusion

30. For those reasons, the Tribunal finds that the claimant is not disabled for the purposes of the EQA. As such, the claimant is not able to pursue his claim of direct discrimination under the EQA. The claim is therefore not well-founded and is dismissed.

Approved by:
Employment Judge Wright
Date: 15 September 2025